




2017 OCSA CONFERENCE

Michael Mathieson
Chair, Board of Directors
Ontario Association of Independent Living
Service Providers (OAILSP)

We Are the Ontario Association of Independent Living Service Providers

- ▶ The Association was formed in 1988
 - ▶ Several of our member agencies were in existence for decades before the establishment of the Association
 - ▶ There are approximately 45 Independent Living Service Providers – ILSPs in Ontario
 - ▶ There is at least one in every LHIN
 - ▶ We have extensive experience and expertise in providing community based services to people with disabilities
 - ▶ The MOHLTC and MCSS already invests in our services
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OAILSP

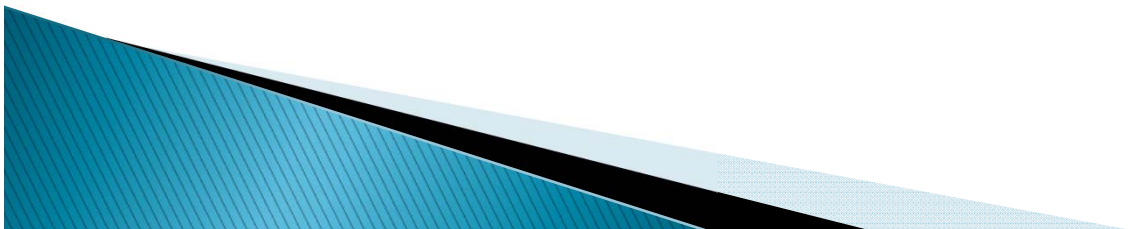
- ▶ We have been supporting individuals with high acuity service needs for decades with very little dependence on hospital based services and minimal CCAC resources
- ▶ Many members also support frail/elderly, survivors of ABI and persons with developmental disabilities – the Independent Living Model works well for many consumer groups in the health system



Current Guiding Principles of Independent Living in Canada

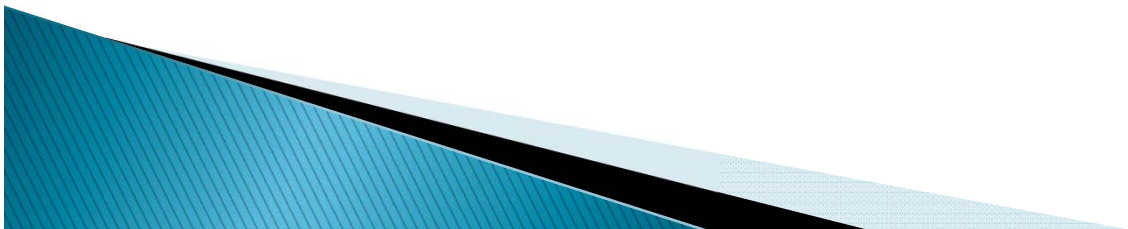
At an individual level, Independent Living is the right to:

- Examine choices
- Make decisions
- Direct services
- Take risks
- Make mistakes
- Take responsibility for one's own life



Current Guiding Principles of Independent Living in Canada

- ▶ At an organizational level, Independent Living means:
 - Consumer-controlled
 - Community-based
 - Cross-disability focus
 - Promotion of full integration and participation of consumers in their chosen community (housing, employment, education)



Person Centred Services

- The Independent Living philosophy places the person (consumer/client) at the centre in everything we do
- Work in conjunction with the consumer to develop their individual service plans to adequately meet their physical support needs
- Flexible – Staffing schedules are developed and modified on a daily basis to meet consumer's needs
- Consumers direct all aspect of their service needs (how and when services are delivered and all decisions regarding everyday life – what to wear or eat) including training new staff to their individual requirements



Person Centred Services (cont'd)

- Consumers provide direct feedback into the performance evaluations of staff
- People with disabilities are involved at the Governance level – Boards of Directors and related Committees
- Through the exemption in the Regulated Health Professions' Act, a comprehensive scope of services (includes assistance with complex bowel/bladder procedures, ventilator and suctioning, g/j tube eating) can be provided with one level of staff (PSW trained staff provide the full scope of services instead of depending on an inter-disciplinary team of providers)



Responsive

- ILSPs provide flexible, nimble, customized service plans that transition people from hospitals, acute and post acute settings, Long Term Care Facilities, family homes and other settings
- We divert from Long Term Care Facilities
- We prevent inappropriate institutionalization
- We are experts in transitions which is one of the most under emphasized areas in the health services continuum and where break downs occur that lead to return trips to the ED and hospital readmissions
- We provide service at work, in schools, in some instances even in shelters
- We provide nurturing assistance to assist consumers with their infants and young children



OAILSP – Solutions

- ▶ As the level of service needs change, we can seamlessly transition consumers between services available with our continuum of services without having to leave their homes or neighbourhoods and without losing the staff with whom they are familiar
- ▶ Aids in staff retention and scheduling – staff are scheduled by geography instead of by program silos, staff are not knitting together one hour bookings to make a living wage
- ▶ Staff stability means quality service to consumers



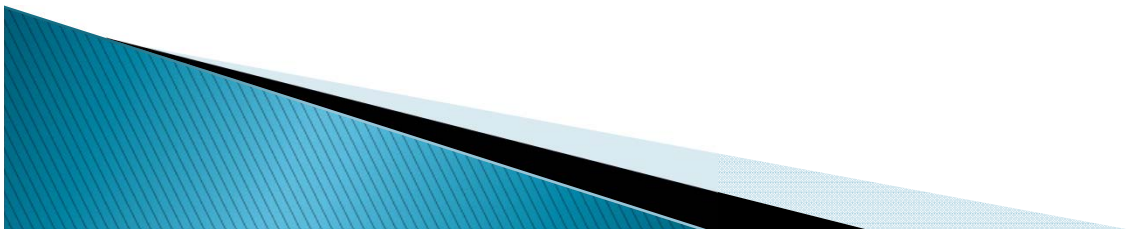
OAILSP challenges

- ▶ New investment into Independent Living Services has declined significantly since the implementation of the LHINs (with some exceptions)
- ▶ Capacity has shrunk without regular cost of living increases
- ▶ There has been little investment in Social Housing (Accessible) for traditional Supportive Housing services
- ▶ Getting affordable accessible housing at the same time as service funding becomes available



OAILSP challenges

- Each Independent Living Service provider has extensive waiting lists of applicants for services
- Waiting lists continue to grow as the number of new applicants is greater than the number of service spots available through attrition or newly funded service spots
- Supportive Housing waiting lists are the largest and have people waiting the longest (sometimes longer than 10 years)



Role we can play in the broader continuum

- ▶ Expansion of traditional Supportive Housing and Attendant Outreach services
- ▶ Adoption of the Mobile, Hub & Spoke, Transitional and Neighbourhoods of Care models of services across all LHINs
- ▶ Work with the MOH<C to develop innovative housing solutions to provide a basket of services to people who are labeled ALC
- ▶ Cross Sector pollination of the Independent Living model of service delivery to support other populations with physical support needs (Frail/Elderly Seniors, people with developmental disabilities, people with an ABI)



QUESTIONS

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