

ONTARIO
SUPERIOR COURT OF JUSTICE

BETWEEN:

**MARC LEROUX AS LITIGATION GUARDIAN
OF BRIANA LEROUX**

Plaintiff

- and -

**HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF
ONTARIO**

Defendant

Proceeding under the Class Proceedings Act, 1992

**RESPONDING MOTION RECORD OF THE DEFENDANT, HER MAJESTY THE
QUEEN IN RIGHT OF THE PROVINCE OF ONTARIO**

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**AFFIDAVIT OF BARBARA SIMMONS
(Sworn December 15, 2017)**

I, **Barbara Simmons**, of the City of Toronto, in the Province of Ontario, MAKE OATH AND SAY AS FOLLOWS:

1. I have been the Director of the Community Supports Policy Branch, Social Policy Development Division, at the Ministry of Community and Social Services (“MCSS”) since October 2013. In this position I am responsible for policy development and program design for a number of MCSS programs across Ontario, including services and supports for persons with developmental disabilities, adoption services, intervenor and interpreter services, violence against women services and aboriginal healing and wellness strategies.
2. By virtue of my position, I am familiar with MCSS’s roles, responsibilities and policies relating to the adult developmental services system in Ontario as described in this affidavit, as well

as the history and evolution of services and supports provided to those with developmental disabilities in Ontario. I also oversee research and evaluation work in connection with developing MCSS's policies and programs. As such, I have knowledge of the matters to which I hereinafter depose, except to the extent my knowledge is based upon my information and belief, in which cases I have identified the sources of my information and believe such information to be true.

3. I have reviewed the Statement of Claim and the motion record. This affidavit is sworn in response to the plaintiff's motion to certify this action as a class proceeding.

I. Overview

4. The plaintiff's motion to certify this action as a class proceeding is based upon a number of incorrect premises, including that:

- (a) all adults with developmental disabilities have the same or similar needs;
- (b) all adults with developmental disabilities seek the same or similar governmental services and supports;
- (c) the circumstances of every applicant requesting services, supports or funding, including the degree of urgency with which such applicant requires the services and supports, is the same or similar;
- (d) adults who are determined to be eligible for any developmental services, supports or funding but who cannot be accommodated immediately are placed on a generic "waitlist" which operates as a "next in line" queue; and

- (e) adult development services and supports are “entitlement” programs and accordingly the government is obligated to provide the services, supports and funding to adults with developmental disabilities that are at issue in this class action.

5. The foregoing fundamentally misconstrues the system through which services, supports and funding are provided to adults with developmental disabilities in Ontario. In particular, the plaintiff misconstrues the reasons and circumstances under which those who are determined to be eligible for services and supports may be required to wait for a period of time before such services and supports may be provided.

6. The term “developmental disability” is broad and denotes a diverse range of conditions. The *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (“SIPDDA”) and Ontario Regulation 267/10 provide that a person has a developmental disability if the person has the prescribed significant limitations in cognitive and adaptive functioning. Those limitations must have originated before the person reached 18 years of age, must be likely to be life-long in nature, and must affect areas of major life activity (such as personal care, language skills, learning abilities, the capacity to live independently as an adult or any other prescribed activity).

7. The needs of persons with developmental disabilities are not all “the same” because the degree to which “significant limitations in cognitive and adaptive functioning” manifest themselves and affect individuals with developmental disabilities, and their families, can vary greatly depending on the nature of the disability and the level or severity of impairment. For instance, one person may have a severe or profound impairment in cognitive functioning, be non-verbal and lack the ability to perform basic activities of daily living such as personal care, toileting and eating without assistance. Another person may have a mild developmental impairment, live independently with the help of family or a support worker and need only minimal assistance with some activities— for example, help with

money management or reminders to take medication or change clothing. Approximately 73,000 adults in Ontario have a developmental disability and any particular person can fall anywhere along this continuum of support needs. As a result, the type and amount of service any particular person may require can vary tremendously.

8. The needs of a person with developmental disabilities can also be influenced by many other factors which, again, can vary significantly, such as other physical or mental conditions they may have, whether they have the means to access services and supports with their own resources, whether and to what extent they have support at home or in their communities, what resources are available in those communities, and their mobility.

9. Given that circumstances and needs will vary significantly from person to person, so too will the types of services, supports or funding an applicant may be requesting. For instance, the family of a person with profound developmental disabilities may be requesting round-the-clock-care in a group home environment, whereas another person may only be asking for caregiver respite or support to help them participate in the community and attend recreation activities. Even amongst applicants with very similar levels of functioning, the services and supports being requested can vary significantly due to the differing personal circumstances and preferences of the applicant. There are 10 main types of ministry-funded services and supports that may be provided to adults with developmental disabilities in Ontario funded under *SIPDDA* and the *Ministry of Community and Social Services Act* ("MCSSA"). There are many variations in the ways services are combined and delivered to meet the unique circumstances of individuals.

10. Another reason why all applicants are not the "same" is that the degree of urgency with which the services, supports or funding may be required, can vary greatly. As such, even where two applicants are requesting precisely the same services or supports in the same location, if one applicant resides in a

stable and supportive home or community environment and another is in an unstable or unsupportive environment, the two applicants' needs will be very different. The applicant residing in the unstable or unsupportive environment would be prioritized to receive ministry-funded agency based services or direct funding first, due to an increased risk of crisis in an unstable situation.

11. The term "waitlist," though widely used as a shorthand for those waiting for adult developmental services or supports, is a misnomer. There is no one generic waitlist on which adults who have been found to be eligible for services or supports are placed because no two applicants' needs or circumstances are the same and, accordingly, any two applicants are likely waiting for different things. For example, an applicant who has requested and is waiting for community participation services and supports would not be waiting for the same service as a person who has requested and is only seeking placement in a supported group living residence. Accordingly, they cannot be said to be on the same "waitlist."

12. Rather than a "waitlist," what the Developmental Services Ontario Offices ("DSOs")¹ maintain are service registries which record each applicant's information including what services, supports, or funding the applicant has requested and in what location, as well as the priority score the applicant has been assigned based upon the applicant's own personal circumstances. A person, once assessed, can be listed as "waiting" for multiple services, including direct funding through the Passport² program, placement in a residential setting, caregiver respite services, or community participation services and supports. The service registries are not mutually exclusive and there is no single integrated "waitlist"

¹ DSOs are agencies independent of government that confirm the eligibility of applicants to receive services and supports under *SIPDDA*, and Passport direct funding under the *MCSSA*. DSOs are designated by the Minister as "application entities" under *SIPDDA*.

² Passport is a direct funding program provided under the *MCSSA*, which provides direct funding to adults with a developmental disability who are eligible for adult developmental services and supports. Under Passport, funds can be used to purchase services and supports.

for services and supports. It is common for a person receiving a service, for example, caregiver respite services, to also be waiting for another service, for example, Passport. The time a person may be required to wait for developmental services or supports is dependent upon many factors unique to each applicant, including which specific services or supports have been requested, what resources are available in the location requested that are suitable for the applicant, and how they have been prioritized based on their individual circumstances.

13. The supports and services funded by the Province for adults with developmental disabilities under *SIPDDA* and the *MCSSA* are not “entitlement” programs, meaning that while applicants may apply for these supports and services, they do not have an unqualified entitlement to receive them. What the proposed class members, and indeed all Ontarians, have in common is that the availability of funding for governmental services is subject to budgetary limitations. The Province has established budgets relating to the provision of all services in Ontario, including with respect to developmental services and supports for adults. Requests for services and supports by adults with developmental disabilities exceed the available resources, and accordingly, the Province has established systems to prioritize individuals for services so that they may be connected with available resources. There are many variables that make up each individual applicant’s profile, circumstances and risks, including any factors that may require more immediate access to services or supports for an applicant.

14. Ultimately, it is the *distinctions* between the applicants, and not their similarities, that determine who will wait for a particular service or support or for funding, and for how long.

II. Summary of legislative framework for provision of services, supports and funding to persons with developmental disabilities

15. I understand that this action concerns persons who have been assessed and approved as eligible for adult developmental services, supports or direct funding by a DSO and have been required to wait

for any or all of the requested services, supports or funding, at any point since July 1, 2011.³ DSOs assess and approve as eligible persons seeking services and supports under *SIPDDA* or direct funding through the Passport program. This affidavit therefore addresses the myriad of potential services and supports under *SIPDDA* and direct funding under the Passport program, as well as the systems for prioritizing and delivering these services, supports and funding. However, in order to respond to the information contained in the plaintiff's motion record and to provide context, this affidavit also provides background on the services, supports and funding programs for which persons under the age of 18 with a developmental disability may be eligible.

16. With respect to children, who are under the age of 18, there are various services, supports and funding programs for eligible persons with developmental disabilities. These programs include the following:

- (a) Assistance for Children with Severe Disabilities ("ACSD") is an income tested program that assists low and moderate income families caring for a child under the age of 18 who has a severe disability and is living at home. Depending on the income, size of the family, and expenses incurred, the program may provide between \$25 and \$490 a month to help with the child's disability related costs;
- (b) Special Services at Home Program ("SSAH") provides funding directly to families to purchase supports for respite and/or personal development and growth for a child who has a physical and/or developmental disability;
- (c) Medically Fragile and Technologically Dependent Children ("MFTDC"), which is a

³ Paragraph 11 of the Statement of Claim proposes a class definition that refers to persons being "placed on a waitlist", but as discussed in this affidavit, there is no such thing as a generic "waitlist" with respect to the administration of services and supports under *SIPDDA* or the Passport Program.

program offering enhanced respite for medically fragile children with chronic conditions who meet the eligibility criteria, based on their care requirements;

- (d) Specialized programs that children and youth with special needs may be eligible for based on their diagnosis. These programs include Autism Services, Complex Special Needs funding, Rehabilitation Services, Respite programs, Healthy Development Programs (Preschool Speech and Language, Infant Hearing and Blind Low Vision), Infant Development Programs, Coordinated Services Planning, and Child and Youth Mental Health Services;
- (e) Accommodations, and/or educational programs provided by the Ministry of Education ("MEDU") for students up to age 21 with special education needs; and
- (f) Certain community services and the Assistive Devices Program under the *Ministry of Health and Longterm Care Act*.

I have described some of these programs in greater detail in paragraphs 34 to 42 below.

17. When a person with a developmental disability turns 18 they no longer receive various services, including those referred to above. However, at the time they turn 18 they may be eligible for other benefits and programs, including:

- (a) Income support benefits and employment support under the Ontario Disability Support Program ("ODSP") pursuant to the *Ontario Disability Support Program Act, 1997* ("ODSP Act, 1997");
- (b) Services and supports from a Service Agency under *SIPDDA*;
- (c) Direct funding under the Passport Program under the *MCSSA*; and

- (d) Home care and community support services under the *Home Care and Community Services Act, 1994*.

I have described these programs in greater detail in paragraphs 46 to 54 below.

18. Approximately 47,000 individuals are currently in receipt of adult developmental services and/or Passport funding in Ontario. As of March 31, 2017 there were 15,700 unfulfilled requests for adult residential services and 13,500 unfulfilled requests for either respite or community participation supports. It is important to note that these figures do not refer to unique individuals, but rather to unique *requests* made. Each applicant, when assessed, may have made a number of unique service requests. For example, one individual may request residential services, respite services, and community supports. These requests are each counted separately. Further, these figures include requests by persons who have also requested other services and may already be receiving some services or funding while waiting for additional resources or other services.

III. History of the provision of adult developmental services in Ontario

19. In order to understand the current system in Ontario for the delivery of services and supports to adults with developmental disabilities, it is helpful to review how the delivery of developmental services has evolved.

20. Ontario's early history of developmental services focused exclusively on segregated care in large facilities, with the first facility for those with a developmental disability opening in Orillia in 1876. By the mid-1970s, Ontario had 19 government-operated facilities.

21. Around the 1960s, the concept of "normalization" and the movement toward integrating persons with developmental disabilities into the general community began to take hold worldwide.

22. In 1973, the Honourable Robert Welch, the Provincial Secretary for Social Development, published *Community Living for the Mentally Retarded in Ontario: A New Policy Focus*, which was a public consultation paper introducing a new policy focus for the delivery of services based on the concept of community living as an alternative to facility-based services.

23. In 1974, the *Developmental Services Act* transferred responsibility from what was then the Ministry of Health (now known as the Ministry of Health and Long-Term Care ("MOHLTC")) to MCSS. The government began closing its provincially-run facilities in 1977 and reducing the number of residents in remaining facilities. The focus of program development during this time period was to enhance the extent of community living opportunities available for people with a developmental disability.

24. In 1987, MCSS published *Challenges and Opportunities: Community Living for People with Developmental Handicaps*, which set out the government's strategic plan to establish a comprehensive community services system in which all individuals with a developmental disability would have the opportunity to live with their own families or live independently in supported living situations or group homes and receive a full range of supports to maintain them.

25. By 2000, three facilities remained and a multi-year plan was developed with a commitment to plan for the closure of these remaining facilities and to enhance services and supports in the community. The goal of the plan was for people with a developmental disability to participate as fully as possible in community life. By the end of 2004, more than \$1 billion was being spent annually on services and supports in the community-based service system. More than 34,000 children and adults living in the community were accessing community-based supports, while just over 1,000 adults resided in the remaining facilities.

26. In the 2004 Ontario budget, the government announced that the Province would transform

services for people who have a developmental disability in order to create a more accessible, fair, and sustainable system of community-based supports. The core vision in transformation was to support adults with developmental disabilities in living as independently as possible in the community and to support their full inclusion in all aspects of society. The principles for transformation were laid out in a MCSS document called *Opportunities and Action*.⁴

27. The transformation included phasing out operations at the three remaining facilities for adults with a developmental disability and moving residents to community-based settings with access to appropriate services and supports to enable them to live and participate in the community. The last facilities were closed by March 2009.

28. On July 15, 2005, MCSS announced \$9.4 million in additional funding for a program called Passport to Community Living ("Passport"). When first introduced in 2005, the Passport program served 1,700 people, and was targeted towards providing funding for young adults with a developmental disability who were no longer eligible for school supports and who would benefit from meaningful activities in the community. This included young adults who had recently left school, and those who were typically not eligible for ODSP employment supports. The Passport initiative was established to fund meaningful activities using community partnerships, to build capacity in existing day activities, to help young adults make a successful transition from school to community participation activities and employment.

29. Since that time, the Passport policy guidelines have been updated to align with the introduction of *SIPDDA* and access to the program and the services and supports that are funded under Passport have expanded.

⁴ *Opportunities and Action* was a paper developed to stimulate discussion on the developmental services transformation plan, and introduce new directions in funding and supports.

IV. Enactment and Implementation of *SIPDDA*

30. In 2008, the government enacted *SIPDDA* to replace the *Developmental Services Act* as part of the government's transformation of Ontario's developmental services system for adults, including the delivery of services, supports and funding. The first phase of *SIPDDA* was proclaimed in force to enable the development of the business structures, processes and tools needed to fully implement the legislation. Most of the provisions of *SIPDDA* were proclaimed in force in 2010 and 2011.

31. Prior to July 2011, services were locally managed. Each Service Agency in Ontario that provided adult developmental services and supports ("Service Agencies") maintained its own list of persons seeking services and supports, including Passport, and filled vacancies as service capacity became available. For Passport specifically, prior to April 2014, prioritization of applicants was conducted by Passport agencies based on a list of considerations and criteria set out in the Passport Guideline and addendum prepared by MCSS. Attached hereto and marked as **Exhibit "A"** is a copy of the *Passport Guideline and Addendum* dated June 2011.

32. One of the key changes to the operational system of developmental services introduced with *SIPDDA* was the creation of DSOs to serve as the single point of access for all applications for adult developmental services. DSOs confirm eligibility for both services and supports under *SIPDDA* and Passport, provide referrals for Passport agencies, complete a provincially consistent application package with eligible applicants, and continue to work with Service Agencies to connect people with available services. The DSOs work closely with the Service Agencies that provide many of the services and supports to adults with developmental disabilities. There are 9 DSOs servicing different regions of Ontario.

33. Other specific changes to the adult developmental services system after July 1, 2011 included the following:

- (a) new eligibility criteria, provincially-consistent eligibility confirmation processes and methods of assessment and prioritization were developed;
- (b) the Service Agencies reported available capacity for services and supports, including residential support that was delivered directly by agencies, to their local DSO and the DSO worked to connect eligible, prioritized and appropriately matched individuals to the available service;
- (c) the DSOs referred individuals to the agencies that deliver referral (or non-resource-specific) services such as direct funding through Passport, specialized services, adult protective service worker (“APSW”) and case management, within available capacity;
- (d) a provincially consistent application process to facilitate the assessment of each applicant’s circumstances and needs, and through which applicants have the ability to request the types of services and supports for which they would like to be considered. DSOs maintain service registries for each of the different types of agency-delivered services and supports that may be requested; and
- (e) the creation of the Developmental Services Consolidated Information System (“DSCIS”), a centralized database, which stores all the information obtained from applicants regarding their eligibility, assessments, including service requests, and status of resources. DSCIS allows for a provincially consistent approach to managing service requests and prioritizing for services.

V. Services provided to children up to age 18 during class period

34. Children and youth with special needs have challenges related to their physical, communication, intellectual, emotional, social and behavioural development. This may include a

wide range of specific impairments and diagnoses, such as: communication disorders, physical disabilities, cerebral palsy, behavioural issues, acquired brain injuries, developmental disabilities, spina bifida, Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder, and chronic or long-term medical conditions. Many children have multiple diagnoses and conditions and may require a range of specialized supports at home, in school, and in the community.

35. There is no one single access point to access services for children with special needs. Caregivers and parents may find out about services through Healthy Babies, Healthy Children programs, Infant Development programs, Children's Treatment Centres, family physicians, hospitals, schools, or the Ontario 211 Community and Social Services help guide.

36. In paragraph 16 above, I have referenced the two primary financial assistance programs that may be available for children under 18 years of age with developmental and physical disabilities - the ACSD program and the SSAH program. I am providing more details below on these two programs and on children with complex special needs.

37. ACSD financial assistance is an entitlement program provided pursuant to the *ODSP Act, 1997*. A parent or legal guardian whose child is under 18 years of age, lives at home and has a severe disability may be eligible to receive assistance under the ACSD program depending on the family's income. The ACSD financial assistance may be used to cover costs such as travel to doctors' appointments, hospitals and other appointments related to the child's disability, special shoes and clothes, specialized learning and development equipment, as well as parental respite. In addition, children receiving ACSD are eligible for vision, dental and hearing aid benefits.

38. How much a family receives under ACSD will depend on the family's income, the size of the family, the severity of the disability and the extraordinary costs related to the child's disability. Special Agreements Officers in MCSS and Ministry of Children and Youth Services ("MCYS")

regional offices review application forms, determine eligibility and amount of funding in accordance with O. Reg. 224/98 under the *ODSP Act, 1997*.

39. The SSAH program is a discretionary program that helps families pay for special services in or outside the family home, as long as the child is not receiving support from a MCYS funded residential program. For example, the family can hire someone to help the child learn new skills and abilities, such as improve their communications skills and become more independent, or provide respite support to the family.

40. Families can apply through their MCSS/MCYS regional office for SSAH support if their child has a developmental and/or physical disability, lives in Ontario, requires more support than most families can provide, and is living at home with their primary caregiver. If the child is not living at home with their primary caregiver and is not being helped by other residential services, the child may also be eligible. While, at this point, wait times for SSAH supports are managed through attrition, applications for SSAH are generally processed within each fiscal year.

41. The amount of funding a family may receive under SSAH depends on the type and amount of service the child requires, what other help is available in the community, and what kind of support the family is already receiving. The maximum funding amount for the program is \$10,000 per person per fiscal year, with the average amount being \$3,100 annually per person.

42. The Child and Parent Resource Institute is directly operated by MCYS and offers inpatient and outpatient services, including diagnostic assessment, consultation, short-term treatment and crisis intervention services to children and youth with pervasive developmental, behavioural or emotional disorders.

VI. Aging out of children's developmental programs

43. The following programs and services are only funded to provide services to children and youth from birth to 18 years old: ACSD, SSAH, Autism Services, Out-of-Home Respite, Enhanced Respite, Child and Youth Mental Health Services. Children's Treatment Centres provide rehabilitation services to children and youth up to the age of 19. Certain education-related programs will continue for persons up to the age of 21.

44. Both Crown wards with developmental disabilities living in supportive arrangements overseen by Children's Aid Societies and individuals accessing MCYS funded complex special needs ("CSN") supports may continue to receive services until they transition to adult services. Planning for the transition of children and youth with developmental disabilities starts many years before they reach age 18.

VII. Services and supports available for adults with developmental disabilities

45. Upon turning 18, persons with developmental disabilities may be eligible for other supports and services as set out below.

A. ODSP

46. Up to six months prior to turning 18, a person with developmental disabilities can apply for ODSP. ODSP is an income support program for people with disabilities that provides assistance intended for basic needs, shelter, and some costs related to a person's disability. For example, a single individual renting or owning a residence in the community can receive a maximum of \$1,151 per month for basic needs and shelter.⁵ This amount does not include other benefits that may be

⁵ Amount based on the rates in effect September 1, 2017.

available under the program such as health-related benefits, special diet allowances, and costs related to medical travel.

47. ODSP is an entitlement program, meaning that if a person meets the eligibility criteria, they are entitled to receive income support.

48. Starting September 1, 2016, MCSS streamlined the process for applying to ODSP for those applicants deemed eligible for adult developmental services and supports under *SIPDDA*. Once a DSO has confirmed an applicant's eligibility, that applicant is only required to meet the financial eligibility criteria and provide proof of residence in Ontario.

B. *SIPDDA* Services and Supports

49. In addition to ODSP income support for persons over the age of 18, the Province funds developmental services and supports pursuant to *SIPDDA*. *SIPDDA* is not an entitlement program under the governing statute, meaning the Province has discretion for determining the allocation of services, supports and funding amongst applicants. Services and supports listed below are currently delivered through, and are monitored by, a network of approximately 370 board-operated, non-profit community-based agencies, referred to as Service Agencies, under contract with MCSS to deliver these services:

(a) Residential services and supports

- (i) *Intensive support residence* – a staff-supported residence operated by a Service Agency in which one or two persons with developmental disabilities reside, and in which each resident requires and receives intensive support;

- (ii) *Supported group living residence* – a staff supported residence operated by a Service Agency in which three or more persons with developmental disabilities reside and receive services and supports from the agency;
- (iii) *Host family residence* – an arrangement in which a person with a developmental disability is placed by a Service Agency to reside in a residence composed of one or more persons who are not family members of that person, to receive care, support and supervision along with compensation by the Service Agency; and
- (iv) *Supported independent living residence* – a residence operated by a Service Agency that is not supported by staff and in which one or more persons with developmental disabilities reside alone or with others but independently of family members or of a caregiver, and receive services and supports from the Service Agency.
- (b) **Activities of daily living services and supports** – services and supports to assist a person with a developmental disability with personal hygiene, dressing, grooming, meal preparation, administration of medication, and includes training related to money management, banking, using public transportation and other life skills and such other services and supports as may be prescribed;
- (c) **Community participation services and supports** – services and supports to assist a person with a developmental disability with a variety of activities, including social and recreational activities;
- (d) **Caregiver respite services and supports** – services and supports that are provided to, or for the benefit of, a person with a developmental disability by a person other than the primary

caregiver of the person with a developmental disability and that are provided for the purpose of providing a temporary relief to the primary caregiver;

(e) **Professional and specialized services** – includes services provided by a psychologist, psychological associate, adult protective service worker, social worker or speech language pathologist or such other services as may be prescribed; and

(f) **Person-directed planning services and supports** – services and supports to assist persons with developmental disabilities in identifying their life vision and goals and finding and using services and supports to meet their identified goals with the help of their families or significant others.

C. Passport

50. Adults with a developmental disability can also apply for Passport funding to pay for services and supports directly rather than requesting services and supports that are coordinated and paid for through Service Agencies. Passport supports approximately 25,000 people and their families in Ontario.

51. The Passport program is governed by MCSS's Passport Guidelines, which identify eligible and ineligible expenses. The maximum annual amount that an individual can receive under the Passport program is \$35,000. MCSS funds 11 Passport Agencies across the Province which administer funding agreements with individuals in receipt of Passport. Passport is also a discretionary program, meaning the Province has the discretion to allocate funding amongst applicants. Attached hereto and marked as **Exhibit "B"** is a copy of the current *Passport Guideline and Addendum* effective October 1, 2014.

52. There are two payment options in the Passport program: individuals can choose to manage

their own funding to develop their own support arrangements and hire their own support workers and service providers or, for those who prefer to receive supports from an agency, the Passport agency can work with individuals and families to arrange payments with their chosen service provider(s). It is also possible to receive Passport funding through a combination of these two approaches.

53. Examples of eligible expenses under MCSS's Passport Guidelines include:

- (a) **Community participation and Activities of Daily Living:** expenses related to programs, classes, camps, employment supports, transportation, hiring a support worker to assist with daily living and their out-of-pocket expenses to provide that care;
- (b) **Caregiver respite:** expenses related to services and supports to help caregivers meet their own needs and support the healthy relationship between caregiver and the person receiving care;
- (c) **Person-directed planning (up to \$2,500):** expenses related to the purchase of supports to develop a person-directed plan that builds on the individual's strengths and interests and identifies the supports needed to achieve their goals; and
- (d) **Administration of Passport funding:** for individuals who choose to manage their funding, they can receive help with administration expenses and expenses related to coordinating supports (up to 10% may be allocated for this purpose); it can also be used to cover employer costs (CPP, EI, WSIB, and vacation pay).

54. Passport funding cannot be used for:

- (a) Compensation to primary caregiver(s), or the spouse of a person with a developmental disability regardless of residence, or a child under the age of 18;
- (b) Indirect respite services for care of other family members, meal preparation, cleaning, snow removal, but subject to review on a case-by-case basis;
- (c) Tuition for post-secondary education/degree programs which are eligible for Ontario Student Assistance Program or supports available through the on-campus accessibility office;
- (d) Items for which ODSP provides an allowance such as food and rent;
- (e) Fees for therapies/specialized services: nursing, massage, speech and language, physiotherapy;
- (f) Personal goods and services (toiletries, spa treatments);
- (g) Assistive devices and specialized equipment; or
- (h) Vehicle purchase and/or modifications, leases and rentals.

VIII. The Application Process for Services and Supports under *SIPDDA* and Passport

55. For ACSD, six months prior to the child's 18th birthday, MCSS sends letters to families of children receiving services and supports notifying them that their child will no longer receive ACSD the month following their 18th birthday, and that they must be assessed for eligibility and apply through their local DSO for adult developmental services and supports under *SIPDDA*. For SSAH, families are reminded each year by MCSS that their child's benefits will cease when they turn 18. MCSS also supports an integrated transition planning process for youth preparing to transition to

adult developmental services.

56. Individuals seeking adult developmental services and supports may complete a standard assessment and application package at their local DSO when they are 16 years old but are only able to receive MCSS-funded developmental services and supports, or be placed on a service registry, once they turn 18 years of age. When applying for adult developmental services, applicants must provide documentation demonstrating they are an Ontario resident and have a developmental disability.

57. DSOs coordinate applications for services and support under *SIPDDA* and Passport and are the primary contact point for people who need information about services and supports in their community. DSOs' responsibilities include:

- (a) providing information to the public about available developmental services and supports and about the application process;
- (b) confirming the eligibility of applicants for MCSS-funded adult developmental services based upon the eligibility criteria set out in *SIPDDA*;
- (c) completing assessments using the application package to determine service and support needs;
- (d) matching and linking eligible and prioritized people to available ministry-funded adult developmental services and supports; and
- (e) reassessing support needs of people with developmental disabilities who are waiting for or are in receipt of services when their support needs or personal circumstances change significantly.

58. As part of the application process, the DSO conducts an initial review to confirm whether an individual meets eligibility requirements for DS services including Passport. To be eligible, a person must be at least 18 years old, a resident in Ontario, and have significant limitations in cognitive and adaptive functioning.⁶ Applicants are required to submit a copy of their psychological assessments, confirmation of age, and proof of Ontario residency. Where an applicant does not have a psychological assessment, an individual may receive a ministry-funded psychological assessment.

59. DSOs administer a standard assessment and application package made up of two parts, the Application for Developmental Services and Supports (“ADSS”) and the Supports Intensity Scale (“SIS®”). The assessments provide details of an applicant’s needs, wants, risks, support requests and any medical and behavioural information relevant to their support needs. Attached hereto and marked as **Exhibit “C”** is a copy of the *Application for Developmental Services and Supports* dated June 2011 and **Exhibit “D”** is a copy of the *Supports Intensity Scale* dated March 19, 2009.

60. The Policy Directives for Application Entities requires DSOs to employ qualified and licensed assessors to administer these assessments. Typically, the assessments are completed with the assessors, caregivers and individuals in two interview sessions. Attached hereto and marked as **Exhibit “E”** is a copy of the *Policy Directives for Application Entities* dated January 25, 2016.

61. After the assessment is completed, the assessors complete an Assessor Summary Report (“ASR”), which includes qualitative information regarding the applicant and is derived from the information provided in the ADSS and SIS® and captured in the two interviews. Attached hereto and marked as **Exhibit “F”** is a copy of the *Assessor Summary Report*.

⁶ See section 5 of *SIPDDA* (application of the Act); section 3 (definition of developmental disability); O. Reg. 276/10 sections 2 and 3 (definition of significant limitations in cognitive and adaptive functioning).

62. The completed application package is used to prioritize individuals for available services and supports.

63. As part of the assessment process, applicants can request over 10 major types of ministry-funded adult developmental services, supports, and funding that they are interested in accessing. Requests may include services and supports delivered through ministry-funded agencies (e.g., residential services and supports), and also may include a request for community participation services and supports or caregiver respite services and supports that would result in a referral to the Passport program. Within these categories, numerous variations of these services and supports also exist. Individuals are also asked to confirm the location(s) in which they would like to be considered for their service requests. Attached hereto and marked as **Exhibit "G"** is a copy of the *Developmental Services: Services/Supports Available for Request*.

64. Applicants may, and often do, apply for multiple programs at once. Further, applicants often indicate a desire for services and supports that they may not actually wish to access at the time of application, most commonly placements in group homes. For example, applicants and their families may request services in anticipation of future need, so they may be considered should a particular space become available at some future date. The assessor works with families to identify current needs and service requests. However, families often insist that these requests for future services be recorded during completion of the assessment package.

65. The information from the applicant's completed DS Application Package is entered into the DSCIS and used by DSOs to track information related to all applicants.

IX. Prioritization Process

66. Once an applicant has been determined to be eligible and the assessment process is completed

including requested services, the next step is prioritization.

67. The MCSS website provides information on the factors taken into consideration in determining priority for Passport. The following is an explanation:

Priority for Passport is not based on how long a person has waited for funding. Some people may receive Passport funding sooner than others because their situation puts them at a greater risk. For example, in addition to having a developmental disability, a person may also be medically fragile, have mental health issues or be subject to a precarious living situation.

68. Throughout the plaintiff's proposed class period, applicants have been prioritized based on considerations of their unique circumstances through a prioritization process. This has involved reviewing identified risk factors to assess how urgent each applicant's need for the service, support or funding is as compared to other applicants seeking the same service, support or funding. Throughout the class period, MCSS has worked to strengthen and improve provincial consistency in the process of prioritizing individuals for services and supports.

69. At the time the first phase of *SIPDDA* came into effect in July 2011, each Service Agency used its own process and identified risk factors to prioritize individuals for services directly delivered by each agency. Agencies then filled vacancies as service capacity became available.

70. As part of the implementation of *SIPDDA*, in December 2011, MCSS released the Interim Guidelines for Transforming Local DS Prioritization and Service Linking Practices, which set out an expectation that each region would establish a consistent method of prioritization by July 2012. Attached hereto and marked as **Exhibit "H"** is a copy of the *Interim Guidelines for Transforming Local DS Prioritization and Service Linking Practices* dated December 2011.

71. Initially, Passport agencies used a list of criteria provided by MCSS to aid in prioritizing

individuals for funding.⁷ The criteria assessed the ability of a person to benefit from financial support. An individual with low or minimal support requirements may benefit more fully from receiving Passport funding as compared to an individual with high or complex support requirements. For example, an individual with low support needs may use Passport funding to get assistance in developing skills and independence whereas an individual with significant medical support needs requiring round-the-clock-care would not be able to benefit as much from that type of funding but would instead receive greater benefit from a residential placement, which may be funded to provide round-the-clock-medical care. For Passport specifically, prior to April 2014 prioritization of applicants was conducted by Passport Agencies based on a list of considerations and criteria set out in a Passport Guideline and addendum prepared by MCSS.⁸

72. In April 2014, a provincial prioritization tool was introduced for Passport funding. The provincial prioritization tool created a provincially-consistent, centralized model to calculate a risk-based score through an automated algorithm based on information provided through the assessment process and stored in DSCIS. These factors included the individual's current living situation, behavioural support needs, medical support needs, safety support needs, and unpaid caregivers' personal health issues and circumstances. With respect to agency-based services and supports during this time, regionally-consistent processes continued to be used to prioritize individuals.

73. Since March 2017, use of the prioritization tool developed for the Passport program was extended for DSOs to use for all ministry-funded adult developmental services and supports. Attached hereto and marked as **Exhibit "I"** is a copy of the document titled *Appendix: Overview of Risk-based Factors Considered for the Ministry's Prioritization Tool*.

⁷ See paragraph 31, Exhibit "A" for the *Passport Guideline and Addendum* dated June 2011.

⁸ *Ibid.*

74. The Prioritization Score represents the applicant's level of risk of adverse outcome, meaning any negative event that causes harm to the applicant or to others ("Prioritization Score"). The person's risk-based priority is considered against all other people waiting for services and supports or direct funding through Passport. This method allows the DSO to identify people who are prioritized at the highest risk, and uses this information as a basis on which to consider people for connection to available services and supports.

75. Examples of circumstances that are regarded as creating a greater risk of adverse outcomes include: lack or loss of housing; challenging behaviours; high medical needs; mental/physical stress on an unpaid primary caregiver's capacity to provide care; care of other dependents with special needs; and loss of family primary caregiver.

76. An individual with a Prioritization Score between 0 and 19 may be living with an unpaid primary caregiver and have relatively low support needs. For example, the individual may require some supports to help manage behaviour and finances, but many individuals in this group have no or few medical support needs.

77. An individual unsuitably housed (e.g., living in a children's residence, homeless) who does not have an unpaid caregiver may have a score of 96 or greater. The individual is likely to have moderate to high support needs, some of which may have an effect on the individual's safety.

78. The prioritization process may also include review of an applicant's priority by a community-based group of service agencies and other experts which may include medical and psychological experts. Representatives in this process review exceptional situations where the Prioritization Score generated through DSCIS may not have captured details of a specific situation that may result in a person having higher risk factors. MCSS has provided guidelines to these groups to support consistency in review criteria. This review process can result in the identification of a new

Prioritization Score for the applicant, which is then entered into DSCIS along with a rationale for the adjustment. Attached hereto and marked as **Exhibit "J"** is a copy of the *Guidelines for DS Community-based Prioritization Process re: Prioritization Validation* dated March 2017.

X. Matching Applicants to Services and Supports

79. Following prioritization, an applicant is matched with requested services or funding. Matching is the process that identifies the prospective fit between a prioritized individual's needs for services/supports and available resources. With respect to agency-based services, throughout the plaintiff's proposed class period, prioritized applicants have been matched to available resources based on a consideration of their unique needs and an alignment of their needs and circumstances to the characteristics and capacity of the available resource. For example, where two applicants requested residential placements in a particular group home and a bed becomes available, each applicant's suitability for that particular placement is assessed during the matching process. If most residents in the group home are elderly women, and one potential applicant is an elderly woman and the other is a 25 year old male, in most cases the elderly woman would likely be a more appropriate fit.

80. Service Agencies declare their available service and support resource capacity to the DSO on an ongoing basis through the electronic submission of a provincially consistent "resource declaration" description. The resource declaration is submitted through an information sharing portal that is connected to DSCIS, and describes the characteristics, capacity and location of the available resource.

81. Based on the information in the submitted resource declaration, the DSO reviews the respective service registry for that type of service and proposes an applicant as a potential match from a shortlist of appropriate matches. This is based on a framework of the highest priority

applicant that can effectively be supported by the available resource within its particular location. Upon proposing an applicant as a match from the service registry, the Service Agency and subsequently the applicant (and/or their family/representative) must agree to the potential match. Once both parties have agreed, the Service Agency and the applicant then engage directly in detailed service planning consideration (e.g., meetings and discussions or service site visits) to confirm that the match is appropriate, and the applicant will then transition into and begin accessing the available resource. The confirmed service connection match is then recorded in DSCIS by the DSO.

82. If either the Service Agency or the applicant decline the match, they must confirm their rationale for the decision (which is recorded in DSCIS), and the DSO proposes a different applicant from the shortlist as a potential match.

83. When the first phase of *SIPDDA* came into effect in July 2011, Service Agencies were declaring available resources to the DSO based on regionally established practices. In December 2011, MCSS released the Interim Guidelines for Transforming Local DS Prioritization and Service Linking Practices (Guideline).⁹

84. Starting March 30, 2017, the DS Matching Algorithm Tool (“the Matching Algorithm”) has been utilized for the matching process. The Matching Algorithm is an algorithm that performs an automated comparison of the assessed service and support needs of applicants against the identified characteristics and capacity of service and support resources that are declared as available by Service Agencies. The automated comparison performed by the Matching Algorithm will then produce a Match Percentage Score of the relative compatibility of each person’s needs against the characteristics and capacity of the service and support resource. The Match Percentage Score is an input into the full matching process.

⁹ See Exhibit “H,” a copy of the *Interim Guidelines for Transforming Local DS Prioritization and Service Linking Practices*.

Requests for Agency-based Services and Supports

85. With respect to applicants who have requested agency-based services or supports, there may be many factors that may determine how and when a DSO will be able to match an applicant to any of the services or supports they have requested, including the following:

- (a) the specific services or supports the applicant has requested;
- (b) the profile of the applicant (for instance, a space in a group home environment that is populated by older women may not be suitable for a young male);
- (c) whether the applicable Service Agency has a vacancy or opening for the services and supports for someone who fits the profile of the applicant;
- (d) the Prioritization Score of all persons who have requested those services or supports in that location and fit the profile required for the match to be successful;
- (e) the timing of the availability of the resource;
- (f) the health of the primary caregiver;
- (g) the housing circumstances of the individual; and
- (h) the health of the individual.

Requests for Passport

86. With respect to requests for Passport funding, the number of Passport service requests received by the DSOs each year exceeds the level of funding available in the current Passport budget. As a

result, not every individual can be provided with immediate funding upon request.¹⁰ There were 6,000 additions to the service registry for Passport in 2016-17.

87. Funding amounts are determined based on the information that a person or family provides during the assessment process. This includes the type and amount of service they need, what other help is available in the community and what kind of support(s) they are already receiving. Passport funding is determined by mapping the assessment information through a Passport allocation table which ensures that funding decisions are fair and consistent across the province.

88. Applicants that have a high Prioritization Score are more likely to be approved for available funding. Each fiscal year, MCSS sets the Prioritization Score above which individuals will receive Passport funding. The score is determined based on the Province's funding allocation to MCSS and the number of people requesting funding. For example, if the Prioritization Score is 70, everyone above 70 would be funded in that fiscal year. Once a person is approved to receive Passport funding, he or she will continue to receive Passport funding in that approved amount each year, unless the individual's circumstances change and he or she has applied, is prioritized for and receives approval for additional Passport funding.

89. An applicant is placed on a service registry if their Prioritization Score is lower than the identified level for Passport funding that is available. Passport Agencies issue Passport approvals according to provincially-consistent operational policy direction provided by MCSS, which are subject to available financial resources. As noted above, a person may be on a service registry for Passport funding but also be receiving other adult developmental services.

¹⁰ As noted above, Passport is not an entitlement program and as such fulfillment of funding requirements is dependent upon, among other things, available funding.

XI. How urgent cases are handled

90. In 2014, MCSS introduced an urgent response process throughout Ontario to help people living with developmental disabilities and their families who require immediate supports called the Adult Developmental Services Urgent Response Guidelines (“Urgent Responses Guidelines”). The Urgent Response Guidelines were released to Service Agencies and DSOs to support implementation of the urgent response process. Attached hereto and marked as **Exhibit “K”** is a copy of the *Adult Developmental Services Urgent Response Guidelines* dated March 2014.

91. When an applicant with developmental disabilities is identified as being in urgent need of support, the local DSO initiates a local process to address their needs.

92. Under the Urgent Response Guidelines, an urgent response must be considered for an adult with a developmental disability who is deemed to be at high risk due to the following circumstances:

- (a) the person’s unpaid primary caregiver is unable to continue providing care that is essential to the individual's health and wellbeing; or
- (b) the individual has no residence or is at risk of having no residence in the very near future; or
- (c) the individual's support needs have changed to such an extent that their current support arrangement may soon become untenable and their wellbeing is likely to be at risk; and
- (d) formal and informal supports are not available to reduce the risk of harm or address the need.

93. The supports provided through the urgent response process are, by design, short-term and time-limited for up to a maximum of 6 months. This may include situations where supports are

required as an interim measure while longer term service solutions are identified. A one-time extension to a maximum of an additional 6 months may be provided in exceptional circumstances.

94. The Urgent Response Guidelines are intended to support collaboration among community service partners, including DSOs and local agencies, to work with families and appropriate cross-sector partners to address the specific urgent support needs of adults with a developmental disability requiring short-term temporary and time-limited responses, which may include respite or temporary residential supports, to high-risk situations.

95. The Urgent Response Guidelines process can be initiated before the application process is complete, when eligibility is known, or when there are reasonable grounds to believe that the person is eligible for adult developmental services and support under *SIPDDA*.

XII. Why the term “waiting lists” is a misnomer

96. MCSS has in the past referred generally to “waitlists” when referring to adults who have been confirmed eligible for adult developmental services but not yet provided with services or funding. However, this term has not actually reflected what happens in practice.

97. In recent years, the more accurate term “service registry” has been used. This term better reflects the fact that applicants are prioritized for and matched with services and supports according to unique needs and risk factors, not by how long they have waited for services. The service registries for adult developmental services and supports are based, in large part, on service requests made by applicants and their families through the assessment process that may or may not be well-matched to their current needs.

98. Different service registries exist for residential and non-residential services. There is a different service registry for each type of residential service (Group Homes, Supported Independent

Living and Host Family, Specialized Accommodation) and each type of non-residential service (Passport, Community Participation Supports, Caregiver Respite, APSW/Family Support Worker, Professional and Specialized Support, Person-Directed Planning). An applicant can be on one or many service registries and may also be receiving some services and supports while either waiting for more of the same or different services.

99. DSOs manage the service registries for residential services and non-residential services. Passport Agencies manage the service registry for Passport.

XIII. Recent Changes to Developmental Services Funding and Programs

100. The 2014 Provincial Budget investment of \$810 million for developmental services over three years addressed direct funding service registries, provided residential support for people with urgent needs, and supports to young adults as they navigate key life transitions. It also included new Passport funding to more than 13,000 people, resulting in funding to all those on the Passport service registry in 2014. MCSS also funded new residential supports for more than 800 adults with developmental disabilities.

101. In March 2017, the Provincial Prioritization Tool was expanded to include information detailing all services and support requests made by applicants. A new feature of the DSCIS computer system was also added to better identify available resources and to better track what services an applicant is receiving or has requested. Enhancements to DSCIS were also introduced to improve the maintenance and management of service registries.

102. In May 2017, MCSS released a new Services System Planning Interim Terms of Reference intended to improve consistency across the Province in identifying appropriate services and supports for applicants with the most complex and highest needs. Attached hereto and marked as **Exhibit "L"**

is a copy of the *Interim Terms of Reference for Service System Planning* dated May 2017.

XIV. Response to the Public Reports on Delivery of Developmental Services Programs

103. The statement of claim cites three reports to support the allegation that the government has known about “administrative deficiencies in respect of supervision management and oversight of DSO waitlists.”

104. The Select Committee and the Auditor General’s reports include a number of recommendations based on opinions and/or some inaccurate premises.¹¹ For example, the Select Committee’s final report states “The committee firmly believes that all people have a right to appropriate and timely supports and services throughout their lives. The provision of developmental services and support should be mandated and waitlists eliminated.”

105. This statement is not consistent with the legislation governing adult services and supports under *SIPDDA* or Passport. The developmental services and supports administered through *SIPDDA* and the funding provided through Passport are not entitlement programs but rather are discretionary programs that are provided subject to limited funding.

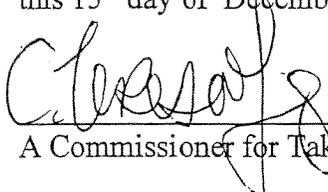
106. Furthermore, the Select Committee’s first recommendation includes as a first task: “eliminate all waitlists for developmental services within 12 months.” The underlying issue appears not to be about “waitlists” or service registries per se, but rather raises concerns about limited funding available through the developmental services system. MCSS provided a response to the Select Committee’s report. Attached hereto and marked as **Exhibit “M”** is a copy of the *Comprehensive Government Response to the Select Committee on Developmental Services* dated October 28, 2014.

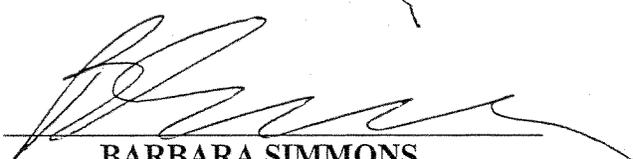
¹¹ See Exhibits C, D, and E to Ms. Tovee’s affidavit in the Motion Record of the Plaintiff.

107. The Auditor General’s report, attached as Exhibit “E” to Ms. Tovee’s affidavit, primarily criticizes the process by which applicants are prioritized and matched for services and supports as incomplete and recommends the development of a “consistent prioritization process across the province.” MCSS has, however, put in place a comprehensive process. Access to services or supports is not denied due to a faulty or incomplete process but is limited due to overall funding, which leads to limited availability of spaces and funds. MCSS has provided a response to the Auditor General’s report. Attached hereto and marked as **Exhibit “N”** is a copy of the responses titled *Ministry of Community and Social Services Supportive Services for People with Disabilities*.

108. With respect to the Ombudsman’s report, attached as Exhibit F to Ms. Tovee’s affidavit, MCSS provided a complete response to the Ombudsman’s report and continues to make efforts to address the issues raised in the report. Attached hereto and marked as **Exhibit “O”** is the *Ministry of Community and Social Services Response to the Preliminary Ombudsman's Report* dated July 4, 2016.

SWORN BEFORE ME)
at the City of Toronto)
this 15th day of December, 2017)
)
)


A Commissioner for Taking Affidavits, etc.


BARBARA SIMMONS

MARC LEROUX AS LITIGATION
GUARDIAN OF BRIANA LEROUX

and

HER MAJESTY THE QUEEN IN
RIGHT OF THE PROVINCE OF
ONTARIO
Defendant

Plaintiff

Court File No. CV-17-573091-00CP

ONTARIO
SUPERIOR COURT OF JUSTICE

Proceeding commenced at TORONTO

AFFIDAVIT OF BARBARA SIMMONS
(Sworn December 15, 2017)

ATTORNEY GENERAL FOR ONTARIO

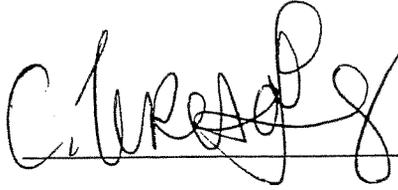
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Counsel for the defendant, Her Majesty
the Queen in right of the Province of Ontario

THIS IS EXHIBIT "A" REFERRED TO
IN THE AFFIDAVIT OF
BARBARA SIMMONS,
SWORN BEFORE ME THIS 15th DAY
OF DECEMBER 2017





Passport Guidelines

These guidelines should be read in conjunction with the July 1, 2013 Addendum which outlines changes to the Passport program.

A Program for:

Young people with a developmental disability requiring supports to transition to adult services and supports; and

Adults who have a developmental disability, are no longer in school, and are seeking transition planning and community participation supports

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Section 1: Introduction to the Passport Program

These guidelines have been developed to support the administration of the Passport Program – a program for:

- Students with a developmental disability who are preparing to transition to adult services and supports
- Adults with a developmental disability, who are no longer in school, and are seeking transition planning¹ and community participation supports

These guidelines are intended to guide work between the Ministry of Community and Social Services' (MCSS) regional offices, Developmental Services Ontario organizations, Passport Designated Agencies, and community organizations in delivering this program. These guidelines are available to the public on the Ministry of Community and Social Services' website.

Overview

In 2005/06, the government created the Passport Program. The Passport Program was initiated to enhance opportunities for young people with a developmental disability to transition to adult services and supports, and to provide funding for adults with a developmental disability, who are no longer in school, and are seeking transition planning and community participation supports.

The Passport Program exposes participants to a wide range of experiences that focus on post-school activities and the personal development that each individual needs to achieve his/her goals for living as an adult in the community. The Passport Program is also intended to reflect what has been learned from the Ministry's review of the Foundations program, the work of the Ontario Community Inclusion Project, and it also builds on the School Support Program model to work with school boards.

Description

The key goals of the Passport Program are to:

- Assist young people who have a developmental disability to make the transition from school to life as an adult in the community

¹ Adult recipients of Passport Program funding may use up to 10% of their approval allocation for transition planning supports.

- Improve the quality of participation in the community for adults with a developmental disability by providing supports that focus on individual goals, work activities and community participation
- Promote independence
- Foster social, emotional, and community participation skills
- Promote continuing education and personal development

Target Population (Program change – see Addendum)

The Passport Program focuses on adult residents of Ontario with a developmental disability who are seeking community participation supports and young people in school who are making the transition to adult life in the community.

Passport Program participants have a developmental disability that has been confirmed by a Developmental Services Ontario organization and who:

- Are in school and would benefit from receiving assistance from a mentor to help them plan their transition out of school; or
- Are no longer in school and would benefit from receiving funding for transition and community participation supports; and
- Have been waiting for service and are in need of community participation supports; and
- Are not eligible for Ontario Disability Support Program (ODSP) **employment supports** (i.e. where the individual does not meet the criteria for funding through ODSP-Employment Supports); and
- Are living at home with their families or in other living arrangements including group homes, living on their own or with room mates (supported independent living) or with a Familyhome provider. **However, priority will be given to applicants who are living at home with their families.**

Ontario Residency Requirements (Program change – see Addendum)

Documents confirming Ontario residency include, but are not limited to:

Proof of address:

- Rental or lease agreement
- Statement of direct deposit for Ontario Disability Support Program

- Employer record (pay stub or letter from employer on company letterhead)
- Mailed bank account statements (does not include automated teller receipts or bank books)
- Utility bill

And

Proof of Canadian citizenship, landed immigrant status or permission to stay by Citizenship and Immigration Canada:

- Passport
- Naturalization certificate
- Immigration documents
- Minister's permit

Definition of Developmental Disability (Program change – see Addendum)

Under the **Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA)** and Regulation 276/10, a person has a developmental disability if the person has the prescribed significant limitations in cognitive functioning and adaptive functioning and those limitations²:

- Originated before the person reached 18 years of age;
- Are likely to be lifelong in nature; and
- Affect areas of major life activity, such as personal care, language skills, learning abilities, the capacity to live independently as an adult or any other prescribed activity.

² Under the Regulation, a person has significant limitations in cognitive functioning if the person meets one of the following criteria;

- The person has an overall score of two standard deviations below the mean, plus or minus standard error measurement, on a standardized intelligence test, or
- The person has a score of two standardized deviations below the mean in two or more subscales on a standardized intelligence test and the person has a history of requiring habilitative support; or
- On the basis of a clinical determination made by a psychologist or a psychological associate, the person demonstrates significant limitations in cognitive functioning and the person has a history of requiring habilitative support.

A person has significant limitations in adaptive functioning if the person has a score of at least two standard deviations below the mean, plus or minus standard error measurement, in at least one of the areas of conceptual skills, social skills or practical skills, as measured on a standardized test of adaptive behaviour.

Eligibility Determination (Program change – see Addendum)

As part of the Ministry of Community and Social Services' transformation of the developmental services system, nine new regional Developmental Services Ontario organizations will serve as single points of access for people to apply for Ministry-funded adult developmental services and supports funded under the **Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA)**.

Under the authority of SIPDDA, all individuals wishing to apply for adult developmental services and supports for the first time will contact their respective regional Developmental Services Ontario organization to have their eligibility confirmed and to complete an assessment of their service and support needs using the Developmental Services Application Package. The Developmental Services Application Package includes the Application for Developmental Services and Supports (ADSS) and the Supports Intensity Scale (SIS). The process will be consistent across the province, and includes individuals wishing to apply for the Passport Program.

Effective July 1, 2011 all adults who are applying for the Passport Program for the first time will need to contact the Developmental Services Ontario organization in their region to have their eligibility confirmed and to complete the Developmental Services Application Package. Eligible applicants will be referred to their respective Passport Designated Agency, which will continue to administer the Passport Program³.

To be eligible for developmental services and supports, including the Passport Program, applicants must provide the following documentation:

- A psychological assessment or report signed by a psychologist or psychological associate registered with the College of Psychologists of Ontario (or equivalent body in another Canadian province) that states the individual has a developmental disability in accordance with the Act and Regulation
- Proof of age (document displays individual's name and date of birth)
- Proof of Ontario residency (document displays the individual's name and address)

³ The Passport Mentoring Program is for people between the ages of 14 and 21. As the Passport Mentoring Program is funded under the Ministry of Community and Social Services Act (MCSSA), it is not required to meet the definition of developmental disability and the eligibility criteria outlined in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA) and Regulation 276/10, nor do they have to have their eligibility for Passport Mentoring confirmed by Developmental Services Ontario. Applicants for the Passport Mentoring Program will continue to work through Passport Mentoring Program Coordinators and Community Living Ontario.

Developmental Services Ontario will review the documents and confirm whether an applicant is eligible for ministry-funded adult developmental services and supports, including the Passport Program. Documents may be originals or photocopies. Developmental Services Ontario reserves the right to view the original documents upon request.

Key Components of Passport (Program change – see Addendum)

The Passport Program consists of the following key components:

- **Mentoring:** An in-school opportunity for students at the secondary level with a developmental disability to link with mentors who can assist them in exploring post-school experiences and options
- **Planning:** Individuals and families working in partnership with educators and local agencies designated by the Ministry of Community and Social Services' regional offices to assist in supporting the development of individual transition plans as identified under Regulation 181/98 of the **Education Act**. Some funding is available through the Passport Program to assist with planning for individuals who are no longer in school
- **Funding for Transition Planning and Community Participation Supports:** Individuals and/or families have the option of receiving funding directly to purchase community participations services and supports, or they can choose to access services and supports through transfer payment agencies. Passport Designated Agencies will obtain input from community planning / advisory committees on the delivery of the Passport Program in their community

In combination, these activities both serve to strengthen transition planning and enhance the capacity of community participation and/or work activities to address the needs of the target population.

Mentoring Initiative

MCSS contracts with a community-based developmental services agency to deliver the mentoring initiative in partnership with self-advocacy groups. These organizations are responsible to provide mentoring in schools in every region of the province. Individuals may request mentoring or be referred to this program by a family member / caregiver or educator.

Key elements include⁴:

- Career shadowing, including work, community participation activities, and volunteering
- Peer support groups that focus on social skills, peer relationships, and adjustment to community participation activities upon leaving school
- Standardized data collection to measure outcomes such as service targets and participant outcomes

Planning⁵ (Program change – see Addendum)

Under Regulation 181/98 of the **Education Act**, for exceptional students who are age 14 or over and who are not identified solely as gifted, the student's Individual Education Plan must include a transition plan for the student's transition from school to work, further education, and/or community participation activities. Specifically, the process is intended to anticipate the future needs of students so that schools, families, and community resources can plan together for students leaving school and make critical information available to students, parents, schools, and community agencies in order to provide proactive transition planning.

To support the above requirement, the Ministry of Community and Social Services' regional offices have a designated agency to work with school boards to inform the development of transition plans and assist individuals with a developmental disability to access community participation activities. (See section 3 for more detailed information on transition planning with school boards.)

Individuals and families are encouraged to work in partnership with educators and/or community-based organizations to develop preliminary individual plans that build on transition plans developed by school boards consistent with the Ministry of Education's **Transition Planning: A Resource Guide 2002**.

For those individuals and families not connected to community-based organizations, and who choose to use direct funding to purchase community participation supports, funding is available for planning if necessary upon determination of eligibility and funding allocation (see section 2 for further details).

⁴ See Section 3 for more detailed information on the mentoring component of the Passport Program.

⁵ The Ministries of Children and Youth Services and Community and Social Services have developed a draft Framework to Support Transition Planning for Young People with Developmental Disabilities. This framework has been distributed to regional offices and regional protocols will be developed for implementation in January 2012. Once the Planning Framework has been implemented, the ministry will review the Planning Guidelines for the Passport Program.

To the extent possible, individuals should apply for the Passport Program with a plan that outlines the type of community participation supports they require and the goals and objectives they expect to accomplish.

A planning guide developed by the Individualized Funding Coalition for Ontario titled “**Creating a Good Life in Community: A Guide on Person-Directed Planning**” is available to individuals and their families to support their application for the Passport Program. Families are encouraged to use the planning guide with their son or daughter when thinking about the type of community participation supports available through the Passport Program that would help to meet the goals and objectives they wish to accomplish. Copies of a plain language version of the planning guide are available at the Ministry of Community and Social Services website, www.mcscs.gov.on.ca and the Individualized Funding Coalition for Ontario website, www.individualizedfunding.ca

Funding of Community Participation Supports (Program change – see Addendum)

Funding is provided to individuals and/or families by Designated Agencies using payment processes approved by the regional office. (See Section 2 for more detailed information on funding.)

To promote an accessible, fair and sustainable system, a standardized application package will be used by Developmental Services Ontario organizations and a consistent process to determine the amount of funding that can be provided will be used by the Passport Designated Agencies. The goal of using these tools is to ensure that similar information is collected from all Passport Program applicants and that consistent levels of funding are provided to individuals with similar needs across the province for community participation supports.

For Directly Funded Supports

The flexibility and choice offered to individuals and their families through direct funding provides a more responsive approach to funding community participation supports.

Passport Program funding can be used to purchase key activities that focus on continuing education, personal skills development such as work activities, employment preparation and vocational activities, volunteering, daily living activities, leisure and social skills.

The maximum hours of support available for an individual should be based on a full time equivalent of 30-35 hours per week.

The Passport Designated Agency will administer funding for individuals who choose direct funding once eligibility and funding allocations have been determined.

For Transfer Payment Agency Services

Existing processes are to be used for individuals choosing to access community participation supports through the existing transfer payment agency system.

Section 2: Administration of Funding for Adult Transition Planning and Community Participation Supports

Background

The Passport Program is administered through the Passport Designated Agencies. Since the inception of the Passport Program, the responsibilities of Designated Agencies have included assisting applicants to complete the Passport Program application form, confirming eligibility for Passport Program services and supports and administering the program.

On July 1, 2011, responsibility for confirming eligibility for services and supports under the **Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA)** transfers to nine new Developmental Services Ontario organizations. All new applicants for developmental services and supports, including the Passport Program, will apply to the Developmental Services Ontario organizations who will work with the applicant to complete the Developmental Services Application Package. The Developmental Services Application Package includes the Application for Developmental Services and Supports (ADSS) and the Supports Intensity Scale (SIS). Once the Developmental Services Ontario organization has confirmed an applicant's eligibility under SIPDDA, and has completed the application package, the applicant will be referred to the Passport Designated Agency for Passport Program administration.

Service Principles

The administration of the Passport Program is guided by the following underlying service principles:

- **Person-centred:** Amount of government funding for each individual's supports is based on a consistent provincial application process involving the identification of an individual's strengths, preferences, needs and individual plans
- **Choice and flexibility:** Individuals/families may choose to receive direct funding and arrange supports themselves or to receive services from a developmental services agency
- **Equitable funding:** A similar level of funding is provided to individuals with similar needs across the province

- **Strong families:** The family is recognized as the primary support for adults with a developmental disability
- **Accountability:** Individuals, families and service delivery agents are responsible to ensure that funding is used for its intended purpose and is being effectively managed to achieve the goals and objectives identified in the individual plan

Access/Application Process (Program change – see Addendum)

Eligibility for the Passport Program is confirmed by the regional Developmental Services Ontario organization based on the eligibility criteria outlined in the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and Regulation 276/10 (see introduction).

How to initiate a referral?

People who are age 16 or 17 and leaving school, and adults who are not in school and seeking assistance with transition planning and community participation supports, can apply directly to their regional Developmental Services Ontario organization to determine whether they are eligible for the Passport Program. Family members and service agencies may assist an individual with the application process. A student age 16 or 17 may apply for the Passport Program while they are still in school, but the application cannot be funded until the individual has turned 18.

How are applications processed?

A Developmental Services Ontario organization must confirm the applicant's eligibility, and if eligible, complete the Developmental Services Application Package, which is used by all Developmental Services Ontario organizations. The Developmental Services Application Package is a fair and consistent approach to accessing community participation supports provided through the Passport Program.

- After July 1, 2011 all new Passport Program applicants will contact the Developmental Services Ontario organization in their region
- The Developmental Services Ontario organization will confirm eligibility under the **Services and Supports to Promote the Social Inclusion of Persons with a Developmental Disabilities Act, 2008 (SIPDDA)**, and if eligible, complete the Developmental Services Application Package
- The Developmental Services Ontario organization will refer eligible Passport Program applicants to the local Passport Designated Agency that administers the Passport Program

- The Developmental Services Ontario organization will provide the Passport Designated Agency with information that is collected from the Developmental Services Application Package
- Passport Designated Agencies administer the Passport Program Guidelines, and:
 1. Determine the level of eligible funding according to the four funding bands
 2. Determine desired and/or available services and supports
 3. Determine the manner in which services and supports will be funded
 4. Determine the priority for resources
 5. Maintain a Passport Program wait list and reports to the regional office as required
- The Passport Designated Agency will notify the applicant when resources are available and advise the Developmental Services Ontario organization of the outcome of the application
- If the applicant chooses direct funding, the Passport Designated Agency will administer the direct funding agreement according to the Passport Program Guidelines
- If the applicant chooses services and supports from a service agency, the Passport Designated Agency will advise the appropriate MCSS Regional Office that will enter into a contract with the service agency for the agreed upon services and supports using normal business practices
- The Passport Designated Agency will utilize existing adult developmental service system processes and tools to determine those individuals found to be most in need of community participation supports, keeping in mind:
 - The intent of the Passport Program
 - The target population
 - Competing service pressures of individuals who have recently left school, and those who have been waiting for service

(See section on considerations for prioritizing access for more detailed information.)

In order to respond to individuals' changing needs and to reflect their ongoing personal plans, the Developmental Services Ontario organization will require the individual to complete an application every five years, unless requested earlier by the individual or family. This allows for an opportunity to revise the individual's plan and level of funding based on the attainment of personal goals, as well as any changes in the individual's level of need.

Considerations for Prioritizing Access (Program change – see Addendum)

In order to promote a fair and equitable service system, the following considerations represent a minimum provincial standard for Passport Designated Agencies when determining those most in need and prioritizing access to community participation supports. These considerations augment and support local processes and tools where they exist.

- Ability to benefit from support as it relates to individuals in each category of support need. (i.e. the potential for skill development and independence for individuals with low/ minimal support requirements versus quality of life issues for individuals with high/significant support requirements)
- Effect of supports in preventing crisis (for individual and/or family)
- Ability of the family to cope
- Community capacity (i.e. availability and range of generic services and supports)
- Availability of unpaid supports (to the individual and/or family)
- Length of time the individual/family has waited for community participation supports

Funding (Program change – see Addendum)

The local Passport Designated Agency reviews the summary report provided by the Developmental Services Ontario organization along with the individual's plan or any other submitted information to determine the amount of funding that may be available for community participation supports. In order to promote fairness, the level of approved funding is the same whether the individual/ family choose direct funding or transfer payment agency community participation supports. The amount of funding available for an individual plan is based on the application of funding bands which correspond to four categories of support:

Category of Support	Funding Bands
Low / Minimal	up to \$6,250
Medium / Moderate	\$6251 to \$12,500
High / Significant	\$12,501 to \$18,750
Exceptional	\$18,751 to \$25,000

Please note that these funding levels include the cost of administration for both direct funding and transfer payment agency services.

In order to guide the Passport Designated Agency in determining funding levels, a profile of typical support needs is provided in Appendix C. It should be emphasized that each of the above funding levels represents the maximum funding available and is based on a 12 month funding period. Individual allocations are informed by the identification of the person's support requirements and capacities as outlined in the Developmental Services Application Package and accompanying documentation (e.g., Individual Plan).

Every five years, the individual will complete the Developmental Services Application Package with the Developmental Services Ontario organization to identify changes to their service and support needs. Individual funding allocations are subject to adjustment to respond to the different types of community participation supports required to reflect changing needs.

Consistent with the service principles for this initiative, funding allocations for the Passport program are intended to be portable and available to the individual should they choose to relocate to another community in Ontario.

For Directly Funded Supports

Once the funding amount has been determined, the Passport Designated Agency administers direct funding to the individual/family or to someone on the individual's behalf, as identified on the applicant's individual plan for community participation supports.

Some individuals or their families may require support in developing and coordinating a plan for community participation supports or may require assistance in managing their direct funding. In such circumstances, individuals may use up to 10% of their total approved allocation to purchase planning and/ or brokerage and administrative supports of their choice.

For Transfer Payment Agency Services

Once the Passport Designated Agency has determined the level of approved funding, the individual participates in their chosen transfer payment agency community activity using the normal Ministry service contract processes and business practices. This funding includes the cost of administration, if applicable.

The decision of an individual or family to receive services through a transfer payment agency should be carefully considered in order to avoid untimely and disruptive changes in the method of allocating funding. Circumstances which would warrant a review/change in service delivery agency and/or allocation method might occur, for instance, where the agency is no longer able to provide suitable services, an alternate service becomes available in the community which can better serve the needs of the individual, or the needs of the individual or their support network substantially change.

What can be funded? (Program change – see Addendum)

Examples of the type of supports that are eligible for funding include:

- Supports to enable participation in further education, including creative post-secondary experiences which promote an integrated academic training program along with personal development. Some examples of such programs include:
 - The Community on Campus Model sponsored by Community Living Mississauga and the University of Toronto
 - The inclusive post-secondary education initiative offered by the H'art School of Smiles in collaboration with Queen's University

Note: Costs of tuition for post-secondary education programs that are eligible for government student assistance programs, as well as supports available through the on-campus Special Needs Office, cannot be approved for funding through Passport.

- Employment preparation activities where the individual does **not** meet the criteria for funding through ODSP Employment Supports
- Work activities, including participation in community settings
- Volunteer activities
- Activities of daily living that enhance social skills, independent living and personal management

- Activities that develop skills in utilizing community infrastructure such as transportation services, shopping, libraries and recreation opportunities
- Personal supports to assist in developing individual plans that identify available unfunded supports as well as required purchased supports*
- Administrative/brokerage supports to assist individuals and families to manage human resources and financial/reporting requirements related to funded supports*

*** Note: As outlined in a footnote on page 1, a maximum of 10% of the total direct funding allocation may be used to fund these activities.**

Staff Resources

Passport Designated Agencies need to maintain the human resource capacity to deliver the Passport Program – including reviewing an applicant's request (e.g., summary information from Developmental Services Ontario, prioritizing access, applying the Passport Program Guidelines and making individual funding decisions). Additionally, staff need to be knowledgeable of local resources and programs that are available in the community in order to make informed funding decisions in the context of the individual community support plans.

Passport Designated Agencies need to work closely with MCSS regional offices to ensure:

- Recruitment of qualified staff
- Implementation of adequate staffing resources given available funding
- Development of clear roles and responsibilities as they relate to Passport
- Provision of adequate and timely staff orientation and training

The MCSS regional office is responsible to provide support to local Passport Designated Agencies in accordance with current practice and to oversee program and funding decisions in the context of Ministry policies and procedures.

Business Practices

The local Passport Designated Agency provides critical support related to the individual, the development of an informed plan, and the determination of funding resources to put the plan into effect.

As part of this support role, it is important that Passport Designated Agencies work closely with the lead agency that is responsible for liaising with local school boards and maintaining information received from the local school boards regarding the number and the types of support needs of individuals leaving the school system. This information will be used by both local planning groups as well as the MCSS regional office to project and proactively shape developmental services in the community. (See Section 3 for more information on Liaising with District School Boards.)

The local Passport Designated Agencies are responsible for collecting and maintaining data regarding the number of individuals served through the Passport initiative, as well as the hours of support funded.

Examples of the type of data to be collected include:

- Funds approved and committed
- Actual expenditures for the fiscal year
- Average cost of community participation supports per individual served by category of support
- Frequency of reporting
- The age of individuals served
- Type of living arrangement at time of application (i.e. family residence, supported group living residence, intensive support residence, supported independent living residence, host family residence)
- Number of individuals who choose direct funding
- Number of individuals who choose community participation supports through a transfer payment agency
- Number of individuals served full-time
- Number of individuals served part-time
- Total number of individuals served

The MCSS regional office oversees the performance and service outcomes of Developmental Services Ontario organizations and Designated Agencies based on the normal business practices applicable to transfer payment agencies. MCSS also oversees service agency and Developmental Services Ontario compliance with the **Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008**, Regulation 276/10, Regulation 299/10 on Quality Assurance Measures and Policy Directives.

Accountability and Quality Assurance

Passport Designated Agencies cannot be providers of MCSS funded day support/community participation services and must have policies in place to address conflict of interest.

In order to maintain a high level of accountability and quality assurance in the delivery of the Passport Program, it is essential that the Passport Designated Agencies adhere to an equitable and transparent process in determining access to services and level of funding. To assist in achieving this objective, Passport Designated Agencies are to work in consultation with a community planning/advisory group designed to inform service provision.

As well, a separate forum with representation from families and self-advocates is required to inform Passport Program service provision. The role of the forum is not intended to adjudicate applications to the Passport Program but rather to support the role of the local Passport Designated Agency:

- Advising about service needs in the community
- Providing advice and feedback on the effectiveness of current practices and procedures
- Providing input into proposed changes to policy, practices and procedures to improve service provision

Passport Designated Agencies are expected to have an impartial review process that is available to individuals or families who feel that their funding decision has not been fair and equitable. The review committee will meet with the individual and/or family, if requested, to review the applicant's information and individual plan and make any recommendations regarding the funding decision or other procedures and practices for consideration by Passport Designated Agencies. In the event that a resolution cannot be achieved through local processes, outstanding issues may be referred to alternate regional dispute resolution processes that may be in place.

For Directly Funded Supports

Funding provided to the individual or their family/agency must relate to the individual's needs as outlined in the Developmental Services Application Package and individual (transition) plan, where available.

The terms and conditions of the funding are outlined in a contractual agreement between the individual or family/agency and the Passport Designated Agency (See Appendix D, Passport Funding Agreement: Key Components.)

Appendix D describes:

- The amount of the approved funding
- The effective dates for the approved funding
- The roles and responsibilities of the respective parties
- A general description of the outcomes that are to be achieved
- An agreement to an annual review to confirm that funds have been spent in accordance with the agreed purposes
- An agreement that directly funded services and supports must adhere to Ministry values and principles

Funding is provided to individuals and/or families by Passport Designated Agencies using payment processes approved by the regional office.

Individuals and/or families must be willing to manage their own funding or through a third party and are responsible for submitting invoices required to substantiate actual expenditures and reconcile payments. For some families, paying for supports up front may cause financial hardship. In such situations, Passport Designated Agencies have an option of providing families with advance payments for approved Passport Program supports. These advance funds are then reconciled against actual expenditures and subsequent instalments are adjusted to avoid overpayments.

Responsibility for compliance with tax and other laws and regulations, quality assurance and liability rests with the individual (or where designated, the individual's family/agency).

Complaints about the quality of supports purchased through direct funding are taken up with the service provider delivering the program by the individual (or where designated, the individual's family/agency).

Random auditing of funding decisions and individual budgets, using accepted audit processes, is delegated by the regional office to Passport Designated Agencies to assure compliance with provincial legislation and policies.

For Transfer Payment Agency Funded Services

MCSS regional offices continue to use existing business practices (i.e. service contracts, quarterly reporting, random audits), provincial legislation, and policy.

Roles and Responsibilities

Individual/Family

- Act as the primary source in the development and revision of an individual plan
- Identify and mobilize all natural supports to achieve personal goals (i.e. friends, extended family, and support circles)
- Engage in utilizing programs and resources that are available to achieve negotiated goals
- Participate fully in evaluating the effectiveness of funded supports and services as determined by the achievement of identified goals
- Where applicable, administer direct funding in a manner which is responsible and accountable. Where supports are being purchased directly by the individual/family, invoices are submitted to the local Passport Designated Agency to verify the use of direct funding in a manner which is consistent with the approved plan

Transfer Payment Agency

- Use existing financial and data systems to monitor funding commitments and service data for individuals supported through Passport Program funding
- Adapt internal policies and procedures to respond to individuals who may wish to purchase services through their direct funding. This provides an opportunity for the agency to "market" programs and customize them to respond to individual demands
- Maintain effective human resource strategies to respond to the flexibility required by individuals/families seeking purchase of service arrangements
- Maintain strategic monitoring to achieve the necessary balance between flexibility in the service system and program stability to ensure the integrity of the agency infrastructure

Passport Designated Agency

- Maintain current and comprehensive information regarding community resources and programs to inform the development of individual plans
- Coordinate with the lead agency designated by the regional office to inform transition plans developed by educators under Regulation 181/98 of the **Education Act**
- Review summary information provided by Developmental Services Ontario organizations to determine priority access for persons applying to Passport
- Coordinate with community planning/ advisory groups designed to inform service provision
- Determine level of funding
- Where applicable, administer direct funding payments in accordance with approved funding levels, including:
 - Reconciling payments to actual expenditures based on documentation submitted by individuals/families/agencies
 - Maintaining required financial tracking and reporting processes
- Maintain effective working relationships with transfer payment agencies, other service providers, and family members
- Work with MCSS regional offices, local system management committees and local school boards to identify future service pressures and needs
- Review information from the Developmental Service Ontario organizations every five years to evaluate changing needs and adjust funding levels accordingly

The administration of the Passport Program requires sufficient capacity of local designated agencies in a number of areas:

- An effective data collection system to maintain both individual information as well as information on community programs and resources
- An effective strategy for orientation and training of staff
- Maintenance of staff resources and other logistical supports
- Skills and knowledge required to determine funding allocations and, where applicable, administer direct funding payments

Developmental Services Ontario

Along with other mandated services, Developmental Service Ontario organizations are the single point of access for the Passport Program. They confirm eligibility for all new Passport Program applicants and refer them to the local Passport Designated Agency for Passport program administration, and complete a reassessment of all applicants every five years using the Supports Intensity Scale (SIS).

Section 3: Liaising with District School Boards (Program change – see Addendum)

Context

This section of the guide is intended to assist Ministry of Community and Social Services' regional offices to work with Passport Designated Agencies to carry out their roles to encourage liaison with schools and district school boards to support transition planning. This will help to provide a more consistent transition planning process across the province, with agreed-upon guidelines that encourage and support a more inclusive planning process.

Note: Passport Designated Agencies may also liaise with school boards, or a separate agency may be chosen to perform this role.

Objectives

The key objectives of liaising with school boards are:

- To make critical information available to students, families, and educators about developmental services community participation supports to inform transition planning
- To support referrals to Passport Programs for students leaving school who would benefit from community participation supports
- To forecast community participation support needs and plan for young adults who have a developmental disability and are leaving school, in collaboration with the local Passport Designated Agency

Roles and Responsibilities

Families/Students

Families/students may play active roles in:

- Liaising with teachers and the school principal to learn more about transition planning and to participate as part of the planning team
- Speaking with the local Passport Designated Agency to inquire about locating and accessing local developmental services

Designated Agencies

The role of the local Passport Designated Agency is to:

- Be available if contacted by the local school or district school board to inform transition plans
- Work with MCSS' regional offices to forecast service pressures and trends in the developmental services sector
- Support students and families in the referral process for Passport Program community participation supports
- Coordinate applicants' access to supports

Ministry of Community and Social Services Regional Offices

The role of regional offices is to:

- Designate a lead agency to:
 - Work with school boards to inform the development of transition plans
 - Liaise with schools and families/individuals to inform and provide information about available community supports and services – i.e. conduct workshops in schools or inform planning teams
- Work with local Passport Designated Agencies to deliver Passport
- Work with the local Passport Designated Agencies and Ministry of Education (EDU) regional offices to forecast future needs and service pressures

Ministry of Community and Social Services' regional offices and the local Passport Designated Agency will have established a working partnership with local school boards to aid in the implementation of the Passport guidelines (See Template for Local Protocols). Similar to the School Support Program, district school boards are invited to work with the local Passport Designated Agency to develop protocols that outline the key contacts and roles and responsibilities for collaborative transition planning.

District School Boards

District School Boards are encouraged to:

- Be available if contacted by local Passport Designated Agencies to inform the transition planning process
- Share information about available community supports and services with schools and parents
- Work with the Passport Designated Agency to develop a local protocol in support of transition planning

Ministry of Education (EDU) Regional Offices

Ministry of Education regional office staff are encouraged to work jointly with MCSS regional offices to:

- Establish and maintain communication links in support of the Passport Program, transition planning, and MCSS planning to meet future post-school service needs
- Introduce the Passport Program Guidelines to local school boards and the Passport Designated Agency and encourage the development of local protocols (see below)
- Facilitate communication between local school boards and community agencies in support of the Passport Program guidelines and transition planning
- Share information about successful practices among school boards and community agencies
- Identify implementation issues (re. Passport Program Guidelines and transition planning) and: (1) assist to resolve these issues locally where possible, and (2) inform Ministry policy makers of emerging systemic issues
- Facilitate the provision of (aggregate) information about students to MCSS regional offices to help them to determine the community supports and services required to meet the needs of the students after they leave school

Template for Local Protocols

MCSS and EDU regional offices are invited to work together to encourage local Passport Designated Agency and school boards to develop local protocols in support of transition planning. Possible topic areas might include:

1. Contact information
 - Local contact information of Passport Designated Agency and school board offices
2. Information Sharing
 - Community programs and services information
 - Program descriptions
 - Service system management
 - Referral processes
 - Information to support transition planning (i.e. transition planning documents for agencies' use)
 - Data collection to inform forecasting future service needs
 - Aggregate individual profile descriptors
3. Support Activities in the School Community
 - Agencies' participation at school events (i.e. parent information nights) etc

Appendix A: Passport Mentoring Initiative (Program change – see Addendum)

This component of the strategy is delivered by Ontario's Community Inclusion Project in partnership with People First of Ontario and/or other self-advocacy organizations in the community.

Initiative Description

The Passport Mentoring Initiative is an "in-school" opportunity to expose students, who have a developmental disability at the secondary school level, to post-school experiences and options. It is intended to enhance their capacity to make informed post-school decisions prior to leaving school, and is available to students between the ages of 14 and 21. This is achieved through adult mentors and Mentor Coordinators in concert with school personnel, parents, and community and support providers (where applicable).

Experienced adult mentors work with the Mentor Coordinators to provide direct exposure to career shadowing, interaction in meaningful community activities, volunteer options and the exploration of alternate post-school opportunities. Additional in-school support includes exposure to and training in social interaction, relationship building, post-school transition adjustments, decision-making approaches and exploration. Mentoring approaches are individualized for each student.

Mentors are individuals who have:

- Active participation in their community (either through daily activities, volunteering, recreation/leisure or work activities)
- A range of functional, relevant and experiential abilities
- People who can offer support and bring valuable experiences
- People who are eager to listen and interact with those students seeking future options

Students are typically people who:

- Have a developmental disability and are in regular and self-contained secondary school classes
- Are between the ages of 14 and 21 years of age

- Seek active participation within chosen options in their communities following school
- Would benefit from leadership/mentoring for transition into community participation activities

Goals of the Mentoring Initiative

The goals of the initiative include:

- Improved quality of participation in the community beyond secondary school education
- Increased exposure to post-school education opportunities for meaningful activities/options
- Increased collaboration between schools, educators, mentors, students and families to assist in identifying post-school opportunities

Key Features:

- Opportunities to learn in both group and individual settings
- Opportunities to participate in the development of social relationships
- Opportunities for family participation
- Community-based learning
- Exposure to an array of activities and experiences
- Work training and volunteer involvement
- Self-directed planning with links to Individual Education Plan (IEP) and student transitional plans
- Development of community linkages and partnerships
- Focus on independence, participation, and inclusion
- Involvement of experienced adults who have a developmental disability in the design, development, and mentoring role for this initiative

This initiative is an ongoing, interactive relationship between identified students, families, school environments, mentors, and the broader community.

The culmination of this initiative provides students with exposure to post-school experiences and options, which will enhance their opportunity to make informed decisions and to connect with these options.

The anticipated outcomes for students include:

- New skill development for daily living, inter-personal relationships and tangible life options
- Ability to express own interests and options
- Exploration and exposure to new community opportunities
- Informed decision-making capacity
- Presence in social/educational/vocational settings
- Interaction and cooperation between parents, community options, and peers.
- Smooth transition from school to adult living
- Community participation

This is an innovative initiative that provides tangible interaction between people who have a developmental disability, school environments, parents, and support providers (where applicable) which enables informed decision-making to take place and open up new life opportunities.

This is achieved through direct exposure to career shadowing, interaction in meaningful community activities, volunteering and the exploration of alternate post-school opportunities.

Additional support includes social interaction, relationship building, post-school transition adjustments, decision-making approaches, and self-exploration.

Roles and Responsibilities

Role of the Ministry of Community and Social Services

- Provide annualized funding to the Ontario Community Inclusion Project to design and implement the mentoring initiative

- Negotiate and monitor the agreement with the Ontario Community Inclusion Project to assure compliance with Passport initiative guidelines, MCSS policies/procedures and quality assurance and evaluation procedures

Role of the Ontario Community Inclusion Project

The Ontario Community Inclusion Project will work in partnership with People First of Ontario and/or other self-advocacy organizations in the community to:

- Administer and deliver the initiative
- Develop initiative framework, building on existing best practices
- Introduce and provide the initiative to willing school boards and schools. .
- Determine access to mentoring in consultation with Mentoring Teams, which includes students, families, educators, Mentor Coordinators, People First of Ontario, other self-advocacy groups, and other relevant stakeholders.
- Ensure the goals of Passport (as indicated in these guidelines) align with the initiative operations
- Gather all necessary information to determine outcome measures and quality assurance
- Match students with mentors, and provide the required support and training to ensure a successful match. Ongoing monitoring of the matches and progress checkpoints (and re-matching if required) would be strongly encouraged
- Meet the implementation requirements within the capacity and resources that are available.
- Oversee spending of all allocated funds by the end of the fiscal year, and ensure that they are managed within spending guidelines
- Develop and conduct an evaluation of the initiative
- Adhere to all government program standards, including compliance with any quality assurance procedures and random spot audit checks

Role of People First of Ontario and/or other Self-Advocacy Organizations in the Community

People First of Ontario, or another self advocacy organization where a local chapter of People First does not exist, will:

- Participate in the development of the initiative's framework
- Participate in the administration and delivery of the mentoring initiative
- Assist in recruiting mentors
- Assist in matching mentors with students
- Participate as mentors
- Assist in the screening of students
- Participate in peer support opportunities
- Assist in providing social support and role modeling to students
- Participate in self-advocacy training

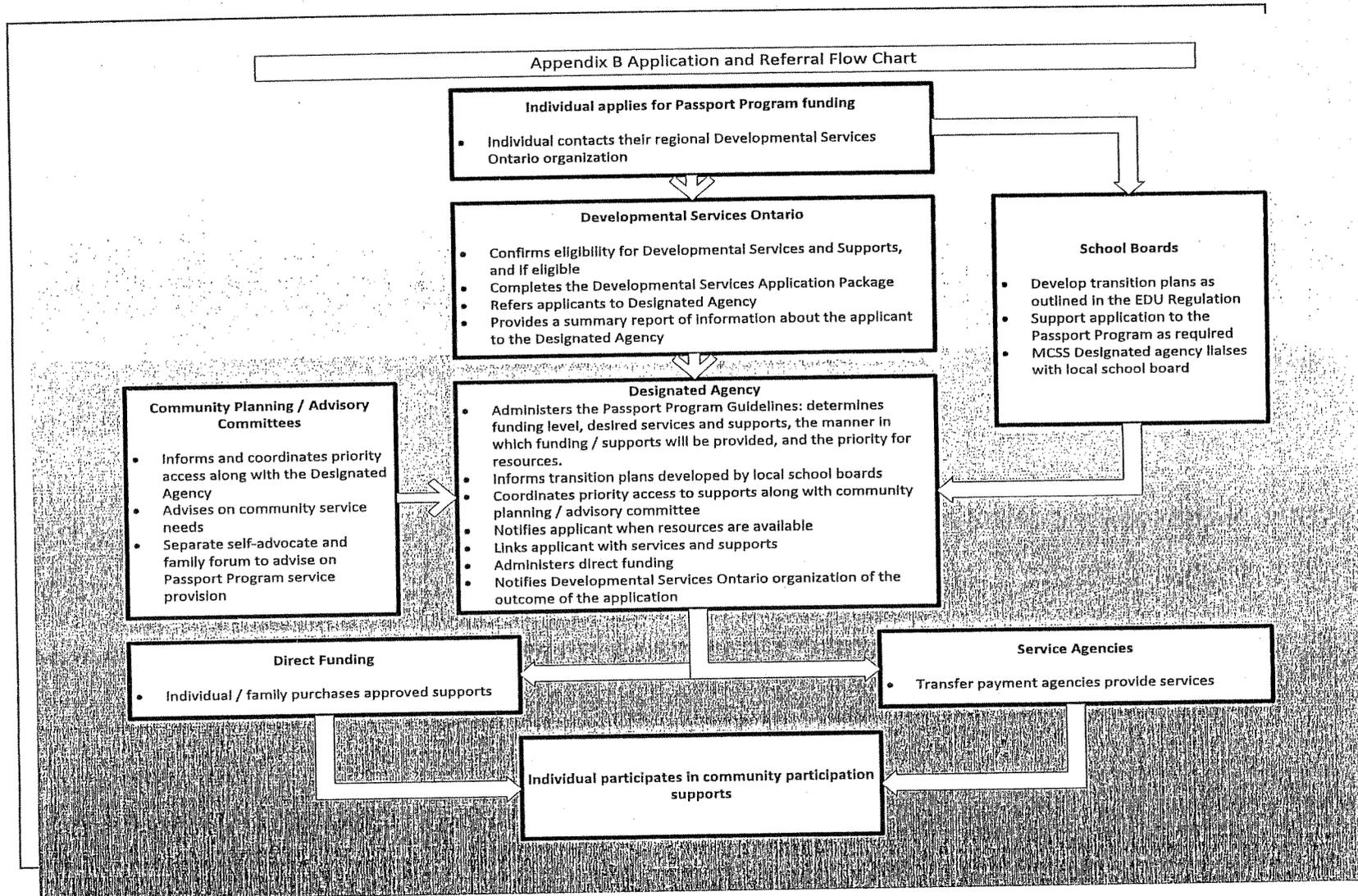
Role of District School Boards

Local school boards are invited to support the introduction and ongoing implementation of the mentoring initiative and work in partnership with the Ontario Community Inclusion Project and People First of Ontario or other self-advocacy groups.

School boards, supported by EDU, are encouraged to:

- Provide relevant information to inform the development and scope of the initiative
- Share information about the initiative with relevant educators, students and families
- Facilitate the participation of relevant educators
- Identify potential participants for the initiative

Appendix B: Application and Referral Flow Chart (Program change – see Addendum)



(Program change – see Addendum)

Appendix C: Typical Characteristics and Categories of Support for Individuals Accessing Community Participation Supports

Category of Support	None	Minimal	Moderate	Significant	Exceptional
<p>Communication and Social Abilities</p> <p>Ability to communicate appropriately and engage in interpersonal and social activities.</p>	<ul style="list-style-type: none"> • Enjoys/ works well in group settings • Able to convey information, feelings, wants and needs effectively with little/no need of support 	<ul style="list-style-type: none"> • Experiences occasional and brief difficulties in managing social interactions. • Able to communicate appropriately with periodic, brief support 	<ul style="list-style-type: none"> • Requires occasional but more prolonged support in managing social interactions • Communication skills moderately impaired. Requires periodic but more prolonged intervention/ support. 	<ul style="list-style-type: none"> • Able to work in group situations but requires significant direct supports. • Can communicate with significant supports/ intervention 	<ul style="list-style-type: none"> • Unable to be supported in group situations. Requires direct supports at all times to reinforce social skills and appropriate communication strategies.
<p>Personal Supports</p> <p>Level of external support/ intervention required to participate in chosen activities.</p>	<ul style="list-style-type: none"> • Able to identify appropriate activities and self-direct to complete them. 	<ul style="list-style-type: none"> • May require some external personal supports but these can be withdrawn for significant periods of time 	<ul style="list-style-type: none"> • Able to engage in activities but requires regular re-direction/ prompts 	<ul style="list-style-type: none"> • Limited capacity to engage in activities without direct support. 	<ul style="list-style-type: none"> • Unable to engage in activities, follow directions and/or routines without direct support.

Category of Support	None	Minimal	Moderate	Significant	Exceptional
	<ul style="list-style-type: none"> • Able to follow directions and established routines • Significant positive experience in integrated community settings/ volunteerism with little/no support required. 	<ul style="list-style-type: none"> • Some experience in community settings with occasional personal supports required. 	<ul style="list-style-type: none"> • Personal supports can be withdrawn only occasionally • Some experience in community settings but with significant personal supports. 	<ul style="list-style-type: none"> • Frequent need to re-direct activities. • Minimal community experience even with significant supports 	
<p>Behaviour</p> <p>Refers to both the frequency and intensity of behaviours which require interventions beyond normal support expectations.</p>	<ul style="list-style-type: none"> • Little / no evidence of extraordinary behaviours. 	<ul style="list-style-type: none"> • Mild behaviours that pose no risk to self, others or environment. • Behaviours able to be managed through reasonable and brief levels of intervention. 	<ul style="list-style-type: none"> • Significant behaviours occur occasionally but still pose little risk to self, others and/or environment. • Able to be managed primarily through informal interventions. 	<ul style="list-style-type: none"> • Significant behaviours occur frequently and with an intensity that poses risk to self, others and/or environment. 	<ul style="list-style-type: none"> • Similar to "significant" category but require occasional back- up supports to control/ re-direct behaviours.

Category of Support	None	Minimal	Moderate	Significant	Exceptional
			<ul style="list-style-type: none"> Formal behavioural interventions or protocols are required only occasionally and for a limited period of time. 	<ul style="list-style-type: none"> Behaviours may include aggression with little/ no antecedents, self-injurious behaviours, property destruction, running/wandering with little awareness of personal safety. Formal behavioural procedures and protocols required for sustained periods of time. 	<ul style="list-style-type: none"> Often requires adherence to extensive formal behavioural procedures/protocols.
Personal Health and Medical Care Refers to the ability of the individual to manage his/her own personal care	<ul style="list-style-type: none"> No extraordinary medical needs are present Able to manage personal care with little/no assistance. 	<ul style="list-style-type: none"> Minimal and occasional health issues are present and pose reasonable demands on support workers. 	<ul style="list-style-type: none"> Significant but occasional medical conditions are present but pose minimal health risk to the individual. 	<ul style="list-style-type: none"> Significant and frequent medical conditions are present that pose moderate, but non life-threatening risk to the individual. 	<ul style="list-style-type: none"> Exceptional and prolonged / permanent medical issues or conditions requiring frequent and complex interventions.

Category of Support	None	Minimal	Moderate	Significant	Exceptional
and the level of medical interventions required to maintain appropriate levels of personal health.		<ul style="list-style-type: none"> • Requires periodic and brief prompts in some aspects of personal care 	<ul style="list-style-type: none"> • Interventions are intermittent and/or brief and are effective in resolving condition • Occasional medical procedures may be required but do not require specialized staff. • Occasional but more prolonged prompts required for most areas of personal care. May require occasional hand over hand support. 	<ul style="list-style-type: none"> • Occasional formal medical interventions/ procedures are required. • Interventions/ procedures require personal supports with some training in specialized procedures. • Dependent on personal supports for most aspects of personal care. 	<ul style="list-style-type: none"> • High level of technological dependence. • Medical condition is considered "fragile" where appropriate and timely medical supports are required to avoid medical crisis. • Total dependence in all aspects of personal care.

Category of Support	None	Minimal	Moderate	Significant	Exceptional
<p>Supervision</p> <p>The amount and intensity of supervision required to access community participation supports.</p>	<ul style="list-style-type: none"> Requires little or no direct supervision. 	<ul style="list-style-type: none"> Requires occasional but brief periods of direct supervision 	<ul style="list-style-type: none"> Requires frequent but brief periods of direct supervision. 	<ul style="list-style-type: none"> Requires frequent but more prolonged periods of direct supervision. 	<ul style="list-style-type: none"> Requires dedicated direct supervision occasionally requiring periods of enhanced staffing.

A resource to Local Passport Designated Agency to assist in developing or augmenting direct funding agreements

Appendix D

Passport Funding Agreement

Key Components

It should be noted that the information provided below is intended as a guide for use by the Passport Designated Agencies. It is advisable that local Passport Designated Agencies obtain legal advice in developing the contractual agreement used to administer direct funding.

A. Acknowledgments

1. Acknowledgement that the local Passport Designated Agency is a non-profit organization recognized by the Ministry of Community and Social Services (MCSS) as a transfer payment agency to receive funds intended to provide support services for individuals with a developmental disability.
2. Acknowledgement by the individual⁶ that, while the Passport Designated Agency may have provided information to the individual with respect to services and supports available in the community, the final decisions with respect to the manner in which services and supports are to be provided as well as decisions to hire, contract with or engage, any persons/agencies/companies or other entities to provide any of the services or supports have been made by the individual.
3. Acknowledgement by the individual that the local Passport Designated Agency has no responsibility or liability to the individual for any of the services or supports provided by the provider. Personnel hired by the individual to provide supports and services are not employees of the local Passport Designated Agency.

⁶ May also be a member of the individual's family or an unrelated person from the individual's support network, on behalf of the individual.

B. Responsibilities of the Individual

Individuals may wish to obtain legal and other professional advice, as required, to clarify their responsibilities and recommended practices.

1. Where supports are being provided by staff hired by the individual, the individual will ensure that administrative and personnel practices are in place that meet the requirements of Employment Standards, the Labour Relations Act, the Workers' Compensation Board and Canada Revenue Agency and will be responsible for ensuring that adequate general liability insurance is in place.
2. Where supports are being provided by staff hired by the individual, there is agreement that the individual is responsible to:
 - a) Hire, set wage rate, supervise and schedule the workers(s)
 - b) Adhere to acceptable personnel practices as required by Employment Standards, Labour Relations Act, Workers' Compensation Board, Canada Revenue Agency and any other government legislated act as relates to employer/employee relations
 - c) Be responsible for the supervision of workers, quality of services and for any liability pursuant to any matter between workers and family including responsibility of ensuring that adequate general liability insurance is in place when support is provided by a person hired as an employee.
 - d) Be solely responsible for remitting to the proper authorities all necessary statutory payments and remittances (if any) including, without limitation, Income Tax, Employment Insurance, Canada Pension Plan, Employer Health Tax, Federal and Provincial Taxes, including HST.
3. Where the individual engages services from a self-employed support worker:
 - a) It is advisable for the individual to clarify in writing that the self-employed worker is solely responsible for remitting to the proper authorities all necessary statutory payments and remittances (if any) as stated in 2.(d) above.
 - b) Keep on file all invoices from independent contractor for support services as per contract as required in 3.(a)

4. The individual is responsible to report to the Passport Designated Agency in a timely manner as to the disposition of funds received and the effectiveness of purchased services and supports in achieving identified goals and objectives.
5. The individual agrees to provide the Passport Designated Agency with such reasonable documentation as it requests including all documentation required by MCSS.

C. Responsibilities of the Passport Designated Agency

1. Agreement to disburse to the individual such funds as are received by it on behalf of the individual in a timely manner as per the approved budget set forth in the funding agreement.
2. Agrees to be accountable to MCSS for the disbursement of funds as set out in the funding agreement.
3. Agrees to provide the individual with a report, upon request, outlining expenditures to date and the amount of funding remaining for the term of the funding agreement.
4. Agrees to accept no responsibility for hiring, supervision, evaluation or liability pursuant to any matter between the support service provider and the individual.

D. Terms of Funding

1. Clear identification and agreement between the individual and the Passport Designated Agency outlining the amount of funding to be provided pursuant to the agreement.
2. Clear identification and agreement between the individual and the local Passport Designated Agency outlining the term of the funding agreement, including the start date and end date.
3. Agreement that all funds disbursed by the Passport Designated Agency pursuant to the funding agreement shall be used to purchase community participation supports and services consistent with the objectives of Passport.
4. Agreement that the direct funding contract may be terminated by either party, upon 30 days notice in the event that funding from the Ministry of Community and Social Services ceases or in the event that alternate arrangements are requested.

5. Agreement that the local Passport Designated Agency may terminate the funding agreement at anytime without notice if sufficient cause exists that funds are not being used for their intended purposes.

E. Waiver of Confidentiality

1. Inclusion of a statement that addresses:
 - Agreement by the local Passport Designated Agency to respect the right to privacy of all individuals and strictly protects and keeps confidential all personal information gathered in the course of providing a service, subject only to legal limitations and audit requirements.
 - Agreement that the individual understands that the local Passport Designated Agency will not forward any confidential information respecting the individual and/or his or her family to MCSS, but acknowledges that MCSS has the right, as a condition of funding, to audit confidential financial files on a demand basis.

F. Execution of Agreement

1. Inclusion of a statement that the funding agreement has been agreed upon by the parties, indicating the date of execution of the agreement.
2. Inclusion of appropriate space for signatures of individual and signing authority on behalf of the Passport Designated Agency, including date of the respective signatures.



Addendum

Passport Guidelines

Effective July 1, 2013

The following addendum outlines changes to the Passport program and should be read in conjunction with the June 2011 Passport Guidelines.

1. New Eligible Expense: Caregiver Respite Services and Supports (New addition to Guideline Section 2 – “What Can be Funded”)

Passport funding may be used to pay for caregiver respite services and supports (previously known as caregiver relief under the Special Services at Home program).

Under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, caregiver respite means “services and supports provided to, or for the benefit of, a person with a developmental disability by a person other than the primary caregiver of the person with a developmental disability and that are provided for the purpose of providing a temporary relief to the primary caregiver.”

Caregiver respite services and supports are intended to give primary caregivers of an adult with a developmental disability a mental and physical break from their caregiving responsibilities. It provides the primary caregiver with an opportunity to pursue other non-caregiving activities.

The primary goal of caregiver respite services and supports is to help caregivers meet their own needs and support a healthy relationship between the person receiving care and the caregiver.

Examples of caregiver respite services and supports include:

- Help for the person with a developmental disability with activities of daily living such as eating, grooming, tending to health care needs.
- Supervision of the person with a developmental disability.

Caregiver respite services and supports may last from a few hours to overnight. They may be provided at a variety of times - during the day, evening or weekend - and can be provided either in-home or out-of-home.

A primary caregiver is the parent or person who is primarily responsible for the care of the adult with a developmental disability; he/she may or may not be related to or live with the

person who has a developmental disability. The designation of primary caregiver extends to the spouse of a primary caregiver.¹

Passport funding may be used to compensate family members to provide caregiver respite services and supports provided they are not primary caregivers.

Passport funding may **not** be used to compensate:

- parents or primary caregiver(s) regardless of residence;
- the spouse of a person with a developmental disability regardless of residence; or
- a child under the age of 18.

Indirect Respite

Indirect respite services and supports, known as indirect assistance under the Special Services at Home program, are **not** admissible expenses under Passport except in extenuating circumstances.

Indirect respite services and supports are **short-term** arrangements that help the primary caregiver manage household and family responsibilities that are not directly related to caring for a person with a developmental disability. Indirect respite is intended to support primary caregivers in situations where extraordinary demands on their time and/or physical, mental, or emotional resources would compromise their well-being or that of the person(s) they are caring for.

Indirect respite services and supports may include the following:

- House cleaning
- Meal preparation
- Snow removal
- Care of other family members

Adults who transitioned to Passport from the Special Services at Home program before April 1, 2013 and who have been using their funding for indirect respite services and supports, may

¹**Note:** For the purposes of the program, an individual or family who is receiving financial compensation from a Ministry-funded agency for the support of an adult with a developmental disability (e.g., Familyhome provider, Adult Protective Service Worker) is not considered a primary caregiver.

continue to do so until March 31, 2014 to enable them to make alternative support arrangements by April 1, 2014. After April 1, 2014, indirect respite services and supports will be **inadmissible expenses** under Passport and Passport agencies will no longer approve and/or reimburse indirect respite-related expenses **except in extenuating circumstances and with prior approval from the Passport agency.**

Extenuating Circumstances

For the purposes of the program, extenuating circumstances are **time limited** (up to six months). Factors Passport agencies should consider in deciding whether indirect respite should be approved due to extenuating circumstances include the following:

- Change in support needs or support arrangements (e.g., loss of service and the caregiver must take on the role or work of a support worker/service provider until the needed supports are put in place).
- Competing caregiving demands (e.g., caring for other family member(s) with special needs or aging parents).
- Health and safety of the caregiver (e.g., inability to cope and the caregiver is at risk of burnout; recovery from major illness or medical procedure).
- Health and safety of the person with a developmental disability (e.g., professional house cleaning services are needed due to a medical condition).

Prior approval from the Passport agency must be provided to receive reimbursement for indirect respite support expenses. The Passport agency may extend approval for indirect respite services and supports if the caregiver is unable to make alternate arrangements or obtain the required supports in the initial six-month timeframe.

The request/approval process for indirect respite supports is as follows:

- The Passport recipient requests approval for indirect respite from the Passport agency. The request (by phone or letter/email) sets out the situation and type of indirect respite services and supports needed.
- The Passport agency documents the individual's request and determines whether the circumstances are extenuating. Final approval from a Passport agency manager is required.
- The Passport agency may notify the Passport recipient of the decision by telephone, but must also provide a written response within 10 business days of receiving a request for indirect respite supports.

2. Passport Participation (Revision to Guideline Section 1 – See “Target Population”)

Effective July 1, 2013, restrictions on Passport participation have been removed so that individuals who are 18 years of age or older and are eligible for adult developmental services may apply and be considered for Passport if they are:

- still in school;
- eligible to receive or receiving Ontario Disability Support Program Employment Supports; and/or
- participating in a Ministry-funded day program.

3. Funding (Revision to Guideline Section 2 – See “Funding”)

The Passport program provides funding for community participation and/or caregiver respite services and supports, depending on the assessed support needs identified in an individual’s application for developmental services that is completed at Developmental Services Ontario (DSO).

Individuals may have applied for community participation supports only, caregiver respite only, or both of these supports. An individual’s funding allocation will be calculated based on the assessment of support needs from the developmental services application package. The maximum annual amount of funding an individual could receive through the Passport program is \$35,000.

4. Deletions from the June 2011 Passport Guidelines

Section 1

- Target Population - individuals restricted from receiving Passport (replaced by broadened participation rules outlined in Section 2 of the Addendum)
- Ontario Residency Requirements (replaced by eligibility confirmation policy directive for Developmental Services Ontario organizations - see policy directives for Developmental Services Ontario.)
- Definition of Developmental Disability (replaced by eligibility confirmation policy directive for Developmental Services Ontario organizations)
- Eligibility Determination (replaced by eligibility confirmation policy directive for Developmental Services Ontario)
- Planning (replaced by 2011 Ministry of Children and Youth Services and Ministry of Community and Social Services Transition Planning Framework and 2013 Ministries of Children and Youth Services, Community and Social Services and Education Transition Planning Protocols)

- Funding for Community Participation Supports for Directly Funded Supports –maximum hours of support (replaced by maximum funding amount)

Section 2

- Access/Application Process: How to Initiate a Referral – individuals who may apply for Passport (replaced by removal of participation restrictions)
- Considerations for Prioritizing Access - ability to benefit from supports; and availability of unpaid supports (replaced by current access to services and supports). Length of wait time for community participation supports (replaced by length of wait time for Passport-funded supports, including caregiver respite).
- Funding (replaced by maximum funding amount)

Section 3: Liaising with District School Boards

Appendix A: Passport Mentoring Initiative

- Role of the Ontario Community Inclusion Project

Appendix B: Application and Referral Flow Chart

Appendix C: Typical Characteristics and Categories of Support for Individuals Accessing Community Participation Supports (replaced by Supports Intensity Scale/Application Package for Developmental Services.)

THIS IS EXHIBIT "B" REFERRED TO
IN THE AFFIDAVIT OF
BARBARA SIMMONS,
SWORN BEFORE ME THIS 15th DAY
OF DECEMBER 2017





Developmental
SERVICES

Passport Program

Guidelines for Adults with a
Developmental Disability and their Caregivers

Effective October 1, 2014



Ontario

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Overview

The transformation of adult developmental services and supports is based on the overarching principle that people who have a developmental disability are members of the community and focuses on independence, dignity and self-determination. The fundamental vision is to support the full inclusion of Ontarians with developmental disabilities in all aspects of society.

Passport is a program that helps adults with a developmental disability be involved in their communities and live as independently as possible by providing funding for community participation services and supports, activities of daily living and person-directed planning. The program also provides funding for caregiver respite services and supports for primary caregivers of an adult with a developmental disability.

The key goals of the Passport program are to:

- Foster independence by building on individuals' abilities and developing community participation, social and daily living skills.
- Increase opportunities for participation in the community with supports that respect personal choices and decision-making, and help people achieve their goals.
- Promote social inclusion and broaden social relationships through the use of community resources and services available to everyone in the community.
- Help young people make the transition from school to life as an adult in the community.
- Support families and caregivers of an adult with a developmental disability so they can continue in their supportive role.

The services and supports funded under Passport are guided by the following principles:

Person-centred/directed – services and supports build on individuals' strengths and are responsive to their preferences, needs and values.

Choice and Flexibility – individuals identify and participate in activities that are meaningful to them. Direct funding is available to give Passport participants more options in how supports are provided.

Strong Families and Caregivers - the individual's family and personal support network is recognized as the primary support for adults with a developmental disability.

Fairness and Equity - funding amounts are based on a provincial application and needs assessment process and funding formula.

Accountability – individuals, families and service delivery agents must use Passport funding for its intended purpose and comply with spending rules and reporting requirements.

There are two payment options in the Passport program. Recipients can choose to manage their own funding to develop their own support arrangements and hire their own support workers and service providers. For those who prefer to receive supports from an agency, the Passport Agency can work with individuals and families to arrange payments with their chosen service provider(s). It is also possible to receive Passport funding through a combination of these two approaches.

Who May Receive Passport Funding?

Any adult who is eligible for developmental services and supports funded by the Ministry of Community and Social Services, including young adults who are 18 years of age and still in school, may apply for funding through Passport. Access to funding under the program is subject to available resources.

Individuals must contact the Developmental Services Ontario office (DSO) in their region to request these services. Once an individual's eligibility has been confirmed and they have completed the Developmental Services Application Package, their information will be transferred to the local Passport Agency.

For more information about applying for developmental services for adults with a developmental disability contact the local DSO office or visit www.dsontario.ca

What Supports Does Passport Funding Cover?

The Passport program is designed to complement and work together with other government programs, resources and sources of funding to provide a wide range of supports. Passport funding can be used for the following services and supports:

- Community participation
- Activities of daily living
- Caregiver respite
- Person-directed planning (up to \$2,500)
- Administration of Passport funding (up to 10% of Passport allocation)

Services and supports may be purchased from the following types of service providers:

- Community service providers
- Developmental services agencies
- Private service and support providers
- Adult education providers
- Personal support workers
- Neighbours, family members, friends

Passport funding may be used to compensate certain family members to provide services and supports - however it cannot be used to compensate:

- Primary caregiver(s) regardless of residence
- The spouse of a person with a developmental disability regardless of residence
- A child under the age of 18

The types of services and supports included under the admissible and inadmissible expenses sections that follow represent the intended use of Passport funding.

Definitions

Community Participation Services and Supports

Under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA), community participation services and supports means:

“services and supports to assist a person with a developmental disability with social and recreational activities, work activities, volunteer activities and such other services and supports as may be prescribed.”

Community participation can involve many different areas of life such as work, leisure, and being involved in the community. The purpose of community participation services and supports is to enable adults with a developmental disability to be involved in activities in the variety of settings that make up community life and to develop a growing network of personal relationships.

Activities of Daily Living Services and Supports

Under SIPDDA, activities of daily living services and supports are defined as:

“services and supports to assist a person with a developmental disability with personal hygiene, dressing, grooming, meal preparation, administration of medication, and includes training related to money management, banking, using public transportation and other life skills and such other services and supports as may be prescribed.”

Activities of daily living involve tasks for self-care and the various things people do in everyday life, from using the telephone to cooking to navigating the public transit system. The purpose of activities of daily living supports is to provide supports to adults with a developmental disability that enable them to live as independently as possible with their families. This can be in shared living situations or on their own.

Caregiver Respite Services and Supports

Under SIPDDA, caregiver respite services and supports means:

“services and supports that are provided to, or for the benefit of, a person with a developmental disability by a person other than the primary caregiver of the person with a developmental disability and that are provided for the purpose of providing a temporary relief to the primary caregiver.”

Caregiver respite services and supports are intended to give primary caregivers a mental and physical break from their caregiving responsibilities.

A primary caregiver is the main person who takes responsibility for the support and care of an adult with a developmental disability; he/she may or may not be related to or live with the person who has a developmental disability. The designation of primary caregiver extends to the spouse of a primary caregiver.¹

¹ For the purposes of the Passport program, an individual or family who is receiving financial compensation from a Ministry-funded agency for the support of an adult with a developmental disability (e.g., Host Family provider, Adult Protective Service Worker) is not considered a primary caregiver. An individual, family or service provider who is receiving financial compensation to provide residential arrangements, supports or care for an adult with a developmental disability is not considered a primary caregiver under the program.

Person-Directed Planning Services and Supports

Under SIPDDA, person-directed planning services and supports means:

“services and supports to assist persons with developmental disabilities in identifying their life vision and goals and finding and using services and supports to meet their identified goals with the help of their families or significant others of their choice.”

Admissible Expenses

The following types of services and supports are examples of what Passport funding may be used to purchase:

Community Participation Supports and Activities of Daily Living

- Programs, classes, camps, and supports that foster and develop independence, social, communication and life skills (e.g., literacy, cooking, banking and managing money, using public transportation, computer skills, decision-making, self-advocacy, assistance with self-care). This includes associated fees and supplies
- Recreation, leisure, social, cultural and athletic activities that enable opportunities to participate and join in community events and activities (e.g., club memberships and fees, admission to festivals, museums and sporting events, fitness and sport/activity-specific lessons)
- Pre-employment and employment supports (e.g., skills, task and routine training, job coaching)
- Transportation to/from activities (e.g., local transit, mileage, taxis)*
- Hiring a support worker to provide assistance with community participation and activities of daily living

- Out-of-pocket expenses incurred by support workers while providing support (e.g., cost of meals, transportation and activity fees, expenses incurred accompanying the individual with a developmental disability during trips and holiday travel)*

***Note:** The Ministry recommends that Passport recipients use the expense limits set out in the government of Ontario's Travel, Meals and Hospitality Directive for government employees as a guide for support workers' expenses. The Directive may be viewed at: ontario.ca/bxhx

Person-Directed Planning

- Passport funding can be used to purchase supports to develop a person-directed plan that builds on the individual's strengths and interests and identifies the supports needed to achieve their goals.
- Person-directed planning services and supports may be purchased from independent planners and facilitators or developmental services agencies.
- Passport recipients can use up to \$2,500 of their annual funding to purchase person-directed planning services and supports.

- The Ministry has worked with families and experts in the field of person-directed planning to develop a Guide to Person-Directed Planning. The Guide is available on the Ministry's website at: ontario.ca/bxkr.
- Additional person-directed planning resources are also available online. The Ontario Independent Facilitation Network is a provincial network whose purpose is to inform, educate, encourage, support, link and promote independent facilitation and planning in Ontario. Information and resources to support person-directed planning are available on their website at: www.oifn.ca

Caregiver Respite Services and Supports

The primary goal of caregiver respite services and supports is to help caregivers meet their own needs and support a healthy relationship between the person receiving care and the caregiver.

Examples of caregiver respite services and supports include:

- Help for the person with a developmental disability with activities of daily living such as personal care needs.
- Supervision of the person with a developmental disability.

Caregiver respite services and supports may last from a few hours to overnight. They may be provided during the day, evening or weekend and can be received either in-home or out-of-home.

Administrative Supports

- Some individuals who choose to manage their funding may need help to coordinate their supports or they may need help with administration. Up to 10% of the total Passport funding may be used for administrative supports (e.g., bookkeeping, payroll, scheduling support workers, bank fees for Passport-dedicated bank accounts).
- Passport funding may also be used to cover applicable employer costs (e.g., Canada Pension Plan, Employment Insurance and Workers Safety and Insurance Board premiums, vacation pay).

Inadmissible Expenses

Passport funding may not be used to purchase the following types of services and supports:

- Indirect respite services and supports (e.g., cleaning, meal preparation, snow removal, care of other family members)
- Tuition for post-secondary education/degree programs that are eligible for government student assistance programs such as the Ontario Student Assistance Plan; supports that are available through an on-campus accessibility office
- Items for which the individual receives an allowance from the Ontario Disability Support Program (e.g., drug benefits, medical aids)
- Housing and home maintenance (e.g., rent, home purchase or mortgage payments, repairs, renovations or modifications, housekeeping, yard work)
- Groceries, food, and restaurant meals for the individual with a developmental disability
- Clothing
- Household items and electronics (e.g., furniture, appliances, televisions, computers)
- Telephone/telecommunications (e.g., home telephone and internet service, cell phone and service)
- Holiday travel (e.g., personal or family vacations, accommodation, transportation, travel insurance)
- Dental care and services
- Fees for therapies/specialized services (e.g., speech and language, physiotherapy, occupational therapies, nursing, massage)
- Personal goods and services (e.g., toiletries, spa treatments, aesthetic and cosmetic services)
- Assistive devices and specialized equipment
- Vehicle purchase and/or modifications, leases and rentals

Extenuating Circumstances

Community Participation and Activities of Daily Living: The Passport Agency has authority to exercise discretion and approve the use of Passport funding for community participation and activities of daily living supports or expenses that are not normally allowed under the program. **This is only when the person would otherwise be unable to participate in the community and/or activity in the absence of the exceptional approval.**

Factors that Passport Agencies should consider in deciding if such supports or expenses should be approved include whether they:

- Are reasonable and appropriate
- Align with the goals and principles of the Passport program set out in Section 1 of the Guidelines (see page 3)
- Promote social inclusion and enable community participation that would otherwise be unachievable
- Foster independence

Prior approval from the Passport Agency must be obtained to receive reimbursement for supports/expenses that are not normally covered under the program.

Indirect Respite: The Passport Agency may also approve indirect respite in extenuating circumstances. Indirect respite services and supports are **short-term** arrangements (up

to six months) that help the primary caregiver manage household and family responsibilities that are not directly related to caring for a person with a developmental disability. Indirect respite is intended to support primary caregivers in situations where extraordinary demands on their time and/or physical, mental, or emotional resources would compromise their well-being or that of the person(s) they are caring for.

The Passport Agency may extend approval for indirect respite services and supports if the caregiver is unable to make alternate arrangements or obtain the required supports in the initial six-month timeframe.

Factors that Passport Agencies should consider in deciding whether indirect respite should be approved due to extenuating circumstances include:

- Change in support needs or support arrangements (e.g., loss of service and the caregiver must take on the role or work of a support worker/service provider until the needed supports are put in place).
- Competing caregiving demands (e.g., caring for other family member(s) with special needs or aging parents).
- Health and safety of the caregiver (e.g., inability to cope and the caregiver is at risk of burnout; recovery from major illness or medical procedure).

- Health and safety of the person with a developmental disability (e.g., professional house cleaning services are needed due to a medical condition).

Prior approval from the Passport Agency is required to receive reimbursement for expenses for indirect respite support.

The approval process for all extenuating circumstances, including indirect respite supports, is as follows:

- The Passport recipient requests approval from the Passport Agency by phone, mail or email. The request sets out the situation and type of services and supports that are needed.
- The Passport Agency documents the individual's request and determines whether the circumstances are extenuating. Final approval from a Passport Agency manager is required.
- The Passport Agency may notify the Passport recipient of the decision by telephone, but must also provide a written response within 10 business days of reviewing relevant information and finalizing its decision on a request for indirect respite supports.

How Passport Funding Works

The Passport program provides funding for community participation, activities of daily living, person-directed planning and caregiver respite services and supports. This is based on the assessed support needs identified in an eligible individual's application for developmental services completed at the Developmental Services Ontario office. Funding for individuals who applied directly to a Passport Agency prior to July 1, 2011, and who have not completed an application package at the DSO, is based on information from the individual's Passport Application. Passport Agencies determine an individual's funding amount using a standard funding formula.

The maximum annual funding an individual can receive through the Passport program is \$35,000.

To promote a fair and equitable service system, all applications for Passport are prioritized according to individuals' support needs and circumstances and available resources.

Passport funding can be used to pay for any supports and expenses that are admissible under the program. Apart from administration (up to 10% of allocation) and person-directed planning (\$2,500 annually), there are no caps

on the amount for each type of support, providing it is within the total funding amount allocated to the individual.

All Passport recipients sign a funding agreement with the Passport Agency. The Passport Agency will work with individuals and families to arrange payments with their chosen service provider(s) if they would like to receive supports through a service agency.

Roles and Responsibilities

For individuals who manage their own funding and support arrangements, the quality of supports, liability, and compliance with tax, labour and other laws are their responsibility. Developing a back-up plan to deal with unexpected situations, such as when a support worker is sick, unavailable or cannot provide the supports, should also be considered.

Accountability for the funding received through Passport also rests with the individual(s) with whom the Passport Agency has entered into a funding agreement. The terms and conditions of the funding are set out in the funding agreement with the Passport Agency, which includes:

- Annual funding amounts
- Effective dates for the approved funding
- Roles and responsibilities of the respective parties

Individuals who manage their funding are responsible for meeting all the administrative rules and requirements outlined in these guidelines and those set out in the funding agreement with the Passport Agency.

Hiring a Support Worker

The selection of service providers is the decision and responsibility of the Passport recipient.

The following is meant to be informational only and is not intended as legal or financial advice. Passport recipients are responsible for understanding and meeting the legal and financial obligations associated with hiring support workers.

Be aware that when hiring a support worker, an employer's obligations and responsibilities will depend on the employment status of the support worker and whether he or she is an employee or a self-employed individual under Canada Revenue Agency rules.

Resources for hiring a support worker

- The Canada Revenue Agency provides general information and a number of guides and forms for employers on its website at:
www.cra-arc.gc.ca/formspubs/clntgrp/bsnss/mplyrs-eng.html

- **Guides to the Ontario Employment Standards Act, 2000** and the **Occupational Health and Safety Act** can be found on the Ministry of Labour's website at: ontario.ca/bxhy and ontario.ca/bxks

- To support individuals and families who manage their own funding and supports, the Ministry of Community and Social Services has worked with individuals who have a developmental disability to create a booklet entitled **Hiring a Support Worker: A Guide for Ontarians with a Developmental Disability** that provides information on questions and issues to consider and some of the steps involved in hiring a support worker. The booklet is available on the Ministry's website at: ontario.ca/bxh1

Quality of Services and Supports

Individuals who manage their own funding and supports are responsible for monitoring the quality of the services being purchased. Complaints or concerns about the quality of supports must be taken up with the service provider, not the Passport Agency.

While developmental services agencies funded by the Ministry of Community and Social Services are regulated and monitored by the Ministry, other agencies and service providers are not. In some cases, mainstream community agencies or private service providers will be regulated by a different level of government, a professional association or a statutory body. Where organizations are not regulated, there may not be an overseeing body that can hear complaints and help resolve problems.

Some questions to be asked when selecting a service provider include:

- What type of supports will they provide?
- What are the costs of the supports?
- Are there any conditions related to the provision of the support?
- What will my responsibilities be?
- Does the service provider have adequate insurance coverage (e.g., in case a support worker is injured while at your home)?
- Does the service provider have references?
- Do they have a complaints process you understand and feel confident about?

Budgeting

It is recommended that individuals who manage their own funding prepare a budget that reflects how they will use their money to meet their support needs and goals. Some things to consider when developing a budget include:

- What you want to achieve with your funding (e.g., your support needs and goals).
- How you will spend your money (e.g., activities and supports to meet your needs and goals).
- When during the year you will spend your money. (e.g., you may plan to spend some of your money each month throughout the year, or you may plan to spend most of it over the summer holiday period).
- The cost of the activities and supports.

The Passport Agency can provide additional information and resources about preparing an annual budget.

Reimbursement

Passport is a reimbursement program. Individuals and families submit invoices and receipts to the Passport Agency and are reimbursed for their expenses.

The local Passport Agency will provide information about the processing of invoices and payments.

For some people, paying for supports up front may cause financial hardship. In such situations, Passport Agencies may advance funds for admissible supports and expenses. These advance funds will be reconciled against actual spending and subsequent instalments will be adjusted to avoid overpayments.

If an individual receiving funding through Passport is no longer using some or all of their funding, or is not using it appropriately, the Passport Agency will review the situation. They will discuss the reasons and explore possible solutions such as:

- Transferring funding to a transfer payment agency or having a third party administer funds on their behalf.
- Providing information and tools on the recruitment and retention of staff.
- Providing information on other supports that may be useful such as case-management.

Misuse of Funding

Passport funding is to be used solely to meet the service and support needs of adults with a developmental disability and the respite needs of their caregivers, as set out in the Passport Guidelines and Funding Agreement. The Passport Agency may suspend or terminate funding where the individual receiving or managing Passport funding does not comply with the terms and conditions of the Funding Agreement. Further information may be requested and law enforcement and/or legal action may be pursued in cases where Passport funds have not been used in accordance with the Guidelines and Funding Agreement (e.g., submission of expense claims that appear to be incomplete or false).

Questions

If you have any questions about the Passport program or these Guidelines please contact your local Passport Office. See list of Passport agencies at Ontario.ca/bxnq

THIS IS EXHIBIT "C" REFERRED TO
IN THE AFFIDAVIT OF
BARBARA SIMMONS,
SWORN BEFORE ME THIS 15th DAY
OF DECEMBER 2017





APPLICATION FOR DEVELOPMENTAL SERVICES & SUPPORTS (ADSS)

July, 2011

Version 2, 2014

SECTION 1 - INTAKE PROCESS

Completed By:
(Intake Worker
Name)

Person ID :

Application
Entity Name:

Preliminary information from the individual inquiring for adult developmental services and supports and their prime contacts is collected to gather necessary information to begin the eligibility and assessment processes

Reason for Contact

1. Indicate the nature of the current inquiry/ request (select all that apply):

- Information
- Residential Supports
- Community Participation Services and Supports
- Caregiver Respite Services and Supports
- Professional and Specialized Services (including APSW)
- Person-directed planning
- Urgent Need

Comments:

2. Indicate the current situation (select the one that best applies):

- Want to find out what might be available
- Inquiry for services in the future (two or more years from now)
- Need services now and have no MCSS-funded developmental services
- Need a change in current services (including an addition of new services)
- In transition – current services are ending

Comments:

Individual Requesting Service

3. Basic Information

First name	Last name	Gender	Day/Month/Year / / Date of birth
Mother's birth last name			
Residential Address			
city	province	postal code	
telephone	fax	e-mail	
Mailing Address (if different from the residential address)			
city	province	postal code	

4. Indicate the current marital status of the individual (select the one that applies):
 Married Divorced Living Common Law Single Separated
 Widowed

5. Is there a substitute decision maker/guardian? Yes No

If YES, identify the purpose and contact information:

- Office of the Public Guardian & Trustee
 Personal Care Personal Property/Finances Health Care

Contact information: _____

- Other
 Personal Care Personal Property/Finances Health Care

Contact information: _____

If NO, provide any preferred direction regarding consent:

6. Is there a Consent and Capacity Assessment process underway? Yes No

If YES, describe the specifics:

8. Representative Information**8.1 Representative (1st person)**Is there another contact or representative for the individual? Yes No

If YES, who is the contact or representative?

first name

last name

 Primary Contact Emergency ContactRelationship to
Applicant: Lives with Individual Other (please specify) _____

Address

city

province

postal code

telephone

fax

e-mail

8.2 Representative (2nd person)Is there another person who speaks on behalf of the individual? Yes No

If YES, who is the contact or representative?

first name

last name

 Primary Contact Emergency ContactRelationship to
Applicant: Lives with Individual Other (please specify) _____

Address

city

province

postal code

telephone

fax

e-mail

9. Interview Information

9.1 Indicate preferred language to consider when planning for the support needs assessment interviews

- English French Other (specify) _____

9.2 Indicate if there are special issues to consider when planning for the interview (i.e. any medical conditions, special needs accommodation, preferred location, time)

9.2.1 Is there any specific special needs or accessibility issue that is important to know about? (e.g., wheelchair, walker)?

9.2.2 Is there any need request for interpreter services?

9.2.3 Is there a need for a specific location for the interviews (the location needs to support confidentiality for the individual)?

9.2.4 Are there any transportation issues for the individual in getting to the interviews?

SECTION 2 - ABOUT THE INDIVIDUAL

Person ID:

Completed By:
(Qualified Assessor Name)
Application Entity Name:

**SECTION 2
ABOUT THE INDIVIDUAL**

In this section the assessor gathers some preliminary descriptive information about the individual and their current life circumstances.

1: Individual Requesting Service

_____ first name last name

2: Respondents for this part of the Interview

Indicate the name of respondents for this interview and relationship to the individual

2.1 Parent Sibling
 Other Family Member
 Other caring individual who is not a relative
 Paid Staff
 Substitute Decision Maker /Guardian
 Other (specify) _____

_____ first name last name relationship to applicant

Does this respondent meet the policy directive standard for respondents?

Yes No

2.2 Parent Sibling
 Other Family Member
 Other caring individual who is not a relative
 Paid Staff
 Substitute Decision Maker /Guardian
 Other (specify) _____

_____ first name last name relationship to applicant

Does this respondent meet the policy directive standard for respondents?

Yes No

2.3 Parent Sibling
 Other Family Member
 Other caring individual who is not a relative
 Paid Staff
 Substitute Decision Maker /Guardian
 Other (specify) _____

_____ first name last name relationship to applicant

Does this respondent meet the policy directive standard for respondents?

Yes No

SECTION 2 - ABOUT THE INDIVIDUAL

3. Faith and cultural preferences

3.1 Are there any Faith or Cultural preferences related to service providers that may provide services and supports to the individual? Yes No

If YES, describe: _____

4. Family status of individual

4.1 Is the individual a parent? Yes No
If YES, does the child(ren) live with the individual? Yes No
If YES, does the child(ren) reside full-time or part-time with the individual? Full Time Part Time

If part-time, describe:

5. Communication

Expressive Communication: Indicate the most common form of communication.

5.1 Is the individual able to use spoken language? Yes No
If YES, indicate all the languages spoken by the Individual.
 English French Other (specify): _____

5.2 Signed Language Yes No
If YES, indicate language type:
 American Sign Language Signed English
 Pidgin Signed English Signing Exact English
 Quebec Sign Language

Other, describe: _____

5.3 Augmentative Communication Yes No
If YES, indicate type:
 Symbol communication (Picture/Widget)
 Voice output communication device

Other, describe: _____

5.4 Alternative Communication Yes No
(e.g., vocalizations, gestures, facial expressions, body language in a recognizable pattern)

If YES, describe: _____

SECTION 2 - ABOUT THE INDIVIDUAL

Describe communication quality:

5.5 For whichever form of communication that was chosen above, indicate extent to which the individual is able to communicate with those they **know well**.

- Not at all Somewhat Moderately well Very well

5.6 To what extent is the individual able to communicate with those they **DO NOT know well**?

- Not at all Somewhat Moderately well Very well

Receptive Communication: Indicate the most common form of communication.

5.7 Is the individual able to understand spoken language? Yes No

If YES, indicate all the languages understood by the individual.

- English French Other (specify): _____

5.8 To what extent is the individual able to understand spoken language?

- Not at all Somewhat Moderately well Very well

Other
Comments _____

5.9 Is the individual able to understand signed language? Yes No

If YES, indicate language
type:

- | | |
|---|--|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Signed English |
| <input type="checkbox"/> Pidgin Signed English | <input type="checkbox"/> Signing Exact English |
| | <input type="checkbox"/> Quebec Sign Language |

Other, describe: _____

5.10 To what extent is the individual able to understand signed language?

- Not at all Somewhat Moderately well Very well

5.11 Other
Comments: _____

(indicate if the individual understands other non-verbal forms of communication)

6. Physical Information*Indicate status and any specialized supports currently used by the individual.*

- 6.1 Hearing Normal Compromised

- 6.2 Hearing Supports Yes No

If YES, select type:

Hearing Aid, describe: _____

Other, describe: _____

- 6.3 Vision

Normal
 Assisted

Legally Blind
 Registered with CNIB

Vision Supports Yes

No

If YES, select type:

Corrective Glasses
 Hand Held Corrective Device
 Magnification Device

Contact Lenses
 Support Worker

Other,
describe: _____

- 6.4 Mobility Supports Yes No

If YES, select type:

Wheel chair Cane
 Scooter Mechanical Lift
 Walker Brace

Safety Bars
 Prosthetics
 Transfer Bars

Other,
describe: _____

- 6.5 Does the individual require a barrier free/accessible environment? Yes No

If YES, describe: _____

7. Current Living Situation

7.1 Indicate the individual's current living situation (select **one** living situation **and**, where applicable, one specific residential setting):

Living in a home (apartment/room) that is rented/owned by the family/other kin (but not a spouse and not an MCSS residential support).

Living in a home (apartment/room) that is privately rented/owned (independent of family/kin and not an MCSS residential support).

If **YES**, does the individual:

Live alone? OR Live with a partner/spouse and/or room-mate(s)?

Living in an MCSS-funded **adult** residential support situation

If **YES**, indicate which type of MCSS-funded residential support

Group Living Supports

Supported Independent Living / Individual Living Supports

Host Family Home / Associate Living Supports

Innovative Residential Supports / Individual Residential Model

Specialized Accommodation

Outside Paid Resource

Describe:

Other

Describe:

Living in a setting that is funded/designated as a **children's service**

If **YES**, indicate which type of children's residential setting

Living in a young offender setting

Describe:

Living in a children's special needs residence or facility

Describe:

Living in a child welfare / Children's Aid Society setting

Describe:

Living in a children's developmental services setting funded by MCSS

Describe:

SECTION 2 - ABOUT THE INDIVIDUAL

- Living in another community accommodation

If YES, select one of the following

- Living in a nursing home or long term care facility (MOHLTC)
- Living in a hospital/chronic care or rehabilitation facility
- Living in a Home for Special Care (MOHLTC)
- Treatment/crisis bed

Describe:

- Living in a boarding home/rooming house arrangement
- Living in a hostel/shelter
- Living in a family-supported arrangement (without government funded residential support)
- Other living arrangements

Describe:

- Homeless

If YES, describe current living arrangements:

7.2 Is the individual **required** to leave their current living arrangement? Yes No

If YES, what is the date of planned discharge?

/ /
Day/Month/Year

8. Overnight support

8.1 Does the individual require someone to be present to provide overnight support and/or supervision while they are sleeping? Yes No

If YES, indicate the nature of the support provided to the individual during the night:

- Monitoring
- Verbal/gestural prompting
- Partial physical assistance
- Full physical assistance

If YES, Indicate the usual amount of time needed to support the individual during the night:

- Less than 30 minutes
- 30 minutes to less than 2 hours
- 2 hours to less than 4 hours
- More than 4 hours

9. Financial Situation

Indicate all current sources of income (select all that apply):

- 9.1 Indicate all regular on-going sources of income:
- Employment Income (e.g., competitive, training allowance, self-employment)
 - ODSP
 - Federal Benefits. **If YES, specify** all that apply from the list below
 - Canada Pension Plan
 - Registered Disability Savings Plan
 - Other
 - Trust/Estate/Insurance Fund
 - Supported by Family
 - Other, **describe**: _____
 - Old Age Security /Guaranteed Income Supplement
 - Canada Child Tax Benefit

- 9.2 Has any financial planning regarding the future care of the individual taken place (wills/estate/funeral planning)? Yes No

10. Other Issues

- 10.1 Is there any court order or proceeding underway that affects the individual and/or their relationship with significant others? Yes No

If YES, indicate all that apply:

- Custody agreement
- Probation order
- Restraining order
- Diversion/Court Support
- Contact order
- Crown Ward/ECM
- Criminal Court
- Family Court
- Other (specify): _____

If YES, describe how this affects the person:

- 10.2 What supports are in place to support (enforce) any orders?

Describe: _____

**SECTION 3
GETTING TO KNOW YOU**

This section is an opportunity to gather information that helps to understand things that are important to the individual's current needs and plans.

1. Things I like

Use this section to explore hobbies, community events, things that the individual likes, finds relaxing, and feels proud or accomplished about. Include things to share with others and things to do alone.

What do you like to do? Check the appropriate box(es) and describe

Recreational activities (describe)

Faith, spirituality and culture (describe)

Financial and material items (describe)

Family and friends (describe)

Self-development/determination (describe)

Other, describe:

2. What routines or structures help when doing things I like?

Describe any that apply

3. My gifts and talents

Explore for personal strengths the individual may see in themselves.

What are my personal strengths? Check the appropriate box(es) and describe:

Self-determination skills (describe):

Recreation and leisure skills (describe):

Personality attributes (describe):

Interpersonal skills (describe):

Other, describe:

SECTION 3 - GETTING TO KNOW YOU

4. The things I don't like

Explore potential stressors that can lead to anxiety in the life of the individual. Use the following key items to guide a conversation about the person's dislikes

What things do you not like to do? Check the appropriate box(es) and describe

- Activities I do not like to do (describe):

- Situations that are challenging for me (interpersonal, sensory, changes). Describe:

- What supports do I need to do the things that are challenging?

- What things do you try to avoid because they cause problems for you? Describe:

5. I have a great day when.....

Explore things that help get through the day, accomplish tasks, be with others, have fun.

What makes a good day? Check the appropriate box(es) and describe:

- Faith, spirituality and culture (describe):

- Recreational activities (describe):

- Family and friends (describe):

- Financial and material activities or things (describe):

- Self-development/determination (describe):

- What routines or structures help you manage your day (describe):

- Other (describe):

6. This makes me have a bad day...

Explore potential stressors. Use the areas below as a guide and explore additional areas.

What makes a bad day? Check the appropriate box(es) and describe:

- People that make a bad day (describe):

- Activities that make a bad day (describe):

- Places that make a bad day (describe):

- Things that make me have a bad day when I do NOT have them (describe):

- Other (describe):

SECTION 3 - GETTING TO KNOW YOU

7. My dreams

Explore the elements of what constitutes a happy future for the individual. Use the areas below as a guide and explore additional areas.

What things would you like or love in the future, even if they might seem hard or impossible to achieve? Check the appropriate box(es) and describe:

Dreams about my career or employment (describe):

Dreams about things I would like to learn (describe):

Dreams about my family and friends (describe):

Dreams about places that I would like to visit (describe):

Dreams about things I would like to do (describe):

Dreams about people I would like to meet (describe):

Other dreams (describe):

8. My goals

Explore areas of interest to the individual over the next 6-12 months. Use the areas below as a guide and explore additional areas.

What goals do you have for the next 6-12 months? Check the appropriate box(es) and describe:

Goals for my career or employment (describe):

Learning or self-development goals (describe):

Activities I would like to try (describe):

Places that I would like to go (describe):

Goals for my health (describe):

Plans with my family and friends (describe):

Other goals (describe):

9. What supports do you need to set and meet your goals? (describe):

SECTION 3 - GETTING TO KNOW YOU

10. Important to me	11. Important for me
<i>Explore things that the individual identifies as being important for their well-being. Use the areas below as a guide and elaborate.</i>	<i>Explore things that others identify as being important for the individual's well-being. Use the areas below as a guide and elaborate.</i>
<input type="checkbox"/> Family and friends (describe):	<input type="checkbox"/> Family and friends (describe):
<input type="checkbox"/> Recreational activities (describe):	<input type="checkbox"/> Recreational activities (describe):
<input type="checkbox"/> Financial and material items (describe):	<input type="checkbox"/> Financial and material items (describe):
<input type="checkbox"/> Self development/determination (describe):	<input type="checkbox"/> Self development/determination (describe):
<input type="checkbox"/> Living situation (describe):	<input type="checkbox"/> Living situation (describe):
<input type="checkbox"/> Health and safety (describe):	<input type="checkbox"/> Health and safety (describe):
<input type="checkbox"/> Faith, spirituality and culture (describe):	<input type="checkbox"/> Faith, spirituality and culture (describe):
<input type="checkbox"/> Routine or structures (describe):	<input type="checkbox"/> Routine or structures (describe):
<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Other (describe)

SECTION 3 - GETTING TO KNOW YOU

12. Support Network

12.1 *Supporters who are close and provide regular support*
List each close supporter, their relationship to the individual (e.g., family member, support worker, friend, colleague) and the frequency of their support to the individual

Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support

12.2 *Supporters who are involved and provide support occasionally*
List each supporter, their relationship to the individual (e.g., extended family member, support worker, acquaintances, community members) and the frequency of support

Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support
Name	Relationship to the applicant	Frequency of support

SECTION 3 - GETTING TO KNOW YOU

Relationship to the Applicant

- 1 – Parent
- 2 – Sibling
- 3 – Extended family member (e.g., Aunt, Uncle, In-law, Grandparent, Cousin, etc)
- 4 – Support Worker (paid)
- 5 – Neighbour or community member
- 6 – Friend
- 7 – Colleague
- 8 – Other (specify)

Frequency of Support

- 0 – None or less than monthly
- 1 – At least once a month but not once a week
- 2 – At least once a week but not once a day
- 3 – At least once a day
- 4 – Hourly or more

13. What small changes would have the greatest impact on maintaining and strengthening the support of those who are now voluntarily involved with the individual? (e.g., family and friends)

14. What small changes would have the greatest impact on strengthening the involvement of other volunteers in a meaningful way in the life of the individual?

SECTION 4 - SERVICES AND SUPPORTS

**SECTION 4
SERVICES AND SUPPORTS**

In the first part of this section the assessor gathers information on current services and supports. The assessor is to complete the chart below as completely as possible. In completing the chart, tell the individual about any supports they should apply for through another agency or service.

The second part of this section gathers information on the services and supports the person is now requesting.

SERVICE TYPE	FREQUENCY OF SUPPORT (if received)	PROVIDER CONTACT INFORMATION (Name, Address, Phone number)
<p>1. Which ONE of the following MCSS-funded residential supports is currently provided?</p> <p><input type="checkbox"/> Supported Independent Living / Individual Living Supports</p> <p><input type="checkbox"/> Group Home / Group Living Supports</p> <p><input type="checkbox"/> Host Family Home / Associate Living Supports</p> <p><input type="checkbox"/> Individual Residential Model</p> <p><input type="checkbox"/> Specialized Accommodation</p> <p><input type="checkbox"/> Outside Paid Resource</p> <p><input type="checkbox"/> Other (specify):</p> <hr/> <p><input type="checkbox"/> No MCSS-funded residential supports</p>	<p>Is the residential support provided every day of the week?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, how many days per week is residential support provided?</p> <hr/> <p>/7 days per week</p>	
<p>2. Which of the following MCSS-funded Community Participation Supports is currently provided (check all that apply)?</p> <p><input type="checkbox"/> Supported recreational activities</p> <p><input type="checkbox"/> Supported volunteering</p> <p><input type="checkbox"/> Vocational training</p> <p><input type="checkbox"/> Supported employment</p> <p><input type="checkbox"/> Life skills/sheltered workshop</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> SSAH</p> <p><input type="checkbox"/> Other day program or activities (specify)</p> <hr/> <p><input type="checkbox"/> No MCSS-funded community participation supports</p>	<p>How many total days per week is support usually provided?</p> <hr/> <p>/5 business days per week</p> <p>AND In a usual week is the person supported in these activities for 30 hours or more (including transportation)?</p> <p><input type="checkbox"/> 30 hours or more /week</p> <p><input type="checkbox"/> less than 30 hours /week</p>	

SECTION 4 - SERVICES AND SUPPORTS

SERVICE TYPE	FREQUENCY OF SUPPORT (if received)	PROVIDER CONTACT INFORMATION (Name, Address, Phone number)
<p>3. Which of the following MCSS-funded respite supports are currently provided (check all that apply)?</p> <p><input type="checkbox"/> In Home respite <input type="checkbox"/> Out of Home respite <input type="checkbox"/> No MCSS-funded respite supports</p>	<p>In a usual month, altogether on how many days is respite support provided?</p> <hr/> <p>/30 days per month</p>	
<p>4. Which of the following MCSS-funded Specialized and Professional Services are currently provided (check all that apply)?</p> <p><input type="checkbox"/> Counselling <input type="checkbox"/> Behaviour Management <input type="checkbox"/> Speech and Language <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Dual Diagnosis <input type="checkbox"/> APSW or case management <input type="checkbox"/> Other (specify):</p> <hr/> <p><input type="checkbox"/> No MCSS-funded specialized or professional services</p>	<p>In a usual month, altogether on how many days is specialized and professional services provided?</p> <hr/> <p>/30 days per month</p>	
<p>5. Is the individual participating in an ongoing educational program (check all that apply)?</p> <p><input type="checkbox"/> Secondary school <input type="checkbox"/> Post secondary school <input type="checkbox"/> Literacy program <input type="checkbox"/> Other (specify):</p> <hr/> <p><input type="checkbox"/> No educational program</p>	<p>In a usual week is the person engaged in these activities for 30 hours or more (including transportation)?</p> <p><input type="checkbox"/> 30 hours or more /week <input type="checkbox"/> less than 30 hours /week</p>	

SECTION 4 - SERVICES AND SUPPORTS

SERVICE TYPE	FREQUENCY OF SUPPORT (if received)	PROVIDER CONTACT INFORMATION (Name, Address, Phone number)
<p>6. Are there any Ministry of Health and Long Term Care Services in place (check all that apply)?</p> <p><input type="checkbox"/> Attendant care <input type="checkbox"/> CCAC Services <input type="checkbox"/> Dual Diagnosis/Psychiatric Services <input type="checkbox"/> Other (specify):</p> <hr/> <p><input type="checkbox"/> No Ministry of Health and Long Term Care services</p>	<p>In a usual week is the person engaged in these activities for 30 hours or more (including transportation)?</p> <p><input type="checkbox"/> 30 hours or more /week <input type="checkbox"/> less than 30 hours /week</p>	
<p>7. Are there any other government-funded Community Services in place (check all that apply)?</p> <p><input type="checkbox"/> Recreation Services <input type="checkbox"/> Probation Services <input type="checkbox"/> Other (specify):</p> <hr/> <p><input type="checkbox"/> No other government-funded services</p>	<p>In a usual week is the person engaged in these activities for 30 hours or more (including transportation)?</p> <p><input type="checkbox"/> 30 hours or more /week <input type="checkbox"/> less than 30 hours /week</p>	
<p>8. Is the individual independently employed (not supported employment)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>In a usual week is the person engaged in these activities for 30 hours or more (including transportation)?</p> <p><input type="checkbox"/> 30 hours or more /week <input type="checkbox"/> less than 30 hours /week</p>	
<p>9. Is the individual currently involved in volunteering activities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>In a usual week is the person engaged in these activities for 30 hours or more (including transportation)?</p> <p><input type="checkbox"/> 30 hours or more /week <input type="checkbox"/> less than 30 hours /week</p>	

SECTION 4 - SERVICES AND SUPPORTS

SERVICE TYPE	FREQUENCY OF SUPPORT (if received)	PROVIDER CONTACT INFORMATION (Name, Address, Phone number)
<p>10. Does the individual have any self or privately-funded supports (e.g., regular cleaning aid, personal care aid)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>In a usual week is this support provided for 30 hours or more?</p> <p><input type="checkbox"/> 30 hours or more /week <input type="checkbox"/> less than 30 hours /week</p>	
<p>11. What other ongoing unfunded supports are currently provided to the individual – including primary care (check all that apply)?</p> <p><input type="checkbox"/> Regular structured ongoing volunteer supports <input type="checkbox"/> Regular structured ongoing friends/family supports <input type="checkbox"/> Primary care / basic care <input type="checkbox"/> Other (specify):</p> <hr/> <p><input type="checkbox"/> No other ongoing unfunded supports</p>	<p>In a usual week are the structured activities provided for 30 hours or more?</p> <p><input type="checkbox"/> 30 hours or more /week <input type="checkbox"/> less than 30 hours /week</p> <p>AND: In a usual week how many days is primary care provided?</p> <hr/> <p>/7 days per week</p>	
12. Physician Contact Information		
first name		last name
Address		
City	province	postal code
Telephone	fax	e-mail

Services and Supports Request*Indicate the support/service that is requested.***13. Community Participation Supports**

(Services and supports to assist a person with a developmental disability in social and recreational activities, work activities, volunteer activities or in home supports.)

How would the support be managed?

Direct funding Provided by a Ministry-funded agency

Comment: _____

14. Residential Supports

Indicate which type of residential support is requested:

- Group Home / Group Living Supports
- Supported Independent Living / Individual Living Supports
- Host Family Home / Associate Living Supports
- Individual Residential Model
- Specialized Accommodation
- Other (specify)

Comment: _____

15. Caregiver Respite

Which support option is requested?

In-home support Out-of home support

How would the support be managed?

Direct funding Provided by a Ministry-funded agency

Comment: _____

16. Person-Directed Planning

(Services and supports to assist a person with a developmental disability with the development of personal life plan.)

How would the support be managed?

Direct funding Provided by a Ministry-funded agency

Comment: _____

17. Specialized and Professional Services

(Specialized and professional services for assessment and treatment to address specific disability-related issues, Adult Protective Services and professional case coordination services)

(These services are only available through Ministry-funded agencies)

SECTION 5 – ADDITIONAL MEDICAL AND BEHAVIOURAL SUPPORT NEEDS

2. Does **any** of the medical support needs (reported in Questions 1 to 15, Section 3A of SIS OR in the additional medical support needs reported in Question 1, Section 5 of ADSS) require extensive support (i.e., was rated as "2")? Yes No

If YES, list the Area of Medical Need (as reported in SIS or ADSS) and complete the detail for each item in this chart.

a) Area of MEDICAL Need <i>(Repeat all needs rated "2" from ADSS and SIS)</i>	b) Who currently provides these supports? <i>(check all that apply)</i>	c) Frequency of Support provided by EACH identified support provider <i>(see legend)</i>	d) Daily Support provided by EACH identified support provider <i>(see legend)</i>
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

SECTION 5 – ADDITIONAL MEDICAL AND BEHAVIOURAL SUPPORT NEEDS

a) Area of MEDICAL Need <i>(Repeat all needs rated "2" from ADSS and SIS.)</i>	b) Who currently provides these supports? <i>(check all that apply)</i>	c) Frequency of Support provided by EACH identified support provider <i>(see legend)</i>	d) Daily Support provided by EACH identified support provider <i>(see legend)</i>
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

SECTION 5 – ADDITIONAL MEDICAL AND BEHAVIOURAL SUPPORT NEEDS

a) Area of MEDICAL Need <i>(Repeat all needs rated "2" from ADSS and SIS.)</i>	b) Who currently provides these supports? <i>(check all that apply)</i>	c) Frequency of Support provided by EACH identified support provider <i>(see legend)</i>	d) Daily Support provided by EACH identified support provider <i>(see legend)</i>
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

SECTION 5 – ADDITIONAL MEDICAL AND BEHAVIOURAL SUPPORT NEEDS

3. Additional Behavioural Support Needs

Has the prevention of **other serious** behavioural problems been identified in Question 13, Section 3B of SIS?

Yes No

If **YES**, use the chart below to provide information on the additional behavioural support needs.

Additional Behavioural Support Needs	No Support Needed	Some Support Needed	Extensive Support Needed
Prevention of perseverative /compulsive behaviours	0	1	2
Prevention of food seeking/food binging behaviour (NOT prevention of pica, which is item 3B #5 of SIS)	0	1	2
Prevention of extremely impulsive behaviour that disregards safety (e.g., running into traffic) NOT covered in other items in 3B of SIS	0	1	2
Total Score			

SECTION 5 – ADDITIONAL MEDICAL AND BEHAVIOURAL SUPPORT NEEDS

4. Does any of the behavioural support needs (reported in Section 3B of SIS) require extensive support (i.e., was rated as "2") **OR** is the **TOTAL** score for additional behavioural support needs (total for Section 3B of SIS) greater than 5? Yes No

If **YES**, list each Area of Behaviour Support Needed and complete the chart below. (**Note:** list each item rated as 2, **OR** list each item rated as 1 where the total is greater than 5, including Additional Behavioural Support Needs scored in ADDS Section 5, Question 3)

a) Behaviour SUPPORTS Needed (repeat all needs rated "2" OR that total above 5)	b) Who currently provides these supports? (check all that apply)	c) Frequency of Support provided by EACH identified support provider. (see legend)	d) Daily Support provided by EACH identified support provider (see legend)
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

SECTION 5 – ADDITIONAL MEDICAL AND BEHAVIOURAL SUPPORT NEEDS

a) Behaviour SUPPORTS Needed <i>(repeat all needs rated "2" or that total above 5 from SIS)</i>	b) Who currently provides these supports? <i>(check all that apply)</i>	c) Frequency of Support provided by EACH identified support provider <i>(see legend)</i>	d) Daily Support provided by EACH identified support provider <i>(see legend)</i>
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

SECTION 5 – ADDITIONAL MEDICAL AND BEHAVIOURAL SUPPORT NEEDS

a) Behaviour SUPPORTS Needed <i>(repeat all needs rated "2" or that total above 5 from SIS)</i>	b) Who currently provides these supports? <i>(check all that apply)</i>	c) Frequency of Support provided by EACH identified support provider <i>(see legend)</i>	d) Daily Support provided by EACH identified support provider <i>(see legend)</i>
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

SECTION 5 – ADDITIONAL MEDICAL AND BEHAVIOURAL SUPPORT NEEDS

a) Behaviour SUPPORTS Needed <i>(repeat all needs rated "2" or that total above 5 from SIS)</i>	b) Who currently provides these supports? <i>(check all that apply)</i>	c) Frequency of Support provided by EACH identified support provider <i>(see legend)</i>	d) Daily Support provided by EACH identified support provider <i>(see legend)</i>
	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver	<input type="checkbox"/> Unpaid primary caregiver
	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Registered Nurse
	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse	<input type="checkbox"/> Registered Practical Nurse
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Occupational Therapist
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist
	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician	<input type="checkbox"/> Physician
	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff	<input type="checkbox"/> Paid support staff
	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist	<input type="checkbox"/> Behaviour Therapist
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

LEGEND

d) Frequency of Support

- 0 – None or less than monthly
- 1 – At least once a month but not once a week
- 2 – At least once a week but not once a day
- 3 – At least once a day
- 4 – Hourly or more

e) Amount of Daily Support Time

- 0 – None
- 1 – Less than 30 minutes
- 2 – 30 minutes to 2 hours
- 3 – 2 hours to less than 4 hours
- 4 – 4 hours or more

**SECTION 6
CARE CONCERNS**

In this section the assessor explores with the current primary caregivers (family members and/or paid support persons) a number of areas where or unpaid there may be care concerns for the individual.

1. Does the information reported about the individual suggest that he/she has medical support needs?
 Yes No

If YES, recall the medical conditions that the individual needs support with, and respond to the questions in the medical care concerns section below.

2. Does the information reported about the individual suggest that he/she has behavioural support needs?
 Yes No

If YES, recall the behavioural issues that the individual needs support with, and respond to the questions in the behavioural care concerns section below.

Medical care concerns

3. Does the caregiver have any concerns about the individual's safety because of the individual's medical support needs?
 Yes No

If YES, explain:

If YES, how does the caregiver rate the impact of these medical support needs on the safety of the individual?

1 2 3 4 5
 No impact Little impact Some impact Serious impact Severe impact

4. Thinking about the last 3 months, are the medical support needs of the individual:
 staying the same increasing decreasing?

Why does the caregiver think they are staying the same/increasing/decreasing?

What would make the situation better?

Behavioural care concerns

5. Does the caregiver have any concerns about the individual's safety because of the individual's behavioural support needs that have been reported?

Yes No

If YES, explain:

If YES, how does the caregiver rate the impact of the behavioural support needs on the safety of the individual?

1 2 3 4 5
No impact Little impact Some impact Serious impact Severe impact

6. Thinking about the last 3 months, are the behavioural support needs of the individual:
 staying the same increasing decreasing?

Why does the caregiver think they are staying the same/increasing/decreasing?

What would make the situation better?

SECTION 7 – UNPAID PRIMARY CAREGIVER CONCERNS

SECTION 7
UNPAID CAREGIVER CONCERNS

In this section the assessor explores a number of areas where there may be care concerns for unpaid primary caregivers (such as family members).

Health Status of Unpaid Primary Caregiver

1. Do you have any significant physical, medical or mental health conditions? Yes No

If YES, tick all boxes that look like they apply to you:

- Medical condition (for example, heart disease, some form of cancer, multiple sclerosis)
 Physical condition (for example a herniated disc in your back, difficulty walking)
 Mental health condition (for example, depression, bi-polar disorder)

If significant conditions are present, answer questions 2 and 3. If no significant conditions are present, go on to question 4.

2. Thinking about this condition (these conditions), do you think it has any impact on your ability to provide primary care to the individual with a developmental disability?
 Yes No

If YES, please rate the impact you think it has on your ability to provide primary care to the individual with a developmental disability:

1 2 3 4 5
No impact Little impact Some impact Serious impact Severe impact

Please explain:

3. Do you think your condition (conditions) is having an impact on the wellbeing of the individual with a developmental disability?
 Yes No

If YES, please rate the impact you think it has on the wellbeing of the individual with a developmental disability:

1 2 3 4 5
No impact Little impact Some impact Serious impact Severe impact

Please explain:

SECTION 7 – UNPAID PRIMARY CAREGIVER CONCERNS

Other Family Member Caregiver Concerns

4. Is there someone else in the family for whom you are also the major unpaid primary caregiver?

For example, this could be a baby or small child, an elderly parent, a spouse who is unwell, someone else with a disability.

Yes No

If YES, please rate the impact these additional responsibilities have on your ability to provide primary care to the individual with a developmental disability:

1 2 3 4 5
No impact Little impact Some impact Serious impact Severe impact

5. Has someone who has helped you in providing unpaid primary care left your household recently – or is about to leave your household?

For example, this could include another son or daughter who has been providing a lot of help who is getting married or going away to school; perhaps someone has recently died or is very unwell and is not expected to live much longer.

Yes No

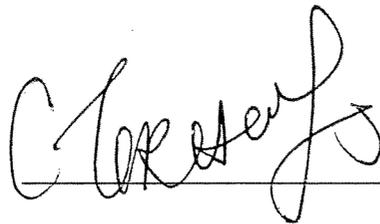
If YES, please rate the impact of this family change on the wellbeing of the individual with a developmental disability:

1 2 3 4 5
No impact Little impact Some impact Serious impact Severe impact

Please explain:

What would make a difference for you in this situation?

THIS IS EXHIBIT "D" REFERRED TO
IN THE AFFIDAVIT OF
BARBARA SIMMONS,
SWORN BEFORE ME THIS 15th DAY
OF DECEMBER 2017



Supports Intensity Scale

Interview and Profile Form

Adult Version (ages 16 and up)

ID/TRACKING NUMBER

Name _____ <small>LAST FIRST MIDDLE</small>	Date S/S Completed _____ <small>YR MO DAY</small>
Address _____	Date of Birth _____ <small>YR MO DAY</small>
City, State, Zip _____	Age _____
Phone _____/_____/_____	Language Spoken at Home _____
Individuals or Organizations Providing Essential Supports:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name _____ Relationship _____	Phone _____/_____/_____
Name _____ Relationship _____	Phone _____/_____/_____
Name _____ Relationship _____	Phone _____/_____/_____
Other Pertinent Information _____	

Respondent Name	Relationship to Individual	Language Spoken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Interviewer _____	Position _____
Agency/Affiliation _____	Phone _____/_____/_____
Address _____	Email _____

Reorder Information

To order additional forms, call 301/604-1340, or email aaidd@brightkey.net
Order number: #251—25 forms; #252—100 forms; #250—Manual + 25 forms; #253—Manual only.



American Association
on Intellectual and
Developmental Disabilities

AAIDD Supports Intensity Scale © 2004 American Association on Intellectual and Developmental Disabilities

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Section 1. Support Needs Scale

INSTRUCTIONS: Identify the Frequency, Daily Support Time, and Type of Support that is reported necessary for the person to be successful in the six activity domains (Parts A–F). **Circle the appropriate number (0–4) for each measurement** (i.e., Frequency, Daily Support Time, Type of Support). (See rating key below.) Add across each line item to obtain the Raw Scores. Sum the Raw Scores down to obtain the Total Raw Score for each Part.

1. This scale should be completed without regard to the services or supports currently provided or available.
2. Scores should reflect the supports that would be necessary for this person to be successful in each activity.
3. If an individual uses assistive technology, the person should be rated with said technology in place.
4. Complete ALL items, even if the person is not currently performing a listed activity.

Part A: Home Living Activities	Frequency					Daily Support Time					Type of Support					Raw Scores
1. Using the toilet	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Taking care of clothes (includes laundering)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
3. Preparing food	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Eating food	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Housekeeping and cleaning	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Dressing	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Bathing and taking care of personal hygiene and grooming needs	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Operating home appliances	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
TOTAL Raw Score Home Living Activities																
Enter the Raw Score (max. = 92) on the SIS Profile, on page 8, Section 1A, Part A, Home Living Activities																

RATING KEY		
<p>FREQUENCY: How frequently is support needed for this activity?</p> <p>0 = none or less than monthly 1 = at least once a month, but not once a week 2 = at least once a week, but not once a day 3 = at least once a day, but not once an hour 4 = hourly or more frequently</p>	<p>DAILY SUPPORT TIME: On a typical day when support in this area is needed, how much time should be devoted?</p> <p>0 = none 1 = less than 30 minutes 2 = 30 minutes to less than 2 hours 3 = 2 hours to less than 4 hours 4 = 4 hours or more</p>	<p>TYPE OF SUPPORT: What kind of support should be provided?</p> <p>0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance</p>

Section 1. Support Needs Scale, continued

Circle the appropriate number (0–4) for each measurement. (See rating key.) Complete ALL items, even if the person is not currently performing a listed activity. Add the scores across to get a Raw Score. Add the Raw Scores down to get a Total Raw Score.

Part B: Community Living Activities	Frequency					Daily Support Time					Type of Support					Raw Scores
1. Getting from place to place throughout the community (transportation)	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
2. Participating in recreation/leisure activities in the community settings	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
3. Using public services in the community	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
4. Going to visit friends and family	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
5. Participating in preferred community activities (church, volunteer, etc.)	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
6. Shopping and purchasing goods and services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Interacting with community members	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Accessing public buildings and settings	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
TOTAL Raw Score Community Living Activities																

Enter the Raw Score (max. = 91) on the SIS Profile, on page 8, Section 1A, Part B, Community Living Activities

Part C: Lifelong Learning Activities	Frequency					Daily Support Time					Type of Support (TS)					Raw Scores
1. Interacting with others in learning activities	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
2. Participating in training/educational decisions	0	1	2	3	X	0	1	2	3	X	0	1	2	3	4	
3. Learning and using problem-solving strategies	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Using technology for learning	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Accessing training/educational settings	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Learning functional academics (reading signs, counting change, etc.)	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Learning health and physical education skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Learning self-determination skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
9. Learning self-management strategies	0	1	2	3	X	0	1	2	3	4	0	1	2	3	4	
TOTAL Raw Score Lifelong Learning Activities																

Enter the Raw Score (max. = 104) on the SIS Profile, on page 8, Section 1A, Part C, Lifelong Learning Activities

Section 1. Support Needs Scale, continued

Circle the appropriate number (0–4) for each measurement. (See rating key.) Complete ALL items, even if the person is not currently performing a listed activity. Add the scores across to get a Raw Score. Add the Raw Scores down to get a Total Raw Score.

Part D: Employment Activities	Frequency					Daily Support Time					Type of Support					Raw Scores
1. Accessing/receiving job/task accommodations	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Learning and using specific job skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
3. Interacting with co-workers	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Interacting with supervisors/coaches	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Completing work-related tasks with acceptable speed	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Completing work-related tasks with acceptable quality	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Changing job assignments	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Seeking information and assistance from an employer	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
TOTAL Raw Score Employment Activities																

Enter the Raw Score (max. = 87) on the SIS Profile, on page 8, Section 1A, Part D, Employment Activities

Part E: Health and Safety Activities	Frequency					Daily Support Time					Type of Support					Raw Scores
1. Taking medications	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Avoiding health and safety hazards	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
3. Obtaining health care services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Ambulating and moving about	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Learning how to access emergency services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Maintaining a nutritious diet	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Maintaining physical health and fitness	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Maintaining emotional well-being	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
TOTAL Raw Score Health and Safety Activities																

Enter the Raw Score (max. = 94) on the SIS Profile, on page 8, Section 1A, Part E, Health and Safety Activities

RATING KEY		
<p>FREQUENCY: How frequently is support needed for this activity?</p> <p>0 = none or less than monthly 1 = at least once a month, but not once a week 2 = at least once a week, but not once a day 3 = at least once a day, but not once an hour 4 = hourly or more frequently</p>	<p>DAILY SUPPORT TIME: On a typical day when support in this area is needed, how much time should be devoted?</p> <p>0 = none 1 = less than 30 minutes 2 = 30 minutes to less than 2 hours 3 = 2 hours to less than 4 hours 4 = 4 hours or more</p>	<p>TYPE OF SUPPORT: What kind of support should be provided?</p> <p>0 = none 1 = monitoring 2 = verbal/gestural prompting 3 = partial physical assistance 4 = full physical assistance</p>

Section 1. Support Needs Scale, continued

Circle the appropriate number (0–4) for each measurement. (See rating key.) Complete ALL items, even if the person is not currently performing a listed activity. Add the scores across to get a Raw Score. Add the Raw Scores down to get a Total Raw Score.

Part F: Social Activities	Frequency					Daily Support Time					Type of Support					Raw Scores
1. Socializing within the household	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
2. Participating in recreation/leisure activities with others	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
3. Socializing outside the household	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
4. Making and keeping friends	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
5. Communicating with others about personal needs	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
6. Using appropriate social skills	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
7. Engaging in loving and intimate relationships	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
8. Engaging in volunteer work	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4	
TOTAL Raw Score Social Activities																

Enter the Raw Score (max. = 93) on the SIS Profile, on page 8, Section 1A, Part F, Social Activities

Section 2. Supplemental Protection and Advocacy Scale

Circle the appropriate number (0–4) for each measurement. (See rating key.) Complete ALL items, even if the person is not currently performing a listed activity. Add the scores across to get a Raw Score. Rank the Raw Scores from highest to lowest (1 = highest). Enter the four highest ranked activities (1–4) and their scores on the SIS Profile.

Protection and Advocacy Activities	Frequency					Daily Support Time					Type of Support					Raw Scores	Rank Raw Scores from highest to lowest
1. Advocating for self	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
2. Managing money and personal finances	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
3. Protecting self from exploitation	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
4. Exercising legal responsibilities	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
5. Belonging to and participating in self-advocacy/support organizations	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
6. Obtaining legal services	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
7. Making choices and decisions	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		
8. Advocating for others	0	1	2	3	4	0	1	2	3	4	0	1	2	3	4		

List the four Protection and Advocacy Activities with the highest Raw Score (from highest to lowest) on the SIS Profile, on page 8, Section 2.

Section 3. Exceptional Medical and Behavioral Support Needs

Circle the appropriate number to indicate how much support is needed for each of the items below. Subtotal the circled 1's and 2's. Total the subtotals. (See rating key.) Complete ALL items.

Section 3A: Medical Supports Needed	No Support Needed	Some Support Needed	Extensive Support Needed
Respiratory care			
1. Inhalation or oxygen therapy	0	1	2
2. Postural drainage	0	1	2
3. Chest PT	0	1	2
4. Suctioning	0	1	2
Feeding assistance			
5. Oral stimulation or jaw positioning	0	1	2
6. Tube feeding (e.g., nasogastric)	0	1	2
7. Parenteral feeding (e.g., IV)	0	1	2
Skin care			
8. Turning or positioning	0	1	2
9. Dressing of open wound(s)	0	1	2
Other exceptional medical care			
10. Protection from infectious diseases due to immune system impairment	0	1	2
11. Seizure management	0	1	2
12. Dialysis	0	1	2
13. Ostomy care	0	1	2
14. Lifting and/or transferring	0	1	2
15. Therapy services	0	1	2
16. Other(s)—Specify: _____	0	1	2
Subtotal of 1's and 2's			
Total (Add Subtotal of 1's and 2's)			

Enter Total on the SIS Profile, on page 8, Section 3A:
Support Considerations Based on Exceptional
Medical and Behavioral Support Needs, *Medical*

Section 3. Exceptional Medical and Behavioral Support Needs, continued

Circle the appropriate number to indicate how much support is needed for each of the items below. (See rating key.)
Complete ALL items.

Section 3B: Behavioral Supports Needed	No Support Needed	Some Support Needed	Extensive Support Needed
Externally directed destructiveness			
1. Prevention of assaults or injuries to others	0	1	2
2. Prevention of property destruction (e.g., fire setting, breaking furniture)	0	1	2
3. Prevention of stealing	0	1	2
Self-directed destructiveness			
4. Prevention of self-injury	0	1	2
5. Prevention of pica (ingestion of inedible substances)	0	1	2
6. Prevention of suicide attempts	0	1	2
Sexual			
7. Prevention of sexual aggression	0	1	2
8. Prevention of nonaggressive but inappropriate behavior (e.g., exposes self in public, exhibitionism, inappropriate touching or gesturing)	0	1	2
Other			
9. Prevention of tantrums or emotional outbursts	0	1	2
10. Prevention of wandering	0	1	2
11. Prevention of substance abuse	0	1	2
12. Maintenance of mental health treatments	0	1	2
13. Prevention of other serious behavior problem(s) Specify: _____	0	1	2
Subtotal of 1's and 2's			
Total (Add Subtotal of 1's and 2's)			

Enter Total on the SIS Profile, on page 8, Section 3B:
Support Considerations Based on Exceptional
Medical and Behavioral Support Needs, Behavioral

RATING KEY
0 = no support needed
1 = some support needed (i.e., providing monitoring and/or occasional assistance)
2 = extensive support needed (i.e., providing regular assistance to manage the medical condition or behavior)

Supports Intensity Scale (SIS) Scoring Form & Profile

ID/TRACKING NUMBER

Name _____

Date SIS Completed _____

YR / MO / DAY

Name of Interviewer _____

Section 1A: Support Needs Ratings

- Enter the Raw Scores for parts A-F from pages 2-5.
- Enter the Standard Scores and Percentiles using Appendix 6.2.
- Enter the SIS Support Needs Index using Appendix 6.3.

Activities Subscales	Total Raw Scores (From pages 2-5)	Standard Scores (See Appendix 6.2)	Subscale Percentiles (See Appendix 6.2)
A. Home Living			
B. Community Living			
C. Lifelong Learning			
D. Employment			
E. Health & Safety			
F. Social			
Standard Scores TOTAL (sum)			
SIS SUPPORT NEEDS INDEX (Composite Standard Score) (See Appendix 6.3)			
Percentile of Support Needs Index (See Appendix 6.3)			

Section 1B: Support Needs Profile

Circle the Standard Score for each Activities Subscale and the SIS Support Needs Index. Then connect the subscale circles to form a graph.

Percentile	A. Home Living	B. Community Living	C. Lifelong Learning	D. Employment	E. Health & Safety	F. Social	SIS Support Needs Index	Percentile
99	17-20	17-20	17-20	17-20	17-20	17-20	> 131	99
	15-16	15-16	15-16	15-16	15-16	15-16	124-131	
90	14	14	14	14	14	14	120-123	90
	13	13	13	13	13	13	116-119	
80							113-115	80
	12	12	12	12	12	12	110-112	
70							108-109	70
							106-107	
60	11	11	11	11	11	11	105	60
							102-104	
50	10	10	10	10	10	10	100-101	50
							98-99	
40	9	9	9	9	9	9	97	40
							94-96	
30							92-93	30
	8	8	8	8	8	8	90-91	
20							88-89	20
	7	7	7	7	7	7	85-87	
10	6	6	6	6	6	6	82-84	10
	5	5	5	5	5	5	75-81	
1	1-4	1-4	1-4	1-4	1-4	1-4	< 74	1

Section 2: Support Considerations Based on Protection and Advocacy Scores

List the 4 highest ranked Protection and Advocacy Activities from page 5.

Activity	Raw Score
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Section 3: Support Considerations Based on Exceptional Medical and Behavioral Support Needs

A. MEDICAL

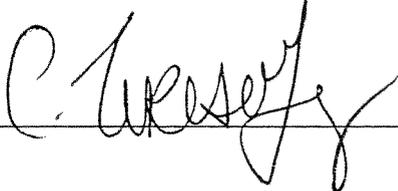
- Enter the number of Total points from page 6. _____
- Is this Total larger than 5? Yes No
- Is at least one "2" circled for Medical Supports Needed on page 6? Yes No

B. BEHAVIORAL

- Enter the number of Total points from page 7. _____
- Is this Total larger than 5? Yes No
- Is at least one "2" circled for Behavioral Supports Needed on page 7? Yes No

If "yes" has been circled on any of the questions above, it is highly likely that this individual has greater support needs than others with a similar SIS Support Needs Index.

THIS IS EXHIBIT "E" REFERRED TO
IN THE AFFIDAVIT OF
BARBARA SIMMONS,
SWORN BEFORE ME THIS 15th DAY
OF DECEMBER 2017





MINISTRY OF COMMUNITY AND SOCIAL SERVICES

Policy Directives for Application Entities

[next page](#)

Policy Directives for Application Entities

Under the authority of the

Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008

For Adult Developmental Services

Ministry of Community and Social Services

The government wants to improve services and supports for adults who have developmental disabilities and their families. It wants services and supports to:

- Be fairer, so that everyone is treated the same way;
- Be flexible, so that people's needs are addressed as best as possible; and
- Be sustainable, so that the system will be here for the future.

To make these changes, the government enacted the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008, and Regulations.

As of July 1, 2011, access to Ministry-funded adult developmental services and supports will be provided through Application Entities. These Application Entities are also known as "Developmental Services Ontario" to the public.

The Application Entities are the primary contact point for people who need information about services and supports in their community, and the single access point for people who want to apply for Ministry-funded adult developmental services and supports in each of the Ministry's nine regions.

According to the Act, the Ministry may develop policy directives and rules for the Application Entities that are enforceable by law. These policy directives provide instructions for the following work that the Application Entities do:

- giving information to the public about available services and supports and about the application process;
- confirming eligibility for people applying for services and supports for the first time;
- answering any questions or concerns people may have about the application process and services provided by the Application Entities;
- following the same steps and using the same tools to assess everyone who is eligible to apply for services and supports by using the new Application Package; and
- providing information to the Ministry so it can continue to improve the system of services and

supports for people with developmental disabilities.

Having policy directives for Application Entities is a good way to make sure that everyone who needs services and supports can expect the same customer service from Application Entities wherever they live, and also to make sure that if they move from community to community, they will not have to repeat their stories each time.

It will also be easier for new people to apply for services and supports as they will only need to contact one organization, the Application Entity in their region, to:

- get information;
- confirm their eligibility;
- have their service and support needs assessed; and
- be linked to available Ministry-funded services and supports.

Introduction

1.0 Provision of Information

2.0 Confirmation of Eligibility for Ministry-Funded Adult Developmental Services and Supports

3.0 Review Process for Decisions on Eligibility

4.0 Assessment of Support Needs

5.0 Assessor Qualifications and Service Standards for the Assessment of Support Needs

6.0 Individuals in Urgent Need of Support

7.0 Feedback Process (Customer Service)

8.0 Reporting to the Ministry

9.0 Posting Letter of Compliance or Letter of Non-Compliance

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JANUARY 25, 2016



Policy Directives for Application Entities

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Introduction

Policy Directives

Application Entities shall comply with all policy Directives in accordance with the **Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008**.

This document sets out the terms of these Directives.

The Director of Community and Developmental Services will review the Policy Directives for Application Entities annually and will issue amended Directives, if any, on July 1 each year.

Application Entities shall be primary contact points for general information about all relevant community-based services available to persons with developmental disabilities.

Application Entities shall provide a single point of access for persons with developmental disabilities to Ministry-funded adult developmental services and supports in Ontario in accordance with the Act. These developmental services and supports are:

- residential services and supports;
- activities of daily living services and supports;
- community participation services and supports;
- caregiver respite services and supports;
- professional and specialized services; and
- person-directed planning services and supports.

The Application Entity shall complete the **Application Package** with each eligible applicant as a required step to informing individual service and support planning, and will facilitate referrals to Ministry-funded adult developmental services and supports where needed, and available.

The **Application Package** comprises the Application for Developmental Services and Supports (ADSS) and the Supports Intensity Scale® (SIS®).



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1.0 Provision of Information

Applicable to: Application Entities	
Legislative Authority for Policy Directive: Section 7 (2)3	Effective Date: August 15, 2013
Function of Application Entity under the Act: Section 13(6)	

Purpose

The purpose of this policy directive is to ensure that Application Entities provide appropriate information and quality customer service to the public in a provincially-consistent manner.

Policy

The Application Entity shall be the primary contact point for public inquiries about all relevant community-based services available in Ontario to persons with developmental disabilities – this information shall be clear and transparent, relevant, responsive, up-to-date, and shall be provided to the public, including persons with developmental disabilities and/or their representatives of choice, in compliance with all applicable legislation.

Directive

When an Application Entity is asked to provide information about adult developmental services and supports in Ontario, the Application Entity shall provide **general** information on:

- all relevant community-based services¹ available to persons with developmental disabilities including Ministry of Community and Social Services (Ministry)-funded adult developmental services and supports² in accordance with the Act;
- the **Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008**, including:
 - the process for applying for Ministry-funded adult developmental services and supports; and
 - where applicable, the choice available to eligible applicants to receive direct funding to purchase adult developmental services and supports, or to access adult developmental services and supports through service agencies funded by the Ministry.
- how to find information on the **French Language Services Act**, the **Accessibility for Ontarians with Disabilities Act, 2005** and its regulations, and the **Human Rights Code** in Ontario;
- how any member of the public can provide feedback to the Application Entity on its customer service ([See Policy Directive 7 – Feedback \(Customer Service\)](#));
- how applicants can provide feedback to the Ministry on the Application Package ([See Policy Directive 7 – Feedback \(Customer Service\)](#));

- how persons with developmental disabilities can provide feedback on the services and supports provided by service agencies;
- how the Application Entity will respond to email, mail, in-person, and telephone questions about relevant community-based services and service providers for persons with developmental disabilities; and
- location(s) of Application Entities within the region, and locations of other Application Entities across the province, including contact information and hours of operation for each location.

The Application Entity shall use the 211 Ontario data base as a primary source of information about relevant community-based services and service providers for persons with developmental disabilities, wherever available.

The Application Entity shall receive and respond to information requested by any member of the public, and share standard information on Ministry-funded adult developmental services and supports and other relevant community-based services and service providers for persons with developmental disabilities in any of the following ways, as appropriate:

- In person
- Via telephone
- By Email
- By mail
- Over the internet

In General

The Application Entity shall:

- establish standard business hours of operation during which staff will respond directly to in-person, telephone, and on-line (e-mail) enquiries;
- establish hours outside of standard business hours of operation both during the week and on weekends, for eligible applicants to participate in scheduled **Application Package**³ interviews;
- maintain accurate, current information on community resources to encourage and support more participation by persons with developmental disabilities in community life;
- develop and implement protocols for responding to information requests made in-person, by telephone, email, mail, through the Application Entity website, or by other means, in a secure and confidential manner and as set out in a Ministry-approved service plan;

- develop and implement protocols for the provision of standard information, as set out in a Ministry-approved service plan, that includes requirements to:
 - provide standard information in plain language, in hard copy (where applicable), by email or through the website, and by voicemail;
 - review and update of standard information annually, and where information comes from an outside source (not directly from the Application Entity), put protocols in place to update information on a regular basis; and
 - include clearly visible, effective and revision dates on all forms, protocols, and in published website content.
- comply with all **applicable** legislation, which may include:
 - the **French Language Services Act**, and its regulations;
 - accessibility requirements in accordance with the **Accessibility for Ontarians with Disabilities Act, 2005**, and its regulations;
 - the **Human Rights Code** in Ontario; and
 - the **Ministry of Community and Social Services Act**;

The Application Entity shall include the following **specific requirements** for telephone, email, website, and in-person information provision in its protocols:

In Person

The Application Entity shall:

- assign responsibility to knowledgeable staff to greet people, respond to in-person requests for information about adult developmental services and supports, and to refer people to additional sources of information and community-based resources as needed;
- provide information specific to the needs of each of the following groups, in a consistent manner to:
 - eligible applicants for adult developmental services and supports in accordance with the Act, and/or representatives of their choice, on the application, prioritization and funding processes, and relevant community-based services available in the community; and
 - potential applicants, and/or representatives of their choice, on the role of the Application Entity, eligibility, the application process, and relevant community-based services available in the community.
- provide access to the above information at least twice a year in an appropriate manner, which may include holding group information sessions; and
- where applicable/possible, use video-conferencing to broadcast information sessions to provide greater access to people who are unable to attend the information sessions in person.

On the Telephone

The Application Entity shall:

- provide both a local and toll-free number, and a TTY number, that the public can use to request information; and
- have knowledgeable staff available Monday to Friday during standard business hours to answer the telephone.

During business hours, when the telephone cannot be immediately answered, the Application Entity shall:

- provide an alternate number for immediate assistance; and
- activate a standard pre-recorded voicemail message that provides the name of the Application Entity, hours of operation for that day, and if relevant, any walk-in hours.

Outside of business hours or during extended staff absences, the Application Entity shall:

- activate a standard pre-recorded voicemail message that explains the basic functions of the Application Entity and provides telephone numbers for emergency services.

Email

The Application Entity shall:

- where resources do not allow for an immediate response to emails, create a standard auto-reply email that will tell the sender that his/her email has been received and that a response is being prepared.

Website

The Application Entity shall have its own website (i.e. URL) that will:

- have the same branding as other Application Entities in the province including common core information and language;
- post clearly visible and complete contact information for all office locations within the region which includes names, office addresses, email addresses, local telephone numbers, and toll-free numbers;
- publish business hours of operation for directly responding to inquiries via telephone, on-line (e-mail) and in person;
- publish protocols for service, accessibility and French language services;
- publish protocols for responding to individuals in urgent need of Ministry-funded adult developmental services and supports (See Policy Directive 6 – Individuals in Urgent Need of Support); and
- provide a link to the MCSS website, links to the websites of all other regional Application Entities, and links to other relevant websites; this may include providing website space for service agencies to publicize their services.

1This includes health and recreation, faith based/spiritual supports, volunteer opportunities, different life stages, and cultural activities.

2This is not to duplicate services provided by 211 but rather Application Entities should refer individuals to appropriate relevant resources.

3**The Application Package** comprises the Application for Developmental Services and Supports (ADSS) and the Supports Intensity Scale® (SIS®).

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2.0 Confirmation of Eligibility for Ministry-Funded Adult Developmental Services and Supports

Applicable to: Application Entities	
Legislative Authority for Policy Directive: Section 7(2) 2i	Effective Date: August 15, 2013
Functions of Application Entity under the Act: Sections 14, 15	

Purpose

The purpose of this policy directive is to outline the procedures used by Application Entities to confirm whether an applicant is eligible for Ministry-funded adult developmental services and supports.

Policy

The Application Entity shall confirm whether an individual is eligible for Ministry-funded adult developmental services and supports in accordance with the Act and the General regulation (O. Reg. 276/10).

Directive

The Application Entity shall review supporting documentation provided by the individual or representative of their choice, to confirm whether an applicant is eligible for ministry funded adult developmental services and supports.

Documents may be originals or photocopies. The Application Entity reserves the right to view the original documents upon request.

Required documentation includes:

- a psychological assessment or report signed by a psychologist or psychological associate registered with the College of Psychologists of Ontario (or equivalent body in another province) that states the individual has a developmental disability in accordance with the Act and Regulation;
- proof of age (document displays individual's name and date of birth); and
- proof of Ontario residency (documents displaying the individual's name, address and citizenship status).

Documents confirming age include but are not limited to a:

- birth or baptismal certificate;

- passport;
- Ontario health card; or
- driver's licence.

Documents confirming Ontario residency include but are not limited to a:

- Ontario photo card
- rental or lease agreement;
- statement of direct deposit for Ontario Disability Support Program;
- employer record (pay stub or letter from employer on company letterhead);
- mailed bank account statements (does not include automated teller receipts or bank books); or
- utility bill; or
- proof of Canadian citizenship and/or immigration documents.

Definitions

Under the Act and Regulation, a person has a developmental disability if the person has the prescribed significant limitations in cognitive functioning **and** adaptive functioning and those limitations:

- originated before the person reached 18 years of age;
- are likely to be life-long in nature; and
- affect areas of major life activity, such as personal care, language skills, learning abilities, the capacity to live independently as an adult or any other prescribed activity.

"Adaptive functioning" means a person's capacity to gain personal independence, based on the person's ability to learn and apply conceptual, social and practical skills in his or her everyday life.

"Cognitive functioning" means a person's intellectual capacity, including the capacity to reason, organize, plan, make judgments and identify consequences.

Under the Regulation, a person has significant limitations in cognitive functioning if the person meets **one** of the following criteria:

- The person has an overall score of two standard deviations below the mean, plus or minus standard error measurement, on a standardized intelligence test; **or**
- The person has a score of two standard deviations below the mean in two or more subscales on a standardized intelligence test and the person has a history of requiring habilitative support; **or**
- On the basis of a clinical determination made by a psychologist or a psychological associate, the

person demonstrates significant limitations in cognitive functioning and the person has a history of requiring habilitative support.

"Habilitative support" means support where the objective of the support is to enable the person to acquire, retain and improve skills and functioning related to activities of daily living in the areas of self-care, communication and socialization.

"History of requiring habilitative support" means a history of having support needs that are life-long in nature and are due to functional impairment caused by a congenital injury, condition or disease or by an injury, condition or disease acquired prior to age 18.

A person has significant limitations in adaptive functioning if the person has a score of at least two standard deviations below the mean, plus or minus standard error measurement, in at least one of the areas of conceptual skills, social skills or practical skills, as measured on a standardized test of adaptive behaviour.

Note: Individuals who have previously been determined eligible for ministry funded adult developmental services and supports under the **Developmental Services Act** and are currently receiving supports, or are on a wait list to receive supports, have been deemed to be eligible under sections 42 and 43 of the **Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008**.

In addition, Ontario Regulation 414/12, made under SIPDDA, deems the following groups of people eligible for adult developmental services:

- Adults with a developmental disability who were receiving support under the Passport program on April 1, 2012, or who transitioned from the Special Services at Home program (SSAH) to the Passport program on April 1, 2012;
- Adults with a developmental disability who were on the SSAH waitlist as of March 31, 2012;
- Children with a developmental disability receiving SSAH who turned 18 before March 31, 2013;
- Children with a developmental disability who turned 18 between April 1, 2012 and March 31, 2013 and who were on a waitlist for SSAH before they turned 18; and
- Individuals who applied and were found eligible for adult services and supports under the Developmental Services Act between January 1, 2011 and June 30, 2011 and began to receive support or were placed on a waitlist for support during that time.

These individuals are not required to undergo eligibility confirmation in accordance with the Act and Regulation.

Confirming Whether an Applicant is Eligible

The Application Entity shall use ministry approved decision-making tools to confirm whether an applicant is eligible for ministry funded adult developmental services and supports.

Where an individual's documentation demonstrates the individual has a developmental disability in accordance with the Act and Regulation, and meets all eligibility criteria, the Application Entity shall confirm the individual's eligibility for ministry funded adult developmental services and supports.

Where an individual's documentation indicates the individual does not have a developmental disability or

does not meet all eligibility criteria in accordance with the Act and Regulation, the Application Entity shall find the individual ineligible for ministry funded adult developmental services and supports.

Where an individual's documentation does not provide sufficient information, diagnostic conclusions, or a clear determination by a psychologist or psychological associate that the individual has a developmental disability, the Application Entity **cannot** confirm the individual's eligibility for ministry funded adult developmental services and supports. The following procedures are to be followed in these cases:

- If the individual is 18 years of age or older and does not have a psychological assessment or report by a psychologist or psychological associate but the documentation provided indicates the presence of a developmental disability (e.g., school or medical records), the Application Entity will facilitate referral to a ministry funded agency for assessment by a psychologist or psychological associate to determine whether the individual has a developmental disability as defined in the Act and regulation.
- If the individual is 18 years of age or older and the psychological assessment or report by a psychologist or psychological associate provided indicates the presence of a developmental disability but the information in the assessment or report is unclear or insufficient to confirm whether the individual has a developmental disability as defined in the Act and Regulation, the Application Entity shall ask the individual to obtain the required information from the psychologist or psychological associate who prepared the original report. If the individual cannot obtain the information required from the psychologist or psychological associate who completed the assessment, the Application Entity shall forward the individual's documentation to a Ministry-funded agency to determine whether the individual has a developmental disability as defined in the Act and Regulation.
- Following a review of the individual's documentation, if the psychologist or psychological associate determines that additional assessment of the individual is required to determine whether the individual has a developmental disability as defined in the Act and Regulation, the psychologist or psychological associate shall advise the Application Entity. The Application Entity shall refer the applicant to a Ministry-funded agency for assessment by a psychologist or psychological associate to determine whether the individual has a developmental disability as defined in the Act and Regulation.

Note: Individuals may also purchase the services of a psychologist or psychological associate at their own expense.

Communicating the Decision on Eligibility

The Application Entity shall advise the individual, or representative of their choice, in writing whether the individual is eligible for Ministry-funded adult developmental services and supports in accordance with the Act and Regulation, within **20 business days** of receipt of all documentation, including receipt of any documentation review or the results of (re)assessment by a psychologist or psychological associate required to confirm eligibility for developmental services and supports.

Recording the Eligibility Decision

Once eligibility or ineligibility has been confirmed, the Application Entity shall record the decision in the individual's file. Copies or electronic records/copies of all required documentation shall be retained for

individuals who have been confirmed eligible for adult developmental services and supports for a minimum of seven years after the Application Entity has assessed the person's needs for services and supports (in accordance with the Regulation on Quality Assurance Measures).

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4.0 Assessment of Support Needs

Applicable to: Application Entities	
Legislative Authority for Policy Directive: Section 7(2) 2ii Function of the Application Entity under the Act: Section 17 (1) (a)	Effective Date: August 15, 2013

Purpose

Application Entities shall use a provincially-consistent assessment process for Ministry-funded adult developmental services and supports to:

- improve the quality and responsiveness of Ministry-funded adult developmental services and supports:** Using the **Application Package**, which comprises the Application for Developmental Services and Supports (ADSS) and the Supports Intensity Scale® (SIS®), to collect information on the support needs, priorities and circumstances of eligible applicants, will facilitate accurate assessments and inform the development of individual support plans directed by the needs of eligible applicants;
- reduce the burden on persons with developmental disabilities and families:** Having a standardized, valid and provincially-consistent assessment process for all Ministry-funded adult developmental services and supports will mean that applicants will not have to repeat their personal history when they apply for developmental services and support;
- improve system fairness and sustainability:** Adopting a provincially-consistent approach to needs assessment will support equitable service decisions so that persons with developmental disabilities with similar support needs and in similar circumstances will receive similar adult developmental services and supports, no matter where they live in the province; and
- support better planning:** Using a provincially-consistent approach to collect information on the support needs, priorities and circumstances of persons with developmental disabilities will provide valid and reliable information to inform individual service and support planning. This approach will also provide a basis for conducting accurate, comparative statistical analyses of collected data, to be used for planning at the community and provincial levels ([See Policy Directive 8 – Reporting to the Ministry](#)).

Policy

Application Entities shall use a provincially-consistent method to assess the support needs of applicants eligible for Ministry-funded adult developmental services and supports to be provided in accordance with

the Act.

Directive

The Application Entity shall use the **Application Package**, consisting of the Application for Developmental Services and Supports (ADSS) and the Supports Intensity Scale® (SIS®), as the provincially-consistent method to assess the support needs of applicants eligible for Ministry-funded adult developmental services and supports in accordance with the Act.

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5.0 Assessor Qualifications and Service Standards for the Assessment of Support Needs

Applicable to: Application Entities	
Legislative Authority for Policy Directive: Sections 7(2) 2ii, 7(2) 2iii	Effective Date: August 15, 2013
Function of Application Entity under the Act: Section 17 (1)(a)	

Purpose

The purpose of this policy directive is to ensure provincially-consistent information gathering by Application Entities so that decisions and planning for Ministry-funded adult developmental services and supports are based on accurate information on the needs, priorities and circumstances of persons determined to have developmental disabilities in accordance with the Act.

Policy

Application Entities shall implement a provincially-consistent process for assessing the support needs of applicants eligible for Ministry-funded adult developmental services and supports in accordance with the Act, to be administered by qualified assessors.

Directive

The Application Entity shall assign responsibility to qualified assessors for the administration of the Application Package to collect data on the support needs, priorities and circumstances of persons with developmental disabilities. The Application Package consists of the Application for Developmental Services and Supports (ADSS) and the Supports Intensity Scale® (SIS®).

The Application Entity shall ensure that the Application Package data is collected, stored and maintained accurately and consistently and meets the quality standards required by the Ministry as set out by the assessor training and data quality assurance program.

The Application Entity shall provide for assessors to participate in ongoing Ministry-led assessor training and data quality assurance events, and ensure that they adhere to and maintain the provincially-consistent standard for assessing and reporting support needs as set out in this directive.

- A support needs assessment is valid and complete only when conducted by an assessor who has successfully completed the Ministry's assessor training and data quality assurance program within the last 18 months.

Required Qualifications and Competencies for Assessors

The Application Entity shall ensure that assessors who administer the Application Package have the following qualifications:

- completed formal education of an undergraduate degree or equivalent, in a field related to human services (such as psychology, sociology, or social work); 4
- a minimum of five years recent experience working directly in the field of developmental services, or equivalent experience working in an occupation related to human services;5
- experience in intake, case management, service coordination, direct support and/or advocacy roles; and
- successfully completed training on the administration of the Application Package through the Ministry's assessor trainer and data quality assurance program.

Assessors shall meet the following ongoing training and experience requirements to ensure that their skills continue to meet the Ministry's standards:

- Successfully complete interviewer reliability reviews through the Ministry's assessor training and data quality assurance program every 18 months; and
- Frequent and ongoing administration of the Application Package with applicants. As a best practice, full-time assessors should administer at least 36 Application Packages in the 18-month period between each successful completion of the interviewer reliability review through the Ministry's assessor trainer and data quality assurance program.
- Part-time, secondment, and/or contract assessors as a best practice should administer at least two Application Packages during each month of employment with the Application Entity, following successful completion of the interviewer reliability review.
- Assessors who return from a leave of absence greater than four months are required to attend a monitoring session with a trainer before resuming administration of the Application Package.

Assessors should also demonstrate the following competencies:

- Strong interview skills, good active listening ability, comfortable rapport with people of all abilities, and a good sense of when additional inquiry/questioning is required to clarify ambiguity; and
- A person-centred approach to facilitation, ability to focus the discussion on the support needs and priorities of the individual, and ability to identify nuanced differences between the priorities of the individual and those of other care providers.

The Application Entity shall also ensure that assessors who administer the **Application Package** are independent from direct provision of developmental services (are not employed in a service agency that delivers residential services and supports or community participation services and supports under the authority of the Act).

Service Standards for the Assessment Process (Application Package Administration)

The Application Entity shall establish and maintain the following service standards for assessors to follow

in administering the **Application Package**:

- Information about an applicant may only be collected after the applicant has been informed, and understood the purpose of information collection and sharing in accordance with the Act;
- Administration of the **Application Package** shall involve two semi-structured interviews held by an assessor with the eligible applicant and at least one but no more than four respondents, following the approach described in the assessor training and quality assurance program and the **Application Package** training manuals;
- A respondent is defined as someone who has known the applicant well for at least the last three months and has had the opportunity to observe the applicant in one or more environments for substantial periods of time. A respondent also has to be able to understand and answer all questions;
- A respondent can be a parent, sibling, other relative, guardian, direct support staff, work supervisor, teacher, or any other individual who supports, works with, or lives with the applicant being assessed and understands the applicant and his or her specific support needs;
- Every effort should be made by the Application Entity to ensure that the applicant is included and present at both **Application Package** interviews;
- In exceptional circumstances, the applicant may attend an interview in part or the interview can be held with the applicant alone:
 - the applicant may attend an interview in part where the applicant is clearly not benefiting from the interview but wishes to complete an **Application Package**; or
 - the interview may be held with the applicant alone if the applicant does not have someone who knows them well for at least the last three months and/or the applicant demonstrates a strong preference to represent him/herself.
- Only in exceptional circumstances, or if the applicant requests or requires it, should there be **more than 15 business days** between the first and second interview;
- The Application Entity shall provide background information about the interviews, and the **Application Package** to the applicant and respondent(s) **at least (10) business days before the first interview**;
- The applicant may complete certain sections of the **Application Package** before the interview. At the first interview, the assessor will review the applicant's pre-completed sections to confirm that the questions are clearly understood and that the responses are complete;
- The interviews will be conducted in person, with all participants meeting at the same location or with all participants participating via video-conference technology;

- The assessor must record a valid response for all questions included in the **Application Package**;
and
- The Application Entity shall reassess the support needs of persons with developmental disabilities on the wait list and those in service every five years:
 - Reassessment shall take place at five-year intervals based on the date of the last completed Application Package;
 - The Application Entity shall ensure that assessors adhere to the service standards for administering the Application Package when they conduct reassessments of the support needs of persons with developmental disabilities;
 - The reassessment will comprise completing a new **Application Package**, including a new ADSS and a new SIS®; and
 - If a person with a developmental disability's support needs or personal circumstances change significantly, the Application Entity shall make arrangements for more immediate reassessment.
- Qualified assessors may administer the **Application Package** with applicants from the age of sixteen who, with the exception of the age requirement, meet the criteria for Ministry-funded adult developmental services and supports in accordance with the Act.
 - Application Entities may not facilitate referrals for these applicants to Ministry-funded adult developmental services and supports until they are eighteen years of age.

4Application Entities are responsible for determining what the equivalencies are in their regional context.

5Application Entities are responsible for determining what the equivalencies are in their regional context.

6Having the same assessor conduct both interviews is a highly recommended best practice. The applicant or their representative of choice may request that a different assessor be used for the second interview in order to expedite the completion of the Application Package, if the first assessor is not available for the second interview.



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6.0 Individuals in Urgent Need of Support

Applicable to: Application Entities	
Legislative Authority for Policy Directive : Section 7(2) 3	Effective Date: August 15, 2013
Functions of Application Entity under the Act: Sections 14, 15, 17 (1) (a)	

Purpose

The purpose of this policy directive is to ensure that the Application Entity follows consistent processes with persons with developmental disabilities who urgently need adult developmental services and support.

Policy

The Application Entity shall use a provincially-consistent process to respond to persons in urgent need where there are reasonable grounds to believe, or it is already known, that such persons are eligible for adult developmental services and supports.

Directive

When an individual contacting an Application Entity needs an emergency service response, the Application Entity shall provide information to direct the individual to the most appropriate local emergency service (for example, the police, hospital or local clinic).

When an individual contacting an Application Entity is in urgent need of service, the Application Entity shall initiate the local process for resolving service issues for persons with developmental disabilities (such as urgent response) that may refer the individual to appropriate available, interim support.

Where an individual has not previously completed the confirmation of eligibility process for Ministry-funded adult developmental services and supports, the Application Entity shall follow-up with the individual to complete the eligibility confirmation process in accordance with the Act.

The **Application Entity shall** complete and/or update the full Application Package for all eligible individuals **as soon as possible and no later than twelve (12) months** after the date of the initial request for urgent support.

The Application Entity is not to provide any direct care services for individuals with immediate or urgent support needs.

Examples of situations where persons with developmental disabilities may have an urgent need for service include:

- The unpaid primary caregiver (e.g., family member) is unable to continue providing care that is essential to the health and well being of the adult.

- The individual has no residence, or anticipates in the very near future a very real likelihood of having no residence.
- The individual's support needs have changed to such an extent that their current support arrangement may soon become untenable and their well-being is at risk.

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7.0 Feedback Process (Customer Service)

Applicable to: Application Entities	
Legislative Authority for Policy Directive: Section 7(2)3	Effective Date: August 15, 2013

Purpose

The purpose of this policy directive is to ensure that Application Entities have a provincially-consistent process in place to receive feedback about the services that they provide. This process is an important part of providing quality customer service, and supports continuous improvement in service delivery. This policy directive also requires that Application Entities provide applicants and their representatives of choice with the opportunity to provide confidential feedback to the Ministry about their satisfaction with the Application Package.

As a provider of goods and services, each Application Entity with more than 20 employees was required to establish a feedback process on its customer service by January 1, 2012, to be in compliance with the **Accessibility for Ontarians with Disabilities Act, 2005** and O. Reg. 429/07.

This policy directive outlines additional requirements around a feedback process for Application Entities.

Policy

The Application Entity shall establish a feedback process to gather confidential feedback and to address concerns raised in the feedback by applicants, persons previously determined to have developmental disabilities and/or representatives of their choice, staff and volunteers at the Application Entity, and by the general public, about the Application Entity and about its customer service.

Directive

Feedback about Application Entity Services

The Application Entity shall develop and implement policies and procedures for gathering feedback and addressing concerns about its customer service in compliance with the **Accessibility for Ontarians with Disabilities Act, 2005** and O. Reg. 429/07.

The Application Entity shall also comply with the policies and procedures set out in O. Reg. 299/10 under the Act on abuse prevention and reporting, and with the Ministry process for reporting serious occurrences when a report is received in this regard.

The Application Entity shall conduct **an annual review** and analysis of feedback received and how concerns raised in the feedback were addressed, and evaluate the effectiveness of its policies and procedures on the feedback process for the Board of Directors.

Feedback on the Application Package

The Application Entity shall provide applicants and/or representatives of their choice with the confidential

Ministry survey about the Application Package:

- Implementation of this policy directive is based on the use of a Ministry-specified survey tool and a common set of questions;
- Anonymous surveys shall be sent directly from the applicant to the administrator of the Ministry's survey tool (either electronically or in hard copy); and
- Only Ministry Corporate staff shall have access to the anonymous survey results.

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8.0 Reporting to the Ministry

Applicable to: Application Entities	
Legislative Authority for Policy Directive : Section 7(2)3	Effective Date: August 15, 2013
Function of Application Entity under the Act: Sections 8(13), 35	

Purpose

The purpose of this policy directive is to ensure efficient and transparent communication between the Ministry and the Application Entity and to ensure the collection of up-to-date data for the generation of reports that will inform community planning, and MCSS forecasting, performance measurement, and program and policy development.

Policy

The Application Entity shall be responsible for providing the Ministry with quarterly and annual reports that contain data from the assessment process and from MCSS service agencies, as set out in this directive, and additional reports as required by the Ministry.

Directive

The Application Entity shall:

- use the information technology specified by the Ministry for the collection and maintenance of information;
- follow procedures established for the MCSS-specified information technology and in the policy directive for Qualifications and Service Standards for Needs Assessment, to maintain the integrity, consistency and validity of the information collected and to meet reporting requirements;
- prepare **quarterly reports** based on summary statistics including, but not limited to, the following:
 - Uptake and use of direct funding:
 - Number of direct funding agreements;
 - Dollar value of agreements;
 - Adult developmental services and supports being purchased, by MCSS detail code; and
 - The proportion of all applicants with direct funding agreements, by MCSS detail code.
 - Adult developmental services and supports inquiries:
 - Number and type of inquiries (including urgent requests).
 - Eligibility:

- Number of applicants confirmed eligible;
 - Number of applicants deemed ineligible;
 - Number of decision review requests;
 - Number of decision review requests resulting in a decision that confirms eligibility; and
 - Number of decision review requests resulting in a decision that upholds the original decision that individual is ineligible.
- Timing:
 - Average number of business days between initial contact and eligibility confirmation; and
 - Average number of business days between eligibility confirmation and the first **Application Package** interview.
 - Number of qualified assessors:
 - Number of incumbents; and
 - Full Time Employees (FTEs).
 - The **Application Package**:
 - Exceptional medical and behavioural support needs (SIS®, section 3 raw scores);
 - Number of applicants by SIS® support needs index (Composite Standard Score);
 - Nature of current request (ADSS section 1, question 1);
 - Current situation of the applicant (ADSS section 1, question 2);
 - Age (ADSS section 1, question 3);
 - Gender (ADSS section 1, question 3);
 - Preferred language for the interview (ADSS section 1, question 9); and
 - Current living situation (ADSS section 2, questions 7).
 - Total number of in-progress **Application Packages**;
 - Total number of completed **Application Packages**, and the subtotals for:
 - Eligible applicants who completed their first **Application Package** who were not previously receiving any Ministry-funded adult developmental services and supports;
 - Eligible applicants who completed their first **Application Package** and who were receiving Ministry-funded adult developmental services and supports; and
 - Persons previously determined to be eligible for Ministry-funded adult developmental services and supports who were reassessed, by age group and type of reassessment (five-year reassessment vs. requested reassessment due to change in needs or circumstances).
 - Access to Ministry-funded adult developmental services and supports:
 - Eligible applicants who were not previously receiving any Ministry-funded adult developmental services and supports, who received adult developmental services and supports by MCSS detail code;

- Eligible applicants who were not previously receiving any Ministry-funded adult developmental services and supports, and did not receive developmental services and supports; and
- Persons previously determined to have a developmental disability who were requesting additional Ministry-funded adult developmental services and supports who received more, new, or different developmental services and supports, by MCSS detail code.
- A comparative analysis of adult developmental services and supports obtained by applicants by direct-funding and those obtained through service agencies funded by the Ministry; and
- An analysis of the changes in individual applicant needs from the administration of the initial Application Package and at five-year reassessment intervals.

Application Entities shall complete these reports every quarter and forward them as a package to the Regional Office for review **no later than one month after the end of the fiscal quarter**.

The reporting schedule for the quarterly reports and the annual report is as follows:

- Q1 Report Due: **July 31** (for April 1 - June 30);
- Q2 Report Due: **October 31** (for July 1 - September 30);
- Q3 Report Due: **January 31** (for October 1 - December 31); and
- Q4 Report (for January 1 - March 31) **and** Annual Report Due: **April 30**.

⁷See Policy Directive: Qualifications and Service Standards for Needs Assessment



Policy Directives for Application Entities

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9.0 Posting Letter of Compliance or Letter of Non-Compliance

Applicable to: All application entities (operating as Developmental Services Ontario) that receive funding under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* from the Ministry of Community and Social Services.

Legislative Authority: Section 7(2)3

Effective date: January 25, 2016

Introduction

The Ministry of Community and Social Services' (MCSS) *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* (SIPDDA) provides the legislative framework for ministry-funded adult developmental services in Ontario. The regulation on quality assurance measures (Ontario Regulation 299/10), made under the Act, and the Policy Directives for Service Agencies and Policy Directives for Application Entities set out further requirements for agencies and application entities (operating as Developmental Services Ontario (DSO)).

The ministry conducts compliance inspections of MCSS-funded service agencies and DSOs, to assess whether they meet the requirements outlined in the regulation on quality assurance measures and the policy directives. During a compliance inspection, the ministry typically reviews records and documentation, policies and procedures, and conducts a site inspection, to evaluate and determine whether service agencies and DSOs are adhering to the requirements that are set out in the regulation on quality assurance measures (Ontario Regulation 299/10), made under SIPDDA, and the policy directives. At the end of the inspection, ministry staff issue a letter to the agency/DSO that outlines the agency's/DSO's compliance status.

The ministry recognizes that people who access developmental services and supports, their families and others who may act on their behalf, and the general public, likely expect that MCSS-funded services and supports are provided in a sufficiently safe environment that seeks to meet the needs of the individual. There is also an expectation that the agency/DSO is meeting the requirements set out by the ministry. The ministry acknowledges the need for openness and transparency of information. Requiring that developmental services agencies and DSO offices provide information on the outcome of a compliance inspection of an agency or DSO is one such way to promote openness and transparency.

Definitions

"Letter of Compliance" is a letter that is issued by the Ministry of Community

and Social Services to a service agency or DSO, following the ministry's review and evaluation of the service agency's or DSO's ability to meet requirements that are outlined in the regulation on quality assurance measures (Ontario Regulation 299/10, made under SIPDDA) and the Policy Directives for Service Agencies or Policy Directives for Application Entities. The Letter of Compliance summarizes the results of the compliance inspection and confirms that the agency or DSO is in compliance with requirements.

"Letter of Non-compliance" is a letter that is issued by the Ministry of Community and Social Services to a service agency or DSO, following the ministry's review and evaluation of the service agency's or DSO's ability to meet requirements that are outlined in the regulation on quality assurance measures (Ontario Regulation 299/10, made under SIPDDA) and the Policy Directives for Service Agencies or Policy Directives for Application Entities. The Letter of Non-compliance summarizes the results of the compliance inspection, and confirms there are areas of non-compliance and may identify the non-compliances that must be remedied within specified timelines.

Purpose

The purpose of this policy directive is to outline the Ministry of Community and Social Services' requirements for DSO offices regarding the public posting of the results of a DSO compliance inspection conducted by the ministry. These requirements aim to promote public access to information about MCSS-funded services and supports and the providers of those services and supports.

The ministry also requires service agencies to publicly post the results of their compliance inspections.

Directive

A DSO shall post a hard/paper copy of the Letter of Compliance that is issued by the ministry following a compliance inspection. The Letter of Compliance shall be posted at or near the main entrance of the head office of the DSO in a prominent location of that office so that the letter is clearly and easily visible to those who enter. The Letter of Compliance shall remain posted until the completion of a subsequent compliance inspection.

A DSO shall post a hard/paper copy of the Letter of Non-compliance that is issued by the ministry if the DSO remains in non-compliance post 10 business days of the compliance inspection. The Letter of Non-compliance shall be posted at or near the main entrance of the head office of the DSO in a prominent location of the office so that the letter is clearly and easily visible to those who enter. The Letter of Non-compliance shall remain posted until the DSO receives a Letter of Compliance.

A DSO shall ensure that the most recent Letter of Compliance or Letter of Non-compliance is posted within three business days of receipt from the ministry.

A DSO shall provide information on its current compliance status and the results of its ministry compliance inspection, if requested by any person.

A DSO shall respond to inquiries about the compliance status that may be received (e.g., from an individual with a developmental disability who receives services and supports from the DSO, from a person acting on behalf of the individual who receives services and supports from the DSO, or from the general public).

For DSOs that are funded by the ministry to provide services at multiple sites/locations, the DSO shall ensure that a copy of the Letter of Compliance or Letter of Non-compliance related to each site is available upon request from the DSO's head office. A copy of the letter need not be posted at each site/location owned or operated by the DSO; however, the DSO is expected to respond to any questions about the compliance or non-compliance of any site (e.g., a satellite office).

In addition to posting a hard/paper copy of the Letter of Compliance or Letter of Non-compliance, a DSO is encouraged to post an electronic copy of the Letter on its website, if available, although this is not required.

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Assessor Summary Report

		<i>Day/Month/Year</i>	
First name	Last name	Gender	date of birth
Residential Address			
City	Province	Postal code	
Telephone	fax	e-mail	
Date of assessment			
Name of assessor			
Name of application entity			
<p>General observations (Summarize salient source data, and the individual's participation during the interview; key areas of agreement/disagreement among respondents; participation of other respondents at the interview)</p>			

Summary Describe any particular strengths and/or challenges of the individual in maintaining personal health, summarize extensive health and behavioural support needs and any health and behavioural supports and services in place.

Summary In summarizing what is important to/for the individual, note any disagreement among respondents, note any service provider preferences expressed, and consider any SIS items which highlight special abilities and/or interests. Look specifically at those SIS items that rate little or no support as areas of strength and potential gifts.

Summary Describe any particular strengths and/or challenges of the individual in managing key aspects of everyday living including managing home-based activities and getting around in the community and any factors that affect ability to perform optimally

5.a. Summary

Summary Note communication abilities in familiar and unfamiliar environments and the overall impact of communication on other SIS areas.

5.b. Relationships & Socialization

Summary Look for patterns of behaviour that may emerge in different environments and situations, such as, how the individual behaves; in familiar/unfamiliar situations; with known and new people; in taking a proactive approach versus a reactive response. Look at the Support Network information for patterns of connection and/or opportunity for interaction in different settings/relationships.

5.c. Expressing Wants, Choosing and Decision Making

Summary Look at how the individual's ability to express their personal wishes and make decisions. Look at patterns in the important to and important for section to assess how well the individual is able to distinguish wants from needs and express those accordingly.

Summary Note the supports needed to use problem solving skills in different situations, type of supports to manage in differing kinds of environments and to take learning and generalize it to other unfamiliar environments.

Summary Note any requests and/or vision for the future .

8.a. SIS Profile

Look at the pattern of the profile graph – is something revealed in the pattern of:

- Area(s) with a relatively low score
- Area(s) with a relatively high score
- The amount of difference between high and low scores?
- Consider the support needs percentile – relative to other individuals with a developmental disability, are the person's overall support needs higher or lower?

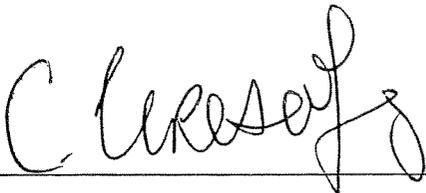
8.b. Special Attention

Note particular and special requests expressed by the individual and/or advocates. Consider things that are highly valued by the individual and those things/areas that may have a particular impact on the individual.

8.c. Assessor's Perspective

Note any issues/items observed by the assessor during the process that were not a particular focal point in the assessment (that is, the issue wouldn't figure prominently in the documented data) but may be something that is important for service providers to be aware of and helpful to them in planning supports. Consider those things that could have a temporary impact and those that would have longer term impacts.

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Developmental Services: SERVICES/SUPPORTS AVAILABLE FOR REQUEST

Service or Supports Requested	Definition
A. Community Participation Supports	<p>1. Services and supports to assist a person with a developmental disability in social and recreational activities, work activities, volunteer activities, life skills, or in home supports. Applicants can choose to use direct funding or have supports provided by a Ministry-funded agency</p>
B. Residential Supports	<p>2. Group Home/Group Living Supports 3. Supported Independent Living/Individual Living Supports 4. Host Family Home/Associate Living Supports 5. Individual Residential Model 6. Specialized Accommodation 7. Other</p>
C. Caregiver Respite	<p>8. Support can be requested in-home or out of home Applicants can chose to be direct funded or have support provided by a Ministry-funded agency</p>
D. Person-Directed Planning	<p>9. Services and supports to assist a person with a developmental disability with the development of a personal life plan. Applicants can choose to use direct funding or have supports provided by a Ministry-funded agency</p>
E. Specialized and Professional Services	<p>10. Specialized and professional services for assessment and treatment to address specific disability-related issues, counselling, behaviour management, speech and language, occupational therapy, Adult Protective Services and professional case coordination services. This support is only available through Ministry-funded agencies.</p>

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A handwritten signature in cursive script, appearing to read "C. Crossley", is written over a horizontal line. A vertical line also passes through the signature.

Interim Guidelines for Transforming Local DS Prioritization and Service Linking Practices

December, 2011

For use by Regional Offices
**Pending the Implementation of Phase 2 of the *Services and Supports to Promote
the Social Inclusion of Persons with Developmental Disabilities Act, 2008***
(SIPDDA)

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Interim Guidelines for Transforming Local DS Prioritization and Service Linking Practices

For use by Regional Offices

**Pending the Implementation of Phase 2 of the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*
(SIPDDA)**

1. Purpose

These prioritization guidelines have been developed in recognition of the impact of the designation of Developmental Services Ontario organizations on July 1, 2011 and the introduction of related aspects of the new provincial application process for adult developmental services and supports.

The purpose of the guidelines is twofold.

1. To inform work by ministry regional offices related to existing locally-based prioritization processes pending the implementation of a provincial prioritization process. Interim changes are required in order to establish effective and appropriate linkages between local/regional prioritization processes and the regional DSOs.
2. To optimize community based prioritization processes ahead of the introduction of a single provincial process coinciding with the implementation of the funding entity(ies)¹ during a subsequent phase of DS Transformation. For example, by fostering common elements within existing prioritization processes.

2. Background

2.1 New Legislation

The enactment of the *Services and Supports to Promote the Social Inclusion of Persons with a Developmental Disability Act, 2008* (SIPDDA) initiated changes to the system of community-based supports and services for people with developmental disabilities and their families that will improve the system's accessibility, fairness, equity and sustainability.

2.2 Developmental Services Transformation

The government has been working to transform the developmental services system, currently anchored to a streamlined application process that consists of a single point of access to services and supports. The key aspects of DS transformation will involve: consistent eligibility confirmation; standardized assessment of individual needs; a

¹ As specified by SIPDDA, the funding entity(ies) will use a single provincial prioritization tool to assign priority for services and supports for eligible individuals applying for adult developmental services and supports.

consistent provincial approach to prioritization; and flexible funding options plus a funding allocation model based on assessed needs and priority.

2.3 Phased Implementation

The Ministry is taking a phased approach to the proclamation of SIPDDA, with certain sections of the Act (phase 1) having come into force on July 1, 2010; January 1, 2011; and July 1, 2011. Timelines for proclaiming the remaining sections of the Act (phase 2), including direct funding agreements and funding entities, will be announced in the future. The changes that came into force on July 1, 2010 outlined general definitions in the legislation and establish powers and authorities. Essentially, these sections laid the foundation for changes to the system that came into effect in 2011.

The Regulation on Quality Assurance Measures came into force for service agencies on January 1, 2011 and on July 1, 2011 for DSOs (application entities in legislation). The regulation establishes the quality assurance standards they will be required to meet. New eligibility criteria for developmental services and supports also came into effect on July 1, 2011. The new definition is not strictly IQ-based and includes some individuals who do not have an intellectual disability – that is, an IQ score of 70 or below – but have adaptive behaviour support needs that would best be met in the developmental services system (e.g., individuals with Asperger's Syndrome or Fetal Alcohol Spectrum Disorder).

On July 1, 2011, the *Developmental Services Act* was repealed and its regulation revoked. Also on July 1, 2011, nine single points of access for adult developmental services were launched. These single points of access are known as Developmental Services Ontario (DSOs) and deliver designated core functions in accordance with the new legislation. The second phase of DS transformation will feature the introduction of the additional structure of the funding entity. Funding entity(ies) will apply a funding allocation model and a common prioritization tool in order to determine individual budgets and service availability for eligible applicants.

These guidelines identify a set of features or parameters to guide interim prioritization processes at the regional level for the period between the July 2011 operational launch of the DSOs, and the introduction of a provincial prioritization tool and funding entity(ies), at a later date to be determined. Please note that the Passport program will continue to have its own prioritization process that does not involve local/regional planning tables.

3. Definitions

The following working definitions are provided to support a common understanding of the concepts and responsibility centres for prioritization and related activities. These definitions are intended to provide a basis for community-based discussions related to existing prioritization processes.

3.1 Prioritization

Prioritization is the process using common identified risk factors to determine the immediacy of individuals' needs for services/support.

3.2 Linking/Matching

Linking/matching is the process that identifies the prospective fit between a prioritized person's need for services/support and available resources.

3.3 Maintaining Waitlist Information

Maintaining waitlist information relates to establishing and maintaining information about prioritized individuals awaiting available services and supports, including direct funding. Maintaining the waitlist is related to, but separate from, linking/matching and prioritization functions. Prioritizing eligible individuals for services and supports will be a function of the funding entity(ies) in Phase 2 of DS Transformation.

3.4 Conflict of Interest

A conflict of interest is any situation where a participant's private or professional interest is in conflict with their responsibilities.

4. DSO Roles and Relationships to Interim Prioritization Processes

4.1 Separation of Roles

Prioritization is a function of the future funding entity(ies). It is considered separate from the DSOs' legislated functions of confirming eligibility, assessing needs for services and support, and matching/linking prioritized applicants to available services and support. In keeping with the intent of SIPDDA in this regard, DSO staff must not be involved in assigning prioritization scores to individuals, and the prioritization process must be distinct from the matching/linking process. It is essential that there be no overlap between core functions of the DSO under the new legislation and the role of the future funding entity(ies).

DSO organizations should prepare to **transition away from any direct involvement** they may have in locally-based prioritization processes (such as hosting and/or facilitating prioritization tables). Where prioritization is currently a function of the organization that has received designation as a DSO, opportunities to transition the DSO organization out of this role in preparation for the introduction of the funding entity(ies) must be identified and implemented at the regional level (see implementation dates below).

4.2 Information Handling

In order to maintain accurate applicant data, the DSO will collect and have a consistent and confidential method for transferring information (from the Application Package) about applicants to the regional prioritization process. The DSO will receive information back from the prioritization process to use in linking/matching prioritized individuals to available adult developmental services and supports. The nature of this support must:

- be transparent (i.e. clearly defined and available to the public in an understandable and accessible format);
- protect the privacy of applicants and maintain the confidentiality of their personal information in accordance with FIPAA and PHIPA; and
- avoid conflicts of interest.

4.3 Communication

To enhance public understanding and transparency, each DSO is expected to **clearly describe and communicate** its involvement in its local/regional prioritization process, including the distinction between its role as a DSO and other access related involvements.

5. Required Features/Parameters of Interim Prioritization Processes

5.1 Required Features

Where changes to an existing prioritization process are to be undertaken, it must be demonstrated that the changes will result in increased alignment with the intent of SIPDDA. Additionally, interim prioritization processes must reflect a set of core features. They must:

- be community-based;
- be free from conflict of interest;
- have clearly defined roles, responsibilities, and processes (transparency); and
- entail no involvement of the DSOs.

5.2 Parameters

Each of the preceding features must be accompanied by detailed definitions/directions that are aligned with the following parameters:

- the process shall involve a cross-section of community stakeholders and specific perspectives and/or areas of knowledge/experience – i.e., service agencies, broader system partners, individual community members;
- clarity about the authority and (eventual) singularity of a regional prioritization process featuring community involvement;
- the privacy and confidentiality of applicants' personal information will be maintained in accordance with FIPAA and PHIPA;
- defining linking/matching – identifying specific activities and clarifying the role of DSO in relation to prioritization;

- defining what is meant by a waiting list and managing the process of assigning priority to people waiting for available services and support; and
- identifying points of intersection between the prioritization process and other related processes, including linking/matching to available services and supports, and wait list management.

5.3 Feasibility and Alignment with DS Transformation

In the event there are several prioritization processes in place within a region, the regional office must identify the prioritization processes that are generally accepted as working well and are determined to best embody the foregoing features, and are aligned with DS Transformation. In identifying an interim regional process, regions should balance initial feasibility and effectiveness, with approaches to improved consistency and fairness that increase alignment with the principles of DS Transformation.

6. Implementation

6.1 Stages

Regional offices are to develop and implement interim regional prioritization processes in two stages, comprising four steps, as set out below.

Stage 1 (by July 2012)

1. Review current regional/local prioritization processes.
2. Review required features/parameters of prioritization for the interim period.
3. Develop and implement, by July 2012, a plan to have in place a clear, regionally consistent, prioritization process that meets the identified interim prioritization features/parameters as follows:
 - community-based;
 - free from real/perceived conflict of interest; and
 - transparent based on clearly defined and understandable roles/responsibilities and processes.

Stage 2 (by December 2012, where applicable)

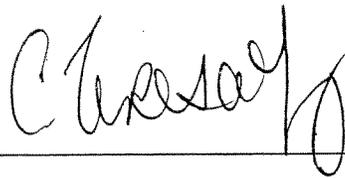
4. In the circumstances where a DSO is involved in the regional prioritization process, a plan must be developed and implemented by December 2012 to remove the DSO from any involvement in the regional prioritization process. Where the parent organization of the DSO remains or becomes involved in the regional prioritization process, a clear separation of functions within the organization must be made. The separation of functions between the DSO and other areas of the parent organization must be transparent to the community and must avoid real or perceived conflicts of interest.

6.2 Approach

Regional offices will work with their sector stakeholders to identify more detailed, region-specific requirements for each stage, aligned with the next phase of DS Transformation, along with corresponding activities and timelines.

- Regional Directors will confirm to Developmental Services Implementation Project Office by July 2012 that the required changes to their regional prioritization process(es) have been implemented, and that they have a plan in place for addressing any remaining changes that may be required.

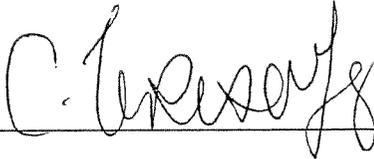
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Appendix: Overview of Risk-based Factors Considered in the Ministry's Prioritization Tool

Risk-based Prioritization Factors	Considerations in Determining Priority
<p>Current Living Situation Consideration of an individual experiencing a precarious living situation</p>	<ul style="list-style-type: none"> • Is the individual: currently housed in an inappropriate setting; homeless with no unpaid primary caregiver available; or needing to leave their current living arrangement immediately?
<p>Behavioural Support to prevent certain behaviours, including those that pose harm to the individual or others</p>	<p>Does this person require support to prevent:</p> <ul style="list-style-type: none"> <input type="checkbox"/> aggressive behaviour <input type="checkbox"/> property destruction <input type="checkbox"/> sexual aggression <input type="checkbox"/> self-injury <input type="checkbox"/> substance abuse
<p>Medical Assistance managing medical conditions</p>	<p>Does this person require respiratory-care supports? Does this person need help with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> feeding <input type="checkbox"/> turning or positioning <input type="checkbox"/> dialysis <input type="checkbox"/> ostomy care <input type="checkbox"/> lifts or transfers <input type="checkbox"/> bowel care <input type="checkbox"/> a catheter <input type="checkbox"/> glucometer testing <p>Is the person susceptible to infectious disease or seizures?</p>
<p>Personal Support at home and in the community</p>	<p>Does this person require protection from exploitation, abuse, sexual abuse and neglect? Do they require support with their overall health and safety? Do they need help managing money and their personal finances?</p>
<p>Caregiving (unpaid, primary, caregiver) Support for a caregiver, based on their health and personal circumstances</p>	<p>Does the unpaid primary caregiver have a medical, physical or mental health condition that impacts their ability to provide care to the person with the developmental disability? Does the unpaid primary caregiver also provide care for another person in the family? Has someone who was helping the unpaid primary caregiver provide support recently left – or is about to leave – the household?</p>

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Guidelines for DS Community-based Prioritization Process re: Prioritization Validation

Purpose:

To provide direction for the interim community-based process through which the prioritization scores for adults with a developmental disability may be validated to inform their consideration for connection to Ministry-funded adult developmental services and supports.

Background Overview:

The Developmental Services Consolidated Information System (DSCIS) includes the Ministry's Provincial Prioritization Tool (Prioritization Tool), which is a risk-based tool that automatically calculates a prioritization score for each individual, based on their most recently completed Application Package assessment and any updated information entered in their Individual Consolidated Evidence (ICE) record.

The score generated by the Prioritization Tool will be used as the standard method for prioritization determination.

DSCIS also includes a "Community-based (Prioritization) Score" information field in each individual's record, for use in exceptional situations where a prioritization score as determined through the community-based prioritization validation process may be entered.

The community-based prioritization validation process provides an opportunity for review and validation of prioritization as determined by the Prioritization Tool, through a community-based process (as prioritization determination is not a role of the DSO).

The community-based prioritization validation process reflects the Ministry's ongoing commitment to incorporating an element of human review and validation of the results of the Prioritization Tool in its use to determine priority for available services and supports, and will also help to inform ongoing continuous improvement evaluation.

The review and validation of an individual's priority will allow for exceptional situations where the community-based process determines that an individual is in a high-risk situation that was not appropriately reflected by their Prioritization Tool score. Where a community-based process determines that an individual is in a high-risk situation, and their Prioritization Tool score does not accurately reflect their perceived relative position as a high-priority relative to other individuals waiting for service, the

community-based process may advise the DSO of a different score (within the Prioritization Tool scoring scale) to be entered in the "Community-based Score" information field in DSCIS.

This process is intended to enable the ability to reassign priority for individuals in exceptional situations where they are identified as being high-risk, in order to inform their consideration for service connection in a manner that more accurately and appropriately reflects their situation.

Upon entering a prioritization score into the "Community-based Score" information field, DSCIS will incorporate this score into its reporting functionality to help support the consideration of individuals for service connection to available resources.

DSCIS will continue to use the "Community-based Score" for reporting purposes until such time as the Prioritization Tool score is determined to be an accurate reflection of the individual's perceived level of risk, when the "Community-based Score" will then be changed to zero (0). Once a "Community-based Score" has been changed to zero, DSCIS will then revert to using the Prioritization Tool score for reporting purposes.

Notes:

- where a "Community-based Score" is entered, DSCIS will continue to maintain the Prioritization Tool score for the individual; and
- prioritization is not a singularly decisive factor in determining which individual will be connected to available agency-based service and support resources – rather, prioritization is only one of the information inputs that are considered by DSOs as part of the service connection process.

The Ministry is committed to continuous improvement in relation to the determination of prioritization for adult developmental services, and will be assessing opportunities to improve the performance of the Prioritization Tool and the human validation process on an ongoing basis.

Scope of the Community-based DS Prioritization Validation Process:

The primary focus of the community-based prioritization validation process is to review individual situations in which an individual is identified as potentially being in a high-risk situation, but their Prioritization Tool score did not position them in a high-priority position on the service registry (waitlist).

The purpose of the community-based prioritization validation process is intended to serve as an opportunity for human validation to mitigate the potential risk of an exceptional situation in which an individual in a high-risk situation is not appropriately prioritized in a manner that accurately reflects their unique situation, relative to other individuals waiting for service.

Process for Community-based DS Prioritization Validation:

1. Receipt of Individual's Information for Review and Validation

Where an individual is identified as potentially being in a high-risk situation, and they do not have a high Prioritization Tool score, the DSO will forward the information about the individual to the community-based prioritization process. The package of information about the person may consist of the same documents that DSOs have previously been sharing with their respective regional prioritization process, including but not limited to the person's ADSS, SIS, ASR, and shall also include their ICE record (where updated) and their Prioritization Tool score.

The information will be shared by the DSO with the community-based prioritization process in an "off-line" manner (i.e., outside of DSCIS), based on existing established regional processes.

Community-based prioritization validation processes are responsible for safeguarding the privacy and security of individual's information, as shared through this process.

2. Community-based Validation of the Individual's Priority Score

Upon receipt of an individual's information from the DSO, the community-based prioritization process will review the information in order to make a determination of whether the individual is perceived to be in a high-risk situation, such that they should be considered a high-priority.

The determination of an individual's priority status helps to inform the manner in which they are considered for available services and supports, relative to other individuals who are waiting for service.

Consideration of whether the individual is perceived to be in a high-risk situation should be based on the perceived impact of risk factors that the individual (and their caregiver) may be experiencing, as identified within available information. This may include risk-based factors that are included as part of the Prioritization Tool, as well as additional risk factors that may be impacting an individual's situation that are not fully considered by or reflected in the outcome of the Prioritization Tool.

The review of an individual's information to consider the impact of any risk-based factors and whether these result in the individual being perceived to be in a high-risk situation should be based on the professional discretion and best judgment of the community-based prioritization process.

Overview of Risk Factors that May Contribute to a High-risk Situation:

See the *Appendix* for an overview of the risk-based factors from an individual's Application Package assessment that are considered as part of the Prioritization Tool.

Examples of additional factors that may contribute to an individual being perceived as being in a high-risk situation include, but are not limited to:

- the primary caregiver(s) is(are) presenting medical issues that are affecting the present or future capacity to provide care to the person with a developmental disability, for example:
 - increasing serious health problems are already affecting the caregiver's(s') capacity to provide care now;
 - an urgent medical treatment for a caregiver is being delayed because they will not be able to provide care while undergoing the treatment, but as a result this will have a substantial impact on their future capacity to provide care;
- the primary caregiver(s) is/are aged and this affects the capacity to provide care to the person with a developmental disability;
- the primary caregiver(s) present(s) very high levels of stress that could potentially lead to a situation where they and/or the person with developmental disability experience harm;
- the individual is presenting with high levels of behavioural challenges, particularly related to self-aggression or aggression to others, and particularly with only a single unpaid primary caregiver (and particularly where the caregiver is experiencing a medical, physical or mental health condition); and/or
- the individual is presenting with high levels of medical support needs where the medical condition may be life-threatening, particularly with only a single unpaid primary caregiver (and particularly where the caregiver is experiencing a medical, physical or mental health condition).

2.i Validation of the Individual's Priority Tool Score

If the individual is NOT perceived to be in a high-risk situation, such that they should NOT be considered a relative high-priority, then a community-based prioritization score will not be identified and the Priority Tool score will be used to inform consideration of the individual for potential service connection.

2.ii Exceptional Determination of an Invalid Priority Tool Score

In exceptional situations where the individual IS perceived to be in a high-risk situation for which they SHOULD be considered a high-priority, relative to other individuals waiting for service, then the community-based prioritization process

may identify a higher priority score to be communicated to the DSO for entry into DSCIS.

Note: The focus of the community-based validation process is on identifying situations in which an individual is perceived as being in a high-risk situation, such that the individual should be considered a high-priority for service connection, relative to and against other individuals waiting for service. The intent of this process is not to capture minor changes to an individual's priority, but rather to mitigate the risk of individuals having a low or mid-range priority score when they are in a high-risk situation, in order for them to be re-prioritized such that they are considered for available resources in a manner that more accurately and appropriately reflects the high level of risk that they are experiencing.

The higher priority score should be identified in a manner that results in the positioning of the individual in a relatively comparable position against other individuals with similar levels of high-risk, within the scoring scale of the Prioritization Tool (i.e., within the scoring scale of 0-176, where scores of 0-19 are considered in the "low-range", scores of 20-39 are considered to be in the "mid-range", and scores of 40 and above are considered to be in the "high-range*").

*Based on the Ministry's evaluation of the Prioritization Tool, evaluators identified the top 20% of individuals to be high-risk. Based on provincial information available in DSCIS related to existing Application Package assessments, the Prioritization Tool scores that correspond to the top 20%, or high-range of scores, are scores of 40 and above.

As the distribution and positioning of individuals' priority scores are relative, community-based prioritization processes will be required to use their professional discretion and best judgment in the identification of a community-based prioritization score that results in the individual being prioritized in a manner that is relatively equitable to other individuals with comparable levels of high-risk.

To inform their consideration of a relatively equitable community-based prioritization score, the community-based process may utilize methods that include, but are not limited to:

- comparison of the individual against other individuals with similar risk factors to identify a similar score that would result in the individual being placed in a relatively similar prioritization positioning in DSCIS (i.e., identify another individual on the prioritized waitlist who is perceived to be experiencing a similar level of risk, and identify a corresponding

prioritization score that would result in the individual being positioned in a similar level on the waitlist); or

- applying an existing regional prioritization technique to determine an individual's relative prioritization positioning against other high-priority individuals to then inform the identification of a score within the Prioritization Tool scale that would result in the individual being considered in a relatively equitable prioritization positioning in DSCIS (i.e., if an individual's information is considered through an existing regional prioritization tool and it is found that the individual should be considered a high-risk and high-priority for service, the community-based prioritization process can identify other individuals who were identified in a similar high-priority position, then review the DSCIS prioritized waitlist to identify a community-based score that would place the individual in a comparable position on the prioritized waitlist relative to the other individuals).

In addition to identifying the community-based prioritization score to be entered in DSCIS, the community-based prioritization process shall also identify the factor(s) that contributed to their perception of the individual as being in a high-risk situation (e.g., high-level of caregiver stress, high-levels of behavioural challenges with only a single caregiver, etc.).

3. Communication of the Community-based Prioritization Validation Outcome to the DSO

Upon completion of the review and validation of the individual's information, the community-based process will advise the DSO of the outcome, including whether:

- the individual does not require a community-based score to be entered in DSCIS; OR
- in exceptional situations, the individual was perceived to be in a high-risk situation such that a community-based prioritization score has been identified to be entered in DSCIS to more accurately reflect an individual's unique circumstances that place them at high risk, as well as the identification of the factor(s) that contributed to the perception of the individual as being in a high-risk situation.

The community-based process will communicate the outcome of their review and validation of the individual's prioritization to the DSO in an "off-line" manner (i.e., outside of DSCIS), based on existing established regional processes.

4. Ongoing Review of an Individual's Community-based Prioritization Score

On an ongoing basis, where the DSO completes an Application Package reassessment or enters a significant update regarding an individual's situation into their ICE record, DSCIS will automatically re-calculate the individual's Prioritization Tool score. Where this occurs for individuals who have previously had a community-based prioritization score entered in DSCIS, the DSO will forward to the community-based prioritization process the individual's updated information (through the same process as outlined in Step 1, above), for further review and validation.

Upon receiving updated information about an individual for whom a community-based prioritization score had previously been identified, the community-based process will review the updated information (through the same process as outlined in Step 2, above), to determine whether the updated Priority Tool score then appears to be an accurate reflection of the individual's perceived level of risk, or if a community-based prioritization score should continue to be used for the individual to inform their consideration for service connection.

The community-based process will then advise the DSO of the outcome of their review and validation of the updated information (through the same process as outlined in Step 3, above), to confirm whether:

- a community-based score should continue to be used to position the individual as being a high-priority for service connection consideration; or
- the Priority Tool score is then perceived as being a relatively accurate reflection of the individual's level of risk and the community-based prioritization score field in DSCIS can then be reset to zero (0) such that the Priority Tool score will then be used to inform DSCIS service connections reporting functionality.

Appendix: Overview of Risk Factors Considered in the Prioritization Tool

Risk-based Prioritization Factors	Considerations in Determining Priority
<p>Current Living Situation Consideration of an individual experiencing a precarious living situation</p>	<p>Is the individual: currently housed in an inappropriate setting; homeless with no unpaid primary caregiver available; or needing to leave their current living arrangement immediately?</p>
<p>Behavioural Support to prevent certain behaviours, including those that pose harm to the individual or others</p>	<p>Does this person require support to prevent:</p> <ul style="list-style-type: none"> <input type="checkbox"/> aggressive behaviour <input type="checkbox"/> property destruction <input type="checkbox"/> sexual aggression <input type="checkbox"/> self-injury <input type="checkbox"/> substance abuse
<p>Medical Assistance managing medical conditions</p>	<p>Does this person require respiratory-care supports? Does this person need help with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> feeding <input type="checkbox"/> turning or positioning <input type="checkbox"/> dialysis <input type="checkbox"/> ostomy care <input type="checkbox"/> lifts or transfers <input type="checkbox"/> bowel care <input type="checkbox"/> a catheter <input type="checkbox"/> glucometer testing <p>Is the person susceptible to infectious disease or seizures?</p>
<p>Personal Support at home and in the community</p>	<p>Does this person require protection from exploitation, abuse, sexual abuse and neglect? Do they require support with their overall health and safety? Do they need help managing money and their personal finances?</p>
<p>Caregiving (unpaid, primary, caregiver) Support for a caregiver, based on their health and personal circumstances</p>	<p>Does the unpaid primary caregiver have a medical, physical or mental health condition that impacts their ability to provide care to the person with the developmental disability? Does the unpaid primary caregiver also provide care for another person in the family? Has someone who was helping the unpaid primary caregiver provide support recently left – or is about to leave – the household?</p>

THIS IS EXHIBIT "K" REFERRED TO
IN THE AFFIDAVIT OF
BARBARA SIMMONS,
SWORN BEFORE ME THIS 15th DAY
OF DECEMBER 2017

A handwritten signature in cursive script, appearing to read "C. L. Rosey", is written over a horizontal line.

ADULT DEVELOPMENTAL SERVICES
URGENT RESPONSE GUIDELINES

Ministry of Community and Social Services

June 2014

Confidential

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1. PURPOSE OF THE GUIDELINES

To provide a consistent and standardized urgent response process for implementation across the province for adults with a developmental disability in urgent need where natural or community supports are not available.

These guidelines are meant to support collaboration among service providers and broader community service systems to address the specific urgent support needs of individuals whose needs cannot be met within the supports available. The urgent response process is intended to identify factors to be considered when reviewing urgent situations requiring short term, temporary and time-limited specific supports to respond to the high risk situation.

2. GUIDING PRINCIPLES

Principles that guide urgent response include service options that are:

- 1) Developed through collaboration and cooperative planning among service providers and broader community service systems;
- 2) Rooted in a person-centred philosophy that promotes the least intrusive response to the urgent situation;
- 3) Short term, temporary and time-limited to mitigate risk;
- 4) Based on evidence-based practice, best practice and promising practice; and,
- 5) Based on common language and a common understanding of risk.

3. EXPECTATIONS

- As stated in *Policy Directive 6.0 for Application Entities-Individuals in Urgent Need of Support*, the DSO shall initiate the urgent response process for persons in urgent need where there are reasonable grounds to believe, or it is already known, that such persons are eligible for adult development services and supports under SIPDDA.
- Individuals who require an urgent response and are referred to appropriate available interim supports through the urgent response process are to confirm eligibility (where required) and complete or update the full Application Package as soon as possible and no later than twelve months after the date of the initial request for urgent support.

- The role of the developmental services system remains to be responsive where expertise in developmental services is required. The developmental services system will provide a planned response to an individual's assessed need, within available resources.
- Ministry of Community and Social Services (Ministry)-funded service providers will work collaboratively with each other and with broader community stakeholders (such as education, health and justice where appropriate) in the planning and delivery of services and supports to respond to situations requiring an urgent response.
- All developmental service providers will have appropriate policies and procedures in place for engaging emergency response services (e.g. police, ambulance, fire) in the event of an emergency.

4. CRITERIA FOR AN URGENT RESPONSE

When an individual needs an emergency service response, the individual is to be directed to the most appropriate local emergency service (for example, the police, hospital or local clinic).

An urgent response shall be considered for an adult with a developmental disability who is at high risk due to the following circumstances:

- the person's unpaid primary caregiver (e.g. family member) is unable to continue providing care that is essential to the individual's health and wellbeing; **OR,**
- the individual has no residence or is at risk of having no residence in the very near future; **OR,**
- the individual's support needs have changed to such an extent that their current support arrangement may soon become untenable and their wellbeing is likely to be at risk; **AND,**
- formal and informal supports are not available to reduce the risk of harm or address the need.

The supports provided as an urgent response in these circumstances are short-term and time limited for up to a maximum of 6 months. This may include situations where supports are required as an interim measure while longer term service solutions are identified. A one-time extension to a maximum of an additional 6 months may be provided in an exceptional circumstance.

An exceptional circumstance would be a situation where the removal of temporary supports is most likely to result in the adult with a developmental disability requiring another urgent response (i.e. the circumstance for which the urgent response was initially provided is still present and the adult remains at risk of harm).

Should an Urgent Response Committee determine that an extension of an urgent response is required due to an exceptional circumstance, the committee Chair will advise the Ministry (via the regional office) and the DSO of the extension within two business days of the determination by the committee. This notification will include the rationale for the extension and next steps for managing the urgent need. The notification is intended to support the ministry in tracking urgent response cases exceeding six months for process review and trend analysis work.

5. URGENT RESPONSE PROCESS

- 1) The DSO is contacted by an individual or family member, or a service agency about a possible urgent situation regarding an adult with a developmental disability.
- 2) The DSO is to determine whether to initiate the urgent response process, based on a review of the urgent situation against *Policy Directive 6.0 for Application Entities-Individuals in Urgent Need of Support* and the criteria set out in this guideline.
- 3) In instances where the DSO determines that an urgent response is not required, the DSO is to provide information to the individual about available resources in the community that may assist in the situation.
- 4) Where it has been determined that the individual is in urgent need of service, the DSO is to obtain any necessary consent from the adult with a developmental disability (or substitute decision maker where appropriate) to share information prior to completing Section A of the Urgent Response Referral Form.
- 5) The DSO is to complete Section A of the Urgent Response Referral Form which requires the DSO to gather the following:
 - a) Information about the urgent situation including perceived risks;
 - b) Information on community supports already considered. The DSO is to refer the individuals to services/supports external to the development services system that may help address the urgent situation or otherwise benefit the individual.
- 6) The DSO will review the urgent need against temporarily available ministry-funded resources. Temporarily available resources may include:
 - Resources that have been committed to an individual but remain available to a fixed date; or,
 - Resources that are not yet committed (i.e. not yet matched) to which a fixed date can be assigned.

- 7) Where there is an obvious match to a temporarily available resource, the DSO may temporarily assign (match) the identified and available ministry-funded resource(s) to the individual requiring an urgent response. This could include case management supports delivered by a service agency where it has been identified that case management supports would be of benefit as an interim measure.
- 8) In instances when the DSO identifies a solution or partial solution to an urgent need situation, the DSO will complete the Section B-Action Plan of the Urgent Response Referral Form identifying what resource will be matched and for how long the resource will be provided.
- 9) Where there is no obvious solution to the urgent need situation, the DSO will refer the case to the Urgent Response Committee by indicating referral to the Urgent Response Committee on the Urgent Response Referral Form.
- 10) The Urgent Response Form will then be forwarded to the appropriate committee member(s) for the review as identified in the local procedures established by the Committee.
- 11) The Urgent Response Committee will use information from the Urgent Response Referral Form along with information (provided by the local DSO) about temporarily available ministry-funded resources to develop appropriate short-term, time-limited support and/or service option(s) to minimize a person's risk to themselves or others.
- 12) The Urgent Response Committee is to record the identified support and/or service plan in Section B-Action Plan of the Urgent Response Referral Form.
- 13) In instances where the Urgent Response Committee has determined it requires assistance to develop appropriate service and support options, the Urgent Response Committee may refer to Urgent Response Case Management by selecting "Request for Urgent Response Case Management" on the Urgent Response Referral Form.
- 14) The Urgent Response Committee is to complete the action plan section of the Urgent Response Referral Form along with the DS Temporary Supports Funding section of the form in instances where DS Temporary Supports Funding (see Section 8) is identified in the planned response.
- 15) All completed Urgent Response Referral Forms are to be sent to the DSO to facilitate matching the individual to resources identified by the Urgent Response Committee as part of the urgent response action plan. The completed form is also to be retained by the Urgent Response Committee as indicated in the local procedures for managing referrals. The Urgent Response Committee is to complete the Urgent Response Reporting Template following the instructions included on the top section of the template.

- 16) The DSO is to notify the individual or family of a match to short term/temporary available resources. The individual or family has the opportunity to accept the planned support
- 17) The conversation is to include information about the matched resource, and the anticipated start and end dates. The DSO is to advise the individual or family to contact the DSO prior to the anticipated end date if the circumstance requiring an urgent response remains present after the anticipated end date. The DSO is to notify the individual/family of the urgent response plan in writing.
- 18) The DSO is required to confirm eligibility and complete or update the full Application Package as soon as possible and no later than twelve months after the date of the initial request for urgent support.

6. ROLES AND RESPONSIBILITIES

A) MINISTRY OF COMMUNITY AND SOCIAL SERVICES

The Ministry of Community and Social Services is responsible for the implementation of the Urgent Response Guidelines, Terms of Reference for the Urgent Response Committee and the Urgent Response Referral Form.

The ministry role in the Urgent Response Committee will be limited to:

- Serving as the point of contact for the Chair for issues related to the Urgent Response Process;
- Providing leadership support to the implementation of Urgent Response Committee;
- Monitoring of implementation of the Urgent Response Process; and,
- Monitoring of the Urgent Response Process once implemented;

B) DEVELOPMENTAL SERVICES ONTARIO

The DSO is responsible for initiating the urgent response process upon determination that an individual is in urgent need of service. The DSO is to complete the appropriate sections of the Urgent Response Referral Form, obtain any necessary consent to share information, and review opportunities to match individuals in urgent need with available resources prior to referring to the Urgent Response Committee. The DSO will share information about resource availability with members of the Urgent Response Committee, and record and track the number of referrals for urgent response. The DSO will participate in the committee as needed.

When recommended by the Urgent Response Committee, the DSO may match an individual to temporary available supports. The DSO may also match an individual to

case management supports delivered by a service agency for assistance with service navigation, planning, and options development.

The Urgent Response Committee(s) along with local service system management tables and community planning/network tables will use aggregate information about referrals to urgent response to improve system responses to urgent situations.

Where an individual has not previously completed the confirmation of eligibility process for Ministry-funded adult developmental services and supports, the DSO shall follow-up with the individual to complete the eligibility confirmation process in accordance with SIPDDA.

The DSO shall complete and/or update the full Application Package for all eligible individuals as soon as possible and no later than twelve (12) months after the date of the initial request for urgent support.

C) URGENT RESPONSE COMMITTEE(S)

The urgent response process will include the establishment of an Urgent Response Committee(s).

The Urgent Response Committee(s) will be responsible for identifying opportunities to effectively use resources in the local adult developmental services system and the broader community to address the needs of individuals in urgent need.

i. Committee Membership

Membership will include all ministry-funded adult developmental service agencies within each committee's area. Members may include: Executive Director or designate. Members will have the appropriate authority to make service decisions about short-term resource allocations on behalf of their agency.

Participation by invitation:

- Representatives of the local Developmental Services Ontario office in that specific geography, as needed;
- Other community service sectors as appropriate.

The Urgent Response Committee is a component of the Developmental Services system with a mandate to identify resources to respond to urgent (high-risk) situations. Individuals and families are not part of this administrative process.

ii. Responsibilities of the Urgent Response Committee

A committee may delegate a sub-committee to make decisions on its behalf for effective service coordination and planning to address the short term, temporary needs of individuals requiring an urgent response.

If the committee delegates its responsibilities to a sub-committee, the committee is responsible for developing processes for oversight and monitoring.

iii. Key Functions of the Committee or the Sub-Committee

- To support the problem solving process and provide recommendations for individuals requiring an urgent response that is short-term and time-limited, where natural or community supports are not available.
- Be responsible for the review, confirmation, and consideration of referrals to the Urgent Response Committee based on the established criteria for an urgent response.
- Explore appropriate service options to reduce the risk of harm or address the need.
- Work collaboratively to develop and implement responses for adults requiring an urgent response.
- Use information about available resources to develop service and support options that are short-term and time limited with the intent to address the urgent need.
- Document the planned action(s) using the Urgent Response Referral Form.
- Establish (procedures and) protocols as required to promote effective and timely decisions that align with applicable policies or directives of the Ministry of Community and Social Services (see Electronic Manual of Ministry Administration for list of relevant Legislation, Regulation and Directives <http://intra.css.gov.on.ca/emma/index.htm>).
- Collect and provide information to local community tables and to the Ministry for system planning purposes, obtaining consent as needed and in accordance with any privacy obligations.

iv. Responsibilities of the Urgent Response Committee (Agency Representatives)

Agency representatives will:

- Follow the Urgent Response Guidelines.
- Have the authority or delegated authority to make service decisions and resource allocations on behalf of their agency.

- Review all relevant documentation prior to committee meetings, provide input, feedback and recommendations.
- Participate in decision-making on urgent need cases and represent and liaise with respective sector partners.
- Ensure that action plans include, when required and appropriate, information on whether clinical services have been considered or engaged.
- Provide new representatives on the Urgent Response Committee with orientation training on the purpose, functions, and processes to the Urgent Response Committee.
- Keep information in confidence and respect the privacy of individuals.
- Demonstrate a commitment to service collaboration to develop service options for individuals in need of an urgent response.

Agencies may identify another agency to make decisions on its behalf, as required and where appropriate, in accordance with established protocols.

v. Functions of the Chairperson(s)

The Chair will be selected by the Urgent Response Committee. The Chair or delegate will be responsible for coordinating and facilitating meetings of the Urgent Response Committee and any required documentation to support the meetings.

The Chair will also be responsible for facilitating the development of protocols for orienting new members to the Urgent Response Committee (i.e. training on the purpose, functions and processes).

The Chair will serve as the primary contact with the ministry.

vi. Administrative Function

The Urgent Response Committee(s) will have written procedures in place for processing urgent response referrals including but not limited to the documentation of referrals/approvals and urgent response status reports.

The Urgent Response Committee(s) will be responsible for determining how the required administrative function will be managed within existing resources.

vii. Urgent Response Case Management

Urgent Response Case Management is a case management support delivered by a service agency that is intended to support the urgent response process through the provision of time limited, outcome based and goal oriented case management supports. It is a collaborative, goal oriented process to assess, navigate, plan, coordinate, and develop options for services and supports required to meet a person's urgent need.

Urgent Response Case Management may be provided to individuals requiring an urgent response in instances where:

- The individual/caregiver/family/service agency has identified that case management support would be of benefit as an interim measure; OR,
- Service options are limited and the urgent response committee has recommended case management supports as a planned response to mitigate identified risk; OR,
- The Urgent Response Committee has determined that it requires assistance to develop appropriate service and support options.

Urgent Response Case Management will be accessed through the DSO in instances where it has been identified that case management supports would be of benefit as an interim measure or where case management has been recommended by the Urgent Response Committee. A match to case management supports may occur as part of the matching process prior to referral to the Urgent Response Committee or as part of the process for matching services to an individual per the action plan developed by the Urgent Response Committee.

Functions of Urgent Response Case Management

Support individuals and families with problem-solving and coordination of community and personal resources by:

- Liaising with other service providers and/or sectors, as necessary to identify appropriate responses.
- Assisting individuals and families with completing the appropriate applications for services available in the community.
 - Supporting individuals and families to access and coordinating available community services and supports (i.e. support with navigating service systems including but not limited to health, and housing).
 - Identifying changes in circumstance and referring individuals to the DSO.
- Using information about available resources to develop an action plan that outlines potential response options for consideration when requested by the Urgent Response Committee.

- Maintaining current, accurate, complete and timely documentation of an individual's progress towards meeting goals and outcomes.

D) MINISTRY-FUNDED DEVELOPMENTAL SERVICES PROVIDERS

A ministry-funded adult developmental service agency is responsible for notifying the DSO when an individual has a changing need which may require an urgent response.

When an individual/family contacts an agency with a need that may require an urgent response, the agency is to refer the individual/family to the DSO.

Ministry-funded adult developmental services agencies are to work collaboratively and share information about potential short-term, time limited, available, service options which may help to mitigate urgent needs situations.

Ministry-funded adult developmental services agencies are required to participate in the Urgent Response Committee.

Where identified in an action plan, ministry-funded adult developmental services agencies are to provide short-term, time limited service responses to adults with developmental disabilities determined to be in urgent need.

7. ACCOUNTABILITY

The local DSO is accountable to the ministry for determining whether an individual is in urgent need of support and for initiating the local urgent response process in accordance with *Directive 6.0-Individuals in Urgent Need of Support*, and the Urgent Response Guidelines.

The Urgent Response Committee is accountable to the ministry for planning short-term, temporary service responses for developmentally disabled adults requiring an urgent response in accordance with the Urgent Response Guidelines and standardized Terms of Reference for the Urgent Response Committee.

8. DS TEMPORARY SUPPORTS FUNDING

DS Temporary Supports funding is a resource that may assist individuals and families in situations requiring an urgent response. DS Temporary supports funding may be used as a temporary and timely response to an unexpected circumstance that supports, maintains and sustains, wherever possible, the individual's living situation and current support system. DS Temporary Supports will be accessed through the Urgent Response

Committee(s) following referral by the DSO. The Urgent Response Committee(s) will provide direction to the administering agency regarding the use of DS Temporary Support Funding to address an urgent need of an individual.

DS TEMPORARY SUPPORTS ADMINISTERING AGENCIES

DS Temporary Supports Funding will be distributed by the administering agency to the service agency upon the direction from the Urgent Response Committee(s) pending the individual's acceptance to the urgent response supports planned the Urgent Response Committee. The administering agency is responsible for:

- Documenting funding approval by the Urgent Response Committee;
- Administering of payments following the provision of service to provide the approved supports;
- Monitoring funding including any resulting surplus;
- Preparing status reports as required on DS Temporary Supports funding for the Urgent Response Committee(s);
- Ensuring proper financial capacity and governance structure including policies, controls and reporting mechanisms; and,
- Meeting ministry reporting requirements.

DS Temporary Supports funding will be held by an administering agency selected by the Ministry. The administering agency will comply with Ministry requirements for governance and accountability for the use of this funding. The administering agency will be accountable to the Ministry's regional office through the service contract and quarterly reporting.

The administering agency will provide regular reports on the availability and usage of DS Temporary Supports funding to the appropriate Urgent Response Committee.

Documentation from the Urgent Response Committee(s) will outline the name of the individual, the purpose of the funding, the amount of funding to be provided, the name of the transfer payment agency that will be invoicing for services provided, and the timeline for use of funding.

Funding made available will not be used to address costs that an individual would otherwise be eligible for, including, ongoing planned respite to families, medical care, or supports/services that are available through other government programs (e.g. CCAC).

9. APPENDICES

Appendix 1: Glossary of Terms

- i. Urgent Response
- ii. Urgent Response Case Management

Appendix 2: Responsibilities of the Urgent Response Administration Function

Appendix 3: Directive 6.0 – Individuals in Urgent Need of Support

Appendix 4: Urgent Response Process Chart

Appendix 5: Urgent Response Committee Terms of Reference

Appendix 6: Urgent Response Referral Form

Appendix 1: Glossary of Terms

The following working definitions are provided to support a common understanding of key system functions; including Urgent Response and related processes.

i. URGENT RESPONSE:

A formal process whereby agencies collaborate to problem-solve urgent situations involving adults with a developmental disability that have been identified as being in need of an urgent response where natural or community supports are not available.

Urgent Response is the term applied to the formal collaboration among adult developmental service providers to develop a plan to address the specific needs of an individual requiring short term, temporary and time-limited specific supports to respond to the high risk situation.

ii. URGENT RESPONSE CASE MANAGEMENT:

Urgent Response Case Management may be provided in instances where it has been identified by the individual, family, that case management supports would be of benefit as an interim measure or where case management has been recommended by the Urgent Response Committee.

The Urgent Response Committee may also refer to case management supports in situations where it has been determine that no solution can be readily identified, and the committee requires assistance developing appropriate support and service options.

Appendix 2: Responsibilities related to the Urgent Response administration function include, but are not limited to:

1. Urgent Response Committees

- 1.1. Maintain current roster of committee membership, including contact information for agency representatives;
- 1.2. Monitor terms of membership and transitions;
- 1.3. Coordinate engagement of ad hoc members as requested by Chair/committee;
- 1.4. Work with Chair to establish agenda and distribution of relevant meeting materials;
- 1.5. Prepare meeting minutes, and support Chair with distribution of materials to the committee;
- 1.6. On approval of committee/regional office prepare procedural documentation for effective operations of the committee in line with the Urgent Response guidelines and other policy directives; and,
- 1.7. Maintain current procedural manual.

2. Urgent Response process:

- 2.1. Serve as the contact to orient/inform agencies and community on Urgent Response process;
- 2.2. Review request forms for completeness and accuracy;
- 2.3. Document outcomes of committee recommendations;
- 2.4. Forward formal responses to the administering agency to authorize the use of DS Temporary Support Funding to address the urgent need of an individual;
- 2.5. Receive monthly financial statements from the administering agency for review with Chair/committee to support decision-making; and,
- 2.6. On behalf of Chair/committee draft annual report for committee approval.

APPENDIX 3

POLICY CONTEXT

Policy Directives for Application Entities

6.0 Individuals in Urgent Need of Support

Applicable to: Application Entity	
Legislative Authority for Policy Directive : Section 7(2) 3 Functions of Application entity under the Act: Sections 14, 15, 17 (1) (a)	Effective Date: July 1, 2011

Purpose

The purpose of this policy directive is to ensure that the Application Entity follows consistent processes with persons with developmental disabilities who urgently need adult developmental services and support.

Policy

The Application Entity shall use a provincially-consistent process to respond to persons in urgent need where there are reasonable grounds to believe, or it is already known, that such persons are eligible for adult developmental services and supports.

Directive

When an individual contacting an Application Entity needs an emergency service response, the Application Entity shall provide information to direct the individual to the most appropriate local emergency service (for example, the police, hospital or local clinic).

When an individual contacting an Application Entity is in urgent need of service, the Application Entity shall initiate the local process for resolving service issues for persons with developmental disabilities (such as urgent response) that may refer the individual to appropriate available, interim support.

Where an individual has not previously completed the confirmation of eligibility process for Ministry-funded adult developmental services and supports, the Application Entity shall follow-up with the individual to complete the eligibility confirmation process in accordance with the Act.

The **Application Entity shall** complete and/or update the full Application Package for all eligible individuals **as soon as possible and no later than twelve (12) months** after the date of the initial request for urgent support.

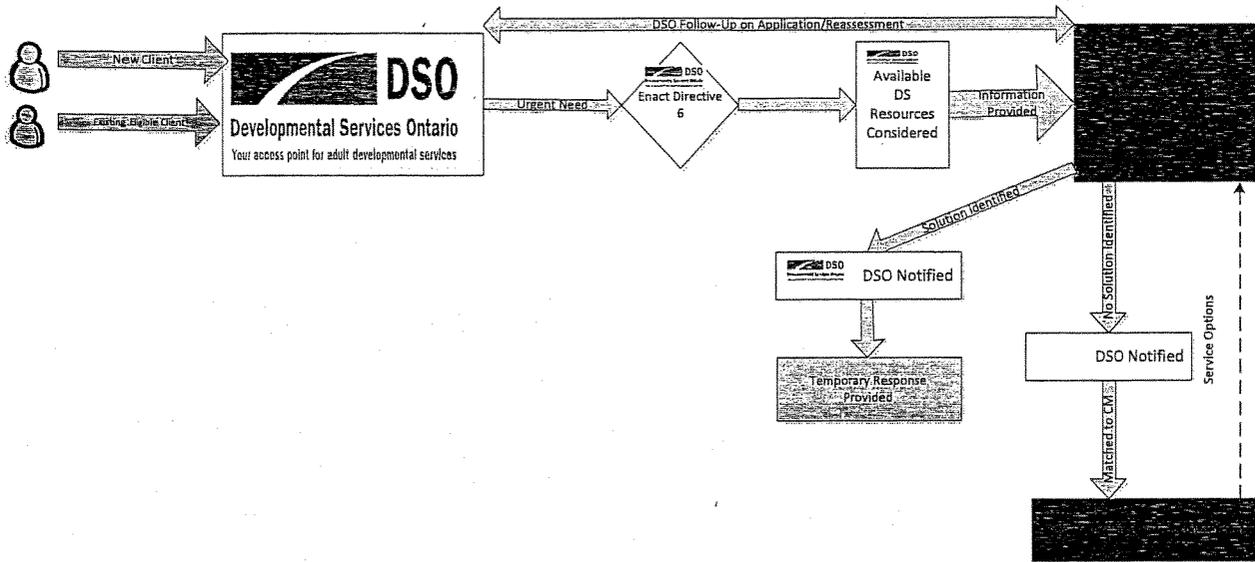
The Application Entity is not to provide any direct care services for individuals with immediate or urgent support needs.

Examples of situations where persons with developmental disabilities may have an urgent need for service include:

- The unpaid primary caregiver (e.g., family member) is unable to continue providing care that is essential to the health and well-being of the adult.
- The individual has no residence, or anticipates in the very near future a very real likelihood of having no residence.
- The individual's support needs have changed to such an extent that their current support arrangement may soon become untenable and their well-being is at risk.

http://www.mcsc.gov.on.ca/en/mcsc/publications/developmentalServices/policy_application/6_directives.aspx

APPENDIX 4 - Process Chart



DRAFT
URGENT RESPONSE COMMITTEE
Terms of Reference

Ministry of Community and Social Services
Region-

<p><u>Purpose</u></p>	<p>To provide a consistent and standardized urgent response process within (x region/community) for adults with a developmental disability with short term, temporary urgent needs where natural or community supports are not available.</p> <p>The Urgent Response Committee will be responsible for the identification of opportunities to effectively use resources in the local adult developmental services system and the broader community to address the needs of high risk individuals in urgent need.</p> <p>The Urgent Response Committee may be a new entity, or it may become a function of an existing committee or network. Additionally, a committee may delegate a sub-committee to make decisions on its behalf that support effective service coordination, planning and community responsibility to address short term, temporary needs of individuals requiring an urgent response.</p>
<p><u>Guiding Principles</u></p> <p>Guiding Principles for Urgent Response Process.</p>	<p>Principles that guide urgent response include service options that are:</p> <ol style="list-style-type: none"> 1. Developed through collaboration and cooperative planning among service providers and broader community service systems; 2. Rooted in a person-centred philosophy that promotes the least intrusive response to the urgent situation; 3. Short term, temporary and time-limited to mitigate risk; 4. Based on evidence-based practice, best practice and promising practice; and, 5. Based on common language and a common understanding of risk.
<p><u>Mandate</u></p> <p>See the Urgent Response Guidelines</p>	<p>An urgent response shall be considered for an adult with a developmental disability who is at high risk due to the following circumstances:</p> <ul style="list-style-type: none"> o the person's unpaid primary caregiver (e.g. family member) is unable to continue providing care that is essential to the individual's health and wellbeing; OR, o the individual has no residence or is at risk of having no residence in the very near future; OR, o the individual's support needs have changed to such an extent that their current support arrangement may soon become untenable and their wellbeing is likely to be at risk; AND

- o formal and informal supports are not available to reduce the risk of harm or address the need.

The supports provided as an urgent response in these circumstances are short-term and time limited for up to a maximum of 6 months. This may include situations where immediate supports are required as an interim measure while longer term service solutions are identified. A one-time extension to a maximum of 6 months may be provided in an exceptional circumstance.

An exceptional circumstance would be a situation where the removal of supports would result in the adult with a developmental disability requiring another urgent response (i.e. the circumstance for which the urgent response was initially provided is still present and the adult remains at risk of harm).

Should an Urgent Response Committee determine that an extension of an urgent response is required due to an exceptional circumstance, the committee Chair will advise the Ministry (via the regional office) of the extension within two business days of the determination by the committee. This notification will include the rationale for the extension along with the next steps for managing the urgent need.

The Urgent Response Committee(s) will be responsible for identifying opportunities to effectively utilize resources to address the needs of individuals requiring an urgent response as per the Urgent Response guidelines.

The Urgent Response Committee will:

- o Support the problem solving process and provide recommendations for individuals requiring an urgent response that is short-term and time-limited, where natural or community supports are not available.
- o Be responsible for the review, confirmation, and consideration of referrals to urgent response based on the established criteria for an urgent response.
- o Explore appropriate service options to reduce the risk of harm or address the need.
- o Work collaboratively to develop and implement responses for adults requiring an urgent response.
- o Use information about available resources to develop service and support options that are short-term and time limited with the intent to address the urgent need.
- o Document the planned action(s) using the Urgent Response Referral Form.
- o Establish (procedures and) protocols as required to promote effective and timely decisions. These procedures and protocols for processing urgent response referrals will align with applicable policies or directives of the Ministry of Community and Social Services.

	<ul style="list-style-type: none"> ○ Collect and provide information to local community tables and the ministry for system planning purposes, obtaining consent as needed and in accordance with any privacy obligations. ○ Be accountable to the Ministry of Community and Social Services (MCSS) for developing short-term, temporary service responses for developmentally disabled adults requiring an urgent response in accordance with the Urgent Response Guidelines and standardized Terms of Reference for the Urgent Response Committee.
<p><u>Chair of the Committee</u></p>	<p>The Chair(s) will be selected by the Urgent Response Committee. The Chair or delegate will be responsible for coordinating and facilitating meetings of the Urgent Response Committee along with any related documentation requirements.</p> <p>The Chair will also be responsible for facilitating the development of protocols for orienting new members to the Urgent Response Committee (i.e. training on the purpose, functions and processes).</p>
<p><u>Membership</u></p> <p>Members will support guiding principles for urgent response and must have knowledge of urgent response in the adult developmental services sector.</p>	<p>Membership will include all ministry-funded adult developmental services. Members may include: Executive Director or designate. Members will have the appropriate authority to make service decisions about short-term resource allocations on behalf of their agency.</p> <p>Participation by invitation:</p> <ul style="list-style-type: none"> • Representatives of the local Developmental Services Ontario office in that specific geography, as needed; • Other community service sectors as appropriate.
<p><u>Delegation of a Sub-Committee</u></p>	<p>A Committee may delegate a sub-committee to make decisions on its behalf that support effective service coordination, planning and community responsibility to address the short term, temporary needs of individuals requiring an urgent response.</p> <p>If the Committee delegates a sub-committee for urgent response, the Committee is responsible for developing processes for oversight and monitoring.</p>
<p><u>Responsibilities Of Service Providers</u></p> <p>Demonstrate commitment to service collaboration, the Urgent Response guidelines and Terms of Reference.</p>	<p>Members will have the appropriate authority to make service decisions about short-term resource allocations on behalf of their agency.</p> <p>Members will work collaboratively as a part of the service system to support effective service coordination, planning and community responsibility in addressing individuals requiring an urgent response.</p> <p>Members will review all relevant documentation, provide input, feedback and recommendations, and participate in decision-making. As required, members may liaise with respective sector partners.</p> <p>Existing members will provide orientation and training to new Committee members on the purpose, functions and procedures of the Committee.</p> <p>Members will respect the privacy of individuals by keeping information in confidence.</p>

<p><u>Responsibilities of Developmental Services Ontario -</u></p> <p>As the point of access the DSO maintains and provides information on behalf of the developmental service system.</p>	<p>As the single point of access for adult developmental services, the DSO will manage information on behalf of the developmental service system. DSOs share information about resource availability with members of the Urgent Response Committee, and record and track the number of referrals for urgent response.</p>
<p><u>Responsibilities of DS Temporary Supports Administering Agency</u></p>	<p>DS Temporary Supports Funding will be distributed by the administering agency to the service agency upon the direction from the Urgent Response Committee(s). The administering agency is responsible for:</p> <ul style="list-style-type: none"> ○ Documenting funding approval by the Urgent Response Committee; ○ Administering payments following the provision of service to provide the approved supports; ○ Monitoring funding including any resulting surplus; ○ Preparing status reports as required on DS Temporary Supports funding for the Urgent Response Committee(s); and, ○ Meeting ministry reporting requirements <p>DS Temporary Supports funding will be held by the administering agency at the Ministry's discretion. The administering agency will comply with Ministry expectations for governance and accountability for the use and maintenance of this funding. The administering agency will ensure accountability to the Ministry's regional office through the service contract and quarterly reporting.</p> <p>Documentation from the Urgent Response Committee will outline the name of the individual, the purpose of the funding, the amount of funding transferred, and the timelines for use of funding.</p> <p>This funding is NOT intended for ongoing and planned respite to families or to be used as a replacement for services/supports which are available through other government programs, e.g. CCAC.</p>
<p><u>Administrative Function</u></p>	<p>The Urgent Response Committee is to determine how the required administrative functions for the urgent response process are implemented.</p>
<p><u>Decision-Making Criteria</u></p> <p>Ensure all available service options that can provide the most</p>	<p>The Urgent Response committee(s) will be responsible for making decisions for individuals in urgent need. Decisions will reflect the urgent response guidelines.</p>

<p>appropriate, least intrusive and cost-effective supports are considered and incorporated in plans.</p>	
<p><u>Conflict Of Interest</u> A conflict of interest is defined as any situation where a member's private interests may be in conflict with his or her responsibilities to the committee.</p>	<p>Conflict of interest is defined as any situation where a member's private interests may be in conflict with his or her responsibilities to the committee. Conflict of interest situations may include (but are not limited to) the following:</p> <ul style="list-style-type: none"> • Using committee membership to benefit themselves, their spouse or their children • Accepting gifts • Disclosing confidential information • Giving preferential treatment <p>Members in a conflict of interest situation (or a potential conflict of interest situation) shall declare themselves to be in a potential conflict of interest to the committee. The committee will develop a written policy that sets out the process for managing declarations of conflict of interest (or declaration of a potential for conflict of interest).</p> <p>Once a conflict of interest has been determined, the individual should exempt themselves from the discussion.</p>
<p><u>Documentation</u> Urgent Response Committee's decisions and actions will be documented.</p>	<p>The Urgent Response Committee(s) will have written procedures in place for the processing of urgent response referrals and administrative functions including but not limited to the documentation of referrals/decisions and urgent response status reports (for record retention).</p>
<p><u>Meeting Protocol</u> Meetings will utilize technology to facilitate involvement of all parties.</p>	<p>The Urgent Response Committee(s) will develop written protocols for the frequency of meetings. Meeting are to be timely, and responsive through video conference, teleconference, in-person meetings etc.</p>
<p><u>Financial Reporting And Accountability</u> The UR Committee membership is accountable to the Ministry, their communities and the individuals whose circumstances are presented Urgent Response Committee.</p>	<p>The Urgent Response Committee membership is accountable to the Ministry, their communities and the individuals determined to be in need of an Urgent Response. On a quarterly basis, or upon request of the Ministry, the Urgent Response Committee will report metrics and other aggregate data to the ministry.</p> <p>The Administering Agency will monitor the use of DS Temporary Supports funding. This information will be reported to the Committee on a regular basis. Through the regular quarterly reporting process, or upon request of the Ministry, the administering agency provides financial and service level data to the Ministry.</p>
<p><u>Monitoring</u></p>	<p>The administration function is responsible for coordination of an annual evaluation. The annual evaluation information will be shared with the Service System Management Table.</p>

URGENT RESPONSE REFERRAL FORM

SECTION A – CURRENT SITUATION

(To be completed by DSO)

Urgent Response ID Number:		
Client Name: <i>(please list full name)</i>		
Client ID#: <i>(or n/a if none exists)</i>		
Client Gender: <i>(please explain if "Other")</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	
Reason for Urgent Response need: <i>(please check all that apply)</i>	<input type="checkbox"/> Individual's unpaid primary caregiver (e.g. family member) is unable to continue providing care that is essential to the individual's health and wellbeing <input type="checkbox"/> Individual has no residence or is at high risk of having no residence in the very near future <input type="checkbox"/> Individual's support needs have changed to such an extent that their current support arrangement may soon become untenable and their wellbeing is likely to be at risk <input type="checkbox"/> Formal and informal supports are not available to reduce the risk of harm or address the need.	
Date urgent need was identified: <i>(DD/MM/YYYY)</i>	__ / __ / ____	
Potential risks that may occur in the existing situation: <i>(please explain risks and potential impacts)</i>	1. 2. 3. 4. 5.	
Is the individual eligible or are there reasonable grounds to believe the individual is eligible for adult developmental services?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is the Individual receiving clinical services? <i>(if yes, please explain)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____
Is the Individual receiving case management? <i>(if yes, please explain)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____
Has the Individual been referred to urgent response in the last 12 months? <i>(if yes, please explain)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes:	_____

<p>What supports is the Individual currently receiving? <i>(include DS funded and generic community supports)</i></p>	
<p>DSO representative name: <i>(please print name of person completing this form)</i></p>	
<p>Date form was completed: <i>(DD/MM/YYYY)</i></p>	<p>__ / __ / ____</p>
<p>Is a referral to Urgent Response Committee required?</p>	<p><input type="checkbox"/> No <i>(please complete Section B of this form)</i> <input type="checkbox"/> Yes <i>(please forward this form to Urgent Response Committee)</i></p>

SECTION B – ACTION PLAN TO MITIGATE RISK

(To be completed by DSO (where fiscally available resources can be matched to urgent need), Urgent Response Committee or Urgent Response Case Management (in case of referral))

Action plan completed by: <i>(please check as appropriate)</i>	<input type="checkbox"/> DSO <i>(please complete Section B1 only)</i> <input type="checkbox"/> Urgent Response Committee <i>(please complete Section B)</i> <input type="checkbox"/> Urgent Response Case Management <i>(please complete Section B)</i>
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SECTION B1 – ACTION PLAN

(Action Plan to be completed by DSO, Urgent Response Committee or Urgent Response Case Management as appropriate)

Available local resources identified: <i>(please describe)</i>				
Action Plan: <i>(please describe)</i>	What will be done? <i>(please describe)</i>	By whom?	Anticipated start date <i>(DD/MM/YYYY)</i>	Anticipated end date <i>(DD/MM/YYYY)</i>
Changes to potential risks identified in Section A: <i>(please describe)</i>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 			

SECTION B2 – ACTION PLAN FURTHER DETAILS

(To be completed by Urgent Response Committee or Urgent Response Case Management as appropriate)

Date of Urgent Response Committee Meeting: <i>(DD/MM/YYYY)</i>	__ / __ / ____
Committee Members present / absent: <i>(please list)</i>	
Referral to Urgent Response Case Management: <i>(please indicate)</i>	<input type="checkbox"/> No <i>(please complete Section B of this form)</i> <input type="checkbox"/> Yes <i>(please forward this form to Urgent Response Case Management)</i>
Date of referral to Urgent Response Case Management: <i>(DD/MM/YYYY)</i>	__ / __ / ____

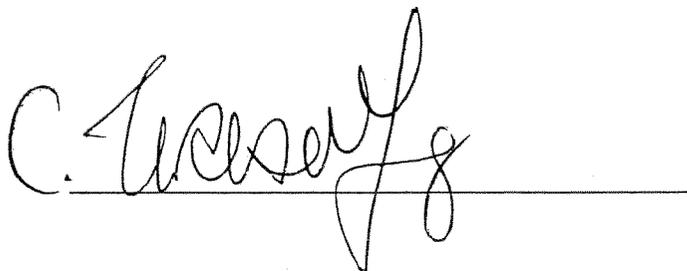
DS Temporary Supports approved: <i>(please indicate)</i>	<input type="checkbox"/> No <i>(send copy of form to DSO)</i> <input type="checkbox"/> Yes <i>(please complete the rest of this section and forward form to DS Temporary Supports Administering Agency for completion of Section C)</i>
Reason for approval of DS Temporary Supports: <i>(please describe)</i>	
Total amount approved: <i>(please indicate)</i>	\$ _____
Date of approval: <i>(DD/MM/YYYY)</i>	__ / __ / ____

SECTION C – DS TEMPORARY SUPPORTS ADMINISTRATION*(To be completed by DS Temporary Supports Administering Agency)*

DS Temporary Supports released: <i>(please indicate)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Purpose of DS Temporary Supports: <i>(please describe)</i>	
Total amount released: <i>(please indicate)</i>	\$ _____
Date of release: <i>(DD/MM/YYYY)</i>	__ / __ / ____

→ PLEASE NOW SEND COPY OF COMPLETED FORM TO DSO.

THIS IS EXHIBIT "L" REFERRED TO
IN THE AFFIDAVIT OF
BARBARA SIMMONS,
SWORN BEFORE ME THIS 15th DAY
OF DECEMBER 2017





Developmental
SERVICES

Service System Planning

Interim Terms of Reference

May 2017



Ontario

246

Using this document

This document is intended to set expectations for consistent Terms of References for Local and Regional Service System Planning.

Background:

The Ministry of Community and Social Services (MCSS) is committed to the transformation of developmental services, creating a fair, accessible and sustainable system of community based supports for adults with a developmental disability in a manner that supports social inclusion and full participation in community. There are six principles that are key to developmental service transformation.

The Six Principles of Transformation:

1. **Citizenship** - supports for people who have a developmental disability promote self-determination and participation in all aspects of community life
2. **Fairness and equity** - supports are equitable, and people with similar situations receive similar supports, across the province
3. **Accessibility and portability** - funding and supports are flexible, and go with the person if he/she moves to another community
4. **Safety and security** - supports are designed to balance appropriate supervision, especially for those who are most at risk, with the right to self-determination, privacy and confidentiality
5. **Accountability** - service delivery will include mechanisms to hold service providers accountable to the people using their services, and to the ministry, for the quality and outcome of the supports they offer
6. **Sustainability** - funding and supports are based on assessed needs, and available resources, in the context of a long-range plan for the developmental services system

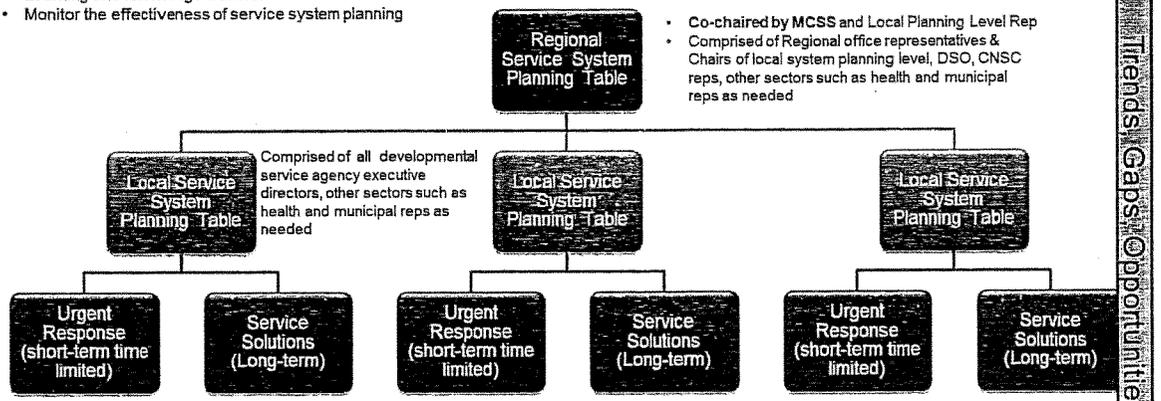
MCSS provides funding to transfer payment agencies that deliver supports and services to people with a developmental disability and their families. MCSS also provides direct funding to people through the Passport Program. Community-based agencies provide a variety of services and supports that are designed to allow adults with developmental disabilities to live, work, and participate in a wide range of activities within their community.

Service System Planning Tables can act as a key mechanism to effectively and efficiently plan for, and manage, the delivery of integrated developmental services and supports to people with a developmental disability, at both a local and regional level. The following diagram outlines the different components.

Service System Planning Functions – Key Components

Objectives for Regional and Local Service System Planning:

- Efficient, effective and consistent service system planning model
- Increased system capacity to plan & respond to service needs
- Recommend resource realignment when necessary
- Develop and leverage partnerships with other sectors and the community
- Increased collaboration in service delivery
- Learning and knowledge transfer
- Monitor the effectiveness of service system planning



Individual Level Planning Functions (Urgent Response and Service Solutions):

- Inform local system planning level of trends, gaps, opportunities

Urgent Response:

The Urgent Response Committee develops short-term, time limited service and support options for people in urgent need, identified as requiring immediate supports. Comprised of ministry-funded adult developmental service agencies within each committee's area. Executive Director or designate with appropriate authority to make service decisions about short-term resource allocations on behalf of their agency. Representatives of the local Developmental Services Ontario office in that specific geography, as needed; Other community service sectors as appropriate.

Service Solutions:

Service Solutions recommends longer-term service solutions for people determined to be highest risk, when the configuration of existing resources is unable, or inappropriate, to mitigate the person's risk. Comprised of Service Provider Agency Representatives with the authority to act on behalf of their respective agencies. Representatives of the local Developmental Services Ontario office, as needed; Other community service sectors, Urgent Response Committee representative as appropriate.

Purpose:

Service system planning operates on the principle of joint responsibility for the achievement of shared goals and outcomes that improve overall service delivery. Optimal system planning leverages all available supports in a community, including those funded by MCSS, other ministries, other levels of government, and community-funded supports.

It is proposed that Service System Planning can be strengthened through consistent functions, and operational structure, throughout the province. This includes **service system planning tables**, at the local and regional levels, which focus on supporting people with a developmental disability and their families.

Service System planning at both the local and regional levels requires partnerships among service providers to support coordinated implementation of new initiatives and service changes, to achieve the highest quality service. To meet the range of needs of people with developmental disabilities, service system planning table partners need to leverage all available resources, meeting regularly to:

- Identify service and system needs
- Problem solve
- Plan
- Implement
- Monitor

Objectives:

Promote an efficient, effective and consistent service system planning model that will support:

- Increased system capacity to plan for, and respond to, emerging service needs within existing resources
- Recommendations for resource realignment as necessary. Resource realignment recommendations are to be consistent with direction provided through existing guidelines/instructions such as Multi-year Residential Planning (MYRP), Developmental Services Residential Resource Management Instructions
- Opportunities to develop and leverage partnerships with other sectors, and the community, for increased collaboration in service delivery
- Learning and knowledge transfer
- Monitor the effectiveness of service system planning to:
 - Inform and support developmental service initiatives
 - Set strategic priorities
 - Identify service system improvements

Key Functions:

Regional	Local
<ul style="list-style-type: none"> ▪ Share responsibility for regional problem solving, service management, and the coordinated use of resources to address established service priorities, plan and implement initiatives, identify system gaps, and develop strategies to resolve gaps ▪ Facilitate collective dialogue between community service providers and the ministry to identify issues, problem solve, and share accountability for service quality and resource management ▪ Engage in strategic planning in support of developmental services transformation ▪ Review service trends and needs to inform and support annual regional planning, strategic priority setting, and continuous service improvement 	<ul style="list-style-type: none"> ▪ Share responsibility for local problem solving, service management, and the coordinated use of resources to address established service priorities, plan and implement initiatives, identify system gaps, and develop strategies to resolve gaps ▪ Review all available data, service trends and needs to inform and support annual local planning, strategic priority setting, and continuous service improvement ▪ Review (at minimum quarterly) data from: <ul style="list-style-type: none"> ○ Urgent Response ○ Service Solutions ○ Residential Planning (MYRP) ▪ Develop and implement an annual plan that aligns with the regional service system plan and supports the implementation of ministry initiatives ▪ Provide aggregate data to the regional table to support strategic planning and priority setting ▪ Build and maintain effective local community partnerships in the broader service sector

Membership:

Regional	Local
<ul style="list-style-type: none"> ▪ Chairs of all local system planning tables within the region ▪ MCSS representative(s) ▪ DSO representative(s) ▪ CNSC Accountable Agency representative ▪ Passport Agency representative ▪ Others as identified by the chair ▪ Others sector partners as required* 	<ul style="list-style-type: none"> ▪ The Executive Director (or designate, on exception) from all Adult Developmental Service Agencies ▪ MCSS representative(s) ▪ DSO representative ▪ CNSC Accountable Agency representative ▪ Others as identified by the chair; (self-advocates, Passport representative, etc.)** ▪ Others sector partners as required*

* Specific agenda item(s) may require additional representation from key sector partners such as children's services, health, justice including forensic, education providers and municipalities (i.e. housing partners).

This can support local and regional linkages and partnerships with cross-sector partners, for improved information sharing, collaboration and discussion of system gaps and identifying service system improvements.

** Self-advocates should be included in service system planning, this may be done in various ways such as membership at the table or through other opportunities to provide input and advice to the service system planning tables.

Roles and Responsibilities:

Chairs

Regional	Local
<ul style="list-style-type: none"> • Be neutral and fair to support collaboration and consensus building • Support the coordination of meetings, review draft minutes, and disseminate meeting materials to members 	<ul style="list-style-type: none"> • Be neutral and fair to support collaboration and consensus building • Support the coordination of meetings, review draft minutes, and disseminate meeting materials to members • Attend the regional service system planning table as a participant to align local planning to broader system needs

Ministry of Community and Social Services

Regional	Local
<ul style="list-style-type: none"> • Co-chair with an elected local chair person • Provide direction and information regarding ministry policies, expectations, priorities, data, and trends to facilitate, lead, and inform service system planning • Support the coordination of meetings, review draft minutes and disseminate meeting materials to members • Facilitate cross-sector planning to support coordinated, and person-centred, services and supports • Review requests for resource realignment • Support leadership and best practices 	<ul style="list-style-type: none"> • Provide direction and information regarding ministry policies, expectations, priorities, data, and trends to facilitate, lead, and inform service system planning • Facilitate cross-sector planning to support coordinated, and person-centered, services and supports • Review requests for resource realignment • Support leadership and best practices

Developmental Services Ontario (DSO)

Regional	Local
<ul style="list-style-type: none"> • Support strategic planning and implementation by providing information to identify issues and/or address issues related to connecting people with a developmental disability to the services and supports they require, including but not limited to: <ul style="list-style-type: none"> ○ Aggregate data, including quarterly reports ○ Identify trends and gaps ○ Current and future service pressures and opportunities ○ Eligible people waiting for services, including youth transitioning to adult system ○ Relevant demographic information 	

Community Networks of Specialized Care (CNSC)

Regional	Local
<ul style="list-style-type: none"> • Participate as a resource to support strategic planning and implementation by supporting linkages across sectors, providing information to identify issues and/or address issues related to coordinating services and supports for people with complex and multiple needs and the key functions under their mandate, including but not limited to: <ul style="list-style-type: none"> ○ Service pressures and barriers ○ Aggregate data, including quarterly reports ○ Identify trends and gaps ○ Increase capacity building within local/regional service providers 	

Service Provider Agencies

Local
<ul style="list-style-type: none"> • Provide regular reporting to the local service system planning table, describing recent and proposed changes within their agency, to align with the principles of transformation • Share information, ideas, advice, and solutions relevant to service challenges, and participate in the coordination and implementation of action plans

Passport Agencies

Regional	Local
<ul style="list-style-type: none">• Provide data and information about the Passport program, including but not limited to:<ul style="list-style-type: none">○ Community participation support○ Respite funding allocations○ Identify trends and gaps○ Service pressures○ Barriers○ Opportunities for improvements	

Decision Making

The tables will work collaboratively in problem solving, decision making, planning and implementation. The tables may also make recommendations for review and consideration by the Ministry

The service system is accountable to their community and the ministry for the achievement of goals and objectives related to the principles of transformation.

Process

Meetings of the regional and local service system planning tables shall occur, at minimum, quarterly. Additional meetings may be scheduled as necessary, and with agreement by all members.

Sub-groups of either the regional and local service system planning tables may be established to address specific issues. Sub-groups will report back to the appropriate planning table.

Minutes of all meetings will be recorded and filed.

Quorum will be determined based on consensus of each planning table's membership.

Code of Conduct

Every person will be respectful of others, collaborative and responsive to their role and responsibilities as service system planning table members

Conflict of Interest

Conflict of interest is defined as any situation where a member's private interests may be in conflict with his or her responsibilities to the committee.

Conflict of interest situations may include (but are not limited to) the following:

- using committee membership to benefit themselves, their family members, friends and/or business associates
- accepting gifts
- disclosing confidential information
- giving preferential treatment

Members in a conflict of interest situation (or a potential conflict of interest situation) shall declare themselves to the respective planning table. Tables will develop written policy that outlines the process for managing declarations of conflict of interest (or declaration of a potential for conflict of interest).

Once a conflict of interest has been determined, the individual will exempt themselves from the discussion.

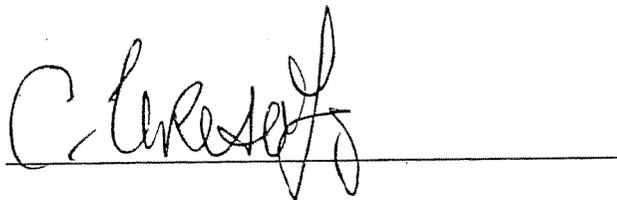
Outcomes

A Developmental Services Performance Measurement Framework has been developed for the DS sector identifies the following system level outcomes.

Outputs will be developed for service system planning that will support these outcomes.

1. The adult developmental system is well coordinated.
2. The adult developmental service system is responsive to the needs of adults with a developmental disability and family members/caregivers respectively.
3. The adult developmental service system is transparent.
4. Access to services and supports is equitable.
5. Inter-system service delivery is seamless.
6. Service system resources are used efficiently,

THIS IS EXHIBIT "M" REFERRED TO
IN THE AFFIDAVIT OF
BARBARA SIMMONS,
SWORN BEFORE ME THIS 15th DAY
OF DECEMBER 2017



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Ontario

October 28, 2014

Laura Albanese, MPP
Chair
Select Committee on Developmental Services
Legislative Assembly of Ontario, Queen's Park
Toronto, Ontario
M7A 1A2

Dear Ms. Albanese,

I am writing to provide the government's response to the Final Report of the Select Committee on Developmental Services, *Inclusion and Opportunity: A New Path for Developmental Services in Ontario*, released in July 2014.

The government acknowledges and appreciates the work of the Select Committee in developing its recommendations to improve the developmental services system and interlinked services and supports for individuals with developmental disabilities.

The Select Committee on Developmental Services was an important opportunity for individuals with a developmental disability, family members, service providers and community partners in the developmental services sector to share their experiences and have their voices heard directly by their elected representatives. The report reinforces the concerns our government has also heard and is already taking steps on many fronts to address.

This year's provincial Budget includes an investment of \$810 million over the next three years to strengthen and increase the range of government-funded services and supports that people with a developmental disability and their families need. As you will see in the attached response to the Select Committee's report, a number of ministry/multi-ministry initiatives and strategies are being developed or are already underway that work toward better access, coordination and integration of services and supports that are delivered by different ministries. To be responsive, services

should be aligned and allow people to move seamlessly between systems— this is especially important for people with a developmental disability during periods of life transition or when managing complex needs.

My Parliamentary Assistant will guide and help align the inter-ministerial work needed to implement key recommendations in the report and will work with other ministries to remove any unnecessary barriers that make accessing developmental services programs more difficult.

We would like to thank the Select Committee for its dedication and hard work in developing these recommendations. The importance of working together is a theme throughout the report and my ministry has worked closely with our partner ministries to formulate a comprehensive response to the recommendations. We will continue to work together as we move forward.

Respectfully submitted,

Dr. Helena Jaczek
Minister of Community and Social Services

c: Trevor Day, Clerk of the Select Committee on Developmental Services
Tonia Grannum, Clerk of Procedural Services



**Comprehensive Government Response to the Select
Committee on Developmental Services**

October 28, 2014

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INTRODUCTION

On October 3, 2013, the Legislative Assembly of Ontario gave unanimous consent to appoint a Select Committee on Developmental Services. The mandate of the Select Committee was to consider and report to the House its observations and recommendations with respect to the urgent need for a comprehensive developmental services strategy to address the needs of children, youth and adults in Ontario with an intellectual disability¹ or who are dually diagnosed with an intellectual disability and a mental illness, and to coordinate the delivery of developmental programs and services across many provincial ministries including the Ministry of Community and Social Services.

In addition, in developing its strategy and recommendations, the Committee would focus on:

- elementary and secondary school educational needs of children and youth;
- educational and workplace needs of youth upon completion of secondary school;
- need to provide social, recreational and inclusionary opportunities for children, youth and adults;
- need for a range of available and affordable housing options for youth and adults;
- respite and support needs of families; and
- how government should most appropriately support these needs and provide these opportunities.

The Select Committee released its final report, *Inclusion and Opportunity: A New Plan for Developmental Services in Ontario*, on July 22, 2014. The report's 46 recommendations to improve the developmental services system and outcomes for people with developmental disabilities are wide-ranging and cut across the policy and programming of 10 ministries:

- Children and Youth Services;
- Community and Social Services;
- Health and Long-Term Care;
- Education;
- Municipal Affairs and Housing;
- Aboriginal Affairs;
- Community Safety and Correctional Services;
- Training, Colleges and Universities;
- Economic Development, Trade and Employment (renamed the Ministry of Economic Development, Employment and Infrastructure); and
- Attorney General.

¹ Note that the Select Committee mandate used the term intellectual disability. The term "developmental disability" is used in Ontario legislation and this term is used throughout the document

As the lead ministry serving people with a developmental disability, the Ministry of Community and Social Services has, in collaboration with its partner ministries, prepared a comprehensive response to the Select Committee's report. The response that follows reflects the government's belief that partnerships are crucial to building a truly inclusive province, where people with a developmental disability are fully integrated in the fabric of society and live as independently as possible. To achieve this end, the government has taken the steps described below.

The government has made an investment of \$810 million over three years in developmental services, which is the largest funding increase to the sector in its history. The 2014 Budget investment significantly strengthens developmental services, and will:

- Provide direct funding for approximately 21,000 people
- Support more than 4,200 people as they navigate key life transitions such as going to post-secondary school or getting a job
- Provide residential support for approximately 1,400 people with urgent needs
- Promote community living through expanded Host Family and Supported Independent Living programs
- Provide more funding for agencies and frontline workers, and
- Promote innovation and service modernization across the developmental services sector.

The government is building capacity to meet the complex needs of individuals who have a developmental disability and concurrent mental health issues (dual diagnosis) or health needs. Collaboration between the Ministries of Community and Social Services (MCSS), Health and Long-Term Care (MOHLTC), Children and Youth Services (MCYS) and Education (MEDU) will work toward better integrating and coordinating developmental, health and mental health services so that available supports are provided in a timely manner.

The Special Needs Strategy, a joint strategy between MCYS, MCSS, MEDU, and MOHLTC, are geared to offering families of children and youth with multiple and/or complex special needs a single coordinated service plan. We recognize that continued collaboration is important and MCSS, MCYS and MOHLTC are working at the corporate and community level to support individuals with complex needs to receive the supports they need in the appropriate environment.

Individuals with a developmental disability can and want to participate in the labour force. A number of programs and across-government strategies will support this outcome:

- the Partnership Council on Employment Opportunities for People with Disabilities, led by the Ministry of Economic Development, Employment and Infrastructure, has been struck to identify, assess and make recommendations to the government on how best to engage and encourage businesses to hire people with disabilities. The ministry is also

- supporting a social finance initiative to promote the creation of job opportunities for people with disabilities and other marginalized groups;
- through its Jobs for Youth program, the Ministry of Children and Youth Services offers full-time summer and part-time after school placements with local employers; and
- the Ministry of Community and Social Services has launched a three-year Developmental Services Employment and Modernization Fund to encourage competitive employment opportunities for people with developmental disabilities in the community.

Increasing and developing innovative housing options is a priority for people with a developmental disability, their families and the government. To support this outcome, the Ministry of Community and Social Services has struck a Housing Task Force that brings together a wide range of individuals and families, municipal and community partners, academics and social service and housing experts, with support from provincial ministries, to find innovative housing solutions. Over the next two years the Task Force will:

- develop a framework for capacity-building projects and recommend demonstration projects for government investment and evaluation;
- recommend a number of demonstration projects to fund starting in 2014/15; and
- create online resources to help individuals and families access information, network, collaborate and support each other in exploring and creating successful housing solutions.

In addition, as part of Ontario's Poverty Reduction Strategy: Realizing Our Potential, released in September 2014, the government committed to updating the Long-Term Affordable Housing Strategy by 2015/16 to reflect current realities, lessons learned and integrate new research on best practices, and to ensure an expanded focus on homelessness. The Ministry of Municipal Affairs and Housing is the lead ministry responsible for the update of the Strategy and will provide information for opportunities for engagement in the coming months.

The government will develop and implement strategies that will improve the experience and outcomes for children and youth with complex and special needs, including Autism Spectrum Disorder (ASD) and Fetal Alcohol Spectrum Disorder (FASD).

In summary, the government is implementing the vast majority of the Select Committee's recommendations. However, there are recommendations the government will not adopt, such as making developmental services an entitlement program or changing the definition of developmental disability. Other recommendations will be addressed, but in a manner that may differ from the approach the Select Committee recommended; for example, how ministries collaborate to make access to service more seamless and the composition of the Inter-Ministerial Committee on Developmental Services.

In 2004, the government announced that the province would be transforming services and supports for adults with developmental disabilities to create a more accessible, fair and sustainable system of community-based supports. The government remains committed to this vision and has welcomed the opportunity to learn from the work of the Select Committee on Developmental Services and provide a comprehensive, whole-of-government response in the pages that follow.

SELECT COMMITTEE RECOMMENDATIONS

OVERSIGHT

Recommendation 1: Inter-Ministerial Committee on Developmental Services

1. A new Inter-Ministerial Committee on Developmental Services (IMCDS) be created with the mandate of implementing the recommendations in this report.

The Minister of Community and Social Services be answerable for the progress of the IMCDS and the implementation of the recommendations in this report. In addition to the Minister of Community and Social Services, the IMCDS be comprised of the:

- a. Minister of Children and Youth Services;
- b. Minister of Health and Long-Term Care;
- c. Minister of Education;
- d. Minister of Municipal Affairs and Housing;
- e. Minister of Aboriginal Affairs;
- f. Minister of Community Safety and Correctional Services;
- g. Minister of Training, Colleges and Universities;
- h. Minister of Economic Development, Trade and Employment; and
- i. Attorney General.

The IMCDS convene immediately and as its first task eliminate all waitlists for developmental services and supports within 12 months, and outline an achievable plan, including goals and timeframes, for the implementation of the other recommendations in this report.

The IMCDS report on its progress to the Legislative Assembly within 18 months and every 12 months thereafter; and that these reports be permanently referred to the Standing Committee on Social Policy.

Government Response

- The government recognizes the complexity of the developmental services sector and the many systems of support that people with a developmental disability and their families and caregivers access to meet their needs. Coordinating and integrating services is a priority for the government.
- Ministries routinely work together to improve both access to and the quality of services and supports for people who have a developmental disability. The government recognizes the value of an interministerial committee that has authority to oversee and work toward the integration and coordination of developmental services in the province.

- The Parliamentary Assistant to the Minister of Community and Social Services has been tasked with guiding and helping align the inter-ministerial work needed to implement key recommendations in the Select Committee report and will work with other ministries to remove any unnecessary barriers that make accessing developmental services programs more difficult.
- A forum to assist in collaboration is the Deputy Ministers' Social Policy Committee in which senior ministry executives engage in strategic discussions that promote a coordinated, integrated framework for the development and management of the human services system to align policies and programs in education, health, social and children's services. The Committee is co-chaired by the Deputy Ministers of Community and Social Services and Children and Youth Services.
- The following member ministries make up the Deputy Ministers' Social Policy Committee:
 - Aboriginal Affairs
 - Attorney General
 - Children and Youth Services
 - Citizenship, Immigration and International Trade
 - Community Safety and Correctional Services
 - Community and Social Services
 - Education
 - Finance
 - Francophone Affairs
 - Health and Long-Term Care
 - Labour
 - Municipal Affairs and Housing
 - Training, Colleges and Universities
 - Treasury Board Secretariat (re. Poverty Reduction Strategy)
- The Deputy Ministers' Social Policy Committee, with the Ministry of Community and Social Services as lead ministry for developmental services, will oversee development of integrated policy, program and system changes that lead to more coordinated, responsive, client-centred developmental services and supports throughout the province as a standing item and will work with the Parliamentary Assistant to the Minister of Community and Social Services.
- Developmental services will remain a discretionary government program area. It is important to note, however, that most adults with a developmental disability receive support from the Ontario Disability Support Program (ODSP), which is an entitlement program funded by the Ministry of Community and Social Services. As of September 2014, the maximum monthly ODSP benefit amount for a single person with a disability is \$1098. In March 2014, there were 64,856 ODSP cases that had developmental disability as a primary or secondary type of disability.

- Waitlists cannot be eliminated within 12 months based on system capacity and resource limitations — i.e., the human resources and infrastructure needed to create supports that would address the needs of everyone on the waitlist.
- However, the 2014 provincial Budget includes an investment of \$810 million over the next three years to significantly strengthen developmental services for people in Ontario. The new investment will increase funding for developmental services to more than \$2 billion by 2016-17. This investment will:
 - Expand direct funding to serve 21,000 more individuals and families, and help eliminate the existing waitlists for Special Services at Home in two years and Passport in four years;
 - Provide residential support for people with urgent needs for approximately 1,400 people and support innovative housing initiatives;
 - Support young adults as they navigate key life transitions such as going to school or getting a job;
 - Promote community living through expanded Host Family and Supported Independent Living programs;
 - Support agencies and front-line workers in the community services; and
 - Promote innovation and cost-efficiency so that savings can be re-invested into improving services.

SYSTEM ACCOUNTABILITY

Recommendations 2 through 7: Developmental Services Ontario Organizations

2. The mandate and operations of the DSOs be realigned to emphasize system navigation, building connections between families and community agencies, and information dissemination.
3. As system navigators, the DSOs must work closely with youth developmental service providers so that young adults are seamlessly connected to transitional and long-term support before they age out of the school system.
4. As part of the realigned DSO mandate, the Quality Assurance Measures (QAM) include evaluations of efficiency and client-centred effectiveness, and a new mechanism be established for public reporting of regular Quality Assurance reviews.
5. An appeals process be established so that DSO decisions regarding an individual's diagnosis, eligibility for support, and allocation of funding can be appealed.
6. The Ministry of Community and Social Services resolve outstanding operational issues affecting the DSOs immediately.
7. The Ministry of Community and Social Services resolve operational issues with the provincial database immediately and provide appropriate training to DSO staff in use of the database.

Government Response

- The introduction of DSOs has brought greater consistency to decisions about eligibility and assessment, and provided families with a single point of access to apply for services. These are key elements of MCSS's transformation vision, and respond to feedback from individuals and families about how the system could be improved.
- MCSS recognizes the need to support DSOs, which are relatively new organizations that were established in July 2011, to streamline access to developmental services and help individuals and their families navigate the service system.
- MCSS has taken and will continue to take steps to support DSOs to improve the functions they are mandated to deliver and help individuals navigate the developmental services system and access supports in the community through the following steps:
 - DSOs are engaged in a tri-Ministry transition planning process for young people with developmental disabilities as they prepare for adulthood (Ministries of Children and Youth Services, Education and Community and Social Services).
 - Strengthening collaboration between DSOs and service agencies to better connect individuals and families to the information and informal supports they need.
 - MCSS monitors service agencies' compliance with Quality Assurance Measures (QAM) requirements through inspections. The QAM process is currently being reviewed.
 - DSOs currently administer and are required to follow detailed eligibility review processes established by MCSS in cases where applicants do not agree with eligibility decisions. There are three stages in the eligibility review process that individuals may access if they believe an eligibility decision was made in error or without all relevant factors considered. The review process is designed to be impartial and gives individuals the opportunity to present any additional information that may be relevant to the eligibility decision.
 - MCSS is working with DSOs to address operational challenges raised by the Select Committee and stakeholders, by enhancing their capacity to reduce wait times for needs assessments. MCSS is supporting DSOs to identify best practices for improved efficiency and consistency to help streamline the assessment process, and to enhance the capacity of DSOs to complete support need assessments. The outcomes of this work will help to reduce wait times for support need assessments beginning in early 2015.
 - MCSS is also working with the DSOs to improve their communications with clients including online communications.

- MCSS recognizes the importance of the availability of information that will support effective planning and forecasting across the developmental services sector. Through the DSOs, MCSS has introduced an electronic information management system, the Developmental Services Consolidated Information System (DSCIS). This is the foundation that will support future policy, planning and development.
- MCSS is working on continued updates to DSCIS including validation of the information we have about individuals in the adult developmental services system to better support our collective understanding of service need and response. Once fully implemented, DSCIS will provide consistent, comprehensive and unduplicated information for the first time in the history of developmental services in Ontario. This will give a better basis for assessing current needs, as well as identifying future needs.

Recommendations 8 through 9: Data Collection

8. Comprehensive data related to the demand for and provision of developmental services from across Ministries, DSOs, and service agencies be collected, harmonized, and shared within and beyond the sector.
9. The annual collection of data from the entire province (especially northern and remote communities) specifically include the following:
 - the number of adults with developmental disabilities;
 - the number of adults with a dual diagnosis;
 - the number of children with developmental disabilities;
 - the number of children with a dual diagnosis;
 - the length of waitlists for specific services and supports;
 - the number of people with developmental disabilities or dual diagnosis who are incarcerated;
 - the number of people with developmental disabilities inappropriately housed (for example, in hospital or long-term care beds);
 - the number of "abandonment" cases; and
 - the cultural and linguistic diversity needs of the province.

Government Response

- The government recognizes the need for accurate and timely data to improve service planning, service delivery and outcomes for people with a developmental disability.
- Since 2009/10, the Ministries of Community and Social Services (MCSS), Health and Long-Term Care (MOHLTC) and Children and Youth Services (MCYS) have supported the Health Care Access Research and Developmental Disabilities (HCARDD) project, an interdisciplinary research study on health care use and outcomes of over 66,000 adults with developmental disabilities. In Phase 2, data is

being collected on prevalence and health care use patterns of adults with dual diagnosis that may be used by the ministries for planning purposes.

- MOHLTC currently collects information quarterly on service provision to adults with a dual diagnosis through the following data collection systems: the Ontario Health Reporting System, which collects financial and statistical data, and ConnexOntario, which collects service provider information.
- MOHLTC also collects client demographic and outcome information semi-annually through Common Data Set (CDS) and Ontario Common Assessment of Need (OCAN).
- MCSS is working to improve the data quality of information maintained by DSOs in the Developmental Services Consolidated Information System (DSCIS), the database used by DSOs. Once fully implemented, the system will generate more complete and reliable developmental services data to assess current needs as well as future forecasting.
- Pending full implementation of DSCIS, DSOs and MCSS have developed and implemented supplemental data tracking and reporting systems so that information is available.
- MCSS has also initiated information sharing agreements with the Institute of Clinical Evaluative Sciences (ICES) to obtain comprehensive information on people with developmental disabilities and improve the Ministry's understanding of the social and health profile of clients. ICES is also a partner in the HCARDD project.
- The implementation of Coordinating Agencies as part of the MCYS, MCSS, MOHLTC and Ministry of Education's (MEDU) Special Needs Strategy also presents opportunities for coordinating information and data for children's services at a local level. Through this strategy, MCYS will have better data on the demand for the range of children's special needs services.
- MCYS and MCSS have a joint Transitional Age Youth (TAY) database which collects data from Transfer Payment Agencies and ministry Direct-Operated Facilities in order to track transitional age youth (age 14-17) and adults in MCYS-and MCSS-funded children's residential services.
- MCYS has an electronic system for Case Management for youth in conflict with the law entitled the Youth Offender Information Tracking System (YOTIS). Currently, YOTIS does not specifically record information on developmental disabilities and/or dual diagnosis. In the future, MCYS can potentially build the functionality into YOTIS to record this specific information. In the interim, if information on developmental disabilities is requested the ministry can conduct a snapshot survey of the clients served through the youth justice services sector.

EMPOWERING INDIVIDUALS, FAMILIES, AND COMMUNITIES

Recommendations 10 through 11: Person-Directed Planning and Individualized Life Plans

10. The IMCDS develop an implementation plan for the Law Commission of Ontario's recommendations with respect to supported decision-making once they are released.
11. The Ministry of Community and Social Services support independent planning organizations whose role is to guide individuals—with the help of their families, friends, and support network—through key transition points so that the individual is supported throughout the course of his or her life.

Government Response

- The Law Commission of Ontario, an independent organization that conducts research and recommends law reform measures, is currently engaged in a broad review and consultation respecting the law related to legal capacity, decision-making and guardianship in Ontario. It is expected that the Law Commission will release its Final Report to the government early in 2016.
- An implementation plan will be developed upon receipt and review of the Law Commission's recommendations.
- The Ministry of Community and Social Services recognizes the value of person-directed planning, which is a funded support under *the Services and Supports to Promote the Social Inclusion of Persons with Development Disabilities Act, 2008*.
- The government's 2014 Budget investment is expanding the current availability of independent person-directed planning and facilitation. This investment will help provide system navigation supports to better guide life transitions and improve planning for people with a developmental disability and their families.
- New investment in the Passport program will provide direct funding to approximately 13,000 adults, both existing and new recipients, over the next four years. They will be able to use their funding to purchase person-directed planning supports.
- Through the Special Needs Strategy, MCYS, MCSS, MEDU and MOHLTC are introducing coordinated service planning for children and youth with multiple and/or complex special needs. Children with multiple and/or complex special needs will be referred to a Service Planning Coordinator for coordinated service planning. Building on the results of the developmental screen, the Service Planning Coordinator will develop a coordinated service plan in collaboration with the family and relevant service providers.

- In September 2014, MCYS, MCSS and MEDU implemented integrated transition planning for young people with developmental disabilities who are preparing for adulthood. The plan will identify opportunities for progressively increasing the young person's independence and ability to function in adult settings and for preparing parents or guardians and other family members for changes. The plan may consider and address areas such as income support, community inclusion, adult services, living arrangements, adult training and supportive employment or volunteer experience. A lead agency has been identified in each community and will monitor and report back to ministries on the process.
- Coordinated service planning will contribute to other transition planning processes and incorporate the transition plan of the child/youth as he/she prepares for adulthood.

Recommendation 12: Eligibility

12. The definition of developmental disability and eligibility for support be based solely on an assessment of adaptive functioning and not on cognitive functioning or IQ.

Government Response

- The definition of developmental disability used in Ontario is based on extensive research and consultation with experts in the field of developmental disability, including clinicians, service providers and family members.
- Eligibility criteria for adult developmental services and supports also reflect the evaluation and classification of cognitive developmental disabilities used by the American Association of Intellectual and Developmental Disabilities and the American Psychiatric Association, which are based on three major criteria: significant limitations in intellectual functioning, significant limitations in adaptive behaviour, and onset before the age of 18.
- Under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*, a person has a developmental disability if they have significant limitations in cognitive functioning and adaptive functioning and those limitations:
 - originated before the person reached 18 years of age;
 - are likely to be life-long; and
 - affect areas of major life activity, such as personal care, language skills, learning abilities, the capacity to live independently as an adult or any other prescribed activity.
- The cognitive component of the definition of developmental disability is critical to identifying the individuals that developmental services are meant to support. However, eligibility criteria are not strictly based on IQ or a specific diagnosis and

allow for the clinical judgement of psychologists and psychological associates in determining whether an individual has a developmental disability.

- Ontario Regulation 276/10 sets out the definitions of significant limitations in cognitive and adaptive functioning. Under the regulation, a person has **significant limitations in cognitive functioning** if they meet one of the following three criteria:

1. The person has an overall score of two standard deviations below the mean plus or minus standard error measurement, on a standardized intelligence test. **OR**

2. The person has a score of two standard deviations below the mean in two or more subscales on a standardized intelligence test and has a history of requiring habilitative support. **OR**

3. On the basis of a clinical determination made by a psychologist or a psychological associate, the person demonstrates significant limitations in cognitive functioning and the person has a history of requiring habilitative support.

- DSOs have a variety of tools developed by experts in the field of developmental disability to support them in the eligibility confirmation process and may refer to MCSS-funded psychologists or psychological associates for additional support, where required. MCSS has also developed a new, standardized checklist for use by DSOs when applicants are required to obtain a psychological assessment.

Recommendations 13 through 15: Direct Funding

13. The IMCDS ensure that recipients of SSAH funding not lose that funding before Passport funding is in place and an individualized life plan has been completed with the independent planner.

14. There be more flexibility in allowable uses of Passport funding to meet individual needs.

15. The implementation of full direct funding options be fast-tracked.

Government Response

- The government supports early transition planning for young people with a developmental disability. Collaboration among ministries to align services to better support youth transitions is critical.
- To receive adult developmental services, individuals who are turning 18 are required to apply through their local DSO office.

- All applicants for adult developmental services have to meet the same eligibility criteria and complete the provincial Application Package to assess their service and support needs the same way, based on objective, province-wide tools. A standard eligibility and application process is an important step towards improving consistency and fairness in the system, so that resources help people with the greatest need.
- Although eligibility criteria for children's and adult services differ and some young people receiving Special Services at Home funding may not be eligible for adult services, MCSS and the MEDU and MCYS are working together through the Special Needs Strategy and integrated transition planning for all young people with developmental disabilities to help support individuals and families in planning for the transition to adulthood.
- Direct funding is available through the Passport and Special Services at Home programs. The government's investment in direct funding will serve approximately 21,000 individuals and families, and help eliminate the existing waitlists for Special Services at Home in two years and Passport in four years.
- Direct funding gives individuals and families flexibility in how they choose to meet their unique needs. Through Passport, direct funding enables recipients to create their own support arrangements, hire their own support workers and participate in community activities and events of their choosing.
- Passport funding may be used to purchase services and supports to:
 - enable individuals to participate in their communities and take part in local activities, classes or recreational programs;
 - develop work, volunteer, and daily life skills; and
 - purchase person-directed planning supports from independent planners and facilitators or developmental services agencies.
- Passport funding can also be used by caregivers to pay for respite so they may have a break from their caregiving responsibilities.
- New Passport guidelines came into effect on October 1, 2014. Changes to the program about the expenses and supports that are admissible under the program allow for greater flexibility and choice and are based on extensive consultation and feedback from individuals with a developmental disability and their families, Passport Agencies and developmental services providers. For example, activities of daily living have been added as an admissible expense under the Passport program, so now individuals have the flexibility of using their funding to develop life skills or hire staff to support them to live more independently at home.

Recommendations 16 through 19: Service Agencies in the Community

16. A plan be developed to ensure that legal pay equity obligations are met.
17. A framework be developed to evaluate the QAM applying to service agencies with a view to increasing their relevance, practicality, and flexibility.
18. Best practices for staffing ratios in long-term care and group homes be evaluated to ensure the safety of residents and staff.
19. The MCSS implement long-term multi-year funding commitments to service agencies.

Government Response

- The government is committed to working with developmental service agencies to modernize service delivery and provide supports that are high-quality, cost-effective and person-centred.
- Agencies are aware of their legal obligation in meeting pay equity requirements from within approved funding levels, as with all other employment related commitments.
- The 2014 provincial Budget includes an investment of \$810 million dollars over the next three years to strengthen developmental services. As part of this investment, about \$200 million will go toward front-line workers in agencies that provide an array of services to people with developmental disabilities.
- MCSS continues to work with agencies to review the Quality Assurance Measures (QAM) set out in Ontario Regulation 299/10 to identify areas where additional clarification may be provided or where changes to QAM may be considered.
- In August 2014, a letter was sent to agencies providing information and clarification about the physical restraints training requirement set out in QAM and the Policy Directives for Service Agencies.
- The safety of residents and staff in long-term care homes is a priority for the government. The *Long-Term Care Homes Act* (LTCHA) and Ontario Regulation 79/10 are the main legislative authority for safeguarding resident rights and improving the quality of care and accountability of long-term care homes for the care, treatment and well-being of over 77,000 residents.
- The LTCHA and Regulation 79/10 include comprehensive staffing requirements for homes to improve care and safety for residents, including requirements related to staff qualifications and training. Long-term care homes are also obliged to implement individualized staffing plans that reflect the assessed care and safety needs of their unique resident populations.

- MOHLTC continues to enhance the care and services provided to residents in long-term care homes. Specific to the safety of residents in long-term care homes:
 - in June 2013, the ministry announced that every long-term care home will have a comprehensive annual inspection by the end of 2014, and annually thereafter;
 - as of January 2014, ninety new inspectors have been hired; and
 - over 8,200 inspections at long-term care homes have been conducted since July 2010.
- In 2013/14, MOHLTC provided \$10 million in funding for additional training for staff to improve resident safety, quality of care and abuse prevention for long-term care home residents with complex needs. This built on an investment of \$10 million in funding for training and backfill of long-term care home staff in 2012/13 and an additional investment of \$3.5 million in base funding to help train and recruit personal support workers.
- MOHLTC implemented the Behavioural Supports Ontario initiative, which included a \$59 million investment to hire over 600 health workers to support residents with complex/challenging behaviours.
- These initiatives build on previous investments, including funding for long-term care homes to create 2,500 personal support worker positions and more than 900 nursing positions since 2008.
- MCSS contracts annually with transfer payment agencies to fund the services and supports they provide. Funding agreements between the Ministry and transfer payment agencies typically include clauses that provide for continuity of service over fiscal years.

BUILDING CAPACITY

Recommendations 20 through 22: Dual Diagnosis

20. Capacity for providing care be built that meets the specific needs of dually diagnosed individuals through increased programs and services, and professional training of primary care, dental care, and direct service providers.
21. The use of mental health courts and other alternative diversion mechanisms be encouraged for individuals with a dual diagnosis in the justice system.
22. The recommendations made in the Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with a Dual Diagnosis be implemented.

Government Response

- The government is committed to transforming the delivery of developmental services in Ontario to meet the specific support needs of adults who have a developmental disability and mental health issue (dual diagnosis).
- MCSS and the MOHLTC share responsibility for providing services to adults with a dual diagnosis.
- MCSS regional offices are working with Local Health Integration Networks to develop systemic strategies and service solutions for individuals in urgent situations who need immediate supports.
- In 2009, MCSS and MOHLTC issued a Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with a Dual Diagnosis to better coordinate services from both sectors to meet the complex needs of people with a dual diagnosis.
- In 2013, MCSS and MOHLTC completed an evaluation of the Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with a Dual Diagnosis. The intent of the project was to provide an opportunity to highlight the strengths and weaknesses of the implementation of the Guideline, provide an overview of promising practices and develop a toolkit of promising practices to be used in the field across the province.
- The ministries continue to collaborate to strengthen coordination of health and developmental services. An advisory committee, made up of ministry officials, mental health and developmental services providers and a family representative, was struck to develop a Dual Diagnosis Framework, which will build on the Dual Diagnosis Guideline, to better coordinate access to health and developmental services through service resolution, system navigation, community based crisis response and linkages with law enforcement and the correctional and forensic systems. It will also include accountability and monitoring mechanisms to support the delivery of a continuum of services and supports for individuals with dual diagnosis.
- A draft Dual Diagnosis Framework, to replace the Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with a Dual Diagnosis, is expected by fall 2014 for broader consultations through winter/spring 2015. Release of the final Framework is expected in 2015/16.
- Through the Special Needs Strategy, MCYS, MCSS, MOHLTC and MEDU are implementing Coordinated Service Planning for children/youth with multiple and/or complex special needs, including children/youth who have multiple needs that cross sectors, such as dual diagnosis.

- Through the implementation of Coordinated Service Planning under the Special Needs Strategy and Moving on Mental Health, service providers from both sectors will be expected to form linkages and to coordinate services between the sectors.
- MOHLTC funds community-based mental health agencies to provide mental health court support services for individuals with a mental illness (including adults with a dual diagnosis), who come into conflict with the law. These services include pre-charge diversion, court diversion and case management.
- Policies and strategies to divert individuals with a developmental disability and/or dual diagnosis who are in the criminal justice system currently exist.
- A multi-ministry diversion initiative – Ministries of Community and Social Services, Health and Long-Term Care, Community Safety and Correctional Services and Attorney General – is in place to keep people with a mental illness/dual diagnosis out of the criminal justice system.
- The Ministry of the Attorney General supports the expanded use of mental health courts. Jurisdictions with mental health courts regularly deal with individuals with a dual diagnosis. Where no specialized court exists in a jurisdiction, Crown Attorneys are able to rely on mental health diversion policies/court support services to support people with mental health needs and their families with the legal process and to link people to required services.
- MCSS, in collaboration with other ministry partners, is leading a developmental disabilities education initiative for justice sector partners. The objectives of this initiative, which is targeted to be implemented by March 31, 2015, are to:
 - Identify knowledge gaps regarding the intersections between developmental services and the justice system;
 - Develop relevant strategies and provide information about existing resources to assist in diverting adults with developmental disabilities away from the justice system; and
 - Create and implement educational material to be shared with identified justice sector partners.

Recommendation 23: Primary and Dental Care

23. The IMCDS develop an integrated provincial strategy to build capacity and coordinate services in primary and dental care for people with developmental disabilities or a dual diagnosis throughout the lifespan, from early diagnosis to geriatric care, including:
- a. benchmarks and targets for the number and types of health professionals required;
 - b. general knowledge of and training in developmental disabilities and dual diagnosis to primary care and dental care professionals;
 - c. more interdisciplinary, inter-professional health teams; and
 - d. collaboration between interdisciplinary health teams, early years centres, family health care teams, family literacy centres, children's treatment centres, schools, dental clinics, and health clinics at postsecondary institutions.

Government Response

- The government is committed to providing health care that is appropriately coordinated around the person receiving it, especially for those who are transitioning through and across systems and sectors.
- MCSS and MOHLTC have jointly funded the Developmental Disabilities Primary Care Initiative, a collaborative five-year project aimed at building knowledgeable and accountable primary care providers by developing training modules for primary care physicians. The initiative ended on March 31, 2014 and has trained over 179 primary care providers and developed caregiver tools.
- MCSS and MOHLTC continue to collaborate and explore opportunities to promote improved health and quality of life for people with developmental disabilities.
- MCSS is also leading the development of a knowledge transfer plan about childhood onset disabilities so that in the adult service system physicians and other service providers are equipped to manage young adults with complex care.
- The recommendation for coordination and collaboration among service providers across all sectors is consistent with the mandate of Coordinated Service Planning under the MCYS/MCSS/MEDU/MOHLTC Special Needs Strategy, which is geared to offering families of children and youth with multiple and/or complex special needs a single point of contact for community-based services and supports.
- Community Care Access Centres (CCACs) will continue to provide a case management role for medical care, but there is an expectation that Coordinating Agencies and CCACs will form strong linkages to better coordinate medical and community-based care.

- MOHLTC is collaborating with MCYS on the Moving On Mental Health initiative, which may include individuals with dual diagnosis. This collaboration provides educational resources for primary care providers on supporting children and youth mental health.
- Currently, over 3.5 million Ontario residents receive care through approximately 275 interprofessional primary health care teams:
 - 184 Family Health Teams in 206 communities
 - 73 Community Health Centres with 25 satellite locations
 - 10 Aboriginal Health Access Centres
 - 25 Nurse Practitioner-Led Clinics
- MOHLTC is not planning a broad-based expansion of the number of interprofessional teams but is looking at opportunities to expand access to team-based care as fiscal capacity allows.
- MOHLTC supports collaboration among health care providers to improve the health outcomes of Ontarians. MOHLTC is funding the development of Health Links to ensure that patients with complex needs receive coordinated, efficient and effective care. Health Links brings health, social services and other providers together at the local level to share information and provide patient-centred solutions to improve care. Interprofessional primary care teams factor strongly both as Health Link leads and participants in communities across Ontario.
- MOHLTC is also supporting the Health Care Access Research on Developmental Disabilities Advisory Committee, which is exploring solutions on how health and other sectors can support improved access and care to persons with developmental disabilities.
- The Assistance for Children with Severe Disabilities Program (ACSD) is a direct funding program that assists families with low and moderate incomes caring for a child with a severe disability under the age of 18 living at home. Eligible costs for financial assistance under ACSD may include:
 - Specialized clothing;
 - Specialized learning and development equipment
 - Caregiver respite;
 - Trained sitters, specialized educational and social opportunities; and
 - Transportation and lodging costs to take a child for medical treatment.
- In addition to monthly financial assistance, the following health-related benefits may be provided if considered necessary for the child's well-being and there is no other source of funding (e.g., private insurance) :
 - Prescription drugs;
 - Dental, vision and hearing services;
 - Coverage of the consumer contribution for an assistive device under the MOHLTC's Assistive Devices Program; and

- Cost of assessment to determine eligibility for an assistive device.
- Adults receiving income support under the Ontario Disability Support Program may also be able to get coverage for basic dental services.
- As part of the first Poverty Reduction Strategy, the government launched the Healthy Smiles Ontario program in 2010, which provides dental services to children in low-income working families. Beginning in April 2014, program eligibility is being expanded to give 70,000 more children access to dental services. The government will further integrate existing publicly funded dental programs for children into the Healthy Smiles Ontario program to provide seamless enrolment and streamlined administration. Children with developmental disabilities that are eligible will be able to access the Healthy Smiles Ontario program.
- The government is also proposing to further expand access to health benefits for children in low-income families. Once fully implemented, children in low-income families would be eligible to receive additional health benefits including prescription drugs, assistive devices, vision care and mental health services. By expanding eligibility to approximately 500,000 children, these benefits and services would further improve health outcomes for low-income children and help their families remain in employment.
- Moving forward, the government will consult with stakeholders to explore options to extend health benefits to all low-income Ontarians.

Recommendations 24 through 25: Fetal Alcohol Spectrum Disorder (FASD)

24. There be a coordinated provincial strategy to address FASD through appropriate and timely support services in all communities and regions, including a province-wide public health campaign to raise awareness of the dangers and impact of maternal alcohol use.
25. The use of mental health courts and other alternatives be encouraged for individuals with FASD in the justice system.

Government Response

- The Ministry of Children and Youth Services will be moving forward on a plan to develop a provincial cross-ministry FASD Strategy which will include engaging: Aboriginal partners; service providers that serve children and youth with FASD; families, caregivers, youth and adults affected by FASD; researchers and clinicians who specialize in early screening/identification, diagnosis and intervention; key informants from the education, child protection/child welfare, and youth justice sectors; and experts outside of Ontario.

- MCYS will be sharing further information about the plan, including details related to the engagement process shortly.
 - The Youth Justice Services Division at MCYS provides Youth Mental Health Court Worker (YMHCW) services in 45 of the 54 Ontario Court of Justice Jurisdictions.
 - Dedicated Youth Mental Health Courts are located in Ottawa, London, Newmarket, and two Toronto locations.
 - Shared youth/adult mental health courts are located in Kenora, Sarnia and Walkerton.
 - YMHCWs are in a position, where applicable, to facilitate the referral path of youth with FASD involved with the youth justice system to appropriate services/resources.
- Mental health courts are established at the direction of the judiciary and the scheduling of matters into mental health courts is within their sole authority. Mental health courts may be useful in providing identified services to diagnosed FASD individuals in the justice system but it would depend on the individual case.
- Ontario is participating in various Federal/Provincial/Territorial working groups that are working on recommendations in this area.

Recommendation 26: Autism Spectrum Disorder (ASD)

26. There be a coordinated provincial strategy to address ASD through appropriate support services for individuals in all communities and regions, including

- a. access to early diagnosis and interventions;
- b. professional accreditation for autism service providers; and
- c. consistent evaluations and benchmarks for implementation of ASD therapeutic interventions.

Government Response

- In 2012, MCYS established an Autism Spectrum Disorder Clinical Expert Committee (ASD CEC) to provide the ministry with ongoing clinical guidance from autism experts. The Clinical Expert Committee provides advice on up-to-date research to improve policies and programs for young people with ASD.
- In late 2013, MCYS engaged autism stakeholders, families, and other experts to identify opportunities in three key areas:
 - improving early identification, access to early diagnosis, and early intervention services;
 - improving the efficiency of a family experience with the Autism Intervention Program; and
 - improving the accessibility, effectiveness, efficiency of, and family experience, in Applied Behaviour Analysis-based services and supports.

- MCYS is currently reviewing the feedback received from families, stakeholders, and other experts, with a view to identifying next steps for further improving the supports and services available for children and youth with ASD and the overall family experience with autism services.
- MCYS is exploring opportunities to improve access to early intervention services and to improve access to timely ASD diagnosis. The new developmental screen that will be implemented as part of the Special Needs Strategy will help identify children with special needs, including ASD, earlier and connect their families to the right services and supports.
- One of the first priorities of the ASD CEC was to provide advice to the ministry on clinical guidelines and benchmarks that impact how autism services are delivered. MCYS is currently reviewing the CEC's recommendations. The advice provided by the CEC will help MCYS to make informed decisions about autism programs so they can better support children and youth with autism.

Recommendations 27 through 28: Remote and Rural Communities

27. The IMCDS encourage the development of local support options to meet the needs of people with developmental disabilities living in northern and remote communities.
28. The IMCDS work collaboratively with First Nations to design and implement a strategic and coordinated community-based response to developmental service needs.

Government Response

- The government is committed to working to improve access to services and supports in remote and rural communities.
- Currently, MCSS funds four Community Networks of Specialized Care (CNSC) to improve delivery and access to specialized services for individuals who have a developmental disability and mental health needs and build capacity in the community.
- The CNSCs manage and maintain a videoconferencing system in 134 sites across the province that is used to provide clinical services and training. Through videoconferencing technology, specialized clinicians have been able to reach remote communities, including 32 First Nation communities in northwestern Ontario.
- As the government lead under the Aboriginal Healing and Wellness Strategy (AHWS), MCSS and four other ministries fund a wide range of health and family healing programs that are Aboriginal-designed, delivered and managed.

- Since its creation, AHWS has grown to 460 projects across the province, increasing access to culturally-based programs while building the program management and planning capacity in communities on- and off-reserve, including in northern and remote communities.
- MCSS continues to support AHWS-funded organizations to build capacity in the delivery and management of programs and services within the government's Transfer Payment Governance and Accountability Framework.
- Through the Special Needs Strategy, MCYS, MEDU, MCSS and MOHLTC are directing providers in each community to develop local proposals for coordinated service planning and the integrated delivery of rehabilitation services that respond to local needs and build community strengths.
- MCYS is leading the development of the Aboriginal Children and Youth Strategy (ACYS) that will provide a framework for Aboriginal communities in creating their own programs and services to respond to the needs of their communities. The three main goals of the ACYS are:
 1. To ensure children and youth have greater access to services they need, regardless of where they live.
 2. To promote culturally-grounded services for First Nations, Metis, Inuit, and urban Aboriginal children and youth.
 3. To develop more community-based solutions and increase Aboriginal control over the development, implementation, delivery, and evaluation of services for their children and youth.
- The strategy will consider programs and services from across MCYS, including developmental and special needs services.

INCLUSION AND OPPORTUNITY

Recommendations 29 through 34: Primary and Secondary Education

29. Educational Assistants (EAs) be provided for all children assessed as needing an EA, and that EAs have knowledge and training appropriately matched to a child's individual needs.
30. Professional development and training be provided to EAs, teachers, and other school staff to increase awareness about developmental disabilities, including FASD and ASD, as well as about dual diagnosis.
31. The Ministry of Education definitions of "exceptionalities" be modified and updated to include FASD.
32. Direct care service providers and Children's Treatment Centres be permitted to provide in-school services to children.
33. Better information and resources about post-secondary opportunities be provided to school guidance counsellors, school staff, families, agencies and others involved in helping young people to plan for the transition out of secondary school.
34. Parent representatives be allowed to sit on their local Special Education Advisory Committee (SEAC) without having to be members of local associations.

Government Response

- A responsive, high-quality and accessible education system that seamlessly integrates supports from the early years to adulthood is a priority for the government.
- MEDU has invested \$69 million in supports for students with Autism Spectrum Disorder (ASD); of that, nearly \$45 million has been allocated to training. Training initiatives for school teams, principals, teachers and teachers' assistants have strengthened capacity and improved the learning environment for students with ASD.
- MEDU recently released training requirements to assist existing and future educators to use Applied Behaviour Analysis (ABA) principles in the classroom to support students with ASD.
- MCYS also funds the School Support Program (SSP), which delivers child-specific services that support the learning needs of individual students with ASD (including transition supports provided through the Connections for Students initiative) and also provides broader capacity-building supports for school boards and schools (e.g. training for educators). Through the SSP, ASD consultants provide a variety of

services within school boards and schools that assist educators to better understand how children and youth with ASD learn and how the principles of ABA can help improve learning.

- Since 2012, MEDU has been hosting ABA Expertise Professional Learning Days. All 72 school boards are invited to participate in these knowledge mobilization events and share current ABA practices and resources. The last ABA day took place on April 30, 2014.
- MEDU provides Ontario's 72 publicly-funded district school boards with additional funding for students with special education needs. Flexibility in resource allocation remains with the school boards because they are in the best position to determine local needs when setting budget priorities. Boards will determine their own professional development to support staff when working with students with special education needs, including those with FASD.
- The broad categories of exceptionalities are designed to address the wide range of conditions that may affect a student's ability to learn, and do not exclude any medical condition, including FASD whether diagnosed or not, that can lead to particular types of learning difficulties.
- As part of the Special Needs Strategy, MCYS, MCSS, MOHLTC and MEDU are integrating the delivery of school and community-based physiotherapy, speech and language and occupational therapy services so that children have seamless services from birth to school exit. This will include in-school services. There will be no need to re-apply for rehabilitation services upon school entry.
- MCYS, MCSS and MEDU, with community and school board partners, have worked to implement integrated transition planning protocols leading to single integrated transition plans for young people with developmental disabilities. A single integrated transition plan will inform educational planning and help the young person transition from secondary school and child-centred services to adulthood, and help to prepare parents or guardians and other family members for changes.
- Integrated transition planning for young people with developmental disabilities went into effect September 2014. Lead agencies for integrated transition planning are monitoring progress and reporting back to the ministries.
- MCYS is working with MTCU to support youth participation in post-secondary/skilled trades to identify pathways that will address their diverse needs, including those with developmental disabilities.
- SEAC membership is outlined in the *Education Act*, Regulation 464/97 and MEDU will not be pursuing changes to the regulation. District School Boards have their own

processes and procedures for nomination and appointments to their SEACs which vary across the province from board to board.

Recommendation 35: Postsecondary Education and Skills Training

35. The Ministry of Training, Colleges, and Universities fund a sufficient number of spaces in Community Integration through Co-operative Education (CICE) programs to meet regional demand; actively promote the benefits of CICE programs to Ontario colleges and potential students; and ensure that students have assistance with transportation and other supports they need for successful participation in CICE programs.

Government Response

- Recognizing and meeting the needs of diverse groups of learners, including Franco-Ontarians, Aboriginal Peoples, first-generation students, persons with disabilities and students with special needs through an equitable system of supports is a priority for the government. Giving Ontarians the support they need to be successful in our economy, including help as they transition from high school to post-secondary education and the workplace, is another government priority.
- There are approximately 3,000 programs of instruction in the provincial college system. MTCU approves funding for programs of instruction that are designed to meet the diverse needs of students, local communities, employers and labour market demands. Information about all program options is made readily available on individual college websites and on the Ontario College Application Service (OCAS) website. Assistance in preparing young people with developmental disabilities to transition to post-secondary education is also an objective of the integrated transition planning for young people initiative launched in September 2013, and led by MEDU, MCYS, and MCSS.
- The Ministry of Training, Colleges, and Universities (MTCU) supports CICE programs and enrolment in these programs is fully funded (i.e., CICE programs are eligible for operating grant funding). Individual colleges are responsible for determining their program offerings; MTCU will continue to work with colleges to ensure CICE programs are available to students.
- Providing transportation assistance and supports is the responsibility of each college offering the CICE program, per obligations set out in the *Human Rights Code* and the *Accessibility for Ontarians with Disabilities Act*.

Recommendations 36 through 38: Employment

36. A formal program be developed by the Ministry of Economic Development, Trade and Employment, in concert with the Ministry of Training, Colleges and Universities and Infrastructure Ontario, to educate employers about the economic benefits of hiring employees with developmental disabilities, support private and public employer engagement programs, support social enterprises, and provide online job resources to help match potential employees and employers.
37. The Ministry of Economic Development, Trade and Employment, the Ministry of Education, the Ministry of Training, Colleges and Universities, and Infrastructure Ontario include people with developmental disabilities in youth summer employment and support co-op placements for young people with developmental disabilities during secondary school.
38. The IMCDS assess the interaction of ODSP, Employment Insurance (EI), and developmental services programs with a view to eliminating disincentives and barriers to employment for people with developmental disabilities.

Government Response

- The government is committed to increasing the number of employment opportunities for Ontarians of all abilities by strengthening relationships with business and persons with disabilities.
- Working with employers, progress is being made on a cross-government approach supporting the employment of people with disabilities. The approach will be guided by the input and recommendations of the Partnership Council on Employment Opportunities for People with Disabilities.
- The Ministry of Economic Development, Employment and Infrastructure (MEDEI) Partnership Council on Employment Opportunities for People with Disabilities, announced in the 2013 Ontario Budget, is made up 12 representatives, including corporate leaders, people with disabilities, advocacy groups and not-for-profit organizations.
- The Council's mandate is to identify and assess best practices, approaches to improve workplace participation for Ontarians with disabilities, and provide advice and recommendations on:
 - How government can engage business leaders in promoting the hiring of Ontarians with disabilities.
 - How government can address any current skills shortages/gaps or other impediments to improving workplace participation by Ontarians with disabilities;
 - Specific best practices Ontario employers can showcase/emulate.

- Possible refinements to existing business support and training programs to support hiring of Ontarians with disabilities.
- To support employment opportunities, MEDEI is also exploring a new social finance initiative which would help create job opportunities for persons with disabilities and other marginalized groups.
 - The piloted model would make available discounted commercial loans to small businesses that provide employment opportunities to those who face multiple barriers to employment.
 - The loans would be available through bank branches in the communities where the pilots occur.
- MCSS also funds service providers to provide a range of employment services which include job development, employer outreach, identifying job opportunities, etc. for people with disabilities. In 2013/14, MCSS funded 20 projects to support employment for people with a developmental disability and in September 2014, a three-year Developmental Services Employment and Modernization Fund was launched with the goal of making integrated employment in the community the preferred outcome for people with a developmental disability.
- Stepping Up: A Strategic Framework to Help Ontario's Youth Succeed is a first-of-its-kind roadmap for government. It identifies priorities and will help guide decision-making to support all Ontario youth to succeed, including youth who face multiple barriers to success; youth with special needs/disabilities are included in this category.
- Through MCYS, the Jobs for Youth program offers full-time summer and part-time after school employment placements with local employers to youth ages 15-18 who face multiple barriers to employment. The placements are paid at the adult minimum wage and are supported by Youth Worker Leaders. In summer 2013, 210 youth who required accommodation support for a disability were employed through the program.
- MTCU's Summer Jobs Service (SJS) provides students with work experience during the summer months and support for job search year-round. The program offers employers recruitment support and a hiring incentive including disability supports to hire students for up to 16 weeks.
- SJS provides equitable access to services across the province, which includes accommodation for special needs for people with disabilities. Delivery sites and facilities must reflect customer need, including but not limited to accessible facilities or service provision at an accessible site; and hours that include evenings and/or weekends to accommodate student need.
- The SJS program can allocate up to \$800.00 per student with a disability requiring a job placement support. Disability support is in addition to the job placement hiring

incentive offered to employers and students may keep purchased assisted devices at the end of the job placement.

- In September 2013, the three-year Social Enterprise Strategy was announced to support social enterprises in Ontario. Over three years, the government committed \$24.9 million to support the Strategy. Key goals of the Strategy are to create 1,600 jobs and increase the number of social enterprises in Ontario.
- The government has also made program changes to reduce barriers to employment. A new Canada-Ontario Labour Market Agreement for Persons with Disabilities (LMAPD) was signed on March 28, 2014 which cost-shares employment-related programs for people with disabilities. Under this agreement Ontario funds programs and supports that help remove barriers for persons with disabilities so they can find training, get jobs and build careers. The LMAPD reflects a shared commitment to supporting employment programming for Ontarians with disabilities, including social assistance clients and post-secondary students with disabilities.
- In 2012/13, Ontario spent approximately \$200 million under this agreement.
- MCSS has a number of initiatives that are aimed at making changes to employment benefits, supports, and services for ODSP clients, including:
 - streamlining the ODSP employment supports application process;
 - launching a Peer Employment Mentor Pilot that will allow people with “lived experience” to share knowledge with current ODSP clients and champion the benefits of working;
 - introducing a new questionnaire to help caseworkers talk to clients about barriers to employment and employment goals; and
 - more targeted recruitment of people with disabilities and social assistance clients for internship in the Ontario Public Service.
- Under ODSP, income is deducted from a client’s income support payment unless the income is partially or fully exempt under the social assistance regulations. Following changes in 2013, all social assistance clients can earn up to \$200 a month without affecting their assistance. Any earnings above \$200 per month are exempt at 50%.
- MCSS also regularly reviews employment-related programming, policies and rules to support and create employment opportunities for people with developmental disabilities and will continue to assess the interaction of ODSP and federal Employment Insurance programs.
- As announced in the 2014 Budget, MCSS will be replacing seven existing social assistance employment-related benefits with a single benefit in Ontario Works and ODSP to provide a simple, flexible approach that removes barriers to employment.

- Instead of having to navigate through a myriad of benefits with differing rules and amounts, clients will have access to a simple benefit tailored to their unique needs and employment goals.
- With the new employment benefit, clients with disabilities will be eligible for up to \$1,800 a year. This approach will allow us to invest more in everyone who wants to work, no matter what stage they are at in their employment journey.

Recommendations 39 through 43: Housing

39. The recommendations from the *Ending the Wait* report be fast-tracked.
40. The Housing Task Force collaborate with the IMCDS, Infrastructure Ontario, municipalities across the province, and concerned individuals, families, and community groups.
41. The Task Force begin work immediately to explore innovative, individualized, affordable, and flexible family- and community-led housing solutions for persons with developmental disabilities and/or a dual diagnosis, with a strong focus on the specific housing needs of older adults. This includes:
- a. developing both short-term and long-term supporting housing models;
 - b. developing support and capital funding for purchase and ongoing maintenance of existing residences; and
 - c. developing successful pilot programs for supported housing.
42. The Task Force report its findings publicly within 12 months and every 12 months thereafter.
43. ODSP reductions for unrelated individuals with developmental disabilities who share accommodation be eliminated.

Government Response

- One of the main recommendations in the *Ending the Wait: An Action Agenda to Address the Housing Crisis Confronting Ontario Adults with Developmental Disabilities* report was to create a "Capacity Building Task Force".
- The government accepted this recommendation and in February 2014 created the Developmental Services-Housing Task Force. The ministry appointed the Chair of the Task Force in April 2014 and its membership in August 2014.
- The Housing Task Force brings together individuals and families, municipal and community partners, academics and social services and housing experts, with support from provincial ministries, to find innovative housing solutions. The Housing Task Force held its first meeting on September 22, 2014.

- Working within a two-year mandate, the Housing Task Force will:
 - develop a framework for capacity-building projects and recommend demonstration projects for government investment and evaluation;
 - recommend a number of demonstration projects to fund starting in 2014/15; and
 - create online resources to help individuals and families access information, network, collaborate and support each other in exploring and creating successful housing solutions.

- The mandate of the Housing Task Force is consistent with the recommended mandate in the *Ending the Wait* report. Timelines for identifying and achieving objectives in the *Ending the Wait* report will be referenced in the work of the Housing Task Force.

- Under MMAH's Affordable Housing Program, MOHLTC allocated 100 of its 700 supportive housing units to MCSS for individuals with a dual diagnosis. In 2006, the units were allocated across the province and are aligned with the MOHLTC units in regions with highly developed health and community support services to provide the best possible service for individuals with a dual diagnosis and their families.

- As part of Ontario's *Poverty Reduction Strategy: Realizing Our Potential*, released in September 2014, the government committed to updating the Long-Term Affordable Housing Strategy by 2015/16 to reflect current realities, lessons learned and integrate new research on best practices, and to ensure an expanded focus on homelessness. For example, updates to the Strategy will consider key reports and housing-related recommendations as they relate to people with developmental disabilities.

- MMAH is the lead ministry responsible for the update of the Strategy and will provide information for opportunities for engagement in the coming months.

- The Ontario Disability Support Program (ODSP) regulation was amended in 2010 and addresses the Select Committee's recommendation to eliminate ODSP benefit reductions for unrelated individuals with developmental disabilities who share accommodation. The amendment changed the calculation of shelter allowances for individuals who live with roommates to reflect their actual share of the total shelter costs, up to the maximum shelter allowance. An ODSP recipient's shelter allowance may be lower than the maximum allowable amount but this reduction in benefits would be due to their share of total shelter costs and not their roommate status.

Recommendations 44 through 46: Respite and Day Programs

44. The IMCDS build more capacity for affordable, flexible, age-appropriate, and needs-appropriate respite care spaces; and collaborate with families and community agencies in the development and support of locally-based respite initiatives.
45. Families be able to access respite programs through referrals from professionals such as educators and family physicians.
46. The IMCDS collaborate with families and community agencies to develop and support locally-based day programs. These programs must be affordable and regionally available, and tailored for a range of age groups, interests, activity levels, and needs.

Government Response

- The government recognizes and appreciates the critical role family members and other caregivers play in supporting an adult with a developmental disability living at home or on their own in the community.
- To support and give primary caregivers a mental and physical break from their caregiving responsibilities, in July 2013 caregiver respite was added to the range of activities and supports that are funded under the Passport program. Caregivers can now use Passport funding to purchase respite services and supports that may last from a few hours to overnight. They may be provided during the day, evening or weekend and can be received either in-home or out-of-home.
- The 2014 Budget expands funding for Passport and provides new or additional funding for approximately 13,000 individuals and helps eliminate the existing waitlist for Passport funding in four years.
- Primary care practitioners currently make referrals to both medical specialists and a range of community resources, including respite programs, according to the needs of their patients and services available in local communities. Through the introduction of Health Links, this linkage and referral for patients with complex needs will be strengthened.
- In addition, MOHLTC will continue to work with MCSS and MCYS as well as key external stakeholders to build awareness among primary care providers of the availability of respite programs for people with developmental disabilities.
- MEDU will work with partner ministries to support families' access to respite programs.

CONCLUSION

The government would like to thank the members of the Select Committee on Developmental Services for their commitment to people with a developmental disability and their families and caregivers and for the work that went into preparing *Inclusion and Opportunity: A New Path for Developmental Services in Ontario*. The government would also like to thank all those who shared their experiences with the developmental services system by appearing before the Select Committee or by providing written submissions— their voices have been heard and the government is taking steps to address many of the issues and concerns raised during the Select Committee process, including:

- Investing to address waitlists and serve more people
- Modernizing services to promote greater inclusion, choice and independence for people with a developmental disability;
- Improving the administration of developmental services to promote transparency and efficiency;
- Promoting more seamless transitions from childhood to adulthood for people with a developmental disability; and
- Strengthening services across the health, education and justice systems to be more responsive and inclusive for people with a developmental disability.

To support these priorities, the government has invested \$810 million in community and developmental services over the next three years. Policy work is also underway across government to align inter-ministerial collaboration and:

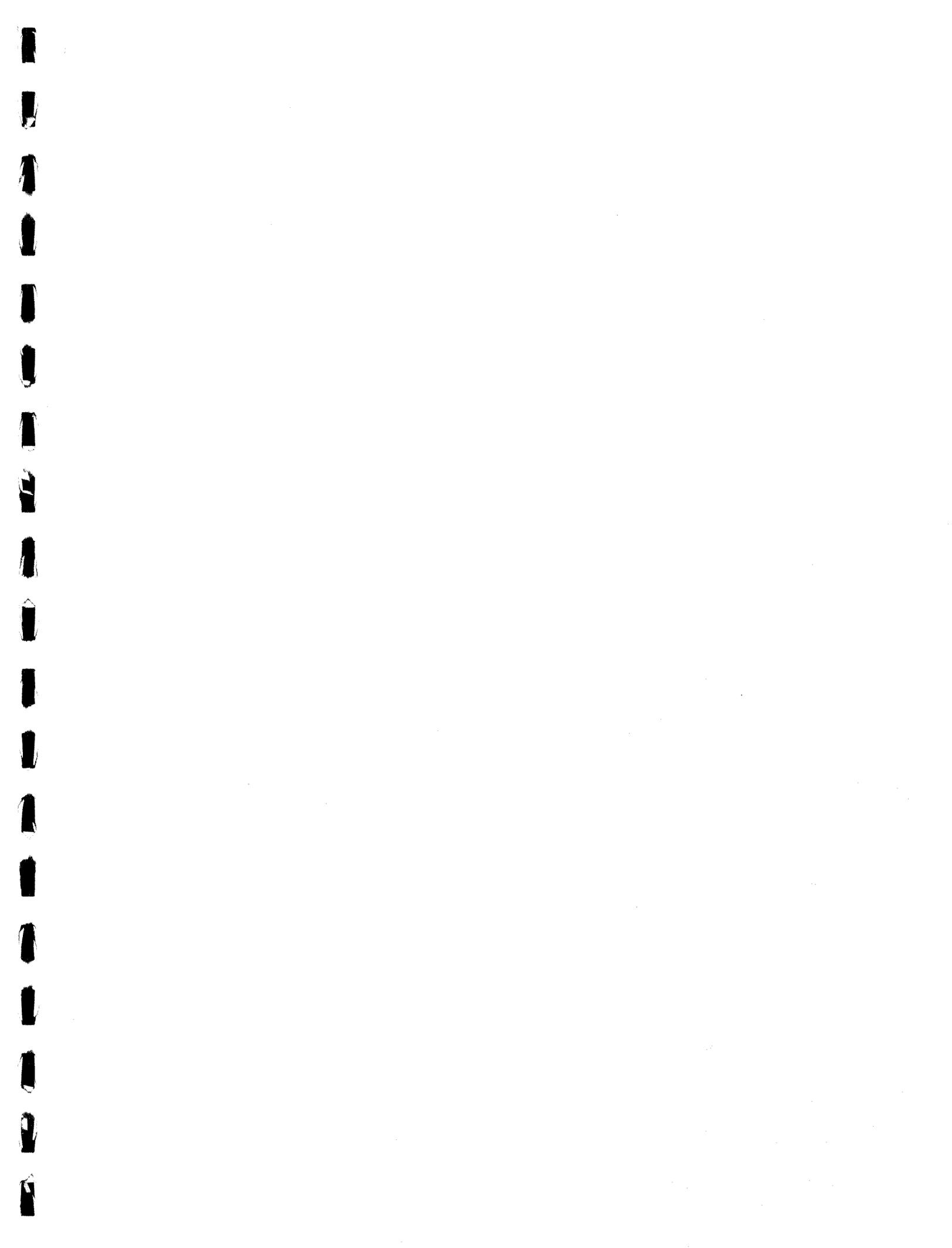
- Build capacity to meet the complex needs of individuals who have a developmental disability and concurrent mental health or health needs;
- Improve skills training and employment opportunities to help people with a developmental disability participate in the labour force; and
- Develop and implement strategies to improve outcomes for children and youth with complex and special needs, including Autism Spectrum Disorder and Fetal Alcohol Spectrum Disorder.

In 2004, the government announced it would transform developmental services in the province. The driving vision for the transformation was —and continues to be— the creation of a system of services and supports that is accessible, fair and sustainable which enables people with a developmental disability to participate as full citizens in all aspects of community life. To that end, the government's commitment to improving the system of supports for people with a developmental disability includes not just increases in services and supports, but also strategies to strengthen the foundation of those services across communities.

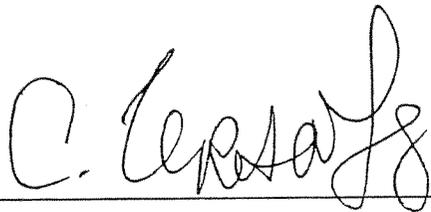
Again, the government would like to thank the Select Committee for its hard work and recommendations to improve developmental services in Ontario.

APPENDIX: LIST OF ABBREVIATIONS

Abbreviation	Stands For
ABA	Applied Behaviour Analysis
ACSD	Assistance for Children with Severe Disabilities Program
ACYS	Aboriginal Children and Youth Strategy
AHWS	Aboriginal Healing and Wellness Strategy
ASD	Autism Spectrum Disorder
ASD CEC	Autism Spectrum Disorder Clinical Expert Committee
CCAC	Community Care Access Centre
CDS	Common Data Set
CICE	Community Integration through Co-operative Education
CNSC	Community Networks of Specialized Care
DSCIS	Developmental Services Consolidated Information System
DSO	Developmental Services Ontario
EA	Educational Assistant
EI	Employment Insurance
FASD	Fetal Alcohol Spectrum Disorder
HCARDD	Health Care Access Research and Developmental Disabilities
ICES	Institute of Clinical Evaluative Sciences
IMCDS	Inter-Ministerial Committee on Developmental Services
LMAPD	Canada-Ontario Labour Market Agreement for Persons with Disabilities
LTCHA	<i>Long-Term Care Homes Act, 2007</i>
MAA	Ministry of Aboriginal Affairs
MAG	Ministry of the Attorney General
MCSCS	Ministry of Community Safety and Correctional Services
MCSS	Ministry of Community and Social Services
MCYS	Ministry of Children and Youth Services
MEDU	Ministry of Education
MEDEI	Ministry of Economic Development, Employment and Infrastructure
MMAH	Ministry of Municipal Affairs and Housing
MOHLTC	Ministry of Health and Long-Term Care
MTCU	Ministry of Training, Colleges and Universities
OCAN	Ontario Common Assessment of Need
ODSP	Ontario Disability Support Program
QAM	Quality Assurance Measures Regulation 299/10 under SIPDDA
SEAC	Special Education Advisory Committee
SIPDDA	<i>Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008</i>
SJS	Summer Jobs Service
SSP	School Support Program
SSAH	Special Services at Home
TAY	Transitional Age Youth
YJS	Youth Jobs Strategy
YOTIS	Youth Offender Information Tracking System
YMHCW	Youth Mental Health Court Worker



THIS IS EXHIBIT "N" REFERRED TO
IN THE AFFIDAVIT OF
BARBARA SIMMONS,
SWORN BEFORE ME THIS 15th DAY
OF DECEMBER 2017



Chapter 3

Ministry of Community and Social Services

Supportive Services for People with Disabilities

Background

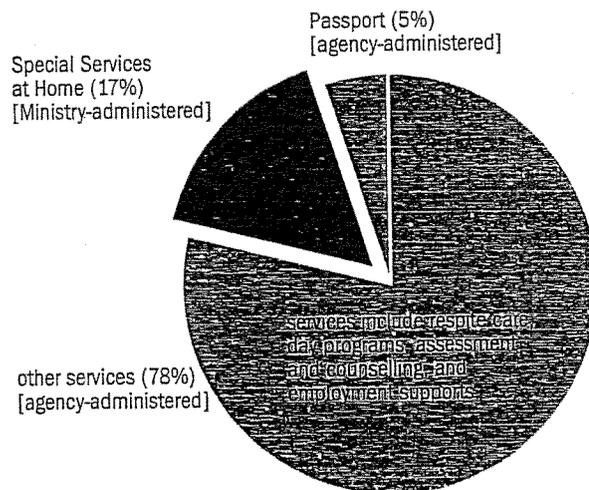
The Ministry of Community and Social Services (Ministry) funds a variety of supportive services programs designed to help people with developmental disabilities live at home, work in their communities, and participate in a wide range of activities.

Transfer payments for supportive services totalled approximately \$571 million in the 2010/11 fiscal year, an increase of approximately 68% from the 2000/01 total of \$340 million. This represents an average annual increase of approximately 5% over the last 10 years. Of the \$571 million the Ministry spent in 2010/11, it disbursed \$472 million, or approximately 83% of the total, through 412 contracts with transfer-payment agencies in nine regions. These agencies provided services to about 134,000 eligible people. The Ministry-administered Special Services at Home (SSAH) program received \$99 million to serve 24,000 families. The breakdown of funding is illustrated in Figure 1.

Agencies that receive transfer-payment funding provide or arrange for such services as assessment and counselling, speech and language therapy, behaviour intervention therapy, and respite care. The SSAH program provides direct funding to families that have eligible people with disabilities

Figure 1: Supportive Services Expenditures, 2010/11

Source of data: Ministry of Community and Social Services



living at home. This money is to be used for purchasing supports and services beyond those typically provided by families and that are designed primarily to enhance personal development and growth and provide family relief through respite care. As well, the agency-administered Passport program—a recent Ministry initiative—provides direct funding to families for such things as personal development, as well as social and recreational activities.

Audit Objective and Scope

The objective of our audit of supportive services was to assess whether the Ministry of Community and Social Services (Ministry) had adequate policies and procedures for ensuring that:

- quality supportive services were provided in compliance with legislative and program requirements and performance expectations; and
- transfer payments were satisfactorily controlled and commensurate with the amount and value of services provided.

Senior management reviewed and agreed to our audit objective and associated audit criteria.

Our audit included a review and analysis of relevant files and administrative policies and procedures, as well as discussions with appropriate staff at the Ministry's head office and four regional offices that we visited (Kingston, Ottawa, Sudbury, and Toronto). We also reviewed and analyzed relevant files and administrative policies and procedures, and we held discussions with senior staff at 13 transfer-payment agencies within the four regions we visited.

In addition, we met with the Provincial Network on Developmental Services, which included members from a wide range of interest groups, such as Ontario Agencies Supporting Individuals with Special Needs and the Ontario Association on Developmental Disabilities.

We reviewed several audit reports issued by the Ministry's Internal Audit Services, including its 2006 transformation project review of the SSAH program and its 2010 Regional Office Controllership Review of the South West Regional Office. Although these reports did not reduce the extent of our work, they did influence our thinking about specific issues and the approach to our work with respect to those issues.

We also reviewed the 2008 Deloitte report on the Ministry's Passport program, which made a number of recommendations. We considered these

recommendations and the actions taken by the Ministry in planning our audit.

Summary

Many of the concerns noted in our last audit of this program, which took place 15 years ago, have still not been satisfactorily addressed. As a result, the Ministry still does not have adequate assurance that its service delivery agencies are providing an appropriate and consistent level of support in a cost-effective manner to people with developmental disabilities.

Specifically, the Ministry's oversight procedures are still not adequate to ensure that quality services are provided and that public funds are properly managed by transfer-payment agencies. For example, ministry staff rarely visit agencies for these purposes. Such visits would be particularly important given the inadequate accountability mechanisms we noted during our audit.

The Ministry has for several years been undertaking a comprehensive Developmental Services Transformation project. When the project is complete, the Ministry expects to have made a number of significant changes to the system of developmental services and supports. However, given the extent and complexity of the changes, it will take several years before many of the issues we identify in this report can be effectively addressed.

With respect to ensuring that quality services were provided by transfer-payment agencies in compliance with legislative requirements and program policies and procedures, we found the following:

- In half the cases we reviewed, agencies lacked supporting documentation to adequately demonstrate a person's eligibility or needs. As a result, agencies could not demonstrate, and the Ministry could not assess, an individual's needs and whether the individual was receiving the appropriate level of service or, for example, was in need of additional support.

- The Ministry has not established acceptable standards of service, or the necessary processes to properly monitor the quality of services provided and whether it is receiving value for money for the funding provided to community-based agencies.
- The Ministry is not aware of the number of people who are waiting for agency-based supportive services, information that is necessary for assessing unmet service needs.
- Although one would expect a consistent set of rules about what are appropriate services and, therefore, allowable expenditures under the Passport program, the Ministry has not set such rules. As a result, expenses for services reimbursed in one region were deemed ineligible for reimbursement in another. In addition, claims by individuals under the Passport program often lacked the details necessary to ensure the appropriateness of expenses approved and reimbursed. For example, a family was paid a total of \$22,000 for a year; however, the monthly expenditure reimbursement requests submitted by the family did not provide any information to demonstrate that the funding was being requested for eligible purposes.

Our observations with respect to the Ministry's oversight of funding provided to transfer-payment agencies are as follows:

- In practice, annual agency funding continues to be primarily historically based rather than needs-based, and this exacerbates any previous funding inequities. As a result, we were not surprised to find that some hourly service costs appeared excessive and that the range of costs per hour for similar services varied widely across the province.
- The quarterly reporting and annual transfer-payment reconciliation processes are ineffective and serve little purpose given that:
 - information provided by agencies in these reports is often not accurate and reflective of operations;
 - the quality of the Ministry's review is inadequate and is performed by staff without adequate training and expertise; and
 - the Ministry does not adequately review the year-end transfer-payment reconciliations to ensure that they were properly and consistently completed.
- The Ministry had little knowledge of whether the agencies it funded and their boards of directors had effective governance and control structures in place. We found that, in one case, even when serious concerns were identified, neither the board nor the Ministry took appropriate action.

With respect to the Special Services at Home (SSAH) program, which directly reimburses individuals and families for eligible expenses, we found the following:

- Our review of a sample of case files for people who received SSAH funding found that the forms were properly completed, and in most cases people received the support they were entitled to under the program's decision guide.
- Since 2008/09, no additional SSAH funding has been provided to address the gap between the growing demand and available funding. As a result, as of March 31, 2011, there was a waiting list of almost 9,600 people who met the eligibility criteria but were still waiting for SSAH funding.
- We were often unable to determine, and the Ministry was unable to demonstrate, that the claims submitted and the reimbursements made to families were for eligible expenses.

We also found that the Ministry has not ensured that transfer-payment agencies complied with the government directive regarding travel, meal, and hospitality expenses. We noted a number of purchases made by senior management at the agencies that did not comply with the government directive on travel, meal, and hospitality expenses, or with good business practices.

The Ministry appreciates the recommendations of the Auditor General. As part of its long-term plan to transform the developmental services system, the Ministry has already initiated several improvements that are consistent with the recommendations concerning accountability, eligibility for and access to services, and administration.

In January 2011, the Ministry put in place more robust quality assurance measures to set service standards for all agencies that receive provincial funding for developmental services.

Subsequent to the audit, the Ministry implemented a new way for people to apply for services. This addresses the Auditor General's concerns about inconsistency in eligibility. Individuals will now apply for services based on the same criteria through a single streamlined and consistent process.

We are continuing to introduce measures to make sure that public funds are managed more effectively. We have implemented a stronger approach to assess financial risk in agencies delivering services and will be introducing new reporting standards to improve service quality and financial information.

The Ministry is also improving the administration of the Special Services at Home and Passport programs. We are moving to a single direct funding program to make the system easier to navigate and more flexible for individuals and families. As of April 1, 2012, Special Services at Home will no longer serve adults with a developmental disability. Adults will apply to Passport for direct funding; children will apply to Special Services at Home. As part of this change, the Ministry is reviewing the Passport guidelines and will clarify eligible expenses for reimbursement under both programs.

Detailed Observations

SERVICES PROVIDED BY TRANSFER-PAYMENT AGENCIES

Eligibility and Access to Services

At the time of our audit, agencies in the nine regions, which account for 80% of total program expenditures, were using one of two access models to enable people to obtain services—either a single-agency model or a multi-agency collaborative model.

In a single-agency setup, people apply to an agency in the community that has been designated as the single access point. This agency performs the initial screening, determines a person's eligibility for supports and services, and matches his or her needs to the available services. In a multi-agency collaborative setup, a person or family can apply directly to any agency in their community.

To qualify for and receive supportive services, a person is first assessed for eligibility by the agency he or she approaches. The agency prepares a formal assessment to determine what services the person needs. We found that, in most cases, the Ministry did not provide guidance to agencies regarding the criteria and documentation required to demonstrate someone's eligibility and, therefore, their needs. As a result, half the cases we reviewed lacked documentation supporting the diagnosis of the individual's specific disability and needs. In the absence of such documentation, the Ministry cannot readily ascertain whether service needs are determined on a fair and consistent basis throughout Ontario and that the services recommended are the most appropriate for the individual's needs.

RECOMMENDATION 1

To help ensure that eligibility is determined consistently and equitably across the province, and that individuals receive the appropriate

support, the Ministry of Community and Social Services (Ministry) should provide guidance to agencies regarding the criteria and documentation required to demonstrate a person's eligibility and needs. The Ministry's regional offices, as part of their oversight responsibilities, should then periodically review whether transfer-payment agencies are assessing people on a consistent basis and matching their needs to the most suitable available services.

In July 2011, the Ministry implemented a new way for people to apply for developmental services and supports. Nine Developmental Services Ontario organizations are now the single windows through which adults with a developmental disability and their families apply for services and supports. Decisions about eligibility for support are made the same way across the province, on the basis of consistent criteria. Everyone will be assessed in the same way regardless of where he or she lives in the province. This new process means that eligibility will be determined consistently across the province.

Quality of Services Provided

Establishing measurable service standards can be challenging, given that agencies provide a wide range of programs, and that service needs can vary significantly from person to person. However, it is important for the Ministry to set quality-of-service standards to help ensure that programs delivered by agencies meet people's needs and ultimately represent value for money spent. Common benchmarks such as staff-to-client ratios, assessment of staff qualifications, and, ultimately, assessment of program outcomes are useful tools for evaluating the quality and cost-effectiveness of the developmental support services being provided.

However, based on our review of program files and discussions with ministry and agency staff and stakeholder groups, we noted that, similar to findings from our last audit of this program in 1996, the Ministry does not have a set of standards or a process in place for periodically assessing the quality of services provided by agencies. As well, we noted that the regional offices seldom made on-site visits to the various agencies responsible for service delivery in their regions to gain first-hand knowledge of their operations. As a result, the Ministry cannot assess whether agencies have provided the right services given the individual's needs or whether value for money has been received for the funding provided to that agency.

RECOMMENDATION 2

To ensure that services are appropriate, are of an acceptable standard, and represent value for the money spent, the Ministry of Community and Social Services should:

- establish acceptable standards of service; and
- periodically evaluate the appropriateness and cost-effectiveness of the services provided by transfer-payment agencies.

The Ministry monitors service agencies through an annual funding agreement that sets out the Ministry's expectations and requirements for service delivery for each program area.

In January 2011, the Ministry introduced a new regulation that established more robust quality assurance measures for agencies. These measures are intended to help set consistent standards and evaluate the appropriateness of the services and supports being delivered to adults with a developmental disability. All Ontario-funded developmental services agencies were trained on the measures, and ministry staff will regularly follow up with agencies to make sure they are complying.

The Ministry is also planning to conduct an evaluation of the implementation of the new Developmental Services Ontario organizations as part of its transformation initiatives. These organizations provide a single point of access for adults with a developmental disability and their families to apply for services and supports. Anticipated as part of this evaluation is whether individuals with a developmental disability receive the appropriate services as identified in their assessments, as well as an analysis of the cost of these services.

In addition, the Ministry is co-leading a long-term human-resource strategy with the developmental services sector to recruit and retain qualified professionals to ensure that there is a well-trained, skilled workforce to support individuals. A key component of the strategy has been the development of core competencies for positions at all levels in the sector. These core competencies will help improve the skill sets of direct support staff as well as of agency management.

Wait Lists

People who are assessed as eligible for supportive services, but for whom agency-based services or direct funds are not available at the time of assessment, are placed on a waiting list. Lack of access to supports or services—and the resulting wait lists—can arise because of inequitable distribution of funds among the regions. As well, some areas of the province have limited access to certain professional services, resulting in longer waits for such services.

Agencies within each region maintain, either collectively or individually, the wait-list information for applicants who are determined to be eligible and in need of service. There currently is no standard approach in maintaining waiting lists for agency services, and, with the exception of the Passport program, wait-list information is not provided by the agencies to the Ministry's regional

offices. Therefore, with the exception of the direct funding programs (SSAH and Passport), the Ministry is not aware of the number of people waiting for agency-based supportive services, information that is necessary for assessing unmet service needs. Wait-list information, once collected and analyzed, would help the Ministry identify where the need is greatest and would help it, for example, distribute funding more effectively.

RECOMMENDATION 3

To help monitor and assess unmet service needs, and help allocate funding more equitably, the Ministry of Community and Social Services (Ministry) should work with agencies to ensure that they prepare and periodically forward to the Ministry accurate wait-list information on a consistent basis.

A key goal of Ontario's developmental services modernization is improving fairness and equity in how funding decisions are made. Developmental Services Ontario will now be responsible for assessing everyone's needs in a consistent way. Its work will be supported by new technology that will maintain accurate information about service needs and wait lists across the province.

The next step in the modernization plan is a new funding approach that will consistently prioritize service for people who need it most. It will also make funding more equitable by tying funds to each person's assessed needs, so that people with similar needs receive similar levels of support.

Passport Program

In the 2005/06 fiscal year, the Ministry implemented an initiative called the Passport program to give an annual block of funding to agencies to

be given to families of eligible people who have left school or who are waiting for community-based services. Under this program, people may receive funding to help them get involved in continuing education, volunteering, leisure activities, and social skills development, as well as to get help with employment preparation and vocational activities.

In the 2010/11 fiscal year, 2,700 people received a total of \$31 million (or an average of \$11,500 each) in Passport funding. In addition, there were approximately 4,500 people who had been determined to be eligible, but who, because of the limited funding available, were on the Passport funding wait list.

Passport Program Reimbursements

Once a region's designated Passport program agency has determined eligibility and approved funding amounts, clients and their families can choose either to receive funding directly to purchase services themselves or to have the agency administer the funding on their behalf. Families that choose to receive funding directly must submit detailed invoices to the Passport-designated agency for approval and reimbursement.

Our review of a sample of claims found that the process for ensuring that funding was spent only for eligible services was ineffective for the following reasons:

- The Ministry has not set out clearly what are appropriate uses of Passport funding. As a result, expenditures being approved in one region were not deemed eligible for reimbursement in another. For example, reimbursements for entertainment expenses at times included expenses for the support worker only, at other times for both the support worker and the client, and at other times the support worker, the client, and accompanying friends and family members, depending on which region the client was in.
- There is inadequate control by agencies over the review and approval of reimbursements.

All files we reviewed had instances where the invoices lacked normally expected information such as specific dates, what activity was being claimed for reimbursement, and the duration. For example, a family was reimbursed \$22,000 for a year with monthly invoices that simply noted "volunteer job activities," "health and fitness in the community," and "personal skills development." Another client was reimbursed for a \$7,000 invoice that listed only "recreation" activities for an 11-month period.

RECOMMENDATION 4

To ensure that families are being reimbursed only for the reasonable cost for eligible activities, the Ministry of Community and Social Services should clearly define what are eligible expenditures and ensure that agencies are approving and reimbursing expense claims on a consistent basis across the province.

The Ministry is moving toward a single direct funding program in April 2012. To prepare for this change, the Ministry has begun reviewing its guidelines for Passport. The new guidelines will specify more clearly the services and supports that can be purchased through this program and the reporting and accountability requirements.

MANAGEMENT AND CONTROL OF TRANSFER-PAYMENT CONTRACTS

Budget Submissions and Annual Service Contracts

The Ministry enters into annual service contracts with each of its supportive services transfer-payment agencies. The agencies submit annual budget proposals, which are to include details about the

amount of program funding they are seeking, and the types and quantity of services to be provided. The process then calls for the Ministry to review the budget submission package to help ensure that the final contract entered into provides for quality services that represent value for money spent.

We found that the Ministry's budget review and contract approval process does not ensure that the approved amount of funding is reasonable and commensurate with services to be provided. In the cases we reviewed, there was little or no evidence that the Ministry had performed any analysis of budget submissions.

This is of particular concern for the following reasons:

- In most of the files we reviewed, there were significant variances in budgeted service targets and requested funding amounts compared to the previous year's approved contract. For example, the service target for one program decreased by almost half—from 39 to 21 individuals—but the funding requested by the agency almost doubled—to \$803,000 from \$440,000. The Ministry subsequently approved the contract for the agency to receive \$840,000 to serve the 21 people. Although the total number of people served isn't the only indicator of what funding an agency should receive, the significant decrease in clients served should have warranted follow-up questions before an almost doubling of the previous year's funding was approved.

- The service targets and funding amounts on the agencies' budget submissions were often significantly different from those on the contract that was ultimately approved, and there was no evidence of the Ministry's rationale for the approved amounts. For example, for one agency the service target for one of its programs decreased significantly, from 51 individuals on the budget submission to nine on the approved contract, yet the original \$79,000 requested for 51 people was not changed and was ultimately approved.

Except for minor adjustments for special initiatives and new programs, service contracts—including service targets and total funding amounts—are generally rolled forward from year to year. There's no evidence that the Ministry assessed the reasonableness of the funding approved, vis-à-vis the services to be provided.

The cost per hour for particular types of services varies widely among regions. We asked the Ministry whether it compares the cost of similar services between agencies within each region or across the province to determine whether the costs are reasonable. We were advised that the Ministry does not do such comparisons. We analyzed the cost per hour of direct service for various types of programs in three of the four regions we visited and noted a wide range. Figure 2 shows the cost range for some services.

The costs per hour for different types of supportive services are expected to vary, sometimes

Figure 2: Cost Range for Selected Adult Services, 2009/10

Source of data: Ministry of Community and Social Services

Type of Service	Cost per Hour of Direct Service				
	Province	Three Regions Visited			# of Agencies*
	Average (\$)	Average (\$)	Lowest (\$)	Highest (\$)	
out-of-home respite care	61	20	4	457	35
assessment and counselling	86	121	10	487	32
day programs	33	45	8	74	59
client case management	32	48	16	881	52

* Number of agencies that are providing each specific service within the three regions from which we obtained the information

significantly, depending on the type of service a client requires, although the cost per hour of similar services should be within a reasonable range. However, as seen in Figure 2, some costs per hour appear excessive, and the range of costs per hour for similar services is extreme. The Ministry does not have the information necessary to assess what constitutes a reasonable hourly cost or a reasonable range.

We also noted that a 2%-a-year base funding increase was provided to agencies beginning in the 2007/08 fiscal year up to and including 2009/10. This increase was part of the 2007 Ontario Budget announcement to enhance services and supports in the developmental services sector.

Because increases such as the 2%-a-year base increase were given without any consideration of the agencies' prior-year surpluses or deficits, or changes in service demands, any previous funding inequities were not addressed. We noted similarly in our 1996 audit that across-the-board percentage funding changes perpetuated historical funding inequities. We further noted that there was insufficient evidence in the files we reviewed that the Ministry related the amount of an agency's total funding approval to an assessment of the value of the underlying services to be provided or the comparative need for services in that local community. For example, the Ministry did not determine the cost per unit of service to permit the comparison of the costs for similar services or the identification of higher-cost services that could benefit from a more detailed review.

RECOMMENDATION 5

To ensure that funding provided to transfer-payment agencies is commensurate with the value of services provided and that funding is primarily provided based on local needs, the Ministry of Community and Social Services should:

- reassess its current budget submission, review, and approval process and revise it to ensure that the approved funding to agencies is appropriate for the expected level of service; and

- analyze and compare the agency costs of similar programs across the province, and investigate significant variances that seem unjustified.

The Ministry is developing a new funding allocation model that will improve equity, allocate funding on the basis of assessed need, and promote cost-effectiveness.

In the 2012/13 fiscal year, the Ministry will introduce new Transfer Payment Reporting Standards that will help improve the Ministry's ability to compare costs between agencies that are providing similar programs. Following that, additional financial data standards will be implemented that will allow more accurate information on program cost factors and variances. Ministry and agency staff will be trained to ensure a consistent approach to contract management and analysis of quarterly reporting information.

Ministry Oversight and Control

The government transfer-payment accountability Best Practices guide states:

It is not enough to have an agreement in place and then file it away. [Transfer-payment] program managers have to read, understand, and actually use and enforce these agreements in managing the [transfer-payment] relationship on a day-to-day basis. So while an agreement is an essential instrument to have in a well-managed [transfer-payment] program, it is not a substitute for program managers' due diligence at every stage of the transfer payment accountability cycle.

To assess whether the Ministry was adhering to this directive in monitoring the quality of services

and the value-for-money performance of the community-based agencies it funds through transfer payments, we looked at two things. The first is the accuracy of the information that the agencies report to the Ministry, and the second is the process that the Ministry has in place for assessing that information in relation to the annual agency contract, including performance benchmarks. Our review found that neither of these requirements was fulfilled to a sufficient standard to allow proper oversight of community-based service delivery. These requirements are particularly important in view of the fact that regional offices do not conduct periodic on-site visits of agencies.

In particular:

- Although the Ministry requires that agencies file quarterly and year-end reports to inform it of such things as budgeted expenditures compared to actual expenditures, and expected services being funded compared to actual services provided, agencies often did not accurately or adequately report key information to the regional offices.

For example, we found that many agencies report their service results by replicating their approved targets or making arbitrary allocations, regardless of actual clients served. Almost all of the agencies maintained client lists that differed, sometimes significantly, from what was reported to the Ministry. For example, one agency reported serving 65 people in its respite-care program when it actually served 26. Another reported serving 25 people in its day program when it served 194. When asked about the basis for the numbers reported to the Ministry, these agencies said that they were arbitrary numbers determined in previous years and were reported to match the approved funding contract for that year.

We also found that programs' service hours and administration costs reported by agencies do not represent the actual costs.

Once again, agencies told us that they arbitrarily allocate those amounts to programs.

We also found that some agencies did not submit the required audited financial statements, post-audit management letters, or other supporting information to substantiate expenditures and adjustments on their year-end reports, known as Transfer Payment Annual Reconciliation (TPAR) reports.

We recognize that agencies have little incentive to report actual service and expenditure data accurately, since Ministry-approved funding amounts are based primarily on historical data and are consistently rolled forward from year to year, regardless of the level of actual services being provided. As well, in most cases, there are no consequences for agencies that report inaccurate or misleading results.

- The Ministry does not have in place adequate procedures for reviewing the information that it receives from agencies to determine its accuracy, or for following up on inconsistencies even when they're evident. We found that the Ministry does not request supporting information, such as client lists, in order to confirm whether data from the agencies are accurate and reflect actual operations; nor, as previously noted, do regional office staff visit the agencies to gain first-hand information on the level of services actually being delivered. The Ministry also doesn't confirm whether data were reported in accordance with the instructions it sends out to the agencies.

We found no evidence that the Ministry followed up on any of the cases where there were significant variances between approved and actual reported service targets on quarterly reports, even though there was no explanation provided by the agencies, or the explanations were insufficient. As well, the Ministry did not identify and analyze variances in data from one quarterly report to another. For example, for the first three quarters of the fiscal year, an

agency reported serving 15 people in a program; in the fourth quarter, it reported only four people in the program.

We also found that the two ministry units that handle the reviews of the quarterly and year-end reports, respectively, operate independently and therefore do not benefit from each other's knowledge of the agencies' files.

When agencies did submit the required financial information in their year-end TPAR reports, the Ministry did not properly reconcile the reports to the agencies' related audited financial statements. We reviewed the financial information provided in a sample of TPAR reports and identified a number of inappropriate expenses that the Ministry did not identify, but should have. For example, we found capital purchases that were made using transfer-payment funds approved for delivery of supportive services. In half of these cases, the agencies reported on their TPARs that annual program operating funds of up to \$540,000 were used for one-time capital purchases, the details of which were not documented. Ministry staff in this region told us that they compared totals rather than doing a line-by-line review of the financial information provided. Our scan of the information indicated that a line-by-line review would have highlighted these unauthorized major capital purchases for follow-up.

We also noted that ministry staff responsible for review and approval of financial submissions from agencies often did not have the necessary training and expertise. As a result, the staff cannot effectively review and interpret the information from agencies. For example, ministry staff relied on the audited financial statements of agencies to ensure that transfer payments were spent prudently and for their intended purposes. However, a financial-statement audit isn't intended to provide assurance that funds were spent prudently and for the intended or eligible purposes; it ensures only

that what the funds were spent for is accurately reported in the agency's financial statements.

RECOMMENDATION 6

To ensure adequate oversight of transfer-payment agencies and to improve accountability within the supportive services program, the Ministry of Community and Social Services should:

- review all agency quarterly reports and year-end TPAR submissions for unusual or unexplained variances from previous years and from contractual agreements, and follow up on all significant variances;
- perform spot audits on agencies to validate the information provided in the quarterly reports and TPAR submissions; and
- assess whether each regional office has the level of financial expertise required, and, where lacking, determine the best way of acquiring this expertise.

Introduction of new Transfer Payment Reporting Standards in the 2012/13 fiscal year and additional financial data standards will enhance the Ministry's ability to assess whether or not value for money was received and require that significant variances be explained.

Ministry staff will receive additional training to support a more consistent approach to contract management and analysis of quarterly reporting information.

Work is also under way on two separate Transfer Payment Governance and Accountability Frameworks, one for ministry staff and one for service providers. The frameworks will promote a stronger understanding of ministry business practices and risk management to improve accountability in the management of transfer payments.

The Ministry's new legislation for developmental services includes requirements for quality assurance measures and allows ministry staff

to conduct site visits with agencies. These visits can include inspection of financial records.

Governance and Accountability

Agencies that receive transfer payments are required to have effective governance structures and accountability processes in place to properly administer and manage public funds.

However, contrary to what one would expect, especially for agencies receiving significant funding, the Ministry had little knowledge of whether agencies and their boards had the expertise and experience necessary to discharge their responsibilities in compliance with ministry requirements, and had the appropriate governance and control structures.

Although smaller agencies receive less funding, appropriate oversight is still critical, especially because separation of duties is inherently difficult at small agencies, which are often run by a single individual. Generally, such agencies have insufficient resources to achieve the proper segregation of duties found in larger organizations. Although the primary oversight role rests with the boards of directors, the Ministry still needs to be cognizant of the risks, so any concerns identified to the boards and the Ministry should be addressed promptly.

However, we found examples where even when concerns were identified, neither the board of directors nor the Ministry took action. In one agency we visited, we noted that the executive director performed all the accounting functions and was the only person who had access to the agency's financial information, such as bank records and journal entries. This agency's external auditors noted in their report to the board of directors that errors and omissions in the agency's financial records resulted in internal financial statements that differed materially from the actual financial position and results of the agency's operations. The external auditors' report also highlighted concerns over the conflicting duties of the executive director. Subsequent to

this report, the board of directors fired the external auditors and appointed new auditors. The Ministry also obtained the report from the auditors but did not question or even follow up with the board or the agency.

We also identified a number of questionable expenses at larger agencies, such as retirement gifts and frequent staff appreciation meals. At one agency, when we brought such examples of inappropriate expenditures to the attention of senior executives, the response from one was that the agency would simply charge those expenses to a different account in the future, so as not to raise any suspicion in upcoming audits. Our sense was that senior management did not appear to understand that the account to which the expenses were charged was not the issue; rather, it was the questionable use of taxpayer money.

Based on the findings in this report and our discussions with ministry and agency staff, we believe that the Ministry's oversight procedures are not adequate to ensure that public funds are well spent and properly managed by agencies and their boards of directors.

RECOMMENDATION 7

To ensure that agencies have the capabilities to properly administer the spending of public funds, the Ministry of Community and Social Services should encourage the regional offices to play a more hands-on role in ensuring that agencies have appropriate expertise and governance structures and accountability processes, including those smaller agencies that receive less funding but may have more difficulty maintaining proper financial controls.

The Ministry is committed to strengthening governance and accountability in the use of public funds. Work is under way on two separate Transfer Payment Governance and Accountability Frameworks, one for ministry staff and

one for service providers. The frameworks will promote a stronger understanding of ministry business practices and risk management to improve accountability in the management of transfer payments. The Ministry is also refining its risk assessment tools, introduced in 2008, for fall 2011. Ministry staff use the tools to assess a broad range of risks, including those associated with governance and accountability.

SPECIAL SERVICES AT HOME (SSAH)

Under its Special Services at Home (SSAH) program, the Ministry directly funds, at an average of \$4,200 each, 24,000 individuals or families that have elected to manage the services for an eligible adult or child with a developmental disability, or for a child with a physical disability. The funding provided is intended to assist the eligible individual and his or her family in purchasing services such as family relief, or for personal growth and development for developmentally disabled individuals.

In the 2008/09 fiscal year, the Ministry decided to freeze SSAH funding while it looked at ways to address the gap between the growing demand and available funding. Since this freeze came into effect, no additional individuals have been approved for funding, resulting in a wait list of almost 9,600 people who had been determined to be eligible and were waiting for SSAH funding as of March 31, 2011.

Eligibility for SSAH funding is restricted to adults and children with developmental disabilities or children with physical disabilities, provided that they are residents of Ontario, have ongoing functional limitations as a result of their disabilities, require support beyond that which is typically provided by families, and are living at home with their families or are living outside the family home but do not receive residential staff support from a government-funded source. To qualify, a person

must have written documentation from a physician or psychologist that outlines his or her disability.

To help regional offices provide funding commensurate with an applicant's needs and to ensure that levels of funding are comparable for people with similar needs, the Ministry in 2004 implemented the Decision Support Guide. The guide includes 15 questions to be used by ministry staff to assess the level of a person's needs on a point system in eight major categories. The accumulated score for the 15 questions then determines the maximum amount of funding for which the person is eligible.

Our review of a sample of case files for people who received SSAH funding found that the forms were properly completed, and in most cases people received the support they were entitled to under the decision guide.

However, there were many cases in which there were changes to an individual's decision-guide score from one year to the next—something that could change the amount of funding for which he or she would be eligible. Even in those cases where the change in score did change the funding, there was no additional information to support the change in score. For example, one person whose score changed from one year to the next without any documented rationale received a funding increase of \$4,000, or 66%, from the previous year's funding. The increase was approved while the SSAH funding freeze was in effect.

SSAH Reimbursements

SSAH funds help eligible people and their families purchase support services that would otherwise not be available to them. These must be for one of two purposes: to help with the client's personal development and growth or for the family's relief and support, including respite care.

There are a number of services available in the community, and families are expected to bear some costs, regardless of their situation. Therefore, there are services that are not recognized or funded

through SSAH, including basic care, child-care fees, assistive devices and specialized equipment, dental services, and home modifications. Although the Ministry has produced a list of ineligible expenses that will not be reimbursed, it has not defined precisely what expenses do qualify for SSAH funding.

Individuals may choose to purchase services themselves with their approved SSAH funding or may elect to have an agency administer the funding on their behalf for a negotiated administration fee. In either case, for individuals and families to recover expenses incurred under the SSAH program, they must submit invoices that are supported by appropriate documentation either to the regional office if they self-administer, or to the agency they designated to administer their funds on their behalf.

Our review of submitted claims and reimbursements paid directly to families by the Ministry or through an agency found that there was inadequate information and review of reimbursement claims to ensure that payments met the intent of the program. Following are some examples:

- In some cases, claims were inappropriately approved and reimbursed for such things as basic care by the primary caregiver and for duplicate invoices. For example, two identical invoices of \$4,100 submitted in the same month by a family were approved and reimbursed without question by the Ministry.
- An invoice for \$4,560 was reimbursed, although detail that should be expected, such as specific dates the service was rendered, and the hours and rate charged by the person providing the service, were missing.

We also found that in the small number of cases in which individuals elected to have an agency administer the funding on their behalf, the Ministry neither requested invoices from the agencies to substantiate the SSAH reimbursements nor performed any spot audits to verify amounts claimed by agencies.

RECOMMENDATION 8

To ensure that Special Services at Home (SSAH) reimbursements to families are consistently made only for legitimate and eligible expenses, the Ministry of Community and Social Services (Ministry) should establish and communicate clear criteria for what constitutes an eligible expense.

In addition, the Ministry and agencies that administer SSAH funding should obtain sufficiently detailed invoices—and, where applicable, receipts—to ensure that the amounts claimed are in fact eligible and reasonable before funds are disbursed.

In June 2011, the Ministry announced that it will be moving to a single direct funding program to make the system easier to navigate and more flexible for individuals and families. As of April 1, 2012, adults applying for direct funding support will apply to the Passport program. As outlined in the Ministry's response to Recommendation 4, the Ministry will be revising the Passport guidelines to specify more clearly the services and supports that can be purchased through this program and the reporting and accountability requirements. At the same time, the Ministry will also be reviewing its invoicing procedures to improve financial oversight.

The SSAH program will continue to serve children and youth. There will be a review of the SSAH program guidelines to address the Auditor General's concerns.

OTHER MATTERS

Travel, Meal, and Hospitality Expenditures

In the latter half of 2009, after questionable spending practices at other public-sector organizations received significant public attention, the Ministry

of Finance announced that all agencies that receive government funding would have to comply with the government directive surrounding travel, meal, and hospitality expenses. The Ministry of Community and Social Services advised all its transfer-payment agencies to comply with the government directive, which, among other things:

- states that expense claims must be properly documented and include detailed receipts;
- outlines expenses that are not eligible for reimbursement, such as alcohol for employees;
- defines under what conditions travel and accommodation expenses will be reimbursed; and
- sets out acceptable hospitality costs.

We found that the government's directive on travel, meal, and hospitality expenses had often not been adopted by agencies.

We reviewed a sample of travel, meal, and hospitality claims of senior management. Most of these expenses were charged to agency credit cards. On an overall basis, we found that transfer-payment agencies often did not comply with the government's directive or with good business practices. We noted many instances where reimbursements for travel, meal, hospitality, and other expenses appeared excessive or otherwise inappropriate in our view. Our specific comments are detailed as follows.

Travel

We found several instances of travel to the United States where detailed invoices were not submitted to substantiate the expenses incurred. For example, invoices were not submitted for hotel accommodations for the Hyatt Hotel in Phoenix, Arizona, where hotel charges to the agency credit card totalled \$1,880. In another case, \$1,300 was charged for accommodation at the Hilton Hotel in Seattle, with no details provided on the nature of the trip. In some cases where invoices were submitted, the circumstances of the trips were not documented or justified. For example, two people charged their agency

credit cards a total of \$3,587 for return flights to, and accommodations in, San Francisco. When questioned, the agency explained that the purpose of the trip was for a "social enterprise conference." In addition, we found that at some agencies, staff charged their credit cards for hotel accommodations in close proximity to their office headquarters, which is contrary to the government directive.

Meals and Hospitality

Our review of a sample of meal and hospitality expenses charged to agency credit cards noted that many appeared excessive and/or were questionable in our view. They included:

- \$1,155 spent at a steakhouse, with neither the purpose nor the number and identities of those who attended stated, and with no detailed receipt submitted;
- \$1,090 spent at a steakhouse, with neither the purpose nor the number and identities of attendees stated, and with no detailed receipt submitted;
- \$747 for five cakes for a "top employers celebration";
- \$570 spent on a "retirement lunch," with the number and identities of attendees not stated and no detailed receipt submitted;
- \$545 for catering for a "send-off reception" at which the number of guests was not recorded.

Other types of questionable expenditures included:

- gift cards totalling \$800 purchased by an agency, with no record of who actually received the gift cards or why;
- \$327 spent on jewellery at Tiffany & Co. for a "retirement gift";
- annual lease and car insurance payments for a personal luxury vehicle totalling \$11,000 made with agency funding on behalf of the executive director. In addition, the executive director was reimbursed for all vehicle maintenance and gas purchases. We also noted that the personal vehicle benefit obtained by the

executive director was not reported as a taxable benefit on the individual's annual T4 slip.

- fitness and pool memberships paid for by an agency in 2009 and 2010 worth \$1,400 each year. The details of the memberships clearly identified that they were for two individuals—specifically, the executive director of the agency and the executive director's spouse.

During the time of our audit, all agencies had to comply with the then government directive on travel, meal, and hospitality expenses. However, the government's new *Broader Public Sector Accountability Act*, which came into effect in April 2011, stipulates that only agencies receiving \$10 million or more per year in provincial funding must now comply with the new Broader Public Sector Expenses Directive, which mirrors the government's 2009 Travel, Meal, and Hospitality Directive.

The new directive notwithstanding, we believe that the principles in this directive provide sound guidance for all agencies to follow.

RECOMMENDATION 9

To help ensure that all agencies that are required to do so implement the government's new directive on travel, meal, and hospitality expenses, and that all other agencies follow the spirit of the directive, the Ministry of Community and Social Services should reinforce the requirements to do so and consider having the agencies' board chairs annually attest to such compliance.

The Ministry has strengthened its risk assessment process to include oversight of procurement activities and travel, meal, and hospitality expenses. The Ministry is now developing additional measures and strategies to hold boards of directors accountable for the prudent use of program funds and compliance with the new *Broader Public Sector Accountability Act, 2010*, including board attestations for compliance

and training for boards as recommended by the Auditor General.

As noted by the Auditor General, effective April 2011, all ministry transfer-payment agencies that receive \$10 million or more a year in provincial funding must now comply with the Broader Public Sector Expenses Directive, which mirrors the government's 2009 Travel, Meal, and Hospitality Directive. Agencies subject to the Act and Directive were notified of their obligations.

Smaller agencies not subject to the Act were provided with the Broader Public Sector Directives on Procurement and Expenses and were encouraged to voluntarily comply.

SSAH Program Administration

All nine of the Ministry's regional offices administer the SSAH program, which includes assessing clients for program eligibility and processing eligible reimbursements. However, we noted some significant differences in the way the program is administered in some regions.

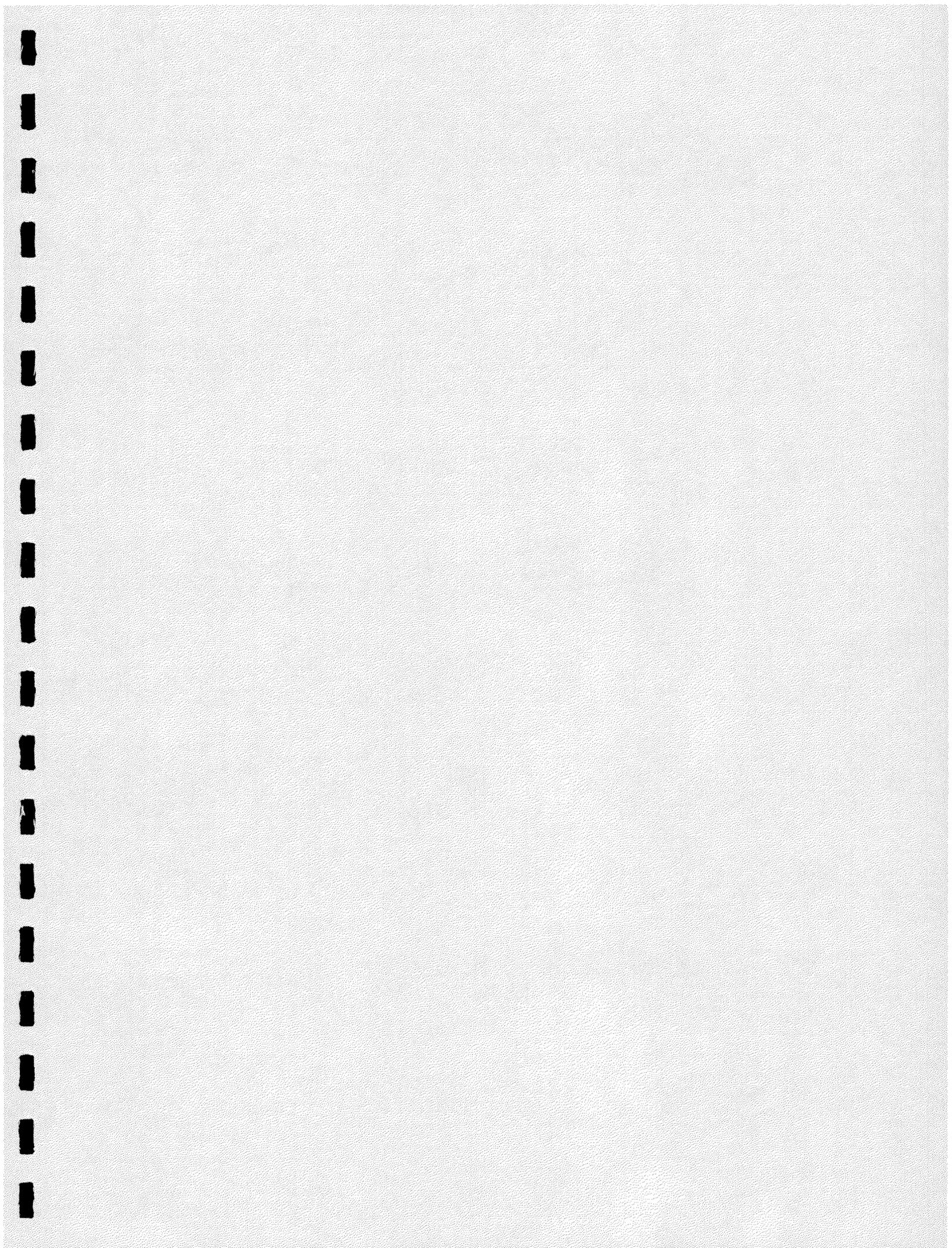
Although all regional offices have similar staffing levels for administering the SSAH program, one office provided funding to six agencies to help it administer the program, at a cost of \$2.1 million. As well, in five regions, a total of \$3.2 million was paid to 33 agencies for helping SSAH clients fill out their application forms. The amount agencies received varied within regions and across the province. For example, some agencies received as little as \$60 on average per client served, while other agencies received as much as \$1,500. The Ministry could not provide an explanation for the variances.

In 2009, the Ministry established a working group to assess the appropriateness of the additional administration expenditures being incurred. However, the Ministry had not taken action on any of the recommendations made by the group as of spring 2011.

RECOMMENDATION 10

Given the similarities in overall staffing levels at the regional offices dedicated to the Special Services at Home (SSAH) program, the Ministry of Community and Social Services should assess the need for the additional administration costs being paid out to agencies and ensure that all costs incurred are reasonable and necessary.

The Ministry agrees that program administration costs should be reasonable and necessary. During summer and fall 2011, the Ministry was working to move toward a single direct funding program for adults with a developmental disability. As part of this transition, the Ministry will be undertaking a review of SSAH program administration funding and guidelines. The Ministry will also review the administrative costs for the Passport program.



Chapter 4

Ministry of Community and Social Services

Supportive Services for People with Disabilities

Follow-up to VFM Section 3.14, *2011 Annual Report*

Background

The Ministry of Community and Social Services (Ministry) funds a variety of supportive services programs to help people with developmental disabilities live at home, work in their communities and participate in a wide range of activities. In the 2012/13 fiscal year, the Ministry spent \$561 million (\$571 million in 2010/11) on such programs, including \$422 million (\$472 million in 2010/11) through approximately 390 contracts with transfer-payment agencies (412 in 2010/11) in nine regions that provided services to about 132,000 eligible people (134,000 in 2010/11). The Ministry-administered Special Services at Home (SSAH) program received \$42 million to serve approximately 12,500 children (in 2010/11, it spent \$99 million serving 24,000 families under a former program). As well, the Ministry spent over \$96 million on its Passport program, serving over 15,300 adults.

In July 2011, as part of the Ministry's long-term Developmental Services Transformation project, the Ministry implemented a new process for people to apply for developmental services and supports. Nine Developmental Services Ontario organizations (DSOs) now serve as "single windows" for adults to apply for services and supports. As of April 1, 2012, Passport provides supports and services exclusively

for adults, and SSAH provides supports and services exclusively for children and youth.

Agencies that receive transfer-payment funding provide or arrange for such services as assessment and counselling, speech and language therapy, behaviour intervention therapy and respite care. Agencies also administer the Passport program, which provides direct funding to families for community participation and caregiver respite for adults with a developmental disability and their family/caregiver. The SSAH program provides direct funding to eligible families for purchasing supports and services beyond those typically provided by families, and that are designed primarily to enhance personal development and provide family relief through respite care.

At the time of our *2011 Annual Report*, we found that many of the concerns noted in our audit of the program 15 years earlier still had not been satisfactorily addressed. The Ministry still did not have adequate assurance that its service-delivery agencies were providing an appropriate and consistent level of support in a cost-effective manner to people with developmental disabilities. The Ministry's oversight procedures were still not adequate to ensure that quality services were provided and that public funds were properly managed by transfer-payment agencies. Although the Ministry was in the midst of a comprehensive Developmental Services

Transformation project intended to address these and other areas, we found it would take several years for many of the issues we identified to be addressed effectively. Among our more significant findings were the following:

- In half the cases we reviewed, agencies lacked supporting documentation to adequately demonstrate a person's eligibility or needs. As a result, agencies could not demonstrate, and the Ministry could not assess, whether the individual was getting the appropriate level of service or was in need of additional support.
- The Ministry had not established acceptable standards of service or the necessary processes to properly monitor the quality of services provided. Consequently, it could not assess whether it was receiving value for money for the funding provided to community-based agencies. Ministry staff rarely visited agencies for these purposes.
- The Ministry was not aware of the number of people waiting for agency-based supportive services, information that was necessary for assessing unmet service needs.
- Although it would be reasonable to expect a consistent set of rules about what were appropriate services and, therefore, allowable expenditures under the Passport program, the Ministry had not set such rules. As a result, expenses for services that were reimbursed in one region were deemed ineligible for reimbursement in another.
- In practice, annual agency funding continued to be based primarily on historical rather than needs-based levels, exacerbating previous funding inequities. As a result, some hourly service costs appeared excessive, and the range of costs per hour for similar services varied widely across the province.
- The Ministry had little knowledge of whether the agencies it funded and their boards of directors had effective governance and control structures in place.

- As of March 31, 2011, there was a waiting list of almost 9,600 people who met the SSAH eligibility criteria but were still waiting for SSAH funding.

We made a number of recommendations for improvement and received commitment from the Ministry that it would make changes consistent with our recommendations.

Status of Actions Taken on Recommendations

The Ministry has made some progress in addressing all of the recommendations in our *2011 Annual Report*. For instance, the Ministry has clarified the definition of developmental disability and the criteria and documentation needed when applying for supports and services. It has also conducted site visits to agencies and Developmental Services Ontario organizations to assess their compliance with quality assurance measures and policy directive requirements. Our concerns with regard to the Passport guidelines and process of reimbursing expense claims have been partially addressed, but will require more time to be addressed fully. The status of actions taken on each of our recommendations at the time of our follow-up was as follows.

SERVICES PROVIDED BY TRANSFER-PAYMENT AGENCIES

Eligibility and Access to Services

Recommendation 1

To help ensure that eligibility is determined consistently and equitably across the province, and that individuals receive the appropriate support, the Ministry of Community and Social Services (Ministry) should provide guidance to agencies regarding the criteria and documentation required to demonstrate a person's eligibility and needs. The Ministry's regional offices, as part of their oversight responsibilities,

should then periodically review whether transfer-payment agencies are assessing people on a consistent basis and matching their needs to the most suitable available services.

Status

As noted in our *2011 Annual Report*, the Ministry implemented a new process in July 2011 for people applying for developmental services and supports. Nine Developmental Services Ontario organizations (DSOs) are now the “single windows” through which adults with developmental disabilities and their families apply for Ministry-funded services and supports. Eligibility criteria and documentation requirements were revised to promote consistent decisions for support across the province, and the new *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act* (SIPDDA) includes a new definition of developmental disability.

The new eligibility criteria require that applicants provide their DSO with the following:

- an assessment or report, signed by a psychologist or psychological associate, that confirms they have a developmental disability;
- documentary proof, such as a copy of a passport or birth certificate, that they are 18 years of age or older; and
- documentary proof, such as a bank statement, utility bill or rental agreement, that they live in Ontario.

A new policy directive also outlines procedures to be used by DSOs to confirm applicant eligibility. The Ministry further engaged clinicians from the Centre for Addiction and Mental Health in June 2011 and May 2012 to develop and provide DSO staff with training on the new eligibility criteria. It also distributed guides, a checklist and other tools to support the DSOs in administering the new process.

Periodic reviews of the success in matching the most suitable services to the identified needs have not been implemented, but the process was under collective review by the Ministry and DSOs at the

time of our follow-up. The Ministry has the authority under SIPDDA to complete compliance inspections for all Ministry-funded services and supports. However, inspectors currently verify compliance only with applicable legislation and policy requirements that outline the DSOs’ role in confirming eligibility; they include no specific criteria related to matching services to needs.

The Ministry completed compliance inspections for all nine DSOs in 2012/13. We noted that no DSOs were found to be 100% compliant upon inspection, and the highest rate of non-compliance related to individuals’ records. The Ministry informed us that 78% of the total non-compliance requirements had been addressed within 10 business days of the inspections, and all requirements had been met at all DSOs by June 2013.

The Ministry also informed us that service agencies are required to develop and annually update support plans for each individual receiving ministry services. The agency works with the individual to develop a support plan that includes strategies to reach their goals, and the services and supports that are needed to help execute those strategies. The Ministry inspected 370 transfer-payment agency sites (some agencies operate multiple sites) between June 1, 2012, and March 31, 2013, and found that more than half had compliance issues. At the time of our follow-up, many of these agencies were still addressing these issues.

Applicants for services and supports can request a review if they disagree with a DSO eligibility decision, and a new policy directive sets out the review process.

Quality of Services Provided

Recommendation 2

To ensure that services are appropriate, are of an acceptable standard, and represent value for the money spent, the Ministry of Community and Social Services should:

- *establish acceptable standards of service; and*

- *periodically evaluate the appropriateness and cost-effectiveness of the services provided by transfer-payment agencies.*

Status

As noted in our *2011 Annual Report*, the Ministry introduced a new regulation in January 2011 to establish more robust and consistent quality assurance standards for agencies. The regulation was intended to help evaluate the appropriateness and cost-effectiveness of the services being provided.

The Ministry developed additional policy directives for service agencies in November 2011 to address complaints and establish behavioural intervention strategies. The Ministry further updated policy directives for DSOs in August 2013. The directives are intended to help ensure consistent customer service levels across the province and, in the event of relocation, to help make it easier to transition between DSOs. The directives provide instructions for the DSOs on:

- the information they provide to the public and applicants about available supports and services, and the application process;
- confirming eligibility for supports and services for the first time;
- responding to questions and concerns about the application process or services provided;
- following consistent steps and using the same tools to assess all applicants using the Application Package; and
- reporting requirements to the Ministry.

As noted above, the Ministry recently inspected a number of service agencies and all of the DSOs in order to assess compliance with its quality assurance measures and policy directives. The Ministry informed us that it will continue to do regular compliance inspections and, as noted, the process of matching individuals to services and supports was under review at the time of our follow-up.

In January 2013, the Ministry also completed an evaluation of its Passport Mentoring Program for youth and young adults with developmental disabilities who are transitioning from school.

Review work included cost analysis, assessment of outcomes, eligibility determination and administration practices, and will continue into 2014.

The Ministry informed us that significant progress had been made on the sector-led Developmental Services (DS) Human Resources (HR) strategy, which aims to recruit and retain qualified professionals in the DS sector. Core competencies were identified for seven standard developmental services agency positions, and three training modules were developed to help staff understand and use them. By incorporating the required core competencies into HR hiring and screening processes, DS education and qualifications, and management feedback and coaching for staff, the strategy aims to ensure a well-trained and qualified workforce, which will result in quality support for people with developmental disabilities.

Lastly, the Ministry launched a project in 2012 to identify cost drivers in the developmental services sector. Based on new and existing financial and service data, the project is aimed at developing unit costs for Ministry-funded services and identifying variables that explain cost differences across the province. The final report on this project was expected in winter 2013–14.

Wait Lists

Recommendation 3

To help monitor and assess unmet service needs, and help allocate funding more equitably, the Ministry of Community and Social Services (Ministry) should work with agencies to ensure that they prepare and periodically forward to the Ministry accurate wait-list information on a consistent basis.

Status

Agencies no longer maintain wait lists because all individuals applying for supports and services now do so through the DSOs. The agencies report to the DSOs on their vacancies and the DSOs match eligible and prioritized individuals with available supports and services. In order to improve wait-list

information as well as system planning and forecasting, the Ministry is working to consolidate all information about individuals receiving or waiting for adult developmental services. This information will be moved into the Developmental Services Consolidated Information System (DSCIS) to provide a reliable count of all individuals currently on wait lists. Through the DSCIS, DSOs will be able to obtain wait-list reports, including one report that provides data on the number of individuals waiting for each type of funded adult developmental service. The information will be shared with community planning groups and transfer-payment agencies. The Ministry plans to complete this project later in 2013.

The Ministry informed us that it is developing a prioritization tool to ensure consistent processes across the province. This prioritization tool will use common risk factors to determine the immediacy of an individual's needs for services and/or supports. In December 2011, the Ministry issued interim guidelines to the agencies for regional prioritization for implementation by fall 2013. As well, the Ministry informed us that a funding entity will be created as part of the phased implementation of SIPDDA. While the Ministry will focus on policy setting and overall management of the program, the new entity will make funding decisions at the individual level, by prioritizing the supports, services and funding for each applicant deemed eligible under the Act. The timeline for the creation of this funding entity has not been determined.

At the time of our follow-up, the Ministry was developing a resource distribution model for distributing resources aimed at improving fairness and equity, as well as local accountability and flexibility. The Ministry was planning to engage with stakeholders beginning in fall 2013 to receive feedback and make further refinements to the model.

Lastly, the Ministry implemented a new Passport Mapping Tool in May 2013 to help Passport agencies maintain accurate wait lists and determine individual funding allocations. The tool helps Passport agencies use the application

information collected by DSOs to identify the support needs of individuals referred to them. The DSOs transfer completed application packages to the Passport agencies on an ongoing basis so they have an updated list of individuals waiting for Passport services.

Passport Program

Recommendation 4

To ensure that families are being reimbursed only for the reasonable cost for eligible activities, the Ministry of Community and Social Services should clearly define what are eligible expenditures and ensure that agencies are approving and reimbursing expense claims on a consistent basis across the province.

Status

Between September and December 2012, the Ministry solicited stakeholder feedback on proposed changes to the Passport guidelines relating to the issues of eligible and ineligible expenses, respite, and accountability requirements. The Ministry informed us that it was considering the feedback and continuing consultations on a revised guideline. In the interim, an addendum effective July 1, 2013, was added to the Passport guidelines to make some program changes and provide some clarity and examples of eligible and ineligible expenses.

The key change in the addendum with respect to eligible expenditures was the addition of caregiver respite services and supports. Caregiver respite refers to services and supports provided to, or for the benefit of, a person with a developmental disability by someone other than the primary caregiver to give that primary caregiver some relief. Indirect respite refers to short-term arrangements that help the primary caregiver manage household and family responsibilities that are not directly related to caring for a person with a developmental disability. Indirect respite was not added as an eligible Passport expense. However, Passport agencies can pre-approve temporary use of Passport funds for indirect respite in extenuating circumstances.

There is a one-year grace period for adults who transitioned to Passport from SSAH before April 1, 2013, as indirect respite was an eligible expense under SSAH. As well, in extenuating circumstances, the Passport agency can approve the continued use of funds for indirect respite beyond the deadline for these individuals.

The Ministry added a “tip sheet” to its website to help individuals and families understand expenses that are now covered under Passport. The Ministry’s July 2013 bulletin, *Spotlight on Transformation*, which was posted on its website and sent to stakeholders, also highlighted the changes.

We noted that during its consultation on the Passport guidelines, the Ministry proposed changes to accountability requirements, such as moving to quarterly reporting of expenses and/or performing random or risk-based audits of invoices and receipts. However, the Ministry did not include any changes with respect to reviewing or reporting expenses in the addendum. The Ministry informed us that it will be undertaking additional consultations with stakeholders to develop policy and guidelines regarding admissible expenses and activities and accountability requirements.

MANAGEMENT AND CONTROL OF TRANSFER-PAYMENT CONTRACTS

Budget Submissions and Annual Service Contracts

Recommendation 5

To ensure that funding provided to transfer-payment agencies is commensurate with the value of services provided and that funding is primarily provided based on local needs, the Ministry of Community and Social Services should:

- *reassess its current budget submission, review and approval process and revise it to ensure that the approved funding to agencies is appropriate for the expected level of service; and*
- *analyze and compare the agency costs of similar programs across the province, and investigate significant variances that seem unjustified.*

Status

New Transfer Payment Reporting Standards were introduced in the 2012/13 fiscal year. The standards were intended both to meet the requirements of the legislation and to address our concerns by improving the Ministry’s ability to compare agency costs of similar programs. The Ministry engaged some of its stakeholders to develop, oversee and deliver province-wide training of agencies in the DS sector on the new standards. Ministry staff, regional leads, program supervisors and agencies received this training in December 2012.

The new standards were introduced in two phases. In the first phase, to improve the consistency and accuracy of the information reported, the number of detail codes was reduced from 30 to 16, and definitions were clarified. In the second phase, the Ministry standardized the financial information collected through the service contracting process and the Transfer Payment Budget Package. The new standardized categories align with the Ministry’s chart of accounts and are intended to improve consistency in expenditure reporting. Agencies can now only use the expenditure categories provided by the Ministry.

As noted earlier, the Ministry launched a project in 2012 to improve its ability to analyze and compare costs of services and enable it to investigate and explain variances from budget that seem unjustified. Unit costing work at the agency level was completed in March 2013 and an interim report was provided to the Ministry in April 2013. The Ministry expects the final report in winter 2013–14.

At the time of our 2011 audit, the Ministry was developing a new funding-allocation model to improve transparency and equity in the allocation of funds. The goal was to distribute resources based on individuals’ assessed needs using consistent criteria. Under the new model, each individual will have a unique and portable budget, and will be able to purchase the services that offer the greatest value and best meet his or her needs. Work on the new model is still ongoing, with the Ministry planning to hold

stakeholder discussions before starting pilot testing late in the 2013/14 fiscal year.

Ministry Oversight and Control

Recommendation 6

To ensure adequate oversight of transfer-payment agencies and to improve accountability within the supportive services program, the Ministry of Community and Social Services should:

- *review all agency quarterly reports and year-end TPAR [Transfer Payment Annual Reconciliation report] submissions for unusual or unexplained variances from previous years and from contractual agreements, and follow up on all significant variances;*
- *perform spot audits on agencies to validate the information provided in the quarterly reports and TPAR submissions; and*
- *assess whether each regional office has the level of financial expertise required, and, where lacking, determine the best way of acquiring this expertise.*

Status

The new Transfer Payment Reporting Standards discussed earlier are intended to enhance the Ministry's ability to assess value for money and to investigate significant variances. The Ministry has implemented two new transfer-payment frameworks—one for ministry staff and the other for service agencies—that were being developed at the time of our *2011 Annual Report*. The frameworks consolidate the Ministry's existing business practices and its requirements for appropriate management of government funds.

The Ministry indicated that as part of its compliance program, discussed earlier, inspectors verify compliance with quality assurance measures and the Policy Directives for Service Agencies. This includes reviewing financial records. However, the inspectors do not validate quarterly reports or Transfer Payment Annual Reconciliation report submissions; these are reviewed by staff in

regional offices. As well, agencies are notified in advance of the compliance inspections; this is not consistent with our recommendation to implement spot audits.

Annual in-class and online training sessions are provided each year to inform agencies about changes to the Transfer Payment Budget Package and any new reporting requirements. Ministry and agency staff are invited to participate, and the training material is accessible online. However, actual participation is poorly tracked.

The Ministry annually reviews its agencies' reporting policies; however, there have been no significant changes since the time of our audit. Agencies are still required to self-identify variances from budget in their quarterly and annual reports and to submit a variance report to the regional office.

With respect to our recommendation about reviewing the level of financial expertise among staff at regional offices, managers develop learning plans for all staff as part of their annual performance planning and review cycle. Employees work with their manager to identify training needs and goals and develop appropriate plans for the year to reach them. As well, staff are trained on the Ministry's information system, which manages financial and service information related to transfer-payment agencies, and on a web-based application that develops reports. Although no new initiatives have been undertaken to address this aspect of our recommendation, the Ministry is reviewing and improving the current training model and updating its online training modules to build capacity in the regions.

Governance and Accountability

Recommendation 7

To ensure that agencies have the capabilities to properly administer the spending of public funds, the Ministry of Community and Social Services should encourage the regional offices to play a more hands-on role in ensuring that agencies have appropriate expertise and governance structures and accountability

processes, including those smaller agencies that receive less funding but may have more difficulty maintaining proper financial controls.

Status

Following an internal review of risk-assessment processes, the Ministry introduced a revised Risk Assessment Methodology and Tools in fall 2011 to strengthen oversight, governance and accountability while attempting to control costs by focusing on areas of higher risk. Key changes included:

- **Business cycle:** High-risk agencies would now be reviewed by the Ministry every 12 months instead of every six months, and low-risk agencies would be reviewed every 24 months instead of every 18 months. Mid-way reviews were added to the review schedule and a firm timeline was created to ensure assessments would be complete before annual contracting decisions were made.
- **Risk Dimension and Weighting:** The available responses on the risk assessment were expanded and questions were streamlined to improve comparability.
- **Risk Mitigation Strategy:** Risk mitigation was integrated into the risk assessment. For each medium or high risk identified, agencies must develop a mitigation strategy to reduce the likelihood or severity of that risk.
- **Risk-Rating Scale:** The number of factors that determine risk ratings was expanded.
- **Business Process and Tool Usability:** The process for agencies that receive funding from multiple ministries or regions was formalized, and full assessments for new service providers were added.

The Ministry introduced the new methodology and tools through teleconference and online sessions. It also trained a number of managers and regional leads who then facilitated training sessions for regional staff and service providers. Training and implementation were completed by December 2011.

As noted earlier, the Ministry was at the time of our *2011 Annual Report* working on two Transfer Payment Governance and Accountability Frameworks—one for staff and the other for agencies. The frameworks consolidated the Ministry's existing business practices and expectations into two documents. The Ministry's framework consolidated all of the Ministry's business practices and tools for transfer-payment oversight. The service-provider framework focused on what agencies must do to meet ministry governance and accountability requirements. Both frameworks were implemented in March 2012. Regional directors were tasked with disseminating and discussing the Ministry's expectations, as outlined in the framework, during regular budget negotiations and planning meetings in spring 2012.

With respect to our recommendation about ensuring that agencies have appropriate expertise and governance structures, the ongoing human-resources efforts and core-competencies strategy will help agencies recruit and retain qualified professionals. To date, the main focus of the strategy has been on improving the competencies of direct support staff. However, core competencies have also been identified for executive directors, and this information was shared with all regional offices, and executive directors and boards of directors of all DS agencies. The agencies are encouraged to use this information when hiring, setting performance expectations or reviewing performance. The Ministry indicated the sector had also developed a core competencies "dictionary" to establish a common language for performance expectations and benchmarks for hiring, learning and development. As well, the Ministry is continuing to contribute annual funding to a leadership program at Queen's University for executive directors and other leadership positions.

SPECIAL SERVICES AT HOME (SSAH)

SSAH Reimbursements

Recommendation 8

To ensure that Special Services at Home (SSAH) reimbursements to families are consistently made only for legitimate and eligible expenses, the Ministry of Community and Social Services (Ministry) should establish and communicate clear criteria for what constitutes an eligible expense.

In addition, the Ministry and agencies that administer SSAH funding should obtain sufficiently detailed invoices—and, where applicable, receipts—to ensure that the amounts claimed are in fact eligible and reasonable before funds are disbursed.

Status

As noted previously, Special Services at Home (SSAH) serve only children and youth as of April 1, 2012, and all adults seeking direct funding support must apply through the DSOs for direct funding under the Passport program. The scope of our 2011 Annual Report was limited to supportive services for adults with disabilities; however, we noted that the Ministry updated the SSAH invoice template and “Managing your Funding” guide in December 2011 to require more detailed expense submissions. The invoice template now requires information about the type of service and/or program that was provided, and a separate invoice must be submitted for each worker. A reminder was added to the guide about eligible expenses and the sign-off section was amended to clarify the accountability requirements for the individual submitting the claim and for the support worker who provided the service. The new guide was distributed to all 2011/12 SSAH recipients young enough to be eligible for SSAH during 2012/13. The Ministry indicated that all SSAH invoices are approved by ministry staff prior to disbursement.

The Passport reimbursement process has not been revised since our 2011 Annual Report. The Ministry provides Passport agencies with a sample invoice template, which has been updated to reflect

the addition of respite to the Passport guidelines. Passport agencies are not required to use the template provided by the Ministry, and may create their own invoice for individuals and families to submit receipts. Passport agencies set their own policies and practices for reimbursing individuals and families for eligible expenses. The Ministry does not prescribe how or when Passport agencies reimburse individuals and families, but it does hold agencies accountable to its transfer-payment standards and requirements. The criteria for Passport’s eligible expenses and the approval of expenditures were addressed earlier in this section.

OTHER MATTERS

Travel, Meal and Hospitality Expenditures

Recommendation 9

To help ensure that all agencies that are required to do so implement the government’s new directive on travel, meal and hospitality expenses, and that all other agencies follow the spirit of the directive, the Ministry of Community and Social Services should reinforce the requirements to do so and consider having the agencies’ board chairs annually attest to such compliance.

Status

Compliance reporting is required of all agencies receiving \$10 million or more in transfer-payment funding, in accordance with the *Broader Public Sector Accountability Act, 2010* (BPS Act). The Ministry provided its regional directors with a template letter for distribution to those agencies affected by the requirements. The letter outlined the new reporting requirements, including the deadlines for compliance, and links were provided to online versions of the BPS Act and its associated directives.

Agency compliance reporting consists primarily of an annual attestation of compliance signed by the chief executive officer or equivalent, and by the chair of the board of directors. The attestation form requires each agency to report whether it is in compliance with nine requirements set out in the

BPS Act or its directives. One of these requirements is that the organization manage its travel, meal and hospitality expenses according to policies that comply with the Broader Public Sector Expenses Directive. For any issues of non-compliance, the agency is required to report on the corrective action that it will take. The Ministry distributes this attestation form along with the Transfer Payment Budget Package every February. Agencies were first required to return the compliance forms to their regional office in June 2012.

The Ministry informed us that it communicated the requirements of the BPS Act to those agencies that are required to comply with it. As well, it encouraged other agencies to voluntarily comply with it.

The Internal Audit Division recently launched a review of the actions that the Ministry has taken to address our recommendations relating to travel, meal and hospitality expenditures. A report was expected later in 2013.

The Ministry expects that the revised risk-assessment process discussed earlier will help improve program management and mitigate risks. The risk-assessment documentation includes a section related to the implementation of policies consistent with the Broader Public Sector Expenses Directive. This section requires an assessment of, among other things, whether the agency has and makes use of financial policies and procedures covering procurement, meals/hospitality and travel; whether cheque authorization and expenditure approvals are independent; and whether financial oversight responsibilities are segregated to reduce the risk of errors or irregularities going undetected. The Ministry completed risk assessments of all transfer-payment agencies in the developmental services sector between November 2011 and January 2012.

SSAH Program Administration

Recommendation 10

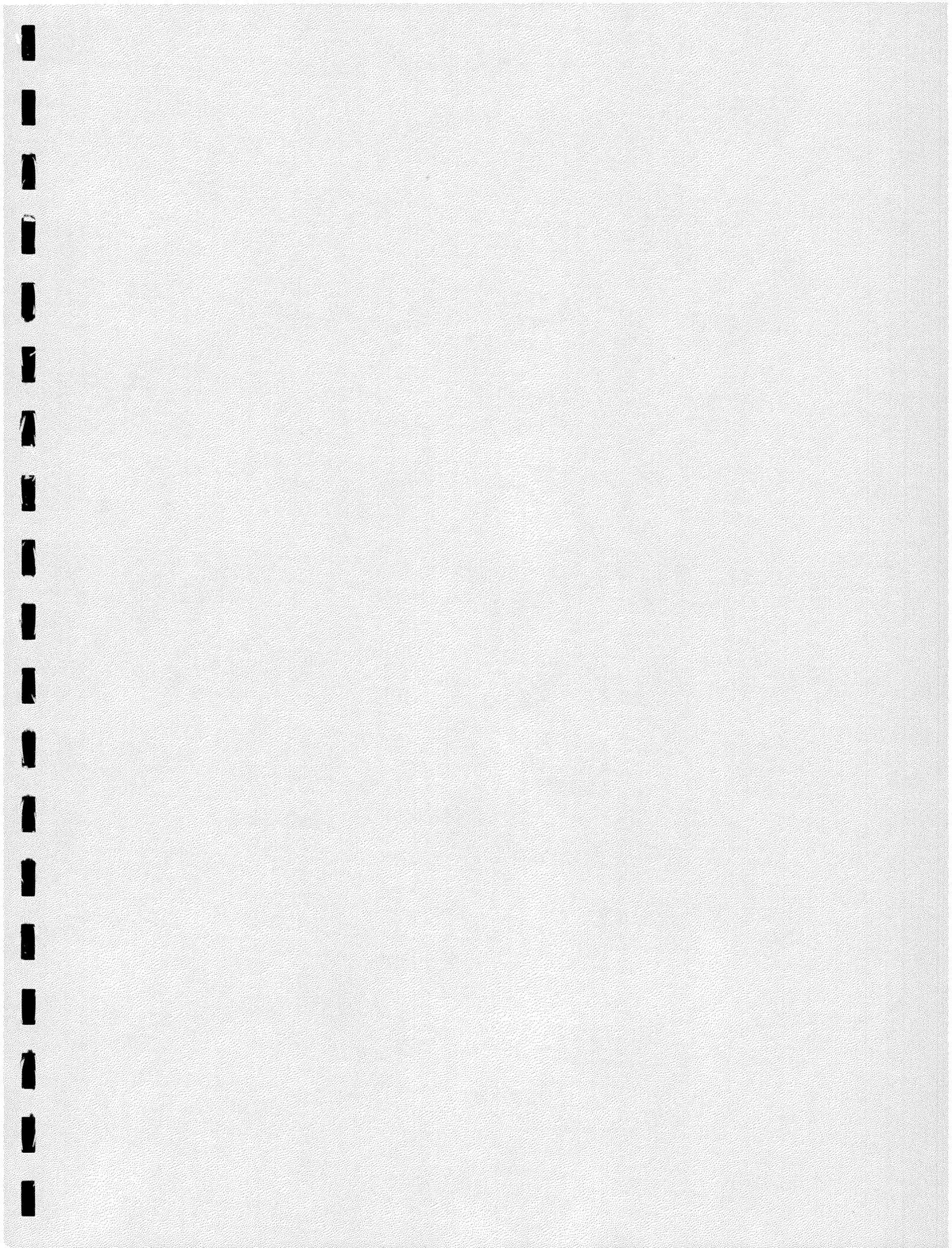
Given the similarities in overall staffing levels at the regional offices dedicated to the Special Services at Home (SSAH) program, the Ministry of Community and Social Services should assess the need for the additional administration costs being paid out to agencies and ensure that all costs incurred are reasonable and necessary.

Status

At the time of our follow-up, the Ministry had reviewed the administrative models of SSAH and Passport as part of the transition to a single direct-funding program. The review considered the type and level of administrative support offered to families transitioning from SSAH to Passport in the fiscal year 2012/13 and the source of administrative funding for agencies. The review identified strategies to reduce the provincial variations in administration costs and to increase cost effectiveness. The Ministry established one common formula for funding administration costs for all Passport agencies: it is now determined as a percentage of the total annual funding of each Passport agency. Passport agencies are no longer required to determine program eligibility, assist applicants in the completion of a Passport application, or interview program applicants. The new formula reflects this new role.

As part of this transition, the Ministry worked with regional offices to develop transition strategies and timelines that would help implement the new formula and minimize its impact on families and individuals. Three regional offices requested and received one-time additional funding during the transition year to support service or transition coordinators, to provide workshops and training for recipients, and to maintain existing HR and administrative supports.

The Ministry has not reviewed or changed the administration funding for SSAH.



Residential Services for People with Developmental Disabilities

Background

The Ministry of Community and Social Services (Ministry) funds residential and support services for people with developmental disabilities to help them live as independently as possible in the community. The Ministry is not required to provide these services under legislation, so access to residential services depends primarily on the decided-upon level of Ministry funding, which is determined in relation to all other government priorities.

There are different legal definitions of developmental disabilities for adults and children.

The *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008* says adults have a developmental disability if their **cognitive** and **adaptive** functioning was significantly and permanently limited before the age of 18 and affects areas of major life activity such as personal care or language skills.

Under the *Child and Family Services Act, 1990*, a child has a developmental disability only if he or she has a condition of mental impairment during the formative years that is associated with limitations in **adaptive** behaviour. This means that someone receiving services as a child may no longer be eligible for them under the adult Act on reaching age 18 because they may not be cognitively impaired.

The Ministry estimated there were 62,000 adults in Ontario with developmental disabilities in 2012, and that about half needed residential services. As shown in **Figure 1**, about 17,900 people received residential services during the 2013/14 fiscal year, 98% of them adults. Another 14,300 adults were on a wait list for services at year-end.

In the 2013/14 fiscal year, the Ministry paid a total of \$1.16 billion to 240 not-for-profit community agencies operating nearly 2,100 residences that provided residential and support services to people with developmental disabilities. Of this total, 97% was for adult services.

The Ministry funds two different kinds of residential services for children, and five for adults, ranging from supported independent living in a home-like setting to intensive-support residences that provide 24-hour care. Some agencies may deliver more than one type of program or service and operate several residences. **Figure 2** provides a breakdown of funding for each type of residential service. Almost 76% of total funding in the 2013/14 fiscal year was for adult group homes.

The Ministry, through its regional offices, is responsible for overseeing program delivery by agencies. Children's residential services are funded by the Ministry of Community and Social Services. The Ministry of Children and Youth Services handles complaints, licensing of residences where children reside and the inspection of those residences.

Figure 1: Ministry-funded Residential Services for People with Developmental Disabilities

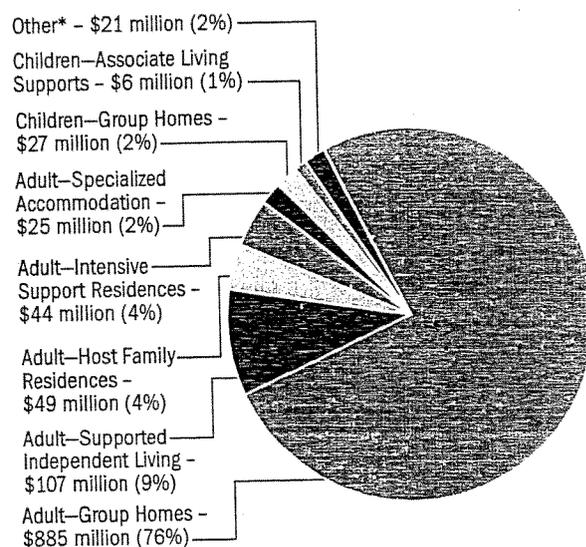
Source of data: Ministry of Community and Social Services

Type	Description	# of People	
		Served in 2013/14	Wait List as of March 31, 2014
Supported Group Living Residences (Group Homes)	Three or more individuals live in a group home operated by a transfer payment agency where 24-hour care and support services are provided seven days a week.	9,893	6,938
Supported Independent Living	Individuals often live in their own accommodation such as a rental apartment, with some staff support provided by transfer payment agencies.	5,537	5,052
Host Family Residences/ Associate Living	Individuals live in a family's home, similar to foster care. The family receives a per diem through a transfer payment agency to cover some living expenses.	1,633	833
Intensive Support Residences	One or two individuals live in a residence operated by a transfer payment agency where 24-hour care and support services are provided seven days a week.	328	197
Specialized Accommodation	Transitional or permanent specialized settings, including residential care, structured support, planning and treatment for individuals with a developmental disability and a co-existing mental illness or behavioural challenges.	462	—
		17,853	14,326

* Includes an additional 1,306 people for whom a residence type was not specified.

Figure 2: Funding for Residential Services for People with Developmental Disabilities, 2013/14

Source of data: Ministry of Community and Social Services



* These are mortgage subsidies provided since 1998 to agencies that primarily house persons with developmental disabilities. Funding is provided under a Memorandum of Understanding with the Ministry of Municipal Affairs and Housing.

In 2011, the Ministry established Developmental Services Ontario (DSO) as the single access point in each of its nine regional offices that existed at that time for all adult developmental services it funds. During 2013/14, the Ministry reduced its nine regions to five, but kept a DSO office in each of the original nine regions. The Ministry has contracted with nine not-for-profit community agencies to each operate a DSO office. The roles and responsibilities of each organization in the system are illustrated in Figure 3.

The Ministry of Community and Social Services says the adult developmental service system faces challenges because its clients are growing older and living longer, and because their care needs are more complex (40% of people with developmental disabilities also have mental-health issues).

In October 2013, the Legislative Assembly created the Select Committee on Developmental Services (Committee) to develop strategies for developmental services and the co-ordination of program and service delivery across provincial

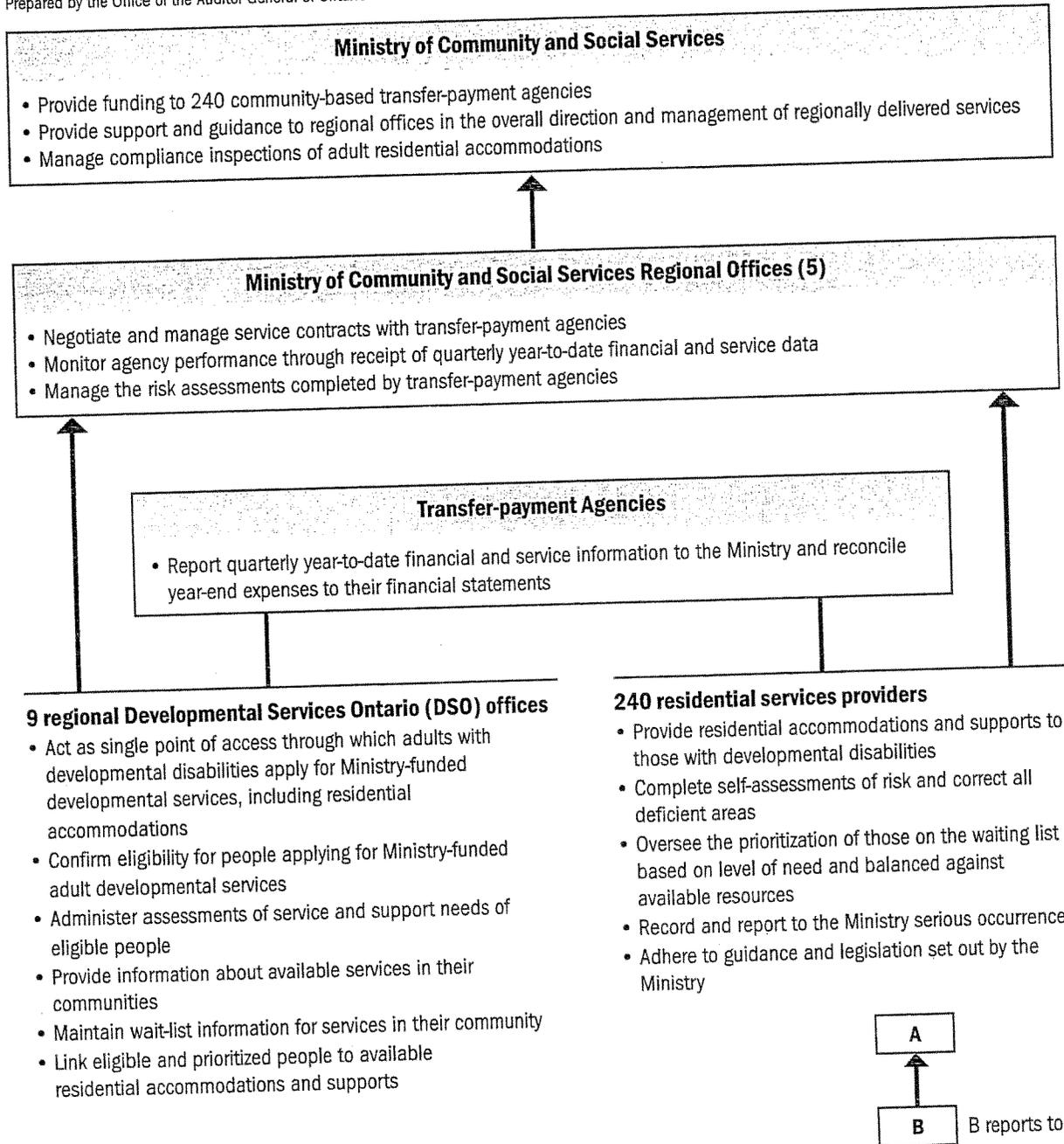
ministries. The Committee was to focus on several areas, including the need for a range of affordable housing options for youth and adults.

After hearing from relevant ministries, service providers and families of those receiving or waiting for services, the Committee issued an interim

report in March 2014 and a final report with recommendations in July 2014. We considered the Committee's work during our audit, and we included the recommendations applicable to Ministry-funded residential services in **Appendix 1**.

Figure 3: Roles and Responsibilities of Providers of Services for People with Developmental Disabilities

Prepared by the Office of the Auditor General of Ontario



Audit Objective and Scope

The objective of our audit was to assess whether the Ministry of Community and Social Services has effective mechanisms in place to:

- meet the residential needs of people with developmental disabilities in a cost-effective manner; and
- monitor service providers' compliance with regulations, ministry policies and contractual obligations.

Senior management at the Ministry of Community and Social Services and the Ministry of Children and Youth Services reviewed and agreed to our audit objective and criteria. Senior management at the Ministry of Children and Youth Services reviewed and agreed only to those criteria relevant to them, specifically those dealing with access to children's services and inspections of children's residences.

In conducting our audit, we reviewed relevant documents; analyzed information; interviewed appropriate ministry and agency staff; and reviewed relevant research from Ontario and other jurisdictions.

We conducted our audit work primarily at the head office of the Ministry of Community and Social Services, three regional offices that perform functions for both the Ministry of Community and Social Services and the Ministry of Children and Youth Services, and the three Developmental Services Ontario (DSO) offices in the regions selected. At the time of our audit, the three regions selected accounted for 46% of all Ministry funding to agencies, 48% of all people with developmental disabilities served in the province, and 60% of all those waiting for residential services. We also visited three agencies offering different types of accommodations to better understand the residential services they provide and to review selected procedures.

In addition, we reviewed transcripts of all the hearings of and reports by the Select Committee on Developmental Services. We carried out fieldwork between November 2013 and May 2014.

In summer 2013, the Ministry's internal audit team conducted an audit of travel, meals and hospitality expenditures at agencies that delivered services to people with developmental disabilities. We reviewed its report and considered its findings in the audit areas we examined.

Summary

In the last four years, the number of Ontarians with developmental disabilities receiving residential services and supports grew only 1%, to 17,900, while spending on those services and supports rose 14%, to \$1.16 billion. Although a portion of this funding increase was intended to accommodate 1,000 more people over four years, only 240 more were being served by the end of the third year. In addition, at March 31, 2014, the number of people waiting for service was almost as high as the number of people who had received service in the previous 12 months.

In recognition of the challenges facing this sector, the Ministry began work in 2004 on a comprehensive transformation of developmental services in Ontario. It was still working on this project at the time of our last audit in 2007—and the project was still unfinished at the time of this latest audit in 2014.

The Ministry did make some progress in the past decade by, for example, creating a single point of access for services through the new Developmental Services Ontario (DSO) offices, and standardizing eligibility criteria and application processes.

However, significant shortcomings remain in the computer system used to track people waiting for or receiving services. In addition, the Ministry has yet to complete development of a consistent prioritization process or revise its funding methods to tie funding to individuals' needs.

At present, ministry funding to service providers is based on what the providers received in previous years rather than on the level of care required by the people they serve. A new funding method based on a reasonable unit cost for services by level of care

could lead to savings that would enable more of the people currently on wait lists to be served. This change in approach could also help it better identify demands for service, strengthen the system's ability to support need and reduce gaps in service.

Our most significant findings are as follows:

- **People with the highest-priority needs are not usually placed first:** Eligible people who need residential services are assessed and prioritized for services. However, placements go to people who are the best fit for the spaces that become available, instead of those assessed as having the highest priority needs. In two of the regions we visited, for example, 18% and 33% of those placed during 2013/14 had a lower-than-average priority score on their regional wait lists.
- **Funding is not needs-based and cost variances are unexplained:** Funding to agencies is based on what the agencies got in previous years, and typically changes only when the service they provide changes or expands. We calculated the cost per bed or cost per person across the system for the 2012/13 fiscal year, and found big variations. For example, the cost per bed for adult group homes ranged from \$21,400 to \$310,000 province-wide, and we also observed large variances within regions, which the Ministry was unable to explain. The Ministry said in 2004 it needed to revise its funding method, but was still working on that in 2014. The Ministry acknowledged that people with similar needs may be receiving different levels of service.
- **There is no consistent prioritization process across regions:** At the time of our audit, the information needed to set funding on the basis of a person's support needs was not available because most people in the system prior to 2011 (either awaiting or receiving services) had not had a needs assessment completed by a DSO or been prioritized for services. In addition, although a provincially consistent needs-assessment procedure was

introduced in 2011, the process for prioritizing people for the wait list is not consistent across regions. This impairs the Ministry's ability to identify regions and agencies most in need, and to allocate funds accordingly.

- **Roles and responsibilities over children's residential services need clarity:** The segregation of roles between the Ministry of Community and Social Services and the Ministry of Children and Youth Services regarding children's residential services is confusing; one Ministry is responsible for contracting, funding and managing the relationship with service providers, and another Ministry is responsible for handling complaints, and licensing and inspecting those service-provider premises. Confusion can arise over who is accountable for the overall delivery of children's residential services.
- **There is no consistent process to access children's residential services:** Some children access residential services through a centralized access point while others access residential services through a service provider—the method of access used depends on where in the province children live. Furthermore, we noted there is no consistent wait-list management process for children's residential services. As a result, the Ministry of Children and Youth Services is unable to determine the demand for children's residential services.
- **Program lacks performance indicators:** The Ministry has established no performance indicators to assess the quality of residential care provided. Moreover, the Ministry does not survey residents or families about their level of satisfaction with services.
- **Crisis placements are often not short-term as intended:** There is a local urgent-response process to which each of the nine DSO offices can refer individuals in crisis. About 100 temporary beds are available for these placements province-wide. Although the beds are intended only for stays of about 30 days,

individuals often stay much longer because of the lack of permanent accommodation with appropriate supports. These short-term beds are then unavailable to others in crisis. In one region, for example, 15 temporary beds were occupied by the same people for extended periods and were unavailable between 2010 and 2013.

- **Wait lists for residential services are long:** The number of people waiting for adult residential services and supports stood at 14,300 as of March 31, 2014, compared to the 17,400 who received services in the same year. Furthermore, wait lists are growing faster than capacity; between 2009/10 and 2013/14, the number of people waiting for adult residential services increased 50%, while the number served increased only 1%. We calculated that at this rate, it would take 22 years to place everyone who is currently waiting for one of the two types of residences that house the most people—assuming no one else joins the list.
- **Deficiencies in managing vacancies:** The long-term-care home system sets deadlines for people to decide whether they will accept a placement and when they will move in. However, there are no such deadlines for developmental disability residential services. As a result, contrary to ministry expectation, it takes longer than 60 days to fill vacancies. We found that the average time to fill a vacancy in 2013/14 in the three regions we visited ranged from 92 to 128 days.
- **Adult residences may go uninspected for years:** Some 45% of residences have not been inspected since 2010 or earlier. In June 2013, the Ministry adopted a new model that selects agencies for compliance inspection—but that involves a physical inspection of only a sample of residences operated by the agency selected. Hence, there is no guarantee that every residence will eventually be inspected. Other concerns include an average 24 days' advance

notice of inspection, and the fact that most agencies have not been correcting items of non-compliance within the required 60 days.

- **Care standards are few and open to interpretation:** Ontario has set standards of care in some areas, but most are general in nature. For example, the standard for group homes requires only that the number of support staff must be adequate and that staffing schedules reflect resident requirements. However, there is no specified staff-to-resident ratio. New Brunswick requires specific staff-to-resident ratios based on the level of care each residence provides.
- **Numerous problems with data integrity:** The Ministry created the Developmental Services Consolidated Information System (DSCIS) database in 2011 to combine existing client information maintained by the various service providers. However, three years after implementation, data in the DSCIS still has not been validated and the system is not fully functional, which has forced each DSO office to maintain a separate information system. Our review of the serious occurrence reporting system also found that the number of serious incidents reported by agencies for 2012 and 2013 was understated by about 360 incidents, and that information was incomplete for an additional 1,230 incidents.

OVERALL MINISTRY RESPONSE

The Ministry of Community and Social Services (Ministry) funds residential supports in the community for adults with developmental disabilities that range from supported independent living, where people live in their own apartment and receive support from staff from a service agency, to group homes with staff providing supports 24 hours a day, seven days a week. The range of services reflects the diverse preferences, strengths, needs, aspirations and circumstances of individuals with developmental

disabilities, and their families. Ministry-funded residential services aim to support individuals' choices and provide the supports they need to live independently and become fully integrated in the community.

The Ministry has made substantial progress since beginning the long-term transformation of developmental services in 2004. The goals of this transformation are to create a developmental services system that is fair, accessible and sustainable, and promotes social inclusion for adults with developmental disabilities. The last province-run institution for adults with developmental disabilities was closed in 2009.

Since 2011, the Ministry has:

- implemented new legislation aimed at promoting greater social inclusion;
- moved to a single direct funding program for adults with a developmental disability;
- introduced a standardized application and assessment tool; and
- introduced a single-window entry point through Developmental Services Ontario to make it easier and more consistent for people to apply for services.

The Ministry appreciates the findings and recommendations of the Auditor General to improve its management of the residential services program. Progress has already been made or is planned for some of the areas identified by the Auditor General:

- In October 2014, the Ministry developed a prioritization tool for use across the province, and began phased implementation with the Passport program, which provides funding to adults with developmental disabilities to take part in community programs, hire a support worker or provide respite to their caregivers.
- Starting in 2015/16, the Ministry will strengthen its compliance inspection process by conducting inspections of all service agencies annually.

- In conjunction with the Ministry of Children and Youth Services, the Ministry is in the process of improving serious occurrence reporting to support better decision-making both regionally and provincially. Also, in 2015, the Ministry will create an oversight team to improve reporting, oversight, and monitoring of the developmental services sector.
- The Ministry is continuing to enhance the provincial information technology system (DSCIS) to improve our ability to plan and manage the system.

Starting in 2014, and continuing over the next three years, the Ministry is investing \$810 million. This includes \$243 million to reduce the residential waitlists; \$274 million to reduce the direct funding waitlists; \$200 million to build system capacity; and the remaining \$93 million to focus on improving outcomes in housing, employment and sectoral performance. This investment will continue to drive the transformation of the system, so individuals with developmental disabilities can be fully included in the fabric of our communities and live as independently as possible.

Detailed Audit Observations

Program Funding, Expenditures and Performance Measures

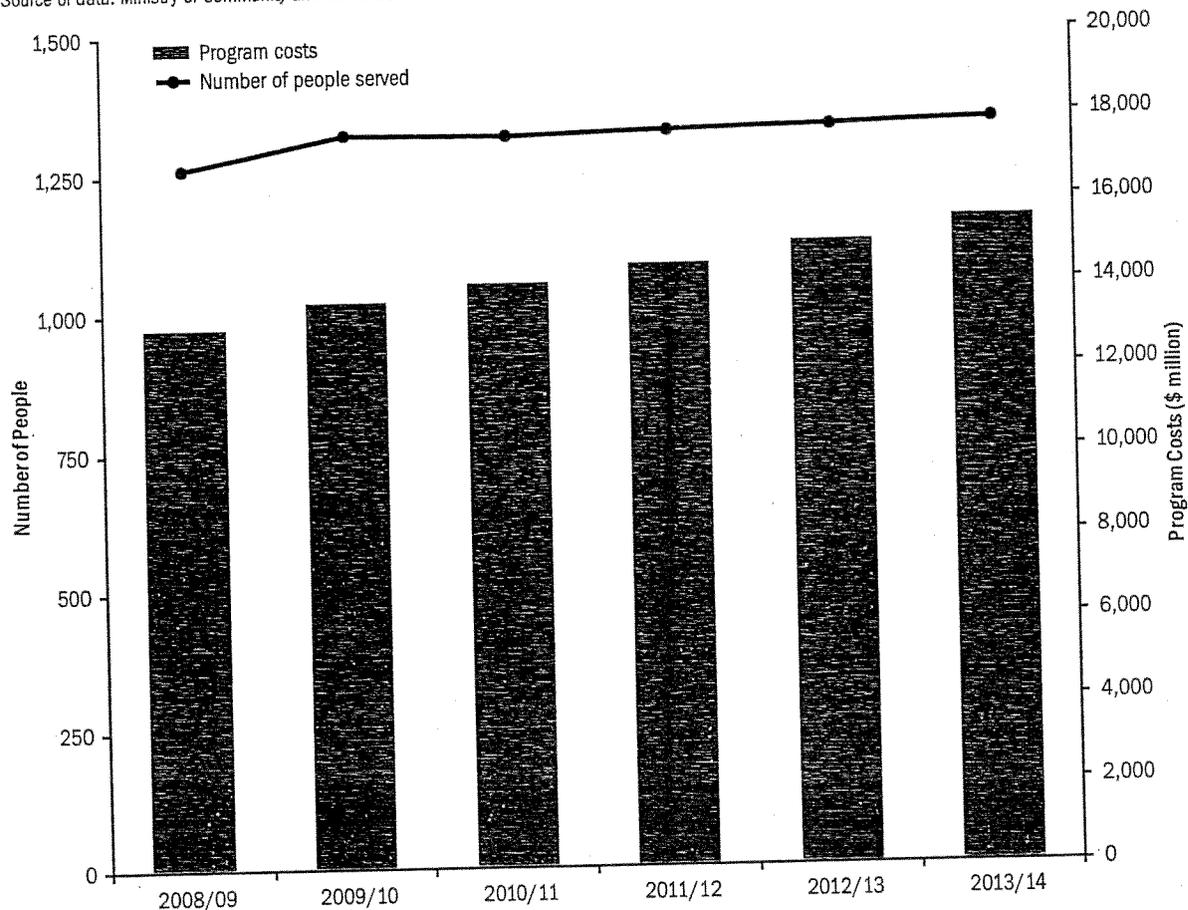
Program Costs Increasing Faster than the Number of People Served

From 2009/10 to 2013/14, funding for residential services increased \$142 million, or 14%, to \$1.164 billion, but the number of people served rose only 1%, as shown in Figure 4.

The Ministry could not tell us how much of that \$142-million increase went to creating new residential spaces, helping children transition from children's residential services to adult residential

Figure 4: Total Program Expenditures and Number of People Served, 2009/10–2013/14

Source of data: Ministry of Community and Social Services



services, or increasing base funding to alleviate operating pressures. In addition, the Ministry was unable to provide us with a complete listing of all funding initiatives and their impact to date.

The \$142-million increase included \$84 million announced in 2010/11 to serve 250 additional individuals each year over a four-year period (or 1,000 total new spaces at the end of the four-year period in the 2013/14 fiscal year). However, the total number of adults served by the end of the third year was not the expected 750, but rather only 240. The Ministry speculated that this was because some people with complex needs might have required two or three times the average funding.

Funding for Service Providers Not Based on Individuals' Needs

Base annual funding to providers of residential services and supports is normally based on the previous year's funding level rather than the specific needs of individuals in their care, and generally changes only when an agency changes or expands its services. In such cases, agencies must submit a business case to the Ministry for consideration and approval. Agencies may also receive one-time funding to deal with in-year pressures. In the 2012/13 fiscal year, 97% of funding was allocated on a historical basis and the remaining 3% was one-time money.

We also reviewed funding methods for new initiatives over the last four fiscal years. This additional funding was provided primarily to reduce the wait list

for residential services and/or to transition children who had turned 18 to adult services. We noted that the allocation method for new initiatives did not take into account the level of support required by the individuals needing residential services.

At the time of our 1997 audit on the accountability and governance of transfer-payment agencies, the Ministry indicated that it planned to establish provincial funding benchmarks for all residential programs based on the level of support required by individuals in their care. As part of its plan to transform the developmental services program, the Ministry in 2004 identified the funding method as an area needing revision. In 2009, the Ministry conducted a review of funding practices in other jurisdictions and found that most of them were testing or moving toward individualized funding based on assessed needs.

Under a needs-based funding system, information on individual support needs is to be gathered using a common assessment tool. In Ontario, the needs assessment tool is the Supports Intensity Scale, which measures the pattern and intensity of supports a person needs to participate in everyday life activities. The next step is to create different need profiles and categories to address the varying levels of need, and then tie funding to those levels.

In 2011, the Ministry adopted the Supports Intensity Scale and commissioned a consultant to design a funding allocation formula using this tool. As of May 2014, however, the Ministry was still in the testing phase for determining levels of support categories.

At the time of this audit, the Ministry did not have the necessary information to develop a needs-based funding system because most people who entered the system before 2011 (when the Supports Intensity Scale was implemented) had not had their needs assessed. This included people receiving or waiting for services. The Ministry acknowledged that as a result, people with similar needs may be receiving different levels of service and support.

Other jurisdictions have established funding models based on an individual's assessed level-of-care needs. For example:

- In New Brunswick, residences are classified by the level of care provided and are funded accordingly, with those providing the most intensive services receiving the highest per diem rates. The daily rate for a person receiving the highest level of care is double the daily rate for a person receiving the lowest level of care.
- In Manitoba, funding to agencies delivering residential services is based on a combination of individualized funding and per diem rates. Individualized funding is based on the level of support required by an assessed individual—basic, enhanced or complex. Per diem funding covers standard expenses such as shelter, general operations, administration and staffing.

Although they do not serve the same population, long-term-care homes in Ontario provide many similar services to equally vulnerable people, and are funded based on client needs. The homes receive a per diem rate, made up of four components, for each approved or licensed bed. The first three components are the same for all homes, and cover such items as program and support services, food, and other accommodation costs. However, the fourth component, relating to nursing and personal care, is adjusted to reflect residents' specific care needs—the higher the need, the higher the rate for that portion of the per diem funding.

Large Variance in Unit Costs by Residential Service Type

We analyzed the unit cost of providing services in the 2012/13 fiscal year for each residential setting, as shown in Figure 5. Where capacity was known, we calculated the cost per bed. Where capacity was unknown, as in the case of host family residences and supported independent living, we calculated the cost per person served. We found a wide variation in unit costs among agencies for similar types of residential services across the province and also noted large ranges in unit costs within regions.

Figure 5: Actual Cost per Bed by Residential Service Type, 2012/13

Source of data: Calculated by the Office of the Auditor General using quarterly data submitted by service providers to the Ministry of Community and Social Services

Residential Types	Range (\$)	Median Unit Cost (\$)
Adult – Group Homes	21,400–310,000	93,400
Adult – Specialized Accommodation	3,000–341,500	143,000
Adult – Intensive Support Residences	21,200–352,000	158,000
Adult – Host Family Residence*	8,500–133,000	28,300
Adult – Supported Independent Living*	1,800–150,000	19,900
Children – Group Homes	22,300–262,500	147,600
Children – Associate Living Supports*	12,900–122,200	37,700

* Represents cost per person served rather than cost per bed because the Ministry does not collect data on available capacity or number of beds.

Agencies may operate different types of residential services and multiple residences. Since all data is collected at the agency level, with no details about individual residences, the Ministry cannot compare the cost per bed for residences of the same type and capacity.

In addition, because most people living in Ministry-funded residences prior to the adoption in 2011 of the Supports Intensity Scale have not had their care needs assessed using the Scale, the Ministry cannot compare the unit cost for people with similar needs, further limiting its ability to identify agencies and residential types operating most cost-effectively.

Although the Ministry is aware that there are large variances in unit costs, and has taken steps to better understand them, it has not determined a reasonable unit cost. In 2011, for example, the Ministry asked agencies to complete a survey for the 15,000 residents in their care at the time, to determine:

- whether higher costs are associated with the type of residential service and the levels of support required;
- whether there is a relationship between levels of support and client characteristics; and
- which characteristics are associated with different levels of support.

The Ministry confirmed that agencies serving people with higher support needs have higher per-

unit costs, but it has not built a model to confirm the support needs of residents and, in turn, the cost.

In 2012, the Ministry launched a project to explore whether resources are deployed on a needs basis, and to determine the range of unit costs and whether client profiles could help explain cost variances. The Ministry conducted its analysis using data for 2011/12 and 2012/13, and found a large range of unit costs for each type of residential service. It concluded that improvements are needed to address data-quality issues, and better understand the differences in the levels of need agencies face and the quality of services they provide.

RECOMMENDATION 1

To ensure that funding for residential services and supports for people with developmental disabilities is equitable and tied to the level of support required by individuals in care, the Ministry of Community and Social Services should establish a funding model based on the assessed needs of people requiring services.

MINISTRY RESPONSE

The Ministry has been working toward the development of a funding model based on risk and needs. The approach to funding will be guided by principles of equity, stability and sustainability. The Ministry has undertaken a series of initiatives to better understand the

linkages between resource deployment and client characteristics, including conducting an extensive review of service costing, engaging stakeholder and expert panels to review and comment on potential models, and completing comprehensive literature and inter-jurisdictional reviews.

The Ministry recognizes that a new funding model is essential but will take time to develop and implement. The implementation of a new funding model will only be successful with the partnership of its service providers, individuals and their families. A completion date has not yet been determined.

In the meantime, the Ministry is developing funding guidelines to support equitable funding based on the needs of individuals, and plans to distribute these guidelines to service providers in 2015/16.

Program Lacks Meaningful Performance Indicators

The objective of the program is to provide residential services and supports to enhance clients' independence and inclusion in the community. We found that the Ministry has set no performance indicators that can be benchmarked, measured and reported on; nor does the Ministry survey residents or their families to measure satisfaction with the services it funds.

Although the Ministry collects information from service providers on a quarterly basis, this information measures only output, not outcomes.

In general, we found that other jurisdictions that fund residential services and supports for people with developmental disabilities did not have useful performance measures. However, we did find performance indicators that could be applied to Ontario's program for people with developmental disabilities from programs in other jurisdictions providing residential services for other vulnerable people, such as children and the frail elderly. These included:

- percentage of residents who have had a medical or dental check-up in the previous 12 months;
- prevalence of falls, behavioural symptoms and depression;
- percentage of residents taking multiple medications and/or for whom numerous medication errors have been reported;
- percentage of residents who say they are satisfied with their personal care; and
- percentage of residential staff providing direct care who have received the specified number of hours of relevant formal training on a regular basis.

RECOMMENDATION 2

The Ministry of Community and Social Services should review performance measures used in other jurisdictions to evaluate residential services provided to vulnerable people and, where appropriate, adapt these to develop relevant performance measures for residential services for people with developmental disabilities.

MINISTRY RESPONSE

The Ministry recognizes the importance of outcome-based performance measurement to enhance service delivery and system accountability.

In July 2014, the Ministry started reviewing options for adopting a quality improvement framework, including examining other Canadian and international jurisdictions. The Ministry is also consulting experts in Ontario to consider ways to monitor the quality of services and supports provided to adults with developmental disabilities. This work will continue through 2014/15 and into the next year.

The Ministry will review the research results and will work toward the development of performance measures for developmental services related to individual and system outcomes.

Accessing Residential Services

The process of providing Ministry-funded adult developmental residential services involves:

- confirming eligibility;
- assessing needs;
- prioritizing access to services; and
- matching eligible people to available resources.

Eligibility Confirmation and Needs Assessment Have Improved

Since we last audited the program in 2007, the Ministry has developed a consistent process for confirming eligibility and assessing needs of applicants. Legislation was enacted in 2008 that clearly defines an adult with a developmental disability. As well, the Ministry developed a new application form that outlines eligibility criteria and specifies required documentation. The application captures information on the applicant's individual circumstances, strengths, challenges and goals, as communicated by the individual and/or his or her family. The Ministry also introduced the Supports Intensity Scale, to help identify the intensity of supports a person needs to participate in everyday life.

Since the establishment of the nine Developmental Services Ontario (DSO) offices as the single point of access, all persons applying for ministry-funded adult developmental services and supports, including residential services, must have their eligibility confirmed and their needs assessed by a DSO office. People on the wait list since before July 2011 do not have to have their eligibility confirmed, but must have their needs assessed.

Based on a sample of applications we reviewed in the three regions visited, we found that DSO offices were assessing applicants' eligibility and needs in accordance with legislation and ministry policies.

However, we also found that it took far too long to process an application. We calculated that in 2013/14, it took an average of 209 days, or almost seven months, from the time an application was

received until a needs assessment was completed. The biggest single delay was from the time an applicant's eligibility was confirmed until the time a needs assessment was done—an average of four months. DSO office staff we spoke with estimated that under ideal conditions it should take only about three business days to complete a needs assessment. The Ministry attributes these long wait times to not having enough qualified staff to perform the assessments, and to scheduling and administrative issues. Based on the number of assessors and the number of applicants deemed eligible in 2013/14, the annual workload ranged from 34 to 130 required assessments per assessor. This suggests that some DSO offices could be understaffed while others are not.

Ministry Database Lacks Reliable and Accurate Information

In July 2011, the Ministry launched the Developmental Services Consolidated Information System (DSCIS) database to record personal and service details about every adult with a developmental disability requesting or receiving services and supports. Three years later, the Ministry still has not finished validating the data entered into the DSCIS.

The DSCIS was meant to support DSO offices as the single point of access for adult developmental services and supports, and contains information on intake, eligibility confirmation and needs-assessment status. However, it does not record prioritization scores, vacancies or wait lists; these details reside in the individual databases of each DSO office.

Service providers had previously maintained their own systems but migrated their data to the new DSCIS. At a hearing with the Select Committee on Developmental Services, DSO office staff expressed frustration with what they described as a semi-operational database that was intended to help manage their work, but has instead forced them to track information themselves.

No Consistency in Prioritizing Applicants for Services

The Ministry has not completed development of a provincially consistent process to prioritize people awaiting developmental services. Instead, each region has a different prioritization process.

In one region we visited, prioritization was done by a committee composed of representatives from developmental service agencies, other sectors such as mental health, and family members of people with developmental disabilities; in another region, two people from a developmental service agency did the prioritization; and the third region used an automated scoring system.

In addition, each region has its own prioritization tool with its own identified risk factors and weightings. This results in inconsistent prioritization scores across the province, making it difficult for the Ministry to identify the location of people with the most immediate needs for resources and to be able to allocate funding accordingly.

Applicants Whose Needs Match Existing Resources Are Placed First

One would expect that people assigned the highest priority would be offered vacancies first, but agencies often do not have the required services and support in place to meet the most challenging needs. As a result, the current matching process involves selecting the person who best fits the space that has become available. Although this may be practical, it does not serve the highest-priority person first.

In one region we visited, for example, 33% of those placed in residences during 2013/14 had a prioritization score below the average of others on the regional wait list. In another region visited, 18% of those placed during 2013/14 had scores below the average on the wait list.

This indicates that people with greater needs face greater difficulty in finding appropriate residential services and supports. For example, one person who had been on the wait list since 2008 was rejected by agencies for nine vacancies because

of behavioural issues; at the time of our audit, the person lived in Toronto's Centre for Addiction and Mental Health, waiting for an appropriate placement to become available. Similarly, another person was rejected by agencies nine times since 2012 because of behavioural issues, and is currently in hospital because no housing with appropriate behavioural supports can be found.

In both cases, the individuals are receiving some support, albeit in a setting that is inappropriate for them. At the same time, they are tying up a bed that could go to someone requiring those particular supports.

Crisis Placement Not Short-term in Nature and Not Meeting Needs

The Ministry requires each DSO office to follow the Ministry-established local urgent-response process in order to place individuals in urgent need of supports. This can be, for example, when a family member is unable to continue providing care essential to the health and well-being of an adult with a developmental disability.

There are two types of temporary beds in the developmental services system—safe beds (used exclusively for people in crisis) and treatment beds (primarily intended for people with behavioural or mental health issues in addition to a developmental disability who may also be in crisis). Thirty-one safe beds and 70 treatment beds are available province-wide, and 87 people in crisis were placed in them in 2013/14.

Although the beds are intended for short-term stays of about 30 days, we found that individuals often stay longer because of a shortage of appropriate permanent accommodations. This makes the beds unavailable to others facing a crisis. For example, in one region, eight individuals occupied treatment beds for long stays, making them unavailable to others between 2010 and 2014; in another region, 15 individuals occupied treatment beds for long stays, making them unavailable to others between 2010 and 2013.

During its hearings, the Select Committee on Developmental Services was told that in crisis situations, young people with developmental disabilities may be placed in psychiatric wards, hospitals or long-term-care homes. These placements are expensive and unsuited to the individual's needs. The Committee also heard from the Ministry of Health and Long-Term Care that about 4,500 people with developmental disabilities live in long-term-care homes even though there are at present no units designated specifically for them in the homes.

No Consistent Process to Access Children's Residential Services

Both the Ministry of Community and Social Services and the Ministry of Children and Youth Services fund residential services for children with developmental disabilities, even though the latter has no dedicated residences for these children. Access to these services is managed by the Ministry of Children and Youth Services.

The segregation of roles between the Ministry of Community and Social Services and the Ministry of Children and Youth Services regarding children's residential services is confusing; one ministry is responsible for contracting, funding and managing the relationship with service providers, and another ministry is responsible for handling complaints, and licensing and inspecting those service-provider premises. Confusion can arise over who is accountable for the overall delivery of children's residential services.

We found that there is no consistent process for accessing residential services for children. Depending on where in the province they lived, some people used a centralized access point while others went directly to a service provider. This can cause confusion for people attempting to access services and result in differences in how quickly they are served.

Furthermore, we noted there is no consistent wait-list management process for children's residential services. However, two centralized access

centres for children's services in the regions we visited kept a wait list. In one region, the list included 10 children, aged 12 to 15, who had been waiting an average of 4½ months. In the other region, the wait list contained 149 people, but no data on their age or how long they had been waiting. As a result, the Ministry of Children and Youth Services was unable to accurately determine the demand for children's residential services.

Transition Process from Child to Adult Services Needs Improvement

A Provincial Transition Planning Framework was developed in 2011 to help ensure that every youth with a developmental disability has a unique transition plan upon reaching age 18, based on eligibility, assessed needs and available resources, and guided by the youth's interests, preferences and priorities.

At the time of our fieldwork, service providers and the Ministries of Community and Social Services, Children and Youth Services, and Education were developing regional protocols to formalize transition-planning responsibilities. The protocols identify the parties responsible for leading and supporting transition planning in each community and define the roles of the organizations involved. The new protocols were implemented and transition planning for young people with developmental disabilities went into effect in September 2014.

RECOMMENDATION 3

To ensure that services are administered consistently and equitably, and that those most in need receive required services, the Ministry of Community and Social Services should:

- complete timely needs assessments for all eligible individuals waiting for residential services;
- develop a consistent prioritization process across the province; and
- validate all information in the Developmental Services Consolidated Information System.

MINISTRY RESPONSE

The Ministry recognizes the need to ensure that services are administered consistently and equitably. To that end, the Ministry is working with Developmental Services Ontario (DSO) offices to improve efficiency and consistency in the existing assessment of the support-needs process. To further assist DSO offices in completing timely assessments for individuals and their families, the Ministry will be increasing the number of assessors in each office by the end of 2015, by a total of 37. These steps will help to reduce the backlog and wait times for assessments.

The Ministry is building on the work of the existing community prioritization processes to promote greater consistency and increased fairness through the introduction of a provincially consistent prioritization tool and process. Implementation of the tool began with the Passport program in October 2014, and will be evaluated prior to continuing implementation for residential services.

The Ministry recognizes that more work needs to be done to further advance the provincial information technology system (DSCIS), and will continue to make improvements. An implementation plan is in place to validate residential wait-list information and upgrade the DSCIS. Validation of residential wait-list information is a current priority and is targeted for completion in 2015/16. Planned upgrades to the DSCIS include a system update to enable DSO offices to match individuals to available resources identified by service agencies. Specifically, for the first time, there will be a provincial database linking DSO offices and service agencies to match individuals to resources. The Ministry is targeting implementation by the end of 2015.

RECOMMENDATION 4

The Ministry of Children and Youth Services should develop a policy that is applicable to

all children's residences that are funded by the government of Ontario. This would include implementing a consistent access mechanism and wait-list management process across the province for residential services for children and youth with developmental disabilities.

MINISTRY RESPONSE

The Ministry of Children and Youth Services funds and licenses a variety of residential settings for children and youth, including those with special needs such as developmental disabilities.

The government has embarked on a Special Needs Strategy that is aimed at improving outcomes for children and youth, simplifying access and improving service experiences for families. One element is co-ordinated service planning for families of children and youth with multiple and/or complex needs who require a variety of services so that they have a single co-ordinated service plan that takes into account all of their services.

Simultaneously, the Ministry of Children and Youth Services is in the early stages of planning to reform the oversight of all government-funded residential services for children.

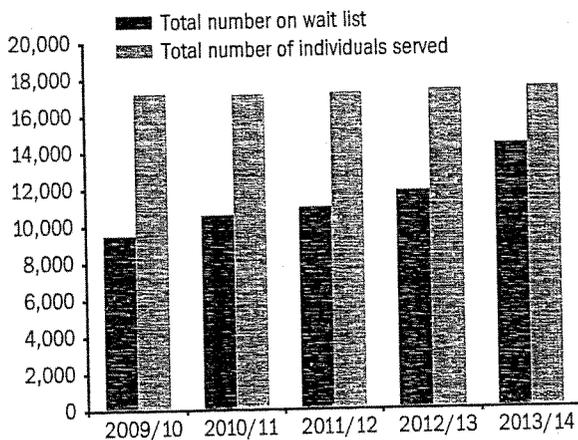
The Ministry welcomes the findings of the Auditor General in this regard and will incorporate the findings and the associated recommendation as it implements its plans to improve services for Ontario's children and youth with special needs.

Wait Management**Wait Information Not Tracked Consistently Across the Province**

According to ministry data, almost as many people were waiting for services as had been served in the past year. Figure 6 shows that between 2009/10 and 2013/14, the number of people across the province waiting for adult residential services increased

Figure 6: People Waiting for Residential Services vs. People Served, 2009/10–2013/14

Source of data: Ministry of Community and Social Services



50%, from 9,500 to 14,300. Of these, 6,900 were waiting for group homes, followed by those waiting for supportive independent living (5,000). Meanwhile, during the same period, the number of people served in adult residences increased only 1%, from 17,200 to 17,400. Ideally, it would be more useful to compare changes in capacity (that is, the maximum number of people who can be served on a daily basis), but the Ministry lacks complete data for the five-year period.

We had some concerns about the wait information, in particular:

- An individual requesting placement in more than one type of residential service setting might be counted twice on the wait list. In one region we visited, the DSO office reported the unique number of people waiting for a bed, but the other two we visited reported the duplicate count. As of March 2014, the wait lists for those two regional DSO offices were overstated by a total of 830 people.
- The Ministry does not track and analyze wait-time information. Tracking and disclosing wait times by region and type of residential setting would increase transparency and accountability. In contrast, the overall median wait times for long-term-care homes are published once a year, and one Ontario Com-

munity Care Access Centre we visited during our 2012 audit of the long-term-care-home placement process also posts wait times on its website for each of its homes.

Wait-list information is reported to senior management every three months (once each quarter). Since 2011, the wait-list information provided to senior management has been based on data collected from the DSO offices. This data indicated that 14,300 people were waiting for residential service as of March 31, 2014. In September 2014, the Ministry revised the number of people waiting for residential services as of March 31, 2014, in the report to senior management using wait-list information from its Developmental Services Consolidated Information System (DSCIS). As noted earlier, this is a database the Ministry developed in 2011 to combine existing client information maintained by the various service providers, and to which it asked service providers at the time to migrate their data. However, the Ministry has not been using the DSCIS because the system is not fully functional and because the Ministry has not yet finished validating the data in it. According to the DSCIS, the number of people waiting for residential services as of March 31, 2014, was 12,800, not 14,300. Accordingly, the revised report to ministry senior management included a disclaimer that the Ministry could neither guarantee the accuracy of the DSCIS information nor explain why the DSCIS and DSO office numbers were different.

Deficiencies Noted in Managing Vacancies

When a vacancy opens, the service provider is required to inform its regional DSO office, which begins identifying people for placement based on the regional prioritization and matching process. The Ministry does not have a policy on how soon after a bed becomes vacant an agency should notify the DSO office. In the three regions we visited, the time ranged from immediately to five days.

Other concerns with how vacancies were managed are as follows:

- The Ministry requires agencies to provide an explanation when a vacancy has not been filled within 60 days. We noted that the average time to fill a vacancy at the three regions we visited ranged from 92 to 128 days in 2013/14. We also noted there are no mandated timeframes for an applicant to accept a placement offer, or for when they must move in after accepting. In two of the regions we visited, it took up to two months on average to find a person to take the vacancy, and up to an additional 42 days from the time a bed was offered and accepted for the person to move in permanently. The DSO office in the third region did not keep comparable data. The Ministry told us that long placement times are the result of individuals moving in on a transitional basis (for example, just on weekends for a full month before moving in permanently), and depend on the person's comfort level and the family's readiness for transition. In contrast, the Ministry of Health and Long-Term Care has legislated timelines for long-term-care homes: a person has one day to decide whether to accept a placement offer, and then five days to move in.
- The number of beds that become available every year is small in comparison to the number of people waiting. For the two residential types that house the most people (group homes and supported independent living arrangements), we compared the number of people waiting for a bed with the number of beds that became available in the year, and estimated that at that rate, it could take 22 years to place everyone now on a wait list, as shown in Figure 7. However, it could take 41 years to clear the Toronto region wait list for group homes and the South East region wait list for supported independent living arrangements.
- Furthermore, the Ministry has not assessed whether people's needs on the wait list will be met by the current mix of residential service types. Therefore, the problem of not being able to place individuals with the highest needs may be perpetuated.

Limited Action to Date on Recommendations of Housing Study Group

In September 2013, the Housing Study Group released a report called *Ending the Wait: An Action*

Figure 7: Comparison of Wait List and Vacancies, 2013/14

Source of data: Ministry of Community and Social Services

Region	Group Homes			Supported Independent Living		
	# of People Waiting (March 31, 2014)	# of Vacancies (2013/14)	# of Years to Clear Wait Lists at this Rate	# of People Waiting (March 31, 2014)	# of Vacancies (2013/14)	# of Years to Clear Wait Lists at this Rate
Central East	1,327	45	29	849	41	21
Central West	643	48	13	252	19	13
Eastern	696	23	30	671	23	29
Hamilton Niagara	857	44	19	648	43	15
North East	231	37	6	224	31	7
Northern	267	11	24	330	15	22
South East	165	15	11	122	3	41
South West	1,131	46	25	1,028	27	38
Toronto	1,621	40	41	928	25	37
Province	6,938	309	22	5,052	227	22

Agenda to Address the Housing Crisis Confronting Ontario Adults with Developmental Disabilities. The group was composed of government policy planners and representatives from service providers and the community, clients and family organizations.

The report discusses key barriers to housing in this sector and presents a three-year action plan.

Key recommendations include:

- creating a task force to recommend and implement capacity-building initiatives beginning in 2014, and to create a method for ongoing evaluation of progress and planning;
- creating an “opportunity fund” to invite proposals designed to address the shortfall in housing for people with developmental disabilities;
- creating an inter-ministerial committee for ongoing consultation and creation of a 20- to 25-year work plan;
- obtaining a government commitment to fund housing solutions for 100% of adults with developmental disabilities whose parental caregivers are over the age of 80, and for 50% of those whose parents are over 70; and
- creating a communication strategy study group to publicize housing initiatives resulting from the agenda.

At the time of our audit, the Ministry had not yet indicated whether it endorsed the study’s recommendations. By August 2014, the Ministry had appointed a chair and the membership of the Developmental Services Housing Task Force recommended by the Housing Study Group. No other progress has been made on the recommendations. Given the nature of these recommendations, they may take quite a few years to implement.

RECOMMENDATION 5

To improve the management of wait times for residential services for people with developmental disabilities, the Ministry of Community and Social Services should:

- promote consistent recording of wait information, including tracking both wait times and wait lists;
- establish guidelines for the length of time an applicant may take to accept a placement, and then to move in;
- consider making wait times public to increase transparency and accountability;
- assess, on the basis of the needs of individuals on the wait list, what the mix of residential service types should be, to enable those with the highest needs to be placed first, as practical, in the future; and
- use the Developmental Services Housing Task Force to develop alternative housing solutions to alleviate demand as quickly and cost-effectively as possible.

MINISTRY RESPONSE

The Ministry agrees with the Auditor General’s recommendation and recognizes the need to improve the management of wait times. The Ministry is developing system enhancement requirements for the DSCIS that will increase the Ministry’s ability to collect, report and monitor wait-list information across the province. The specific enhancements will enable DSO offices to match individuals to available resources identified by service agencies. Specifically, for the first time, there will be a provincial database linking DSO offices and service agencies to match individuals to resources. The Ministry is targeting implementation by the end of 2015.

The Ministry will consider how best to share relevant service system information, including residential wait-list data, with the public.

Currently, the Ministry is working on initiatives to achieve a more consistent service system experience for individuals and families across the province, including, but not limited to, the introduction of a provincially consistent process for Urgent Response, Urgent Response Case Management, and Service System Planning. A

component of this work will be the issuing of new guidelines for the management of residential vacancies in 2015/16. The guidelines will clarify roles and responsibilities for vacancy management, provide consistent definitions, and articulate key milestones and related timelines for elements of the vacancy management process, including the time allowed to successfully complete a transition to a new home.

As part of the \$810-million investment in developmental services, the Ministry will be moving to multi-year residential planning. This is expected to allow communities to develop innovative housing options that better meet the needs of individuals requiring residential services. Multi-year planning will also allow the sector to build appropriate residential services for complex cases because agencies will have the time to plan over a longer period of time.

The Developmental Services Housing Task Force held its first meeting in September 2014 and will be developing a process to recommend innovative housing demonstration projects for ministry funding and evaluation. It will study emerging best practices from Ontario and other jurisdictions. The task force has a two-year mandate but is identifying innovative, sustainable solutions that can be implemented in the short term.

Quality of Service Provided

In order to help promote the health, safety and welfare of people receiving ministry-funded residential services and supports, the Ministry inspects service providers, sets requirements for staff training and requires serious occurrences to be reported regularly.

Compliance Inspections Process Needs Improvement

Providers of adult residential services must comply with a series of quality-assurance measures set out

in regulation and ministry policy. An inspection checklist has been developed that incorporates the quality-assurance requirements under the law and ministry policy directives.

Until December 2010, adult residences were inspected by staff from ministry regional offices. Since then, inspections have been centralized at the Ministry's head office and are conducted by a team of six inspectors. This team is also responsible for inspecting supportive services for people with developmental disabilities, including DSO offices, which manage access to services.

In total, there are about 360 agencies delivering all types of developmental services (either residential services or supportive services) and almost 2,100 residences providing residential services. Inspections typically include a review of agency policy and procedures, board documents, and staff and resident records.

Inspectors try to assess the physical condition of a residence, the personal care provided to residents, and management of residents' personal finances. They also review whether a residence has a fire safety plan, approved by the Fire Marshal. Inspections do not include verification of quarterly service data reported to the Ministry, or the testing of expenditures to ensure compliance with the government's Broader Public Sector Expenses Directive. In addition, we reviewed a sample of inspections and found that in two-thirds of them, inspectors interviewed neither the staff providing direct care to residents, nor residents themselves.

The change to a centralized inspection process for adult residential services has created more consistency in inspections across the province, and in the reporting of inspection results. However, we had the following concerns:

- At the time of our audit, 45% of about 2,100 adult residences had not been inspected since at least 2010, as shown in **Figure 8**. Adult residences for people with developmental disabilities may go uninspected for years. From January 2011 to May 2013, the Ministry used a site-based model to select residences for

Figure 8: Inspections of Residences for Adults with Developmental Disabilities, by Calendar Year

Calculated by the Office of the Auditor General using data from the Ministry of Community and Social Services

Last Inspection Date	# of Residences	% of Total
Never inspected	541	25
Before 2011	436	20
2011	344	16
2012	464	21
2013	379	18
Total	2,164	100

inspections. Under this model, the Ministry aimed to inspect only group homes every five years. In June 2013, the Ministry switched to an agency-based model, where the aim is to have each agency inspected once every 24 to 30 months, along with a sample of residences it operates. Selection of both agencies and residences are based on criteria such as date and results of the last inspection, risk assessments, occurrences reported, and percentage of funding. Hence, there is no guarantee that every adult residence will eventually be inspected. Even where a risk-based approach is used, every residence should be inspected at least once during a defined longer-term period (for example, every five to seven years).

- Agencies get advance notice of inspections. Ministry staff informed us that they tell agencies about forthcoming inspections as a courtesy, although they do not specify which residences will be visited until the first day of inspection. Based on a sample of files we reviewed, agencies were given an average 24 days' notice before an inspection. This raises doubts about whether the agency's normal operations are accurately reflected on inspection day. The Ministry of Children and Youth Services also gives advance notice of inspections of children's residences. In contrast, the Ministry of Health and Long-Term Care conducts unannounced inspections of long-term-care homes.

- There is no distinction in the severity of non-compliance issues identified during inspections. All items of non-compliance should be addressed, but those that are more critical for the health, safety and well-being of residents and staff may require an immediate response. It was difficult to determine from inspection reports whether there was an immediate need for corrective action. For agencies inspected between June and December 2013, the number of non-compliance items ranged from one to 78 per agency, with a median of 21 items. However, because items are not coded with respect to severity, it is not possible to know whether the health and safety of residents was compromised.
- Most agencies do not take corrective action quickly enough. In June 2013, the Ministry set a target requiring agencies to correct non-compliance items within 60 days of inspection. We found that 67% of agencies inspected after June 2013 did not meet the target. For residences inspected from January 2011 to May 2013, 12% took longer than one year to address all issues of non-compliance, and 10% were still not in compliance at the time of our audit testing in March 2014.
- We found that Ministry staff did not conduct timely follow-ups to ensure that corrective action was taken. We reviewed a sample of files for residences that were still in non-compliance for at least six months following inspection, and noted that the Ministry had not performed any documented follow-up for an average of 10 months, as of March 31, 2014. When we reviewed a sample of residences that had been inspected more than once, we noted that at least four of the same non-compliance items were found in the subsequent inspections for 40% of them. In addition, the way that inspection results are recorded makes it impossible for the Ministry to analyze them in detail. For instance, inspectors specify the individual residences

they inspect, but enter only the aggregated results by agency into the system. Therefore, in cases where an agency operates multiple residences, it is not possible to relate specific inspection findings to individual residences.

- Inspection results are not made public. In contrast, the Ministry of Health and Long-Term Care requires that inspection reports detailing all findings of non-compliance be posted in a public area of the long-term-care home and provided to resident and family councils. Reports are also published on the Ministry's website to increase transparency and accountability.

Under the *Child and Family Services Act*, residences that house three or more children must be licensed annually. The Ministry of Children and Youth Services is responsible for inspecting children's residences prior to issuing a licence. We found that all children's residences funded by the Ministry of Community and Social Services with more than three children had been inspected and licensed annually as required by the Act.

RECOMMENDATION 6

To help ensure that inspections of residences contribute to the safety and security of the environments where people with developmental disabilities live, the Ministry of Community and Social Services should:

- continue to use a risk-based approach and set a maximum time allowed before lower-risk residences need to be inspected;
- conduct unannounced inspections;
- distinguish between the severity of non-compliance items and ensure appropriate and timely follow-up where significant issues are noted;
- expand inspection procedures to include verification of service data reported to the Ministry, and test compliance with Broader Public Sector Expenses Directives on a sample basis; and

- publish the results of inspection reports to increase the transparency and accountability of the process.

MINISTRY RESPONSE

The Ministry continues to strengthen its compliance inspection process and appreciates the Auditor General's recommendations. Beginning in 2015/16, the Ministry will complete inspections of each agency on an annual basis, and will target inspections of every applicable residence operated by service provider agencies in the five-to-seven year timeframe recommended by the Auditor General.

In the past, the Ministry has conducted a few unannounced inspections, in response to complaints. The Ministry supports the recommendation and will increase the number of unannounced inspections.

In summer 2014, the Ministry began work on and is now finalizing a prioritization matrix that recognizes the differing severity of compliance requirements. This matrix will determine a risk rating for all requirements and assign required follow-up actions. The Ministry will also be prescribing timelines for follow up on areas of non-compliance that build on existing provisions in legislation. Both are targeted for implementation in early 2015/16.

We appreciate the recommendation of the Auditor General and will provide direction to ministry staff to ensure compliance with the Broader Public Sector Expense Directives and to verify service level data submitted by service agencies. These will be done on a sample basis outside of the compliance inspection process.

In 2013, the Ministry began consultations with the sector regarding the public posting of inspection results and received support. Publishing results is targeted for the 2015/16 fiscal year.

Care Standards Are Few and Open to Interpretation

It is important that the Ministry set standards of care to help ensure the well-being of residents. We noted that the Ministry requires residences to follow standards for nutrition, heating and cooling, and hot-water temperatures (to prevent scalding). However, we found that many of the standards of care included in the Ministry's inspection checklist are general in nature and allow for a fair amount of agency discretion. For example, the checklist stipulates that:

- the number of support staff must be adequate, and staffing schedules should reflect 24-hour coverage for group homes and intensive support residences, but there is no requirement for a specific staff-to-resident ratio; and
- each service agency must provide assistance to residents to attend regular medical and dental appointments as needed, but it does not specify the minimum number of times (for example, once per year) a resident should be seen by a physician and dentist.

Other provinces have additional standards of care for adult residential services. For example, New Brunswick specifies staff-to-resident ratios based on the level of care of the particular residence (residences in that province are classified by the level of care they provide), bathroom-to-resident ratios, and minimum bedroom sizes. British Columbia also has requirements for the size of accommodations and the ratio of bathrooms to residents.

RECOMMENDATION 7

To help ensure the well-being of people with developmental disabilities living in Ministry-funded residences, the Ministry of Community and Social Services should establish further standard-of-care benchmarks, such as staff-to-resident ratios and the minimum number of times a year that each resident should be seen by health professionals such as physicians and dentists.

MINISTRY RESPONSE

The Ministry supports and acknowledges that better guidance and direction to the sector is required on both financial and quality-of-life expectations.

The Ministry continues to move toward individualized approaches to further our goals of social and community inclusion. As part of developing and implementing funding guidelines in 2015/16, the Ministry will embed points of reference, such as staff-to-resident ratios, to help the sector support equitable funding based on individuals' needs.

In developing standards for service agencies, the Ministry believes it is important to find the right balance between providing sufficient guidance to agencies while permitting flexibility to respond to the unique needs, preferences, and circumstances of the individuals they serve. The requirements in the Quality Assurance Measures are deliberately broad to achieve this balance in a way that provides a safe environment while recognizing that individuals need different supports to help them to live as independently as possible and become fully integrated in the community.

Some Agency Staff Lacked Required Training and Did Not Undergo Security Screening

The Ministry has mandatory training requirements for DSO employees who assess individuals' support needs and for agency staff who provide care. However, we found that some staff had not received all the required training. Specifically:

- DSO staff who perform needs assessments must successfully complete initial assessor training and a refresher course every 18 months. For 4% of DSO assessment staff, there was no documentation to show they had completed this initial training, and for 12% of staff, there was no documentation to show they had

taken the required refresher course. If staff are not properly trained, applicants may be assessed inappropriately and inconsistently.

- Residential staff providing direct care are required to obtain training in a wide variety of areas, including first aid and CPR; basic needs care such as bathing, medical support and feeding; and behaviour intervention techniques. Based on information collected during compliance inspections between June 2012 and December 2013, 5% to 11% of staff sampled did not have this training.

In addition to training, the Ministry requires a background check through the Canadian Police Information Centre (CPIC), including Vulnerable Sector Screening, before residential staff who provide direct care are hired. But the Ministry does not require staff to update their CPIC checks regularly to help ensure that they pose no risk to residents. Compliance inspections conducted between June 2012 and December 2013 identified 11% of service providers failing to document whether staff and volunteers had undergone a CPIC check. Further, only one of the agencies we visited required staff to get an updated CPIC check every five years.

RECOMMENDATION 8

To help ensure that people applying for developmental services have their support needs properly assessed, and that those living in residences funded by the Ministry of Community and Social Services receive quality services, the Ministry should:

- ensure that all assessors and residential staff complete the required training; and
- ensure that all residential staff who provide direct care to residents undergo regular vulnerable sector screenings and Canadian Police Information Centre checks.

MINISTRY RESPONSE

The Ministry established policy directives, which came into effect in July 2011, setting out

qualifications for assessors and service standards related to the completion of assessments of support needs. Since February 2011, the Ministry has delivered training and completed assessor qualification reviews for all assessors in the DSO offices. As of October 2014, DSO offices across the province employed over 90 active and qualified assessors, and according to ministry instructors, all assessors' qualifications are up-to-date.

The Ministry appreciates the finding and supports the recommendation regarding training for residential staff who provide support for individuals with developmental disabilities and will continue to closely monitor this area and put in place appropriate strategies.

A police record check, which includes a vulnerable sector screen, is required by the Quality Assurance Measures for all new staff members, volunteers and board members who have direct contact with persons with developmental disabilities. The Ministry supports these checks and the Auditor General's recommendation. The Ministry will assess the feasibility of requiring vulnerable sector screenings and Canadian Police Information Centre checks for agency staff on a regular basis.

Oversight of Service Providers

Governance and Accountability Process

Agencies are accountable to the Ministry for their prudent use of public funds. In turn, the Ministry must ensure that there are effective governance and accountability structures in place.

In 2012, the Ministry released a Transfer Payment Governance and Accountability Framework for community service providers. The framework refers providers to appropriate government directives for transfer-payment agencies, and outlines the accountability structures established by the Ministry as follows:

- expectations are clearly defined;

- the Ministry and service providers establish effective agreements;
- ongoing reporting and monitoring are done to determine whether agreed-upon results are achieved; and
- corrective action is taken if necessary.

Ministry Oversight Relies Heavily on Agency Self-Assessments

The Ministry relies heavily on agency self-assessments but does not routinely seek independent verification that agencies comply with accountability directives for the broader public sector. It has adopted an agency risk-based oversight approach. For example:

- Agencies must complete a risk-assessment questionnaire every two years that determines their ability to meet service-delivery objectives. Ministry staff review these self-assessments and assign a risk rating for the agency. Where risks are identified, the Ministry requires the service provider to develop an action plan to mitigate those risks. The latest risk assessments available at the time of our fieldwork were completed in 2011/12. One agency was rated high-risk, three were identified as medium-risk, and the more than 200 remaining agencies were rated low-risk. We reviewed the action plans for those rated medium- and high-risk and noted that they had all provided action plans for the risks identified, although one agency provided inadequate detail. We also noted that 11 agencies had either not completed the risk-assessment questionnaire or used an earlier version of it, and were excused from submission at the Ministry's discretion.
- In our *2011 Annual Report* audit of Supportive Services for People with Disabilities, we recommended that the Ministry consider having the agencies' board chairs attest annually to complying with the Broader Public Sector Expenses Directive regarding travel,

meal and hospitality expenses. The Ministry implemented our recommendation and, starting with the 2011/12 fiscal year, requires all transfer-payment agencies receiving at least \$10 million in provincial funding to report annually on whether they have complied with the requirements of the *Broader Public Sector Accountability Act, 2010* and its directives regarding expenses, prerequisites and procurement. Each agency must complete and return to the Ministry an annual attestation of compliance signed by both its chief executive officer and the chair of its board, and indicate the corrective action it will take for any issues of non-compliance. For the 2012/13 fiscal year, the Ministry received attestations of compliance from all developmental service agencies that were required to submit. We noted that 13% of these agencies indicated they were not in compliance with at least one requirement. The agencies in the three regions we visited all submitted action plans, but we noted that only two regions followed up to ensure that corrective action was taken.

In 2013, the Ministry's internal audit team examined travel, meal and hospitality expenditures at developmental service agencies, most of which provided residential services, and concluded that the Ministry needs to improve controls to ensure that agencies comply with the Broader Public Sector Expenses Directive.

The internal auditors found that one-third of sampled agencies that received more than \$10 million in funding and two-thirds of sampled agencies that received less than \$10 million in funding did not comply with the spirit of the directive. Internal audit also noted that although some regions took action to educate agency staff on governance, these actions were not implemented consistently across the regions. Accordingly, even though some board Chairs annually attest that their agencies are complying with the government's expenditure directives for the broader public sector, there was no assurance that all agencies are in compliance.

The Ministry does not involve itself in the day-to-day operations of the agencies it funds, so we enquired about the amount of direct ministry involvement with agency boards of directors. One of the three agencies we visited informed us that a ministry representative attends board meetings on a regular basis. That ministry representative told us that attending board meetings helps to understand agency operations, processes and decision-making, and provides an opportunity to tell the board about ministry direction regarding new initiatives and expectations around governance and accountability. For these reasons, we believe greater involvement by ministry staff at agency board meetings would be beneficial.

RECOMMENDATION 9

To help ensure the prudent use of government funds, and improve agency governance and accountability processes, the Ministry of Community and Social Services should:

- ensure completion of all agency risk assessments;
- ensure completion of all action plans to correct deficiencies noted during risk assessments and annual attestation of compliance;
- conduct periodic independent verification to obtain assurance that agencies comply with the government's directives for the broader public sector; and
- encourage ministry staff to attend agency board meetings.

MINISTRY RESPONSE

The Ministry appreciates the findings of the Auditor General and will work with service agencies to require completion of all risk assessments and confirm completion of all action plans to correct deficiencies.

The Ministry is revising its risk assessment process for all its service agencies in 2015/16 to further enhance accountability and oversight, and improve service agencies' compliance with

directives and policies for the broader public sector. This new model will include an independent risk assessment rating by ministry staff.

The Ministry is exploring the feasibility of including periodic independent verification to obtain assurance that a service agency has taken appropriate action to mitigate risk. To address agency non-compliance, the Ministry is working towards a more consistent approach in utilizing progressive escalation options based on ministry policy regarding sanctions.

Agencies are governed by independent boards of directors. As part of the regular transfer payment business process, ministry staff attend agency board meetings when it is appropriate. The Ministry recognizes the importance of communicating directly with boards of agencies on a regular basis and will ensure that this expectation is communicated to ministry staff. Over the past two months, the Ministry has hosted province-wide sessions with agency staff and boards of directors on the new Developmental Services Investment Strategy and on the ongoing transformation of the sector.

Deficiencies in Monitoring Reporting Requirements

The Ministry has an annual service contract with each agency outlining the services to be provided, the amount of annual funding and the service-level targets to be achieved. Agencies must report quarterly on expenditures and service levels, and reconcile expenditures at year-end.

Quarterly Reporting

To help hold agencies accountable for expenditures and service delivery during the year, the Ministry requires them to submit quarterly year-to-date reports comparing budgeted expenditures and service-level targets to actual results. Agencies must explain any significant variances.

Based on quarterly reports submitted in the 2012/13 fiscal year for a sample of agencies, we noted the following concerns:

- The Ministry does not have adequate procedures in place to verify the accuracy or reasonableness of the data received from agencies, which could lead the Ministry to make decisions based on unreliable data. For instance, we saw no evidence that the Ministry periodically verifies selected data against source records. This verification could be conducted during agency inspections. In addition, at two of the three regional offices we visited, ministry staff did not compare fourth-quarter year-to-date results to audited financial statements or the year-end reconciliation report; nor does the Ministry analyze the service-level data for reasonableness. As a result, we noted cases where data was missing or incorrect. For example, 23% of agencies reported more “resident days” than “bed days,” which is impossible because each resident requires a bed.
- As with the findings of our last audit in 2007, the information collected was not sufficiently detailed to allow useful analysis of program expenditures. We found that the Ministry does not collect information necessary to determine whether some or all of the agencies could provide the same services for less to more people. For example, the Ministry collects data on the number of people served during the reporting period by agency and by service type—information that by itself has little value. It would be more useful if the Ministry compared residences that are similar in type and capacity. The Ministry’s ability to analyze performance and service delivery is also hindered by the fact that the data submitted reflects residential services at the agency level, not at individual residences.

As part of a project in 2013 to examine unit costing and cost drivers, the Ministry’s consultant reported that data anomalies and quality issues affected its ability to analyze the information. For

example, the consultant raised concern about service-contract data irregularities such as the number of individuals served being too high or too low relative to the size of funding.

Year-end Reconciliation Process of Limited Usefulness

In order to confirm whether Ministry funding was used for its intended purpose, agencies must submit audited financial statements, supplemental financial information segregated by service provided, and a reconciliation of agency spending with the amount of ministry funding provided. The process is intended to identify inappropriate or ineligible expenditures, and any surpluses to be recovered.

Based on our review, we made the following observations:

- The reconciliation did not provide enough information on the various costs of direct care. For instance, it provided the cost for staff training and programming, but not for food, nursing or personal-care staff.
- Overall, it was not possible to verify the breakdown of expenditures in the reconciliation reports because the audited financial statements and supplemental segregated financial information were not at the same level of detail.

RECOMMENDATION 10

In order to better hold agencies accountable for the residential services they provide to people with developmental disabilities, the Ministry of Community and Social Services should:

- ensure that agencies submit all required data;
- periodically validate the accuracy of information submitted; and
- require that quarterly reports provide information for individual residences as well as for agencies, to enable better cost comparisons among entities providing similar services; and

- provide guidance on useful expenditure data to be included in the audited financial statements and supplemental segregated financial information.

MINISTRY RESPONSE

The Ministry appreciates the findings of the Auditor General and acknowledges the importance of validating data submitted by service agencies for greater accountability and decision-making. The Ministry will take action to strengthen direction to ministry staff to ensure that agencies submit all required data and will periodically validate the accuracy of the information submitted.

The Ministry is enhancing service data integrity through implementation of data validation tools. Specifically, the 2014/15 budgeting package to be completed by service agencies has built-in validation rules to flag incomplete data. This tool will assist ministry staff to follow up with service agencies on the completeness of the budget. The tools are intended to identify data anomalies at both the agency and aggregate level.

The Ministry is also developing a business intelligence tool that will integrate data sets to identify trends, improve analysis and support decision making. The Ministry will continue to explore ways to improve the quarterly reporting process. In fall 2014, the Ministry began building internal capacity to enhance oversight and monitoring of the developmental services sector.

The Ministry supports the findings of the Auditor General and will consider what expenditure data is useful and should be included in the audited financial statements and supplemental segregated financial information.

Serious Occurrence Reporting Needs Improvement

Residences must report all serious incidents—death, serious injury or abuse—to the Ministry in a defined sequence as follows:

- An initial notification report must be submitted to the regional ministry office within 24 hours of the service provider becoming aware of an incident or of deeming an incident to be serious, or within three hours of the service provider becoming aware of an incident if emergency services are required or the incident is likely to bring significant media attention.
- Within seven business days of the initial notification, an inquiry report must be submitted that details the current status and any further actions to be taken.

We tested a sample of serious occurrence reports submitted in 2013 in the three regions we visited, and noted that 18% of initial notification reports and 16% of inquiry reports were submitted late. However, all instances of alleged, witnessed or suspected abuse in our sample were reported to police immediately, as required. As well, the Ministry was immediately notified of the outcome of all missing-person incidents, as required.

Information from serious occurrence reports is entered manually into the Ministry's Serious Occurrence System, which has eight categories, as listed in **Figure 9**. The system combines all serious occurrences for developmental services, rather than breaking them down by residential and supportive services, so we extracted those incidents that occurred in Ministry-funded residences for our analysis.

In the six years from 2008 to 2013, we noted that the highest number of incidents reported across the province on average has been the use of physical restraints (48%), followed by complaints by or about a resident (27%). The categories that increased the most since 2008 were incidents of alleged abuse or mistreatment (92%), complaints

Figure 9: Serious Occurrences at Residences for Adults with Developmental Disabilities, 2008-2013

Calculated by the Office of the Auditor General using data from the Ministry of Community and Social Services

Nature of Serious Occurrence	2008	2009	2010	2011	2012	2013	Average	%	% Change from 2008 to 2013
Use of physical restraint	2,951	3,593	3,241	3,260	2,711	2,019	2,963	48	(32)
Complaint made by or about client	1,115	1,437	1,352	1,931	2,025	1,967	1,638	27	76
Serious injury	624	573	527	509	486	599	553	9	(4)
Complaints about service standards	368	387	383	332	291	197	326	5	(46)
Alleged abuse/mistreatment	235	221	245	393	367	451	319	5	92
Death	192	187	182	209	192	201	194	3	5
Missing client	77	116	124	131	146	123	120	2	60
Disaster on premises	73	66	41	65	51	78	62	1	7
Total	5,635	6,580	6,095	6,830	6,269	5,635	6,174	100	0

by or about a resident (76%), and missing persons (60%). We found no evidence of Ministry action to address either the high incidence of, or the increase in, certain types of occurrences.

Based on our review of serious occurrence reports, we identified issues that diminish the usefulness of the information. With respect to the Serious Occurrence System, for example, we noted problems with data accuracy as follows:

- The total number of serious occurrences reported for 2012 and 2013 was understated. In April 2014, for example, one regional office we visited had a huge backlog of more than 360 serious-occurrence notifications that had not yet been entered into the system. The Ministry's head office said it was unaware of this backlog.
- The System contained incomplete information for about 540 serious occurrences in 2012 and 690 in 2013.
- When an incident involves more than one resident, agencies sometimes submit separate reports for each resident involved, thus overstating the number of incidents.
- Some types of serious occurrences were reported in different categories. For instance,

medication errors that caused injury were reported in a separate sub-category under the "serious injury" category, while medication errors that didn't result in injury were reported in "complaints about service standards". This means the Ministry would be unable to identify those agencies with frequent medication errors, whether resulting in a serious injury or not, unless it read every serious occurrence reported under "complaints about service standards."

- Some of the serious occurrence categories are not detailed for meaningful trend analysis across agencies. For instance, the "complaints made by or about a client" category includes complaints relating to incidents as widely varied as hospital stays, behavioural problems and police interventions. Bundling such different causes for complaints into a single category makes it difficult to identify trends for specific issues and any corrective actions needed. We found no evidence that the Ministry's head office or regional offices perform any analysis of serious occurrence reports to identify anomalies and systemic issues, or to inform regional or head-office decision-making. For

example, service providers are required to submit annual summary reports to their regional ministry office. All three regions we visited collect the annual reports required from service agencies, but at two of the regions, there was no evidence of review, analysis, or reconciliation of the annual summary reports to the individual incidents reported during the year.

RECOMMENDATION 11

In order to improve the usefulness of the serious occurrence reporting process, the Ministry of Community and Social Services should:

- ensure that serious occurrence reports are entered into its data system on a timely basis;
- refine the categories and promote consistent reporting;
- reconcile annual serious occurrence summary reports from service providers with occurrences reported throughout the year to ensure completeness; and
- analyze serious occurrences to identify anomalies and systemic issues, and to inform decision-making.

MINISTRY RESPONSE

The Ministry took immediate steps to eliminate the backlog in entering serious occurrence reports identified by the Auditor General, and

will introduce ongoing monitoring to ensure that the system remains current.

In 2013, a multi-year, joint business improvement project was begun to identify common business practices and supporting processes across the three operations divisions in the Ministry and the Ministry of Children and Youth Services responsible for serious occurrence reporting. This work has already led to the development of proposed common reporting categories that will meet all legislated requirements and will simplify the reporting requirements and process for service agencies, while also promoting consistency. Reporting categories will be reviewed in the future and refined further if necessary. Once implemented, the revised business processes and practices will allow the ministries to further analyze serious occurrence reporting data that will better support decision making. Testing is targeted for 2015/16.

In the longer term, this work will include the integration of information that will enable the Ministry to reconcile annual serious occurrence reports from service agencies, and will increase its capability to analyze occurrences and to readily identify trends or anomalies.

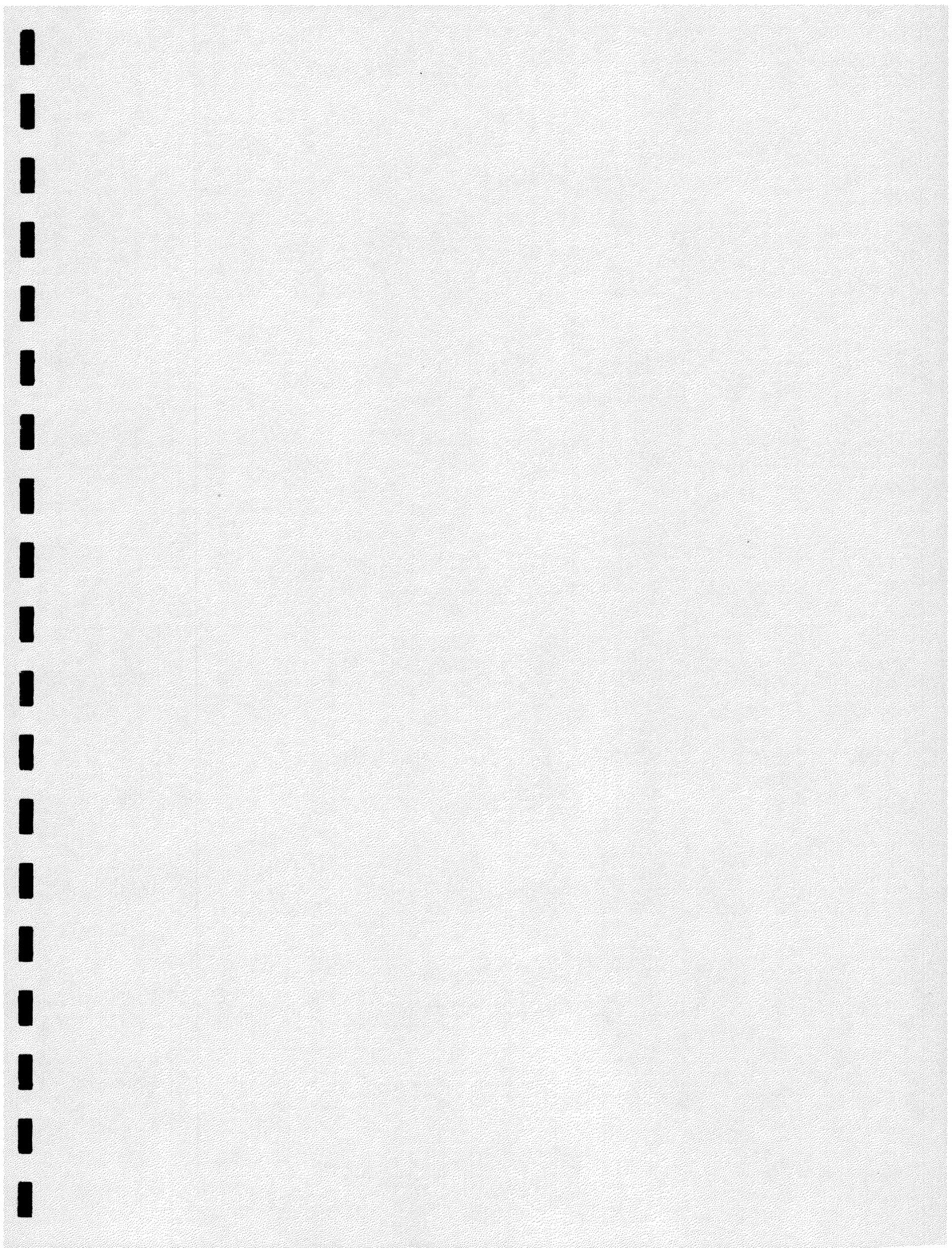
The Ministry acknowledges that improvement is required in this area and will invest in staff to ensure that they have the required training and tools.

Appendix – July 2014 Recommendations of the Select Committee on Developmental Services Most Relevant to Residential Services and Supports

Prepared by the Office of the Auditor General of Ontario

1. A new Inter-Ministerial Committee on Developmental Services (IMCDS) be created with the mandate of implementing the recommendations in this report.
The Minister of Community and Social Services be answerable for the progress of the IMCDS and the implementation of the recommendations in this report. In addition to the Minister of Community and Social Services, the IMCDS be comprised of the ... [eight Ministers and the Attorney General].
The IMCDS convene immediately and as its first task eliminate all waitlists for developmental services and supports within 12 months, and outline an achievable plan, including goals and timeframes, for the implementation of the other recommendations in this report.
- ...
3. As system navigators, the DSOs must work closely with youth developmental service providers so that young adults are seamlessly connected to transitional and long-term support before they age out of the school system.
4. As part of the realigned DSO mandate, the Quality Assurance Measures (QAM) include evaluations of efficiency and client-centred effectiveness, and a new mechanism be established for public reporting of regular Quality Assurance reviews.
- ...
7. The Ministry of Community and Social Services resolve operational issues with the provincial database immediately and provide appropriate training to DSO staff in use of the database.
8. Comprehensive data related to the demand for and provision of developmental services from across Ministries, DSOs, and service agencies be collected, harmonized, and shared within and beyond the sector.
9. The annual collection of data from the entire province (especially northern and remote communities) specifically include the following:
 - the number of adults with developmental disabilities;
 - the number of adults with a dual diagnosis;
 - the number of children with developmental disabilities;
 - the number of children with a dual diagnosis;
 - the length of waitlists for specific services and supports;
 - the number of people with developmental disabilities or dual diagnosis who are incarcerated;
 - the number of people with developmental disabilities inappropriately housed (for example, in hospital or long-term care beds);
 - the number of “abandonment” cases; and
 - the cultural and linguistic diversity needs of the province.
- ...
18. Best practices for staffing ratios in long-term care and group homes be evaluated to ensure the safety of residents and staff.
- ...
20. Capacity for providing care be built that meets the specific needs of dually diagnosed individuals through increased programs and services, and professional training of primary care, dental care, and direct service providers.
- ...
39. The recommendations from the *Ending the Wait** report be fast-tracked.
40. The Housing Task Force collaborate with the IMCDS, Infrastructure Ontario, municipalities across the province, and concerned individuals, families, and community groups.
41. The [Housing] Task Force begin work immediately to explore innovative, individualized, affordable, and flexible family- and community-led housing solutions for persons with developmental disabilities and/or a dual diagnosis, with a strong focus on the specific housing needs of older adults. This includes
 - a) developing both short-term and long-term supported housing models;
 - b) developing support and capital funding for purchase and ongoing maintenance of existing residences; and
 - c) developing successful pilot programs for supported housing.
- ...

* *Ending the Wait: An Action Agenda to Address the Housing Crisis Confronting Ontario Adults with Developmental Disabilities* is a report that was released in September 2013 by the Housing Study Group, comprised of government policy planners and representatives from stakeholder groups.



Chapter 1

Section 1.10

Ministry of Community and Social Services

Residential Services for People with Developmental Disabilities

Follow-Up on VFM Section 3.10, 2014 Annual Report

RECOMMENDATION STATUS OVERVIEW

	# of Actions Recommended	Status of Actions Recommended			
		Fully Implemented	In Process of Being Implemented	Little or No Progress	Will Not Be Implemented
Recommendation 1	1		1.0		
Recommendation 2	1		1.0		
Recommendation 3	3		2.0	1.0	
Recommendation 4	1		1.0		
Recommendation 5	5		3.5	1.5	
Recommendation 6	5	3	1.0	1.0	
Recommendation 7	1				1
Recommendation 8	2	1		1.0	
Recommendation 9	4	1	2.0	1.0	
Recommendation 10	4		3.0	1.0	
Recommendation 11	4	1	3.0		
Total	31	6	17.5	6.5	1
%	100	20	56	21	3

Background

The Ministry of Community and Social Services (Ministry) funds residential and support services for people with developmental disabilities to help them live as independently as possible in the community. The Ministry funds two kinds of residential services for children (group homes and associate living similar to foster care), and five types for adults (ranging from supported independent liv-

ing to intensive-support residences that provide 24-hour care). About 18,300 people received residential services in the 2015/16 fiscal year (17,900 in 2013/14, of which 98% were adults). Another 14,900 adults were on a wait list at year's end (14,300 in the 2013/14 fiscal year).

In 2015/16, the Ministry paid a total of \$1.3 billion to 236 not-for-profit community agencies that operated nearly 3,000 residences that provided residential and support services to people with developmental disabilities (\$1.16 billion in 2013/14 to 240 agencies to operate nearly 2,100 residences).

Of this total, 97% was for adult services (similar to 2013/14). The Ministry, through regional offices, is responsible for overseeing program delivery for most residential services by agencies. Children's residential services are overseen primarily by the Ministry of Children and Youth Services.

In our *2014 Annual Report*, we noted that during the previous four years, the number of Ontarians with developmental disabilities receiving provincial services and supports grew only 1% to 17,900, while spending on those services and supports rose 14% to \$1.16 billion. A portion of this funding increase was intended to accommodate 1,000 more people over four years, but only 240 more were being served by the end of the third year. As such, program costs were increasing faster than the number of people served. As well, as of March 31, 2014, the number of people waiting for services was almost as high as the number of people who had received services in the previous 12 months.

In 2004, the Ministry began work on a comprehensive transformation of developmental services in Ontario; however, the project was still unfinished at the time of our 2014 audit. We reported that the Ministry had made some progress by, for instance, establishing Developmental Services Ontario as a single access point for adult developmental services.

Some of the most significant findings of our 2014 audit were as follows:

- From 2009/10 to 2013/14, the number of people waiting for adult residential services increased 50% while the number served increased only 1%. We calculated that it would take 22 years to place everyone who was waiting for a residence at the time of our audit, assuming no one else joined the list.
- Eligibility and needs assessment of applicants had improved, but the Ministry still needed to complete the development of a consistent and needs-based prioritization process. People with the highest priority needs were not usually placed first because residential services placements went to people who were the best

fit for the spaces that became available, rather than to those who were assessed as having the highest priority needs.

- The Ministry needed to revise funding methods to link residential funding to residential level of care needs. Ministry funding to service providers was based on what the providers received in previous years, rather than on the level of care they needed to provide the people they were serving. A new funding method based on a reasonable unit cost for services by level of care could lead to savings that would allow more people on wait lists to be served.
- We found wide variations in the cost per bed or cost per person across the system for 2012/13. We calculated the cost per bed for adult group homes ranged from \$21,400 to \$310,000 province-wide. We also found large variances within regions. The Ministry was unable to explain the variances.
- About 45% of adult residences had not been inspected since 2010. Inspections typically included a review of agency policies and procedures, board documents, and staff and resident records, in order to assess the physical condition of a residence, the personal care provided to residents, the management of residents' personal finances, and whether the residence has a fire safety plan. For those inspections conducted, we found that issues were not being followed up on or resolved in a timely manner. The results of residence inspections were not made public.
- Ontario had few care standards and they were general in nature and open to interpretation.
- The Ministry did not have meaningful performance indicators to assess the quality of residential care provided.
- The Ministry created the Developmental Services Consolidated Information System database in 2011 to combine existing client information maintained by the various service providers. However, there were problems with

the accuracy and completeness of the wait management data within the system.

- The segregation of roles between the Ministry of Community and Social Services and the Ministry of Children and Youth Services regarding children's residential services was confusing: one ministry was responsible for contracting, funding and managing the relationship with service providers and another ministry was responsible for handling complaints, and licensing and inspecting those service provider premises. Confusion could arise over who was accountable for the overall delivery of children's residential services. As well, there was no consistent single access point for children's residential services.

We made a number of recommendations for improvement and received commitments from the Ministry that it would take action to address them.

Status of Actions Taken on Recommendations

The Ministry of Community and Social Services provided us with information in the spring and summer of 2016 on the current status of our recommendations. According to the information provided, 76% of our recommended actions have either been fully implemented or progress had been made on implementing them. Little progress was made on 21% of our recommended actions—ones that pertained to wait management, inspection of residences, and oversight of financial reporting. Specifically, the Ministry still has a lot of work to do in the areas of establishing a reasonable length of time for a person to accept or decline a placement offer and move in, expanding inspection procedures to include verification of service data and compliance with government directives for the broader public sector, requiring regular Canadian Police Information Centre and vulnerable sector screening of people providing direct care to individuals with

developmental disabilities, and providing guidance on expenditure data to be included in audited financial information submitted by service providers. One of the recommendations will not be implemented. This pertains to establishing benchmarks for standards of care, which we continue to believe should be implemented to ensure that all residents receive at least a minimum standard of care.

The status of the actions taken on each recommendation is described in the following sections.

Program Funding, Expenditures and Performance Measures

Recommendation 1

To ensure that funding for residential services and supports for people with developmental disabilities is equitable and tied to the level of support required by individuals in care, the Ministry of Community and Social Services should establish a funding model based on the assessed needs of people requiring services.

Status: In the process of being implemented by March 2019.

Details

At the time of our follow-up, the Ministry was developing a framework to allocate funding based on individuals' assessed needs and risk. The Ministry had met with stakeholders and experts, and had commissioned an independent consulting firm to review funding methods in other jurisdictions. The consultant's report noted a trend away from the practice of historically based funding to the creation of budgets in which funding is tied to the outcome of a standardized needs assessment. Alberta currently has and Manitoba is developing such funding models for their programs supporting people with developmental disabilities.

The Ministry has developed a draft funding formula that applies a weighting factor to each element of daily activity support needs, medical and behavioural risks, and other risks (such as, whether the person is able to understand spoken language

or requires overnight assistance) to arrive at the estimated hours of support needed. The Ministry has yet to conduct a case study to test and finalize the funding model. The Ministry plans to implement the new funding model in phases, starting on April 1, 2018, and concluding by March 2019.

Recommendation 2

The Ministry of Community and Social Services should review performance measures used in other jurisdictions to evaluate residential services provided to vulnerable people and, where appropriate, adapt these to develop relevant performance measures for residential services for people with developmental disabilities.

Status: In the process of being implemented by June 2017.

Details

At the time of our audit in 2014, we found that the Ministry did not have performance indicators that could be benchmarked, measured and reported on. In addition, we found that information collected from service providers measured only output, not outcomes.

As part of its Data Analytics and Evaluation Strategy, the Ministry plans to develop client-outcome and system-level performance measures to continually improve service quality and achieve long-term strategic objectives. In January 2016, the Ministry identified what a performance measure framework should include and what other jurisdictions are doing. It looked at quality-of-life measures used by programs that provide service to people with developmental disabilities in Alberta and British Columbia, and national indicators established by the United States.

In February 2016, the Ministry began consultations with service providers on performance indicators. Examples of performance indicators being considered by the Ministry include the percentage of people with developmental disabilities who engage in regular community activities, who report that they have choice in where they live, who report

feelings of belonging, and who find employment if they so desire.

The Ministry informed us that it has yet to conduct a gap analysis to identify whether new data is needed, and hadn't yet established a baseline measurement for selected indicators. The Ministry plans to have performance indicators developed and a gap analysis completed by June 2017.

Accessing Residential Services

Recommendation 3

To ensure that services are administered consistently and equitably, and that those most in need receive required services, the Ministry of Community and Social Services should:

- *complete timely needs assessments for all eligible individuals waiting for residential services;*

Status: Little or no progress.

Details

We calculated that in 2013/14 it took an average of almost seven months from the time an application was received until a needs assessment was completed, the majority of this time being after eligibility had been confirmed.

To address this, the Ministry invested \$3.5 million in additional funding to the nine Developmental Services Ontario access centres to hire a total of 37 new assessors. These people were hired by September 2015.

As well, the Ministry has developed a new reporting template through which data will be collected to allow the Ministry to monitor assessor capacity and productivity by access centre. Beginning March 2016, access centres were required to report on a monthly basis the number of assessors on staff and on a quarterly basis the number of assessments completed. According to Ministry data, there was a 20% increase in the number of needs assessments completed in the 2015/16 fiscal year compared to 2014/15. Although the Ministry does not track how long it takes to complete a needs assessment from

the time an application is received, it has measured wait times based on the time between eligibility confirmation and completion of an assessment. Based on the Ministry's internal reporting, the time between confirmation of eligibility and assessment completion has gotten progressively worse over the last three years. The average time in 2013/14, 2014/15 and 2015/16, respectively, was 6.4 months, 10.2 months and 11.9 months. The Ministry stated that assessments are completed for high-priority individuals first and that the majority of new applicants (over 60%) have an assessment completed within six months.

- *develop a consistent prioritization process across the province; and*
Status: In the process of being implemented by September 2017.

Details

The Ministry developed the Provincial Prioritization Tool in April 2014 to help identify people with developmental disabilities who were most urgently in need of services/funding. This tool was implemented for use in 2014/15 in the Passport Program, which provides self-directed funding to adults with developmental disabilities to enable them to participate more fully in the community.

The Ministry has conducted evaluations of this tool to see if it could be used in other programs for people with developmental disabilities, including residential services. In 2014, the Ministry compared prioritization scores using the tool with the service needs ratings from assessments conducted by access centres, and found lower than expected agreement between prioritization scores and service needs. In 2015, the Ministry compared scores using the tool on the risk of adverse outcomes with the ratings from assessments conducted by access centres. Although it found a better correlation of results than in the 2014 analysis, it was still lower than expected. The Ministry determined that additional work is required before the tool can be used for prioritizing applicants for residential services.

The Ministry plans to implement the prioritization tool for use in the residential services program by September 2017.

- *validate all information in the Developmental Services Consolidated Information System.*
Status: In the process of being implemented by March 2017.

Details

Prior to 2011, service providers maintained client data in their own systems. In 2011, the Ministry launched the Developmental Services Consolidated Information System (DSCIS) database to maintain in a centralized system personal and service details about every adult with a developmental disability who requested or received services or supports. At the time of our audit three years later, the Ministry had not yet finished validating the data entered into the system, either for those receiving services or those waiting for services.

The Ministry's latest data validation efforts of information for individuals receiving residential services was conducted in July 2013. At that time, the Ministry confirmed that the scope of the data validation did not address completeness, accuracy or authenticity of the DSCIS data, but rather focused on other issues within the system which allowed for incorrect data to be present.

The Ministry told us that DSCIS data validation of the residential wait list began in the fourth quarter of 2014/15. Each quarter, access centres provide the Ministry with a list of people waiting for services. Data validation may include reconciling clients' information across other data sources. This process is completed via teleconference and email with access centres based on specific data issues that arise when the Ministry is consolidating the data for provincial reporting. As of March 2016, about 14,900 people were waiting for residential services and 11,980 (or 80%) of those had had an assessment completed to validate their information in the system.

Recommendation 4

The Ministry of Children and Youth Services should develop a policy that is applicable to all children's residences that are funded by the government of Ontario. This would include implementing a consistent access mechanism and wait-list management process across the province for residential services for children and youth with developmental disabilities.

Status: In the process of being implemented. The Ministry of Children and Youth Services will have a plan developed by spring 2017, but is unable to provide a date for full implementation of the plan.

Details

Although both the Ministry of Community and Social Services and the Ministry of Children and Youth Services fund residential services for children with developmental disabilities, access to these services is managed by the latter.

In July 2015, the Ministry of Children and Youth Services established a Residential Services Review Panel to review child and youth residential services in Ontario across all sectors (e.g., child welfare, mental health, youth justice and complex special needs). The panel's mandate was to build on the foundational work of previous reviews and reports to government, and to provide advice on what is needed going forward to improve residential services for children and youth. The panel had discussions with key stakeholders, including youth with experience in residential services, foster parents, service providers, front-line workers, provincial associations, and the Provincial Advocate for Children and Youth. In February 2016, the panel submitted its final report with 33 recommendations to the Ministry of Children and Youth Services. With regards to access, the panel recommended the following:

- The Ministry should create one unified, integrated governance structure within the Ministry (a Quality of Residential Care Branch/Division) to provide systematic oversight and accountability for all residential services through mechanisms that focus on the foundation and elevation of quality of care. The

new structure is envisioned as having four core components: a quality inspectorate; a data analytics reporting unit; a continuity of care unit; and an advisory council.

- The placement of young people in a residential service should be based on a match between the needs and strengths of the young person, and the strengths and demonstrated capacities of the various program service providers.
- A centralized, publicly accessible, web-based directory of all licensed service providers in the province should be created to maximize opportunities for system planning, placement decisions and oversight of residential services.

The Ministry of Children and Youth Services informed us that it will be developing a plan for the reform of child and youth residential services, which it expects to have completed by spring 2017. The plan is to encompass the recommendations of the panel and is expected to focus on improving the quality of care for children and youth, and enhancing oversight and licensing requirements in residential settings. As well, the plan will focus on data and analytics to inform decision-making at all levels. According to the Ministry, it is too early in the process to know when implementation of the plan will be completed.

Wait Management

Recommendation 5

To improve the management of wait times for residential services for people with developmental disabilities, the Ministry of Community and Social Services should:

- promote consistent recording of wait information, including tracking both wait times and wait lists;

Status: In the process of being implemented by June 2017 for wait list information only. But little or no progress on tracking wait times for residential services.

Details

The Ministry stated that improvements were being developed in its Developmental Services Consolidated Information System (DSCIS) database that are expected to address data quality, including tracking wait list information, but not wait times. Specifically, work is continuing to expand system capacity and enable access centres to match clients to available resources identified by service agencies. The Ministry's design includes a new web-based information-sharing portal through which service agencies will provide information to access centres on available services and supports. The portal, which feeds into the system, will also be used by access centres to share information about people who are identified as potential matches for available services and supports so they can be linked up with those agencies.

At the time of our follow-up, the Ministry had consulted with access centres on training and data migration to help plan implementation. As well, the system had been demonstrated to key internal and external stakeholders. The information system improvements are expected to be implemented by June 2017.

At the time of our follow-up, the Ministry did not have accurate and reliable information regarding wait times for residential services.

- *establish guidelines for the length of time an applicant may take to accept a placement, and then to move in;*
Status: In the process of being implemented by March 31, 2018.

Details

At the time of our audit, we noted that the average time to fill a vacancy in 2013/14 ranged from 92 to 128 days. We also noted there were no mandated timeframes for an applicant to accept a placement offer, or for when they must move in after accepting.

The Ministry revised its vacancy management guidelines in 2016. The revised guidelines, which took effect at the start of 2016/17, state that under

ideal circumstances, the goal is to have vacancies remain open for less than 90 calendar days. This period should include the time it takes for a person to accept a proposed residential placement and begin the transition into their new home. For residential resources that remain available for 90 days or longer, details are to be provided in a quarterly residential resource report to the Ministry that documents the circumstances contributing to the length of time.

The revised guidelines do not adequately address the need to shorten the time to fill a vacancy. The time period under the Ministry's new guideline is considerably longer than that required for a long-term-care home vacancy, where a person has 24 hours to accept or decline a placement offer and must move in within five days of the offer. Furthermore, under the old guidelines, the Ministry required agencies to provide an explanation when a vacancy had not been filled within 60 days; this has now been extended to 90 days. The Ministry's average to fill a vacancy in the first quarter of 2016/17 was 81 days. The median was 65 days. The Ministry plans to revisit its target of 90 days in 2017/18.

- *consider making wait times public to increase transparency and accountability;*
Status: Little or no progress.

Details

The Ministry told us that because people with developmental disabilities are prioritized for residential services according to their unique needs and risk factors rather than by how long they have waited for these services, the Ministry and service providers did not want to make wait time information public until a more transparent mechanism was established. The Ministry informed us that it is continuing to work with the sector to publicly report information on average wait times to receive specific services.

- *assess, on the basis of the needs of individuals on the wait list, what the mix of residential service*

types should be, to enable those with the highest needs to be placed first, as practical, in the future; and

Status: In the process of being implemented by March 2017.

Details

In December 2015, the Ministry completed the first phase of a strategy for using a multi-year approach to residential planning. This phase involved collecting information from community planning tables on the highest-priority people waiting for services. In addition, service providers will be permitted to repurpose and combine vacancies to serve more or higher-needs people.

The Ministry found that regional offices and access centres identified almost 1,500 people as highest priority for residential services over the next two years. The most common type of residential setting required was group homes (61%), followed by supported independent living, host family residences (similar to foster care) and intensive support residences. The residential setting required for 10% of those identified as highest priority was unknown.

The Ministry is planning to place 1,400 high-priority individuals within the next two years.

- *use the Developmental Services Housing Task Force to develop alternative housing solutions to alleviate demand as quickly and cost-effectively as possible.*

Status: In the process of being implemented by September 2018.

Details

The Developmental Services Housing Task Force (Task Force) was established in September 2014, with a mandate to, among other things:

- develop a framework for capacity-building projects and identify and recommend demonstration or research projects for government investment and evaluation beginning in 2015;
- develop and compile web-based resources to help individuals and families get information,

network, collaborate and support each other in exploring and creating successful housing solutions; and

- provide a report to government with recommendations related to housing for people with developmental disabilities.

The Task Force established a Facebook group, and worked with connectability.ca to develop a library of online resources for innovative housing ideas, including online resources for individuals and families and a library of resource material with examples of innovative housing solutions.

A request for proposals for innovative housing solutions was posted publicly on the Ministry's website in Spring 2015. The Ministry received 80 submissions, which were reviewed and scored by the Task Force, resulting in 12 projects recommended and approved by the Ministry for \$3.47 million over two years. These projects are expected to provide residential services for 67 people.

A second request for proposals of housing solutions was posted publicly on the Ministry's website in December 2015. The Ministry received 69 submissions and six projects were selected and approved at a cost of \$2.13 million over two years. These projects are expected to provide residential services for 46 additional people. Summaries of the details of the selected projects from both requests for proposals are available on the Ministry's website. Although this is a good start, the number of people expected to be housed (113) is a very small portion of those currently waiting for residential services (14,900 in total, of which 1,500 were high priority).

According to the Ministry, the Task Force will be in place until September 2018.

Quality of Service Providers

Recommendation 6

To help ensure that inspections of residences contribute to the safety and security of the environments where people with developmental disabilities live, the Ministry of Community and Social Services should:

- *continue to use a risk-based approach and set a maximum time allowed before lower-risk residences need to be inspected;*

Status: Fully implemented.

Details

At the time of our 2014 audit, 45% of about 2,100 adult residences had not been inspected since 2010.

As part of a new compliance framework for inspections released by the Ministry in February 2016, the Ministry has committed to conduct annual reviews of agencies, during which a number of residential sites will be inspected each year. As part of this framework, the Ministry has also committed to inspect each lower-risk residential site at least once every five years, whereas higher-risk residences are to be inspected more often based on identified risks (e.g., serious occurrence reports, complaints to the Ministry and last inspection date).

- *conduct unannounced inspections;*

Status: Fully implemented.

Details

According to Regulation 276/10 under the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008*, the Ministry may only conduct unannounced inspections where there are grounds to believe the agency has misappropriated funds, or there is an immediate threat to the health, safety and well-being of a person receiving services and supports from the service agency.

In March 2016, through the Ministry's Serious Occurrence Reporting Process, the Ministry implemented a protocol for conducting unannounced inspections in response to reported health and safety concerns or misappropriated funds. This has resulted in three additional unannounced inspections to date.

The Ministry also informed us that it is developing a team—comprised of representatives from the regional office, corporate compliance team and sen-

ior management—to plan investigation activities where there are allegations of health and safety concerns, and/or misappropriation of funds.

- *distinguish between the severity of non-compliance items and ensure appropriate and timely follow-up where significant issues are noted;*

Status: Fully implemented.

Details

The Ministry developed a prioritization matrix in February 2016 that it has been using in its inspections to categorize the differing severity of non-compliance issues. A risk rating (of immediate, high, medium or low) is applied to each of the 280 inspection requirements, as well as timelines for corrective action by service providers based on level of risk. For example, for non-compliance that poses an immediate threat to the health, safety or well-being of a client, the service provider must correct the situation at the time of inspection or submit documentation that meets Ministry expectations confirming that the corrective action was taken within 24 hours. Further, the Ministry will not sign off on the inspection until it confirms that the service provider has addressed that immediate risk. For non-compliance rated as high risk, the Ministry requires corrective action within 10 business days. For non-compliance rated medium and low risk, service providers are allowed up to 40 days to take corrective action. If a service provider still does not comply, the Ministry may issue a notice that requires compliance within 14 days. Failure to rectify issues after this may result in the Ministry withholding future funding to the agency.

- *expand inspection procedures to include verification of service data reported to the Ministry, and test compliance with Broader Public Sector Expenses Directives on a sample basis; and*
- Status: Little or no progress.**

Details

At the time of our follow-up, the Ministry had not adjusted its site inspection procedures to verify

service data or to test compliance with Broader Public Sector Expenses Directives, and had no plan to do so. The Ministry stated it would determine the current practices of regional offices and explore options to verify agency service data to address any significant anomalies or issues.

- *publish the results of inspection reports to increase the transparency and accountability of the process.*

Status: In the process of being implemented by March 2017.

Details

Effective January 2016, the Ministry released a policy directive that requires service providers to post a hard copy of either their letter of compliance or non-compliance following annual inspection, within three business days of receiving it from the Ministry. The letter must be posted at or near the main entrance of the agency and be clearly visible to those who enter. These letters summarize the results of the inspection and indicate whether the service provider has met all requirements or not. In the case of a non-compliance letter, the areas requiring corrective action are identified.

Further, service providers are required to respond to queries or provide information on their current compliance status and the results of their ministry compliance inspections, to anyone who requests them.

However, at the time of our follow-up, the Ministry had no plans to publish on its website results of inspections on residences for people with developmental disabilities to allow quick access to comparative information.

Recommendation 7

To help ensure the well-being of people with developmental disabilities living in Ministry-funded residences, the Ministry of Community and Social Services should establish further standard-of-care benchmarks, such as staff-to-resident ratios and the minimum number of times a year that each resident

should be seen by health professionals such as physicians and dentists.

Status: Will not be implemented. We continue to believe this recommendation should be implemented.

Details

The Ministry has said that because people with developmental disabilities have a wide range of needs—some need minimal support (e.g., for learning how to take public transportation independently or addressing personal issues as they arise) and others need intensive support (e.g., 24/7 support with all aspects of daily living, and to manage challenging behaviours, such as self-harm)—it is difficult for the Ministry to accurately set a standard for staff-to-client ratios that is meaningful and appropriate for people who live in developmental services settings or participate in other Ministry-funded programs.

Rather, the Ministry feels minimum standards are not needed because it already requires that funded service agencies develop an individual support plan for every person receiving services, and that these plans identify the community resources that may be required or accessed by the individual, including medical resources.

We continue to believe that this recommendation should be implemented to ensure that all residents receive at least a minimum standard of care.

Recommendation 8

To help ensure that people applying for developmental services have their support needs properly assessed, and that those living in residences funded by the Ministry of Community and Social Services receive quality services, the Ministry should:

- *ensure that all assessors and residential staff complete the required training; and*

Status: Fully implemented.

Details

Although the Ministry has mandatory training requirements for access centre staff who assess

people's support needs and for agency staff who provide care, during our 2014 audit we found that some staff had not received all required training. In December 2015, the Ministry revised its policies to require Ministry staff to review the training records of all agency staff and volunteers to ensure they have completed all required training according to quality assurance measures and policy directives for service providers. Service providers found not complying with the training requirements must take immediate steps to do so.

According to Ministry records at the time of our follow-up, all access centre staff responsible for conducting needs assessments were up to date on their training requirements.

- ensure that all residential staff who provide direct care to residents undergo regular vulnerable sector screenings and Canadian Police Information Centre checks.

Status: Little or no progress.

Details

During our audit in 2014, we noted that regulation 299/10 of the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act* requires a background check through the Canadian Police Information Centre (CPIC), including vulnerable sector screening. This check is to be conducted before a person can be hired to provide direct care to people with developmental disabilities. However, neither the legislation nor Ministry policy requires that staff regularly update their CPIC checks, including vulnerable sector screening.

At the time of our follow-up, the Ministry informed us it was assessing the feasibility of requiring regular updates of vulnerable sector screenings and CPIC checks for agency staff. To this end, the Ministry had examined how often police records checks were required for people working in residential services for people with developmental disabilities in British Columbia, Alberta and Saskatchewan. The Ministry also reviewed practices in

other sectors in Ontario in which people are working with vulnerable individuals (e.g., long-term-care homes, elementary and secondary schools, and child care). As well, the Ministry told us it had had preliminary discussions with selected internal and external stakeholders, but no meeting minutes were available for our review.

The Ministry said it is planning to review and update regulation 299/10, and, as part of that review, will consider whether any changes or additions are necessary.

Oversight of Service Providers

Recommendation 9

To help ensure the prudent use of government funds, and improve agency governance and accountability processes, the Ministry of Community and Social Services should:

- ensure completion of all agency risk assessments;
- ensure completion of all action plans to correct deficiencies noted during risk assessments and annual attestation of compliance;

Status: In the process of being implemented by March 2017.

Details

Service providers must complete a risk-assessment questionnaire every two years that determines their ability to meet service delivery objectives. This self-assessment is reviewed by the Ministry. Where risks are identified, the Ministry requires the service provider to develop an action plan to mitigate those risks.

To help ensure that risk assessments are completed and identified deficiencies corrected, the Ministry has been developing a new transfer payment risk assessment process and tool, which includes a web-based application allowing for basic reporting, and will also provide staff with built-in alerts for monitoring whether there has been progress on correcting deficiencies. The Ministry

also informed us that monitoring is to be done at the regional office level and the Ministry's corporate office will receive a summary report indicating whether compliance has been achieved. As of August 5, 2016, the summary report showed that 31% of risk assessments required to be completed in 2015/16 had not yet been started by either the service provider or the Ministry, and no assessments had been fully approved or completed.

The Ministry indicated that the new processes being developed, to complete risk assessments and monitor progress on correcting deficiencies, will be fully implemented by March 2017.

- *conduct periodic independent verification to obtain assurance that agencies comply with the government's directives for the broader public sector; and*

Status: Little or no progress.

Details

As noted earlier, the Ministry has no plans to independently verify that agencies are complying with the government's directives for the broader public sector.

As was the process at the time of our audit, the Ministry continues to require that each service provider agency complete and return to the Ministry an annual attestation signed by both its chief executive officer and the chair of its board that they have complied with the requirements of the *Broader Public Sector Accountability Act, 2010*, and its directives. The attestation is also to indicate corrective action it will take for any issues of non-compliance. Despite the attestation, at the time of our audit we found that many agencies indicated they were not in compliance, and the Ministry did not always follow up with the service providers to ensure that corrective action had been taken.

At the time of our follow-up, the Ministry had developed a preliminary draft guideline to support regional offices in reporting, following up and taking corrective action on issues of non-compliance, including those identified by service providers

through their annual attestation. The Ministry informed us that it was working with the Treasury Board Secretariat to finalize the draft guidelines so they could be implemented. However, this would not address our recommendation for independent verification of compliance with government directives for the broader public sector.

- *encourage Ministry staff to attend agency board meetings.*

Status: Fully implemented.

Details

The Ministry informed us that as a best practice, Ministry staff attend agency board meetings wherever possible. The Ministry further stated that its staff are reminded during their training sessions about the need to collaborate with agencies and attend agency board meetings.

Recommendation 10

In order to better hold agencies accountable for the residential services they provide to people with developmental disabilities, the Ministry of Community and Social Services should:

- *ensure that agencies submit all required data;*
- *periodically validate the accuracy of information submitted; and*

Status: In the process of being implemented by March 2017.

Details

Agencies funded by the Ministry are required to report quarterly on expenditures and service levels, and to reconcile expenditures to funding received at year-end. Agencies are also required to explain significant variances from targeted amounts.

In February 2016, the Ministry developed a data integrity framework to address data quality issues and to outline the Ministry's approach to ensuring the quality and completeness of agency data. Specifically, the framework includes cross-checks against other sources (i.e., budgets submitted) and

identification of data anomalies (including missing data) through quarterly and annual variance reports, and year-over-year comparison or trends in key service data.

One staff member from each Ministry regional office was to be trained on using the software that supports the framework in September and October 2016. The Ministry expects to fully implement this recommendation by March 2017.

- *require that quarterly reports provide information for individual residences as well as for agencies, to enable better cost comparisons among entities providing similar services; and*

Status: In the process of being implemented by March 2017.

Details

The Ministry's analysis of performance and service delivery was being done at the agency level, not at the individual residences. To conduct meaningful comparisons among residences of similar type and capacity, the Ministry established client service performance indicators and operational performance indicators. Client service indicators include number of clients served by level of support, number of clients served per full-time employee, annual hours each individual receives support from a care worker, and number of full-time employees per bed. Operational indicators include annual cost per person served, cost per day of care, cost per hour of support provided by a care worker, and administration-to-cost ratio.

To date, the Ministry has analyzed 10 agencies with high costs relative to other agencies offering the same type of residential service. Based on this analysis, the Ministry found that cost variances were due to poor or inconsistent administration of programs and services in six agencies, incorrect data in two agencies, and differences in business attributes or level of client service at one agency. The analysis of one agency was inconclusive. Based on this initial analysis, the Ministry has noted that robust financial monitoring and more detailed

review of transfer payment agencies are needed. The Ministry said that, starting in March 2017, its program monitoring will include cost analysis of agencies on an ongoing basis.

- *provide guidance on useful expenditure data to be included in the audited financial statements and supplemental segregated financial information.*

Status: Little or no progress.

Details

To confirm that funding is being used for its intended purpose, agencies must submit audited financial statements, supplemental financial information segregated by service provided, and a reconciliation of agency spending with the amount of Ministry funding provided. However, at the time of our audit in 2014, the reconciliation and supplemental information were not at the same level of detail to allow for verification of the breakdown of expenditures.

The Ministry informed us that the Transfer Payment Administrative Modernization Office at the Treasury Board Secretariat, which has a mandate to identify and implement efficiencies in the administration of transfer payments to organizations, was expected to begin working with the ministries of Health and Long-Term Care, Community and Social Services, and Children and Youth Services in late 2016 to develop a common year-end financial reconciliation process for transfer payment agencies. The proposed model included one summary statement of revenue and expenses and supporting documents, including an income statement breakdown for each funded program.

The Ministry informed us that the Transfer Payment Administrative Modernization Office may engage an accounting firm to propose model financial statements that will facilitate review and confirmation of financial information. This includes guidelines for reporting financial data.

Recommendation 11

In order to improve the usefulness of the serious occurrence reporting process, the Ministry of Community and Social Services should:

- *ensure that serious occurrence reports are entered into its data system on a timely basis;*
Status: Fully Implemented.

Details

Following the last two fiscal years, the Ministry has required regional office directors to attest in writing that all serious occurrence reports submitted up to the fiscal year-end have been uploaded, closed and signed off in the Serious Occurrence System. Regional office directors are also required to describe the process they have in place to keep the Serious Occurrence System up to date.

For the purpose of our follow-up, regional directors attested that all serious occurrence reports had been uploaded into the system as of June 30, 2016.

- *refine the categories and promote consistent reporting;*
Status: In the process of being implemented by December 2016.

Details

At the time of our audit in 2014, some of the serious occurrence categories were too broad and not detailed enough to analyze and identify trends for specific issues and any corrective action needed.

To address this, the Ministry established a Serious Occurrence Improvement Project team to refine and enhance the categories, levels, timelines and reporting process for serious occurrences, as well as to identify the IT requirements for developing a new database.

At the time of our follow-up, the categories had been revised and approved, but not yet shared with service providers. The revised categories included death, restrictive intervention, serious injury/illness, allegations of abuse, neglect or exploitation, administrative error, serious complaints, client/individual actions (e.g., suicidal behaviour, contra-

band), and service disruption/emergency situation. The Ministry expected to communicate the revised categories and descriptions to service providers by December 2016.

To help ensure consistency in reporting in the interim, in July 2016, the Ministry updated the Q & A document attached to the existing 2013 Serious Occurrence Reporting Guidelines to clarify for service providers the reporting of serious occurrences.

- *reconcile annual serious occurrence summary reports from service providers with occurrences reported throughout the year to ensure completeness; and*
Status: In the process of being implemented by March 2017.

Details

The Ministry, along with the Ministry of Children and Youth Services, has established a Serious Occurrence Improvement Project team, whose work includes the integration of information that will enable the Ministry to reconcile annual serious occurrence reports from service providers. Specifically, to enable this, the Ministry is developing an automated IT solution that will provide notification and reporting capabilities to both service providers and the Ministry, including the ability to review and manage serious occurrence summary reports.

The Ministry expects that a process for data reconciliation will be developed and implemented by March 2017. In the interim, in April 2016, the Ministry sent a memo to all regional directors that included a reminder to reconcile serious occurrence reports throughout the year with service providers' records.

- *analyze serious occurrences to identify anomalies and systemic issues, and to inform decision-making.*
Status: In the process of being implemented by March 2017.

Details

In October 2015, the Ministry produced a five-year summary report of serious occurrences, which identified the number and type of serious occurrences reported, agencies that were not reporting at all, and submission of incomplete and late reports. Based on this analysis, the Ministry reported the following to its senior management:

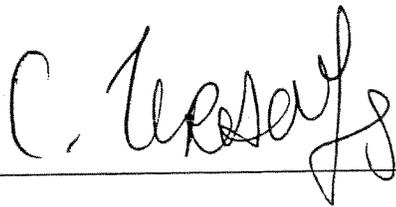
- Despite decreases in the total number of logged serious occurrences, there were decreases in those that were on-time and complete. Provincially, the use of physical restraints and complaints made by or about a client were consistently the top two types of serious occurrences.
- Provincial and regional trends indicated that a backlog still existed in logging serious occurrences into the Ministry's IT system. In each of the last five fiscal years, approximately 40%

of Ministry-funded agencies did not have a serious occurrence logged. For the last five fiscal years combined, 19% of the agencies that received Ministry funding did not have a logged serious occurrence.

- Serious occurrences were entered into the system without linking them to a program, making analysis of serious occurrences by program and type of residential setting impossible.

At the time of our follow-up, the Ministry had not yet identified issues, anomalies and trends at the system, regional and agency levels. It expected to conduct such an analysis for the current fiscal year by March 2017, and thereafter annually. The Ministry said that once this analysis was completed, it would drive investigations and corrective measures.

THIS IS EXHIBIT "O" REFERRED TO
IN THE AFFIDAVIT OF
BARBARA SIMMONS,
SWORN BEFORE ME THIS 15th DAY
OF DECEMBER 2017



Ministry of Community
and Social Services

Deputy Minister

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July 4, 2016

Mr. Paul Dubé
Ombudsman
Office of the Ombudsman of Ontario
Bell Trinity Square
483 Bay Street, 10th Floor, South Tower
Toronto, ON M5G 2C9

Re: Investigation into the MCSS response to situations of crisis involving adults with developmental disabilities

Dear Mr. Dubé,

Thank you for the opportunity to review your preliminary report regarding the above. I also want to thank you and your staff for your hard work and thoughtful recommendations. I appreciate the positive and constructive focus your office has brought to this file. We acknowledge some unacceptable situations identified in your report and we are fully committed to working with your office, individuals and families, and the sector to improve outcomes for individuals with developmental disabilities. As such, I am pleased to provide you with a detailed response to your recommendations and to report on the real progress we have already made to address them.

A central component of our transformation is a person-centred approach, reflecting the importance of individual choice – giving a voice to the individual to determine their needs and selecting the services that best reflect their goals and aspirations. Our partner service agencies have fully embraced this challenge. Many are already coming forward with helpful, creative, innovative ideas and community partnerships.

We are proud of the collective work within the community and with our stakeholders. We will continue to build on this momentum as we consider your recommendations and put into action the changes necessary to support improved outcomes for individuals with developmental disabilities.

Our work supports choice, independence, and inclusion - to create an Ontario where people with developmental disabilities live as independently as possible and be fully included in their communities. This means giving people the opportunities to have a secure and safe place to live, to join community recreation programs, to find meaningful forms of employment, to go to school and to fully participate in society.

Our current system is very different from the ones of years past. It is voluntary and based on uniform eligibility criteria. This means an individual with a developmental

disability is recognized and treated as a full member of society and not as a ward of the Crown – free to choose where they live, work and play. When individuals decide they need support services, there is a clear and consistent application process through the Developmental Services Ontario (DSO) offices. Individuals are prioritized based on assessed needs, and as their needs change, they are able to be reassessed.

This approach is a fundamental change and a recent shift in the way developmental services are delivered. Our transformation journey began only a decade ago, and in a relatively short time, there has been great progress - all institutions have been closed and we are now funding community-based residential supports for 18,000 adults with developmental disabilities.

Working with individuals, families and sector partners, we have developed a clearly articulated vision and principles for Developmental Services, one on which our current legislative framework is based. This is a framework rooted in the person.

We are transforming services to be community-based, with continuing efforts to put the person first in all endeavours, seeking to protect the same freedoms for individuals with developmental disabilities.

The Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 (SIPDDA) gives force to the combined vision of the government and the sector - that people with developmental disabilities should be able to exercise the same independence and choice that others enjoy.

Building on our legislative framework, we've made great advances in transforming services for individuals and achieving real results.

- We introduced direct funding through Passport to give families and individuals choice and the flexibility to purchase the supports that best fit their needs. When first launched in 2006, the program served 1,700 people, providing \$12.2 million in direct funding. It has grown to 19,000 people in 2014-15, and will continue to expand over the coming years – reaching an estimated 25,000 people with a total investment of \$273 million by 2018-19.
- In 2014, the government made an unprecedented investment in community and developmental services in Ontario – pledging an \$810 million infusion over three years to spur modernization, innovation, and overall better services for adults with developmental disabilities. As a result, the budget for developmental services has doubled compared to 2003-04 – reaching \$2 billion annually in 2016-17.

To best support the unique needs of individuals and the specific challenges faced by different regions, we continue to rely on our strong partnerships with funded agencies and their associations, advancing a community-based system that allows for the greatest ability of agencies to reflect the current and changing needs of their communities.

We've learned much through this collaborative transformation, working with individuals and families to understand how we can fund services to support. We've also learned from past challenges and the insight brought from the Select Committee on Developmental Services and Public Inquiries, helping us identify areas for improvement.

We're working to advance training and supports for individuals with complex special needs, supporting the efforts of the Community Networks of Specialized Care (CNSCs). In collaboration with our partners in other ministries and sectors, notably healthcare, we are supporting the development of protocols related to health care for individuals who have both a developmental disability and a mental health concern.

We know there are instances when individuals are in a hospital or a long-term care home who are seeking a community placement. We are committed to continuing to work with the Ministry of Health and Long-Term Care and Ministry of Housing to develop appropriate options for transitioning individuals out of hospitals and long-term care homes and into community-based supports.

Early and often less expensive interventions reduce the risk of an individual encountering the justice system. Incarceration for people with developmental disabilities may result from pressures related to housing situations or supports that do not reflect the needs and desires of the individual. As frustrations increase, so too may the likelihood of challenging behaviour. In these kinds of crises, police are often the first point of contact.

We are working to expand our suite of early supports to prevent these kinds of situations. We are putting the person first, helping them articulate their hopes and dreams for the future, and identifying needs for housing, community support and other activities to ensure that the needs and desires of the individual are the priority.

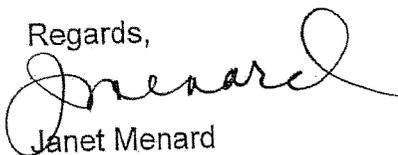
Passport is a program that allows individuals to determine how best to spend their support dollars. In some cases it provides for activities at a recreational centre; for others it may provide support for respite services, helping often aging caregivers have much-needed rest while ensuring the individual is still able to remain connected and included in their community. Passport often provides the resources to head off possible crisis situations by maintaining those inclusive community connections. Individuals get the increased choice they've said is so important to their full inclusion and growth.

We are re-committing our expertise in ways that are more sustainable and responsive to Ontarians with developmental disabilities, their caregivers and families who rely on our specialized services. Earlier interventions help lessen the chance of an individual going into crisis, providing better outcomes and a more secure future.

We will continue to work with all our partners across sectors on better collaboration, stronger partnerships and shared solutions to make our communities more inclusive and help people with developmental disabilities achieve their personal goals.

Thank you again for the opportunity to review your preliminary report.

Regards,



Janet Menard
Deputy Minister

Enclosure

**Ministry of Community and Social Services (MCSS) Response to the Preliminary Ombudsman's Report:
Situations of crisis involving adults with Developmental Disabilities**

Number	Recommendation	Ministry Response
1	The Ministry of Community and Social Services should regularly monitor and audit agencies serving adults with developmental disabilities to ensure they are meeting their regulatory responsibilities to report abuse to police.	<p>The health, safety and well-being of adults with developmental disabilities is of critical importance. Agencies delivering services and supports to these individuals must comply with regulated quality assurance requirements. The requirements include:</p> <ul style="list-style-type: none"> • Having policies and procedures in place that promote zero tolerance toward all forms of abuse; • Providing training and annual refreshers on abuse, including identification and reporting obligations; and • Documenting and reporting any alleged, suspected or witnessed abuse, including immediately reporting to the police where an incident may constitute criminal offence. <p>To help agencies meet their requirements, agency staff have access to an online training resource (www.gamtraining.net) with information and tools to build understanding about the signs of abuse and neglect and what to do about it.</p> <p>To promote the safety, health and well-being of adults with developmental disabilities, the Ministry launched ReportON to agencies, in January 2016, a direct reporting line and email address (available 24 hours a day, 7 days a week) to report alleged, suspected and/or witnessed incidents of abuse and neglect of adults with developmental disabilities. The ReportON staff are trained to make referrals where appropriate to the 24 hour regional office phone service in emergency situations. The Ministry has plans in development to help create greater public awareness of the service in fall 2016.</p> <p>To ensure agencies meet their mandatory requirements, the ministry developed a robust two-year strategy that focuses inspection activities on the health and safety of individuals. The strategy will assess current requirements, develop new requirements where needed, and adopt a stronger risk-based approach to agency inspections.</p> <p>In addition, the Ministry reviews serious occurrence data to identify issues, trends and</p>

		<p>anomalies and takes appropriate action. The ministry will identify agencies that do not report incidents to police appropriately. The Ministry will follow up with all agencies where issues are identified to ensure that all staff are trained and retrained or other appropriate action has been taken. Taken together, these actions reinforce compliance with police reporting in situations of potential abuse.</p>
2	<p>The Ministry of Community and Social Services should engage in education and outreach efforts with agencies serving adults with developmental disabilities concerning their legal obligation to report incidents of abuse to police, and include examples such as Adam's story to emphasize the importance of early reporting.</p>	<p>Under the developmental services legislation, agencies are required to provide training and annual refreshers on abuse identification, prevention and reporting to staff, volunteers, and individuals accessing services.</p> <p>To support agencies in meeting this requirement, the Ministry created an online training resource (www.qamtraining.net) with information and tools including:</p> <ul style="list-style-type: none"> • Educational videos that describe suspected abuse and what to do about it; • A checklist of all Quality Assurance Measures (QAM) requirements and related indicators to confirm compliance with abuse-related requirements; • Guidelines to help staff report serious occurrences; and • Tips for assessing the cleanliness and safety of a residence. <p>The Ministry has a working group with sector representatives that is tasked with finding more effective methods to educate all staff on abuse and neglect, which includes their legal obligation to report incidents. The group will assess how to better inform individuals and their families on reporting abuse, and will include examples such as Adam's story.</p> <p>To promote the safety, health and well-being of adults with developmental disabilities, the Ministry launched ReportON to agencies, in January 2016, a direct reporting line and email address (available 24 hours a day, 7 days a week) to report alleged, suspected and/or witnessed incidents of abuse and neglect of adults with developmental disabilities. The ReportON staff are trained to make referrals where appropriate to the 24 hour regional office phone service in emergency situations. The Ministry has plans in development to help create greater public awareness of the service in fall 2016.</p>

3	<p>The Ministry of Community and Social Services should direct Developmental Services Ontario offices, as well as service agencies responsible for placing and or housing adults with developmental disabilities, that victims of abuse should be placed in safe and secure housing and not returned to the care of their abusers.</p>	<p>The Ministry takes the safety of people with developmental disabilities very seriously and has requirements and processes in place to help agencies identify, prevent and report suspected abuse.</p> <p>The overall objective of the developmental services legislation is to set the foundation for community inclusion. Inclusive communities lead to greater safety and well-being.</p> <p>Developmental Services Ontario (DSO) offices and service agencies are aware that individuals who may be victims of abuse should be in a safe and secure place. The Ministry will work with DSOs and service agencies to emphasize the importance of having people with developmental disabilities, including those who may be victims of abuse, reside in a safe and secure place.</p> <p>The Ministry will continue to work with individuals and all community partners, including the police, the courts, and the Office of the Public Guardian and Trustee to provide safe and appropriate residential options.</p>
4	<p>The Ministry of Community and Social Services should regularly gather statistical information from agencies, as well as police services across Ontario, to identify the number of situations in which adults with developmental disabilities have been the victims of abuse by caregivers.</p>	<p>The Ministry takes the safety of people with developmental disabilities very seriously and has mechanisms and processes in place to provide support to people who may be victims of abuse.</p> <p>The Ministry captures information from agencies through the serious occurrences reporting (SOR) process, which includes incidents of alleged, suspected or witnessed abuse and/or neglect of adults receiving developmental services.</p> <p>In October 2015, the Ministry implemented a process to analyze data provided by agencies (identifying and quantifying issues, trends and anomalies) to support and improve evidence based program management at both regional and corporate levels.</p> <p>The Ministry will raise this recommendation with the Ministry of Community Safety and Correctional Services.</p>

5	<p>The Ministry of Community and Social Services should make specific resources available to be used in urgent situations to provide safe housing and services where an adult with developmental disabilities is the victim of abuse and requires removal from their home for their protection.</p>	<p>The Ministry has dedicated resources through its Temporary Supports funding to provide up to six months of support to adults in urgent need, including individuals who must leave their home because of abuse. These specific resources address immediate needs in urgent situations while a permanent residential support is identified.</p> <p>The Ministry will review the Urgent Response Guidelines to reflect access to funding in urgent situations on a 24-hour, 7-days a week basis.</p>
6	<p>The Ministry of Community and Social Services should consult with the Ministry of Community Safety and Correctional Services as well as police services throughout the province, to promote the establishment of specialty police units able to address situations involving abuse of adults with developmental disabilities.</p>	<p>In response to the recommendations from the July 2015 Coroner's Inquest into the death of Guy Mitchell, the Ministry established a working group to help identify strategies to enhance the safety, well-being and rights of adults with a developmental disability.</p> <p>Membership of the working group included:</p> <ul style="list-style-type: none"> • developmental services agencies, • self-advocates, • staff from Ministry of Community Safety and Correctional Services (MCSCS), Ministry of Attorney General, the Office of the Public Guardian and Trustee, • Hamilton Police Services and the Police Association of Ontario, and, • ARCH Disability Law Centre. <p>Among its recommendations, the working group advised enhancing existing mechanisms to prevent and support vulnerable adults subject to abuse and neglect, and working with service providers and partners on a regional basis to facilitate local response protocols.</p> <p>The Ministry will raise this recommendation with MCSCS staff for consideration in the <i>Strategy for a Safer Ontario</i>, the province's new blueprint for effective, sustainable and community-based policing.</p>

7	The Ministry of Community and Social Services should regularly collect statistical information about the use of community shelters by adults with developmental disabilities, which can be used for planning for crisis supports and services.	The Ministry will work with the Ministry of Housing and municipal service managers to determine potential sources of information regarding the use of community shelters by adults with developmental disabilities, including data collected by municipalities administering shelters.
8	The Ministry of Community and Social Services should ensure that there are adequate crisis beds throughout the province to serve the urgent needs of adults with developmental disabilities.	The Ministry will work with Developmental Services Ontario and agencies to develop a more robust process to facilitate access to crisis beds throughout the province. The Ministry will continue to make dedicated resources available through its Temporary Supports funding to provide support to adults in urgent need. The Ministry will review the Urgent Response Guidelines to reflect access to funding in urgent situations on a 24-hour, 7-days a week basis.
9	The Ministry of Community and Social Services should create an online provincial inventory of crisis beds easily accessible to developmental services and police officials.	The Ministry will work with Developmental Services Ontario and agencies to explore the creation of an online inventory of residential availability to assist agencies and police in quickly and easily identifying crisis beds for individuals in urgent need. The Ministry will continue to provide dedicated resources through its Temporary Supports funding to provide support to adults in urgent need. The Ministry will review the Urgent Response Guidelines to reflect access to funding in urgent situations on a 24-hour, 7 days a week basis.
10	The Ministry of Community and Social Services should provide direction to service	Developmental Services Ontario (DSO) offices and service agencies are aware that individuals should be supported in residential settings that are appropriate and consistent with the needs of the individual. It will be reinforced with DSOs and agencies the importance of drawing on

	agencies that homeless shelters and similar temporary options are unsuitable for those with developmental disabilities and dual diagnosis.	their expert knowledge of available community resources to ensure individuals are not placed in unsuitable temporary residential supports. The Ministry will implement monitoring to improve our ability to track progress on moving people to appropriate residential accommodations.
11	The Ministry of Community and Social Services should develop an urgent response mechanism that is available and accessible province-wide on a 24-hour, 7-day a week basis.	<p>The Ministry will explore the development of a more robust urgent response mechanism that is available and accessible province-wide on a 24-hour, 7-day a week basis.</p> <p>The Ministry currently has a number of mechanisms in place to assist agencies and Developmental Services Ontario (DSO) offices in fulfilling their obligation to assist people with developmental disabilities in urgent situations. These include:</p> <ul style="list-style-type: none"> • The Ministry's regional directors can be accessed through a 24 hour phone service accessible to all service agencies, including DSO offices. • To promote the safety, health and well-being of adults with developmental disabilities the Ministry launched ReportON to agencies, in January 2016, a direct reporting line and email address (available 24 hours a day, 7 days a week) to report alleged, suspected and/or witnessed incidents of abuse and neglect of adults with developmental disabilities. The ReportON staff are trained to make referrals where appropriate to the 24 hour regional office phone service in emergency situations. The Ministry has plans in development to help create greater public awareness of the service in fall 2016.
12	The Ministry of Community and Social Services should ensure that crisis workers are available to assist adults with developmental disabilities who require	<p>The Ministry will work with Developmental Services Ontario and agencies to:</p> <ul style="list-style-type: none"> • develop a more robust process to facilitate access to crisis beds, supports and services throughout the province, and • explore the creation of an online inventory of residential availability to assist agencies and police in quickly and easily identifying crisis beds for individuals in

	urgent assistance to access temporary residential placements.	urgent need. The Ministry will continue to make dedicated resources available through its Temporary Supports funding to provide support to adults in urgent need.
13	The Ministry of Community and Social Services should develop an expanded reporting system so that service agencies, Developmental Services Ontario offices, police or other officials can identify situations where there is potential for abuse to develop, if adequate developmental services and supports are not provided on an urgent basis.	<p>The Ministry will explore mechanisms to identify situations where there is a potential for abuse to develop so that the right services and supports can be provided at the right time.</p> <p>The Ministry is working on a provincial strategy to increase access to case management and coordination services. This will build on the existing Adult Protective Service Worker program, through which some 130 workers in agencies help adults live independently and navigate their lives safely and effectively. In addition, in 2017-18, the Ministry will:</p> <ul style="list-style-type: none"> • implement increased enhanced case management supports for people with developmental disabilities with multiple and complex needs through a new Community Networks of Specialized Care mandate, and • improve the capacity of Developmental Services Ontario offices to make suitable referrals to community resources. <p>To promote the safety, health and well-being of adults with developmental disabilities the Ministry launched ReportON to agencies in January 2016, a direct reporting line and email address to report alleged, suspected and/or witnessed incidents of abuse and neglect of adults with developmental disabilities. The ReportON staff are trained to make referrals where appropriate to the 24 hour regional office phone service in emergency situations. The Ministry has plans in development to help create greater public awareness of the service in fall 2016 and will work with partners to ensure the service has the capacity to properly process all calls/emails relating to potential abuse, neglect or other serious situations.</p>
14	The Ministry of Community and Social Services should expand the definition of	The current definitions used in the Ministry's <i>Adult Developmental Services Urgent Response Guidelines</i> as provided to Developmental Services Ontario (DSO) offices and service agencies, include situations where there is a risk of harm to the person or others.

	urgent circumstances in the Urgent Response Guidelines to address situations where a risk of abuse has been identified.	One of the main objectives of the Urgent Response process is to minimize a person's risk to themselves or others. Mitigating risk would include addressing situations where the risk of harm is abuse-related. The Ministry will review the Urgent Response process and the definition for currency and clarity. This review will include consideration of situations where there is a risk of potential abuse. This review will take place in the fourth quarter of 2016/17.
15	The Ministry of Community and Social Services should obtain regular information from hospitals across the province concerning emergency visits and admissions of adults with developmental disabilities, including details about hospital stays, their length, and their outcomes, in order to plan for appropriate developmental supports and services.	<p>The Ministry receives data on a quarterly basis from the Ministry of Health and Long-Term Care (MOHLTC) on the number of individuals with developmental disabilities living in long-term care (LTC) homes. The Ministry continues to work with MOHLTC to better understand the data they collect. The Ministry will consult with MOHLTC to explore the feasibility of obtaining information from hospitals.</p> <p>The Ministry, through its regional offices, will continue to work with the Local Health Integration Networks (LHINs) to undertake cross-system management of complex care situations to facilitate successful admission, discharge and post-hospital care.</p>
16	The Ministry of Community and Social Services should send a direct message to Developmental Services Ontario and community service agencies that adults with developmental disabilities should not be left in hospitals where there is no medical need.	The Ministry will work with the Ministry of Health and Long-Term Care to jointly reinforce that adults with developmental disabilities who are hospitalized with no acute care needs are a priority for transition into appropriate community-based settings. This will build on the work the Ministry has already initiated with Developmental Services Ontario and agencies that prioritizes these individuals within the Multi-Year Residential Planning Strategy.

17	The Ministry of Community and Social Services should require service agencies, Developmental Services Ontario offices and hospitals to provide regular reports about adults with developmental disabilities who are hospitalized but no longer require hospital care, and maintain an active record of such cases.	<p>The Ministry will consult with Ministry of Health and Long-Term Care (MOHLTC) about the feasibility of obtaining regular reports about adults with developmental disabilities who are hospitalized but may no longer require acute hospital care.</p> <p>All individuals who, according to the service registry, are in hospitals are being considered by the Community Planning Tables as part of Multi-Year Residential Planning Strategy. Results of the work done by these tables enable proactive transition planning for individuals from hospitals to community-based settings. Tables report on initial plans in summer 2016.</p>
18	The Ministry of Community and Social Services and Developmental Services Ontario offices should ensure that individuals identified on its record of alternative level of care hospital patients are prioritized as urgent for community placements.	<p>As part of the Ministry's Multi-Year Residential Planning Strategy, in the fall of 2015, agencies and Community Planning Tables identified individuals with a high priority for residential services and supports, including those in health care settings, for the purposes of service planning. Community Planning Tables receive information about adults in need of Ministry-funded residential supports currently residing in hospitals.</p> <p>The Ministry is implementing a common prioritization tool and standardizing its approach to prioritization as part of the process of matching prioritized individuals to available developmental services and supports that best meet their needs.</p>
19	The Ministry of Community and Social Services should report publicly on a regular basis about the work of various inter-ministerial committees relating to developmental services and the healthcare system, as	<p>The Ministry will explore further opportunities to share key interministerial work related to the developmental and healthcare sectors.</p> <p>Several initiatives are prominently profiled on multiple websites. One example is the Health Care Access and Research on Developmental Disabilities (HCARD) project the ministry supports jointly with the Ministry of Health and Long-term Care. https://www.porticonetwork.ca/web/hcardd</p>

	<p>well as on the status of initiatives under discussion.</p>	<p>This initiative and associated Applied Health Questions has led to improvement in health care services and supports for people with developmental disabilities. Ministry and Ministry of Health and Long-Term Care (MOHLTC) and health care organizations such as CAMH regularly profile this and other healthcare-related work on their websites.</p> <p>The Ministry provides regular updates to the public, including people with developmental disabilities, their families and service providers in the sector through Spotlight on Transformation, a bi-monthly newsletter that is posted on the Ministry's website (hard copies also distributed upon request).</p> <p>Past articles in Spotlight included the new Integrated Transition Planning process for young people with developmental disabilities, a cross-ministry initiative with the Ministry of Education (EDU) and the Ministry of Children and Youth Services (MCYS). The ministry published articles on the three working groups formed to address the jury recommendations from the coroner's inquest into the death of Guy Mitchell, which includes participation by MCYS and the Ministry of Community Safety and Correctional Services (MCSCS). http://www.mcscs.gov.on.ca/en/mcscs/publications/spotlight.aspx</p>
20	<p>The Ministry of Community and Social Services should take steps to ensure that it is notified when it is proposed that an adult with a developmental disability be placed in a long-term care home.</p>	<p>The Ministry and Ministry of Health and Long-Term Care (MOHLTC) is developing joint guidelines to improve knowledge, planning and service coordination within and between developmental services and the long-term care home sectors, including Community Care Access Centres to better support the needs of people who have a developmental disability. Release of the guidelines is anticipated in the third quarter of 2016/17.</p> <p>The Ministry will explore ways to ensure that DSOs are consistently notified when people with developmental disabilities are proposed by Community Planning Tables for admission to long-term care homes. Both developmental services agencies and long-term care homes require robust consent processes to be in place for any provision of service in a long-term care home. The draft guidelines specifically emphasize the requirement for these robust consent provisions to be followed.</p>

21	The Ministry of Community and Social Services should actively work with local agencies to ensure that placement of young adults with developmental disabilities in long-term care homes is considered a last resort and that alternative solutions are vigorously pursued.	<p>Part of the Ministry's Multi-Year Residential Planning (MYRP) Strategy is to support new and existing individuals, including Crown Ward Transitional Aged Youth as well as others who are inappropriately housed (like young adults with developmental disabilities in long-term care). These individuals are prioritized by communities to receive available residential services and supports. The Ministry continues to work with community planning tables to ensure that all high priority individuals are identified and planned for to ensure that available residential supports address their needs.</p> <p>The MYRP strategy strengthens linkages across sectors to allow more proactive and effective planning for future needs, builds on existing service delivery partnerships and provides a provincial-level approach to resource planning.</p> <p>The Ministry will communicate to service agencies that placement of young adults with developmental disabilities in long-term care is a last resort and that alternative solutions are vigorously pursued.</p>
22	The Ministry of Community and Social Services should engage in ongoing research on how many adults with developmental disabilities are housed within the long-term care system and compile statistics, including age and nature of condition, for use in system planning.	The Ministry receives quarterly updates from the Ministry of Health and Long-Term Care (MOHLTC) regarding adults with developmental disabilities who are living in long-term care homes. The Ministry continues to work with MOHLTC to better understand the information and how it can be used in conjunction with the Ministry's own data. This continued research will provide enhanced information for the Multi-Year Residential Planning Strategy.
23	The Ministry of Community and Social Services should launch an immediate review of all placements of	A key principle of the Ministry's Multi-Year Residential Planning Strategy addresses supporting people whose current services and supports may be inappropriate, or no longer meeting their needs. This includes those currently in the long-term care sector or other health care settings. The Ministry will explore options with the Ministry of Health and Long-Term Care on how to

	individuals with developmental disabilities in the long-term care sector, and ensure that any individuals who have been inappropriately placed are appropriately prioritized for transitioning to the developmental services sector.	undertake a more systematic review of adults with developmental disabilities residing in long-term care homes.
24	The Ministry of Community and Social Services should review all placements of individuals with developmental disabilities in the long-term care sector on an ongoing basis to ensure that such placements meet individual needs.	A key principle of the Ministry's Multi-Year Residential Planning (MYRP) Strategy addresses supporting people whose current services and supports may be inappropriate, or no longer meeting their needs. This includes those currently in the long-term care sector or other health care settings. The MYRP strategy is a continuous process that will monitor the placement of adults in long-term care and other health settings on an ongoing basis.
25	The Ministry of Community and Social Services should enter into a protocol with the Ministry of Health and Long-Term Care to ensure that it is notified and provided with relevant information about complaints and investigations relating to serious occurrences	<p>The Ministry of Health and Long-Term Care (MOHLTC) conducts complaint, critical incident, follow-up, comprehensive and other types of inspections in long-term care homes. Copies of the public version of inspection reports detailing all findings of non-compliance must be publicly posted in long-term care homes and is available on the MOHLTC's website.</p> <p>The Ministry will work directly with MOHLTC to see if they can provide statistical reports of investigations and complaints relating to critical incidents involving individuals with developmental disabilities.</p> <p>To promote the safety, health and well-being of adults with developmental disabilities the Ministry launched ReportON to agencies, in January 2016, a direct reporting line and email</p>

	involving adults with developmental disabilities within the long-term care system.	address (available 24 hours a day, 7 days a week) to report alleged, suspected and/or witnessed incidents of abuse and neglect of adults with developmental disabilities. The ReportON staff are trained to make referrals where appropriate to the 24 hour regional office phone service in emergency situations. The Ministry has plans in development to help create greater public awareness of the service in fall 2016.
26	The Ministry of Community and Social Services should educate Developmental Services Ontario officials and other stakeholders about options for placements within the long-term care sector to encourage greater cross-sector collaboration and the potential for placements to be exchanged to accommodate the needs of adults with developmental disabilities	<p>The Ministry is working with the Ministry Of Health and Long-Term Care (MOHLTC) to develop guidelines to facilitate an integrated and coordinated approach to care between the developmental services sector and the long-term care sector for adults with developmental disabilities. Release of the Guidelines is anticipated in the third quarter of 2016/17.</p> <p>The Multi-Year Residential Planning (MYRP) Strategy strengthens linkages across sectors to allow more proactive and effective planning for future needs, builds on existing service delivery partnerships and provides a provincial-level approach to resource planning.</p> <p>Part of the MYRP strategy is to facilitate innovative residential supports and to provide opportunities to create new and innovative approaches. The Ministry will continue to work with ministry partners and developmental services stakeholders on information-sharing and education about options for placements within the long-term care sector.</p>
27	The Ministry of Community and Social Services should ensure that there are specialized case management and court support services available for all individuals with developmental disabilities involved with the criminal justice and correctional system.	<p>The Ministry is working to make case management and complex case coordination support services available in every region of the province for adults with developmental disabilities and complex medical and behavioural needs. This work includes revising the mandate of the Community Networks of Specialized Care (CNSC).</p> <p>The Ministry funds Dual Diagnosis Justice Case Manager positions, who liaise with health, justice and corrections professionals to support people with developmental disabilities through the justice process and seek the appropriate services and supports they need. The Ministry will review the Dual Diagnosis Justice Case Managers program to determine what changes could be made to better support people with development disabilities involved in the criminal justice and correctional system, including potential expansion of the program.</p>

		The Ministry will raise with the ministries of the Attorney General, Community Safety and Correctional Services, and Health and Long-Term Care the overall system of case management and court support services available to people with developmental disabilities.
28	The Ministry of Community and Social Services should create positions or retain service providers to be responsible for coordinating an urgent response in cases where adults with developmental disabilities are or are at risk of being charged with criminal offenses, arrested and/or incarcerated, including liaising with families and relevant officials and securing supportive resources and services, such as residential placements.	<p>The Ministry is working to make case management and complex case coordination support services available in every region of the province for adults with developmental disabilities and complex medical and behavioural needs. This work includes revising the mandate of the Community Networks of Specialized Care (CNSC).</p> <p>As part of revising the mandate of the CNSC the Ministry will provide direction that case managers and complex case coordinators should be equipped to support adults with developmental disabilities who have been or who are at risk of being charged with criminal offenses, arrested and incarcerated.</p> <p>In addition, the case management function currently performed by Ministry-funded Adult Protective Services Workers (APSW) will be revised to clarify this role as well. APSWs currently support individuals living independently without family supports and have an existing mandate to assist these individuals in their interactions with the justice system.</p> <p>The Ministry plans to review the current Dual Diagnosis Justice Case Manager program. The Ministry will raise with the ministries of the Attorney General, Community Safety and Correctional Services, and Health and Long-Term Care the overall system of case management and court support services available to people with developmental disabilities.</p>
29	The Ministry of Community and Social Services should undertake research and conduct consultation with subject specialists concerning the creation of specialized court diversion programs addressed specifically to the needs of	The Ministry will raise with the ministries of the Attorney General, Community Safety and Correctional Services and Health and Long-Term Care the overall system of case management and court support services available to people with developmental disabilities. The Ministry will collaborate with partner ministries and other experts to examine information on existing diversion programs and identify and fill research gaps to inform future considerations about how adults with developmental disabilities interact with the court system.

	adults with developmental disabilities.	
30	The Ministry of Community and Social Services should work with the Ministry of Attorney General and the Ministry of Community Safety and Correctional Services to support specialized diversion programs for individuals with developmental disabilities who are charged with criminal offenses.	The Ministry will raise this recommendation with the Ministry of the Attorney General (MAG) and the Ministry of Community Safety and Correctional Services (MCSCS).
31	The Ministry of Community and Social Services should take the lead and work with other ministry partners to develop a responsive and proactive system of residential supports to divert adults with developmental disabilities away from the criminal justice and correctional systems.	<p>The Ministry will work with the ministries of Community Safety and Correctional Services (MCSCS) and Health and Long-Term Care (MOHLTC) to explore appropriate residential environments designed to assist the diversion of adults with developmental disabilities away from the criminal justice and correctional systems and will raise this with the Ministry of the Attorney General. As noted in the Ombudsman's report, the Ministry is jointly funding and implementing the Dual Diagnosis Transitional Rehabilitation Housing Program with MOHLTC, to support transitions out of the forensic system.</p> <p>The Ministry is currently revising the mandate of the Community Networks of Specialized Care (CNSC) to serve adults with developmental disabilities with complex and multiple needs by coordinating care and services across sectors, including the justice sector. Effective cross-sector coordination will better address service needs of people with developmental disabilities.</p>
32	The Ministry of Community and Social Services should	The Ministry will work with partner ministries such as Community Safety and Correctional Services and Health and Long-Term Care to re-examine the structures in place to support inter-

	ensure that senior officials take a proactive and robust approach to inter-ministerial initiatives aimed at reducing potential for the criminalization of individuals with developmental disabilities and dual diagnosis.	ministerial collaboration to develop strategies to address the needs of adults with developmental disabilities, mental health conditions and addictions.
33	The Ministry of Community and Social Services should publicly post progress updates on initiatives and collaborative efforts relating to diverting adults with developmental disabilities from – and protecting them within – the justice system.	<p>The Ministry will explore mechanisms to share key interministerial work related to diverting adults with developmental disabilities from – and protecting them within – the justice system.</p> <p>The Ministry provides regular updates to the public, including people with a developmental disability, their families and service providers in the sector through Spotlight on Transformation, a bi-monthly newsletter that is posted on the Ministry’s website (hard copies also distributed upon request).</p> <p>The Ministry will release an article on this issue in the fourth quarter of 2016/17. http://www.mcscs.gov.on.ca/en/mcscs/publications/spotlight.aspx</p> <p>The Ministry will explore with MAG and MCSCS partners additional ways to inform the public of work in this area under the Open Government initiative.</p>
34	The Ministry of Community and Social Services should engage in targeted outreach and education of officials in the justice and correctional systems to improve understanding of the nature of developmental disabilities and the developmental	The Ministry will raise this recommendation with the Ministry of the Attorney General (MAG) and the Ministry of Community Safety and Correctional Services (MCSCS).

	services system, and to encourage implementation of best practices for responding to individuals with developmental disabilities, based on the advice of subject experts.	
35	The Ministry of Community and Social Services should work with the Ministry of Children and Youth Services to ensure that it provides detailed case information about youths with developmental disabilities and dual diagnosis transitioning to the adult system, who have been involved with the youth justice system.	<p>The Ministry, the Ministry of Children and Youth Services (MCYS) and the Ministry of Education (EDU) collaborate to support Integrated Transition Planning (ITP), which is a plan that is available for every young person 14 and older who meets the definition of having a developmental disability under any of the EDU, MCSS, MCYS legislation frameworks to help them transition from secondary school and child-centred services to adulthood and may involve youth in the justice system. The ITP plan, among other things, identifies goals for work, further education and community living. ITP involves educators, community agencies, the young person, and their families and others who support the young person with a developmental disability.</p> <p>Through its shared regional office structure with MCYS, the Ministry is currently working to adopt a more integrated approach to service delivery to improve client outcomes by strengthening collaboration across local service systems and partners while respecting relevant privacy provisions of provincial or federal legislation, for example specific provisions of the federal Youth Criminal Justice Act related to access and disclosure of information about youth involved in the justice system.</p>
36	The Ministry of Community and Social Services should gather statistical information on the number of adults with developmental disabilities who enter the criminal justice and correctional	<p>As part of the Ministry's Multi-Year Residential Planning Strategy, in the fall of 2015 agencies and community planning tables identified individuals with a high priority for residential services and supports, including those in the criminal justice system, for the purposes of service planning. Community Planning Tables receive information about adults in need of Ministry-funded residential supports currently involved in the correctional system.</p> <p>The Ministry will raise this recommendation with the Ministry of Community Safety and</p>

	<p>systems, to help with planning to ensure there are adequate resources including supervised residential placements within the community as an alternative to incarceration.</p>	<p>Correctional Services (MCSCS).</p>
<p>37</p>	<p>The Ministry of Community and Social Services should consult with service providers, community groups and other relevant ministries—such as the Ministries of Attorney General, Children and Youth Services, Community Safety and Correctional Services, Education, Health and Long-term Care—with a view to developing a co-ordinated system for gathering statistical and qualitative information to identify the number of individuals and types of situations that may require exceptional supports to minimize the risk of individuals who require developmental services defaulting to the criminal justice system.</p>	<p>The Ministry has launched the development of a Data Analytics and Evaluation Strategy to guide a cohesive and comprehensive approach to identifying, collecting and analyzing data to help inform policy and operations decisions. This strategy includes phased steps to link data and establish performance measurement frameworks (PMF) for all programs, including developmental services.</p> <p>The PMF for developmental services has been developed with input from agencies and focus groups are planned for late summer 2016 with individuals and families. The framework will be supported by the expansion of the developmental services technology. As part of the overall strategy, the Ministry will pursue opportunities to integrate data between systems in a way that meets requirements regarding information sharing and protection of privacy.</p> <p>As part of the phased strategy, the Ministry will work with partner ministries to inform approaches that will minimize the risk of adults with developmental disabilities defaulting to the justice system.</p>

38	The Ministry of Community and Social Services should work with ministries of the Attorney General, Community Safety and Correctional Services to develop an effective process for sharing information and facilitation resolution of cases involving adults with developmental disabilities within the criminal justice and correctional systems.	The Ministry will raise this recommendation with the Ministry of the Attorney General (MAG) and the Ministry of Community Safety and Correctional Services (MCSCS).
39	The Ministry of Community and Social Services should work with other relevant ministries on a process for identifying and providing preventative supports for individuals at risk of becoming involved in the criminal justice system.	The Ministry will raise with the ministries of the Attorney General, Community Safety and Correctional Services and Health and Long-Term Care the overall system of case management and court support services available to people with developmental disabilities. As part of this review the Ministry will consider the issue of preventative supports for individuals at risk of becoming involved in the justice system.
40	The Ministry of Community and Social Services should consult relevant stakeholders with a view to encouraging Developmental Service Ontario offices, service agencies and police services to work together to	Building on the working group deliberations and advice following the Guy Mitchell inquest, the Ministry will raise this recommendation in future discussions with individuals, families, caregivers and partners such as the police, the Provincial Network on Developmental Services and the Ministry's Partnership Table for feedback on the best approach to supporting individuals who interact with the justice system.

	develop a province wide vulnerable person registry to assist police and justice officials in responding to crisis involving adults with developmental disabilities.	
41	The Ministry of Community and Social Services should continue to support the development, based on best practices, of guidelines and protocols for responding to physical aggression by adults with developmental disabilities, balancing the need to protect clients and staff with the goal of avoiding criminalization of those with developmental disabilities.	The Ministry will review the <i>Behaviour Support Plan (BSP) Reference Guide</i> , which addresses strategies for dealing with physical aggression by adults with developmental disabilities, with a view to enhancing information about de-escalation techniques that may reduce the need for police intervention. The Ministry will draw on the information available through the Community Networks of Specialized Care (CNSC) on best practices for responding to the needs of adults with developmental disabilities and/or dual diagnosis displaying challenging behaviour.
42	The Ministry of Community and Social Services should engage in consultation and outreach with justice officials, including police services, correctional officials, crown prosecutors and judiciary, relating to best practices for addressing the needs of individuals with challenging behaviours.	The Ministry will raise this recommendation with the Ministry of the Attorney General (MAG) and the Ministry of Community Safety and Correctional Services (MCSCS).

43	<p>The Ministry of Community and Social Services should engage the Ministry of Health and Long-Term Care in the multi-ministry planning process in medically complex cases to ensure appropriate specialized medical and community resources are available as they transition into the adult system.</p>	<p>The Ministry is currently revising the mandate of the Community Networks of Specialized Care (CNSC) to serve adults with developmental disabilities with complex and multiple needs by coordinating care and services across sectors. Effective cross-sector coordination will better address service needs of people with developmental disabilities.</p> <p>The Ministry and the Ministry of Health and Long-Term Care (MOHLTC) are jointly funding the Developmental Disabilities Primary Care Program, a collaborative program that is aimed at building knowledgeable and accountable primary care providers by developing training modules for primary care physicians and other service providers.</p> <p>As of March 31, 2014, the pilot stage of this program had trained over 179 primary care providers and developed caregiver tools. Ontario is recognized as a leader internationally for the Developmental Disabilities Primary Care Program.</p> <p>The program will develop a knowledge transfer plan on childhood onset disabilities so that, once in the adult service system, physicians and other service providers will be equipped to manage young adults with complex needs.</p>
44	<p>The Ministry of Community and Social Services should ensure that Developmental Services Ontario offices actively pursue opportunities for sharing of resources across geographical boundaries to ensure that the urgent needs of individuals in underserved areas are adequately met.</p>	<p>The Ministry is currently revising the mandate of the Community Networks of Specialized Care (CNSC) to serve adults with developmental disabilities with complex and multiple needs by coordinating care and services across sectors. Effective cross-sector coordination will better address service needs of people with developmental disabilities. As part of the revised mandate the Ministry is working to make case management and complex case coordination support services available in every region of the province for adults with developmental disabilities and complex medical and behavioural needs.</p> <p>The Ministry implemented the Urgent Response process in communities across the province in 2014. This process facilitates collaboration amongst service providers in order to provide short-term, temporary and time-limited specific supports to respond to high-risk situations (such as people whose family members or primary caregivers are no longer able to provide care, or who have significant risks of abandonment or homelessness) by referring people to available</p>

		<p>temporary supports (which can include temporary use of residential vacancies) or resources through Temporary Supports funding.</p> <p>A key initiative in the Ministry's transformation of the developmental services system is the implementation of an individual resource allocation plan that will direct available resources to where they're needed most, irrespective of geographical boundaries.</p> <p>The Ministry is working with DSOs to improve the coordination of specialized accommodation and programming for people with complex and multiple needs, which often include those in urgent need.</p>
45	<p>The Ministry of Community and Social Services should analyze cases of abandonment to identify root causes and develop ameliorative measures to reduce the risk of abandonment in the future.</p>	<p>The Ministry recognizes the intense challenges that must exist for families to resort to abandonment. The Ministry is working with the developmental services sector to learn more about individual and family experiences and to identify changes that could be made to better support them and avoid crisis situations, including abandonment, for example, early case coordination, increased access to Adult Protective Service Workers (APSW) and Community Networks of Specialized Care (CNSC).</p> <p>The Ministry will continue its work across sectors to explore this issue, share its knowledge and capitalize on the expertise and input of others, such as the Office of the Public Guardian and Trustee and the health and justice sectors, in order to be able to better support individuals and families and prevent these situations. This will include promoting staff awareness about the experiences of individuals and families.</p>
46	<p>The Ministry of Community and Social Services should add a requirement to its occurrence reporting system so that cases in which there is a substantial risk of abandonment or homelessness are reported</p>	<p>Based on the information gathered through sector engagement, the Ministry will identify changes that could be made to better support individuals and families (through case management and coordination) and avoid crisis situations, including abandonment. In addition, the Ministry will establish an appropriate process for Developmental Services Ontario and agencies to report on situations where a crisis has emerged and there is a risk of imminent abandonment.</p>

	to the Ministry and appropriately addressed.	
47	The Ministry of Community and Social Services should ensure that sufficient resources are available to address situations or significant risks of abandonment or homelessness.	<p>The Ministry implemented the Urgent Response process in communities across the province in 2014. This process facilitates collaboration among service providers in order to provide short-term, temporary and time-limited specific supports to respond to high-risk situations (such as people whose family members or primary caregivers are no longer able to provide care, or who have significant risks of abandonment or homelessness) by referring people to available temporary supports (which can include temporary use of residential vacancies) or resources through Temporary Supports funding.</p> <p>The Ministry will review the Urgent Response process and the definition for currency and clarity. This review will include consideration of situations of significant risks such as abandonment or homelessness, among other challenging circumstances. This review will take place in the fourth quarter of 2016/17.</p> <p>The Ministry will review the Urgent Response Guidelines to reflect access to funding in urgent situations on a 24-hour, 7-days a week basis.</p>
48	The Ministry of Community and Social Services should provide clear direction to its regional offices and Developmental Services Ontario officials about coordinating services to meet the needs of clients who reside in and/or receive services from more than one jurisdiction.	<p>Developmental Services Ontario (DSO) offices have been advised that individuals may be considered for services outside of the region in which they live.</p> <p>A key initiative in the Ministry's transformation of the developmental services system is the implementation of an individual resource allocation plan that will direct available resources to where they're needed most, irrespective of geographical boundaries.</p>

49	The Ministry of Community and Social Services should work closely with Ministry of Children and Youth Services, Ministry of Education, Ministry of Health and Long-Term Care, Developmental Services Ontario offices and service agencies to track individual cases and crisis events in the developmental service sector.	<p>The Ministry is working closely with partner ministries and the sector to enhance information about individuals from a life span perspective to support forecasting and agile planning. Work already underway includes:</p> <ul style="list-style-type: none"> • Multi-Year Residential Planning Strategy • The development of a comprehensive data analytics and evaluation strategy • Cross-sector, person centred planning including children’s special needs and integrated transition planning, plus a renewed mandate for Community Networks of Specialized Care <p>The Ministry will maintain a focus on understanding and responding to individual experiences through the above efforts going forward.</p>
50	The Ministry of Community and Social Services should engage subject experts to advise on the likelihood and rate of life crises in the developmental services sector and use these projections in system planning.	As noted in recommendation 19, the Ministry partners with external experts such as the research scientists and health care professionals making up the HCARDD team and will continue to do so during the development of the Data Analytics and Evaluation strategies noted in recommendation 37.
51	The Ministry of Community and Social Services should direct Developmental Services Ontario, service coordination offices and agencies providing developmental services to adopt record keeping practices requiring that	Developmental Services Ontario (DSO) offices and agencies are required to record and document contact with all parties related to the individual in the <i>Developmental Services Consolidated Information System</i> (DSCIS) system. The Ministry will work with DSOs to emphasize the requirement of record keeping practices.

	contacts with families, the Ministry, and other agencies be properly documented.	
52	The Ministry of Community and Social Services should provide direction to Developmental Services Ontario offices to ensure that individuals are matched to vacancies only where there is a realistic prospect of an appropriate fit.	<p>The Ministry recognizes that transitioning into a new or different Ministry-funded residential setting is a coordinated, collaborative process that should take into account individuals' needs and choices, as well as the supports available in the community.</p> <p>Developmental Services Ontario (DSO) offices work closely with service agencies to identify individuals eligible for service. Additionally, the May 2016 <i>Developmental Services Residential Resource Management: Interim Instructions</i> are intended to guide decision-making that can lead to better matches.</p> <p>The upgraded version of the <i>Developmental Services Consolidated Information System (DSCIS)</i> system will help to enhance the information capacity and collaborative process between DSOs and service agencies to match appropriate individuals to available service and support resources. This will include an enhanced process for declaring the characteristics and capacity of available service and support resources, and improved use of available information about individuals' assessed service and support needs to help inform consideration of appropriate matches. The Ministry will provide operational guidelines outlining the process for matching individuals to appropriate resources.</p>
53	The Ministry of Community and Social Services should ensure that service agencies provide detailed explanations for rejecting applicants for residential vacancies who are in crisis situations and/or complex needs.	<p>The Ministry will direct service agencies to provide a detailed explanation to people and their families as to why a match to a residential resource has not been made.</p> <p>The Ministry's guidelines (found in the <i>Developmental Services Ontario Offices Policy and Operational Compendium</i>) require service agencies to inform the Developmental Service Ontario office through the <i>Developmental Services Consolidated Information System (DSCIS)</i> why they are not able to provide residential supports, and the rationale is documented in the DSCIS system. The Ministry will explore the expansion of the list of reasons for being unable to provide the service in a future release.</p>

54	The Ministry of Community and Social Services should conduct research and consultation aimed at developing an inventory of residential placements for adults with developmental disabilities whose extreme behavioural or medical needs are not currently adequately accommodated.	<p>The Ministry will work with stakeholders, beginning in the Summer of 2016, to identify, better understand, and explore options for addressing residential supports for adults with developmental disabilities whose extreme behavioural or medical needs are not currently accommodated to an adequate level.</p> <p>The Ministry is working to make case management and complex case coordination support services available in every region of the province for people with developmental disabilities and complex medical and behavioural needs through the new mandate for Community Networks of Specialized Care.</p>
55	The Ministry of Community and Social Services should ensure that there are consistent time requirements for notifying Developmental Services Ontario offices of residential vacancies.	The Ministry will provide more specific guidance in the next update of the Developmental Services Residential Resource Management instructions to be consistent with the recommendation.
56	The Ministry of Community and Social Services should review regional practices for using un-filled permanent residential vacancies with a view to encouraging temporary use of such vacancies for urgent cases.	The Ministry will provide more specific guidance in the next update of the Developmental Services Residential Resource Management instructions to be consistent with the recommendation.

57	The Ministry of Community and Social Services should take steps to ensure that adults with developmental disabilities have access to case management services throughout Ontario.	The Ministry is working to make case management and complex coordination support services available in every region of the province for adults with developmental disabilities with complex medical and behavioural needs. This work includes revising the mandate of the Community Networks of Specialized Care (CNSC). In addition, the case management function currently performed by Ministry-funded Adult Protective Services Workers (APSW) will be revised to clarify this role as well. APSWs currently support individuals living independently without family supports and have an existing mandate to assist these individuals in their interactions with the justice system.
58	The Ministry of Community and Social Services should consult relevant ministries and stakeholder groups with a view to developing an online resource to help caregivers connect and share their knowledge and experiences.	The Ministry will work with relevant ministries and stakeholders on the development of a more robust online resource to help caregivers connect and share their knowledge and experiences. The Ministry will build on lessons learned from: <ul style="list-style-type: none"> • the Developmental Services Housing Task Force who created a Facebook group in 2014 as an online resource for individuals and families to discuss their experiences and share information and resources related to housing for people with a developmental disability, and partnered with Connectability.ca to host online resources, and • the Partners for Planning's Planning Network which is funded by the Ministry and aims to connect people across Ontario using technology. The Planning Network is a collaborative platform connecting individuals, families, corporations and organizations across Ontario. For example, it features webcasts that offer innovative ideas and expertise to families and caregivers. They bring in professionals from various areas, such as lawyers and financial advisors.
59	The Ministry of Community and Social Services should formally recognize that it has an important role to play in facilitating the resolution of individual crisis cases.	The Ministry recognizes that it has an important role to play in facilitating the resolution of individual crisis cases. This role includes supporting both the agencies and the service system in resolving difficult and complex individual situations.

60	The Ministry of Community and Social Services should report back to my Office in six months' time on the progress and implementing my recommendations, and at six-month intervals thereafter until such time as I am satisfied that adequate steps have been taken to address them.	The Ministry will report back to the Ombudsman's Office in six months' time on the progress and implementation of the recommendations and at six-month intervals thereafter until the Ombudsman is satisfied that adequate steps have been taken to address them.
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MARC LEROUX AS LITIGATION
GUARDIAN OF BRIANA LEROUX

and

HER MAJESTY THE QUEEN IN
RIGHT OF THE PROVINCE OF
ONTARIO
Defendant

Plaintiff

Court File No. CV-17-573091-00CP

ONTARIO
SUPERIOR COURT OF JUSTICE

Proceeding commenced at TORONTO

**MOTION RECORD OF THE
DEFENDANT**

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