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October 28, 2014

Laura Albanese, MPP  
Chair  
Select Committee on Developmental Services  
Legislative Assembly of Ontario, Queen's Park  
Toronto, Ontario  
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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 disability<sup>1</sup> 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.

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<sup>1</sup> 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