



August 24th, 2016

Mr. Paul Dubé
Ombudsman
Office of the Ombudsman
Bell Trinity Square
South Tower, 10th Floor
483 Bay Street
Toronto, Ontario M5G 2C9

Re: Response to the "Ombudsman Report on Situations of Crisis Involving Adults with Developmental Disabilities"

Dear Mr. Dubé,

As the incoming President of the Ontario Psychological Association (OPA), I would like to thank you and your team for all the work you have done to date and will continue to do on behalf of adults with developmental disabilities. As a neuropsychologist whose practice cares directly for those who are homeless, I can attest to the impact your investigations and recommendations have had on the most vulnerable among us.

As you indicated in your report, despite the progress being made by the Ontario government since your last report was released, a number of challenges persist. Access to sufficient publicly funded psychological diagnostic services in the province required by Developmental Services Ontario (DSO) is still lacking. This is particularly true in Family Health Teams (FHTs) and Community Health Centers (CHCs). These models of primary care are more likely to serve persons with intellectual disabilities since these inter-professional team models are more likely to provide both the health care and social services that the homeless, including those with Developmental Disorders require. Including psychologists in Every primary care team in the province would help reduce wait times to access DSO resources and contribute to the overall wellness of persons with developmental disabilities and other vulnerable persons.

That being said, innovative practices have been made possible as a result of recent Ministry of Community and Social Services (MCSS) investments. In February 2014, Minister Helena Jaczek established "**The Developmental Services Housing Task Force**" to search for innovative, cost-effective housing solutions for adults with developmental disabilities.

The "**Bridges to Housing Project**", a partnership between The City of Toronto, Community Living Toronto, Streets to Homes, and Inner City Family Health Team in collaboration with Developmental Services Ontario (DSO), arose from this funding opportunity. This demonstration project initially set out to offer clinical and case management supports to help find and sustain appropriate housing for a group of 25 chronically homeless persons with developmental disabilities.

As the project progressed towards its end goals, we soon discovered that a sizeable proportion of the homeless had developmental disabilities. Yet, they had never before been connected to DSO. These homeless individuals presented with numerous co-occurring mental and physical health challenges, in addition to their developmental disorders. While their complicated mix of problems requires a full complement of interdisciplinary professionals to stabilize them and maximize their cognitive-functional potential, resources were limited. The project team recognized that being innovative was critical to ensure that every individual with developmental disabilities experiencing homelessness receive the care and supports needed to exit homelessness. A significant challenge was to identify those with Developmental Disorders from amongst the large number of homeless people in Toronto GTA.

As a result of the funding and our innovative work to date, the project team is now in a position to effectively and rapidly triage all those individuals living in shelters. Early estimates from our program evaluation show that approximately 7-10% of the homeless in Toronto have a Developmental Disability that was previously undetected.

Our triage process includes a tool developed for use by the primary care frontline provider. The “**Rapid Assessment of Residential Support (RARS)**” is flagging approximately 25% of the homeless population as potentially having a Developmental Disability. By ruling out 75% of the population, the resources that are needed to provide comprehensive assessments for those individuals most likely to have a Developmental Disability are used appropriately and are not wasted on needless in-depth assessments for the majority of the homeless population.

Blitzing exercises at the various shelters in the Greater Toronto Area (GTA) are then conducted following the initial RARS triage. Residents with suspected Developmental Disorders are invited to participate in a “**Neuropsychology Screening Assessment**”. The advantage of providing a bedside service to the homeless is that the client’s functional impairments are not a prohibitive factor in accessing psychological care. Traditional care requiring patients to go to hospitals or facilities often result in no-shows due to client’s cognitive impairment and or prohibitive transportation costs.

The Neuropsychological Screening Assessment involves a 30-40-minute session with a neuropsychologist that includes an interview and testing that allows us to reliably predict the presence of an intellectual disability. Within the 25% who are flagged as possibly having a developmental disability, about 50% have their diagnosis of a Developmental Disorder confirmed by a neuropsychologist. The other 50% have conditions that resemble the impact of a Developmental Disorder on their cognitive and functional abilities. These individuals show the signs and symptoms of cognitive/learning disorders, severe mental illness (often related to physical and psychological trauma), acquired brain injury, and dementia.

Those individuals identified as highly suspected of having a Developmental Disability then receive the full assessment required for DSO/ODSP purposes. Those who have the other conditions mentioned previously receive a report of the findings, a series of recommendations and referrals to appropriate programs and services.

As it currently stands, our team can see up to 21 clients per day per visit to a shelter for neuropsychological screening. With an estimated 1250 homeless requiring a screening assessment and likely around 500 clients requiring a full DSO/ODSP workup, progress is slow and could benefit from a strategic investment.

Our partnership with the Ministry of Community and Social Services' Developmental Services Ontario Toronto Region (DSO-TR) program and Surrey Place has allowed the project team to admit an individual into the DSO program quickly. The timeframe for homeless clients to access DSO resources has been reduced from 6 months to 2 years (depending on various circumstances) to about 2-3 weeks and includes the psychological diagnosis, admission to DSO and the completion of DSO's Support Intensity Scale (SIS) assessment. The impact on clients is impressive and, with the added rent subsidy by the City of Toronto (up to \$400 per client on top of the ODSP), more people are able to afford housing.

To further improve the system for homeless populations with developmental disabilities, the following are recommended:

- Increase passport funding access to the homeless and make it more flexible and purposeful for them.
- Invest in supported housing specifically for those with Developmental Disabilities that has on-site 24 hour supports since there are major gaps in living arrangements for this population.
- Make ODSP an automatic approval upon receipt of DSO application.
- Increase access to psychologists in Family Health Teams and Community Health Centres.
- Support a research study to test the use of the RARS and the Neuropsychological Screening Assessment tool in Family Health Teams and Community Health Centres that have access to psychologists.

Kind regards,



Dr. Sylvain Roy, Ph.D. C.Psych.
President-Elect, Ontario Psychological Association
Neuropsychologist and Lead Clinician, Bridges to Housing Program
Inner City Family Health Team

Cc Dr. Helena Jaczek, Minister, Ministry of Community and Social Services
Dr. Eric Hoskins, Minister, Ministry of Health and Long Term Care