

**CURA on Mental Health & Housing
Policy Committee
Issue: Ontario Disability Support Program**

PROJECT SUMMARY

Introduction

Over the past few years, the CURA has identified the law (including the rules and bureaucracy) surrounding the Ontario Disability Support Program (ODSP) as a major barrier to housing for people with mental illness.

Identifying Links: ODSP, Mental Illness & Stable Housing – The CURA’s Hypothesis

It is the CURA Policy Committee’s position that a well-organized, efficient, transparent ODSP system that provides income support at adequate levels would have a significant positive impact on the ability of those with serious and debilitating mental illness to secure and maintain stable, adequate and safe housing.

It is a lack of stable, safe housing that often leads affected individuals to rely on emergency housing such as shelters or to become homeless. For many of these individuals, such instability in their housing leads to a breakdown in their treatment due to problems such as missed or incorrect medications, self-medicating through substance abuse, missed appointments and a lack of access to services. Considering the episodic nature of mental illness, this may lead to the worsening of their condition to the point where hospitalization is required. In some cases, even after a successful therapeutic intervention in hospital, the cycle will begin again upon discharge as a result of the lack of stable housing, often caused by inadequate resources to obtain such housing.

The CURA recognizes that there are costs involved with changing ODSP. However, for each investment in ODSP there will be a corresponding benefit and likely significant long-term cost savings. We must take into consideration the societal costs we bear as a result of an inadequate ODSP system which often span multiple levels of governments and many departments and ministries. The following chart identifies several examples:

Proposed Change	Immediate/Systemic/Societal Impact
Implement mandated protocols on application times, accessibility and transparency	Improving the speed of application processing will result in less strain on Ontario Works and other social services such as foodbanks, shelters, etc. Reduce systemic costs since emergency shelter is expensive with basic costs at \$1288.50 per month. Also, nearly twice the amount of funding (per single adult – OW vs. ODSP) means increased possibility of housing stability and a better drug card program meaning better therapeutic outcomes. This means reduced burden on the healthcare system through reduced number of hospitalizations, etc.
Increase benefit rates to meet accepted measure of basic living requirements	Better ability to secure stable housing resulting in better outcomes for recipients in good living environment. Reductions in: problems with diet, reliance on foodbanks, isolation due to poverty, reduced stigma due to poverty.

Adopt a client-centred model of application and case management	Applications will be better-screened and prepared prior to submission due to consistent contact with the ODSP office. This will result in reduced appeals levels that will eventually allow the initial application process to be speeded up. Reduce the number of recipients with benefits suspended or terminated due to minor procedural issues thus reducing the number of costly re-applications.
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Methods of Identifying Needs

The CURA has identified the problems and needs in the area of ODSP through several different methods. In the early stages, these methods including reviewing the primary data collected to identify issues. In addition, questionnaires, focus groups and interviews with various service providers and stakeholders, and consumers were employed to identify problems and possible solutions.

In the fall of 2004, the CURA enlisted the help of a team of students from Pro Bono Students Canada to seek out the legal policy issues and to make recommendations for change. The task proved to be substantial and the result was a document reviewing the major issues faced within ODSP. The CURA recognizes that the work is ongoing and through the efforts of a law student over the summer and the continuing cooperation of Pro Bono Students Canada, it intends to continue the process of creating meaningful proposals for legislative and policy change and to present such ideas to the various stakeholders and governments.

The 5 Major areas of change in ODSP

Five major areas of change were identified as a result of this document. They are:

1. **Structural:** Following the implementation of the current system, the ODSP adopted a business model to serve its clients. This model has been highly criticized for being impersonal, inefficient, and highly taxing on applicants and clients who often do not have the opportunity to develop a relationship with a particular caseworker. This results in communication that is very repetitive and taxing on the applicant/client as they must explain their situation to another caseworker each time they communicate with their ODSP office. Furthermore, a lack of personal knowledge of their clients prevents caseworkers from making often crucial discretionary decisions that may mean the difference between a client keeping her/his benefits.
2. **Attitude & Stigma:** The *Ontario Disability Support Program Act* is drafted in such a way that encourages those administering the program to adopt a punitive attitude with applicants and clients. A simple example is section 5(2) of the *Act* which prohibits the provision of ODSP to a “person is dependent on or addicted to alcohol, a drug or some other chemically active substance” if “the only substantial restriction in activities of daily living is attributable to the use or cessation of use of the alcohol, drug or other substance”. In 1976, the Canadian Medical Association adopted a Policy Resolution which stated that alcohol dependence and misuse was a medical problem to be overseen by the medical profession. This provision is punitive and is indicative of an attitude of disenfranchisement within the legislation which the CURA believes requires change.
3. **Rates:** The rates for those with ODSP are far below any acceptable measure of poverty in Canada. Such a policy results in the marginalization of recipients and reinforces a cycle of poverty which is not therapeutically beneficial for persons dealing with mental illness.
4. **Rules & Transparency:** The ODSP is plagued by an overwhelming number of Policy Directives which must be followed in the administration of the program. These Directives are complex and are often written in terms which far exceed the level of comprehension of many applicants and recipients. Furthermore, transparency within the

system is a major problem. For an applicant to receive the reasons for the denial of an application or many other program decisions, he or she is required to write a letter to the ODSP office requesting the decisions and supporting documentation be provided to them. This process is contrary to the principles of due process and disclosure and should be amended. Furthermore, the composition and qualifications of the Disability Adjudication Unit adjudicators making decision should be a matter of public record.

5. Access & Support: The ODSP application process is complex and often overwhelming to people dealing with serious mental illness. Support for negotiating the application process for these applicants should be provided on a consistent, reliable basis rather than through the patchwork of community supports and services currently provided. Additionally, there are many fees for required documentation and services which the applicant must bear in order to complete an application. These fees include medical report fees, medical records fees (especially if the request is to another jurisdiction), banking fees for the provision of financial records, and other administrative fees incurred in compiling an application. All of these costs can be a potential serious barrier for persons living on very low or no income. It is the CURA's position that if ODSP has required this information, then they should bear the costs of having the applicant provide such information.

The issue of access to medical professionals to provide the detailed assessments required by ODSP is an equally serious barrier for many potential applicants. These professionals may include family physicians, psychiatrists, psychologists, and nurses or social workers. The CURA believes that ODSP should provide a system which ensures that potential applicants have reasonable access to independent medical professionals to enable them to properly complete the application process without undue expense or delay.

The CURA's Work Continues...

The CURA is continuing to pursue the issue of ODSP in the following ways:

a) Partnership Building & Stakeholder Input

The area of ODSP is one in which a tremendous array of organizations are often involved. These involvements range from providing personal assistance and advocacy on behalf of applicants/recipients to the work that the CURA and other organizations are doing, which is public interest advocacy to bring about positive changes within ODSP. The CURA has been building partnerships with these organizations in order to concentrate its efforts on work that is complimentary to ongoing public advocacy efforts. For instance, the CURA has communicated with the Income Security Advocacy Centre and supports their efforts to end the clawback of the National Child Benefit Supplement, a move that would result in significant increases for families on ODSP in Ontario. . Current groups with which the CURA has communicated with and/or received feedback from include:

- ✓ Income Security Advocacy Centre (Public Interest Advocacy)
- ✓ ODSP Action Coalition (Public Interest Advocacy)
- ✓ Advocacy Centre for Tenants in Ontario (Public Interest Advocacy)
- ✓ Ontario Disability Support Program (London Regional Office)
- ✓ Elgin-Oxford Community Legal Clinic (Individual Advocacy)
- ✓ Neighborhood Legal Services, London (Individual Advocacy)
- ✓ Intercommunity Health Centre (London – Individual Advocacy)

b) Public Interest Advocacy

The CURA is a participatory action research team. This unique format allows the organization to work both to identify issues and solutions within the system but also to raise those issues and offer solutions to policymakers. To date, the CURA has met with representatives of ODSP and

local MPP's Chris Bentley and Deb Matthews to express our concerns and proposals for reform for ODSP.

c) Creating New Proposals for Change...

The CURA will continue its association with Pro Bono Students Canada at Western Law in the fall of 2005 when two new projects begin. These projects are designed to develop further solutions to the most important issues identified in the report of the 2004-05 Pro Bono project and the continuing work of the Policy Committee. These projects include:

Project 1: Openness & Accountability in ODSP

- This project will involve legislative drafting and design based upon interpreting the current *Ontario Disability Support Program* statute, regulations and Policy Directives. The goal for this project will be to design a series of measures that may be implemented to meet the following goals:
 - o Ensure openness, transparency & accountability within the application and appeals process as well as throughout a client's dealings with ODSP. It is envisioned that this will involve drafting a broad legislative provision and then implementing that provision through amending the regulations and/or Policy Directives.
 - o Simplify the rules surrounding the application process.
- In addition, this project will involve developing rationales for each of the changes in the form of submissions which may be presented to various levels of government.

Project 2: Systemic Change in the ODSP Delivery Model

- This project also involves the design and drafting of legislation. The ODSP is currently delivered to its clients via a business model. It is a strong position of the CURA that reform of the system, including long-term cost-saving measures, will only occur if this model is altered to a client-centred model, as was used under previous legislation dating back to pre-1997. The goal of this project is to identify ways in which this systemic change can be implemented through amendments to the statute, regulations, and Policy Directives and to draft those amendments as necessary.
- Secondly, this project will look at how to legislatively implement a policy that would help to change the attitudes of ODSP service providers in respect of issues such as diversity, sensitivity to people with mental health problems and treating mental health problems as a disability, homelessness and its impact on individuals, etc. Most likely, this policy would take the shape of a broad legislative statement as well as perhaps some oversight mechanisms and mandatory training.
- Again, as part of this project, developing rationales for each policy change to be submitted to governments will be an important aspect of the work.

d) Academic Work in Complementary Areas

The central issue of mental health and housing is the subject of much academic work by the CURA. This work includes several papers in progress which touch upon the issue of ODSP, and their publication will further illuminate problems in the area.