



One Message, Many Voices - Together We Can Do the Right Thing

Questions and Answers

As we deliver our key messages to politicians and others, there are some questions that we can anticipate might be asked about the issues faced by the Developmental Services Sector. The following is intended to assist you to be prepared to answer these questions and ensure that various people are giving consistent answers.

- Q. You are asking for \$64 million from the government to address the needs of people who have a developmental disability, will this resolve the problems you have identified.**
- A. No, this is our recommendation about what is needed to address the most critical needs at this time. We are recommending the creation of a plan to address the balance of the issues by April 1st of 2020. More funding will be needed to implement such a plan and to ensure that all people receive the support they need.**

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- Q.** The recent Auditor's report on MCSS stated that over the past 10 years, funding for community support services to transfer payment agencies in the developmental services sector has increased by \$231,000,000, an average increase of about 5% per year. Has this not been enough to address the issues facing support organizations? (A similar question might be asked quoting MCSS figures about investments in the sector, the same answer should apply)
- A.** Despite creative use of the funds by community support organizations, these investments have not kept pace with the growing demand for supports and services. For example, the wait list for Special Services at Home, which was zero in 2008, grew to 9,600 people by March 2011. After investments and realigning of the program, the wait list for SSAH for children is presently more than 6,600 and the wait list for the Passport program has grown to 4,000. The figure in the Auditor's report did not include the larger residential programs funded by MCSS where the wait lists have grown by 50% over the past 10 years and currently stands at 12,000 people. Most of the growth in funding to the developmental services sector over the past decade has been related to the movement of people from the final three government run institutions to the community. Support funding followed people from the institutions and was used to create the supports they needed in the community. These funds did not, however, provide additional capacity to address the needs of people on community wait lists. In fact, the growth of community services to provide the support needed by the 1,000 people who moved from institutions since 2004 has created significant stress on the sector.

Q. I understand that there are considerable challenges in the developmental services sector with funding of staff wages and other staffing related costs. Will the funds being requested address these problems?

A. In part, but not fully. The 1% increase to sector funding will provide resources to support organizations to partially address legislatively required elements such as Pay Equity and the implementation of administrative requirements of the new Social Inclusion Act, but these agencies will have to make other financial and program adjustments to fully address their budget challenges.

Q. If the government does not provide these funds, what will happen?

A. The number of people who are without adequate services will continue to grow beyond the more than 20,000 who are currently waitlisted. More aging families that support a son or daughter at home and need support will be forced to consider inappropriate placement of their son or daughter in a health funded facility. The number of people supported in our current support systems will either be reduced, or, people will be forced to live in more congregated settings than at present – this would be a direct contradiction of the objectives of the new Social Inclusion Act which is aimed at ensuring greater community inclusion and self-reliance.

Q. You have asked for \$20 million to support 250 people who are at risk of inappropriate placement in a health facility. Why could these people not receive the very much smaller funding that is provided through the Passport program?

A. The \$20 million is needed for people who require more intensive supports in order to be able to live in their own community home than could be supported through the modest funds typically provided through Passport. In fact, we would not object if funding for some of these people, should they choose it, flowed through Passport, as long as the amount and services funded are adequate to meet the person's needs. This amount represents an average of \$80 thousand per person which is a moderate to low estimation of what such support typically costs.

Q. Why is the cost of Special Services At Home and Passport so much less than other supports provided by support agencies?

A. The cost is so much lower largely because the amount of support a person receives is very minimal. While these programs provide people with some excellent and much needed support, the amount of support provided is very often not all that is needed. Many people who receive funds through these programs are on waiting lists for other supports and services that they require.

Q. Placement in a long-term-care facility costs about \$45 thousand per year, which is less than you are suggesting it costs to fully support a person with developmental services funding; why do you object to such placements? At the very least, why not place older people who have a developmental disability in these facilities?

A. A long-term-care facility is designed to address intensive medical support needs - needs that cannot be provided adequately in the person's home. A developmental disability is not an illness. The support people who have a developmental disability require is designed to assist each person to fully engage in a normal life in his or her community in a way that aligns with their unique needs and wishes. Such individualized community support is not within the mandate of long-term-care. With respect to placement of older people who have a developmental disability in long-term-care, placement should never be based on age alone, but based, as it is for others, on an assessment that the person's medical needs cannot be addressed in their home. Some people who have a developmental disability will seek access to long-term-care when they require the kind health related support that the system is designed to provide. Placement in long-term-care should never occur because the person did not have access to appropriate community supports. Inappropriate placement of people who have a developmental disability in long-term-care facilities limits the capacity of long-term-care to address the needs of those that really need such support.

Q. Your recommendations are aimed at helping government address health related costs, do you see a greater role for the Ministry of Health in delivering developmental services?

A. No, that is not what we recommend. In fact our recommendations are intended to ensure a reduction in the Ministry of Health's role in paying for and providing services. A developmental disability is not an illness. Appropriate and affordable supports can and should be provided through funding from the Ministry of Community and Social Services, thereby freeing up health funding for the needs for which it is intended.