

**PRESENTATION TO
ONTARIO
PARTNERSHIP ON
AGING AND
DISABILITIES
SYMPOSIUM**

March 2009



ABOUT AN AGING RESIDENTIAL POPULATION

Developmental Services in
the Central East Region

THE SURVEY

- ◆ DS agencies providing residential services were surveyed
- ◆ In addition the four intake points, five adult protective service programs, four behaviour management programs plus the Mental Health Centre Penetanguishene

SURVEY RESULTS

Agency Reported Information	Group Home	SIL	Family Home	Other
2382 Total number of funded beds	1370	756	186	70
662 Total number of people between the ages of 50 and 64 residing in these funded beds	408	206	30	18
187 Total number of people age 65 and older residing in these funded beds	108	64	7	8

SOME OF THE FINDINGS

- ◆ 37.6 % of adult group home beds are occupied by people 50 years of age and older
- ◆ 35.7% of those in SIL
- ◆ 19.9% of those in Family Homes
- ◆ 37.1% Other (includes Innovation projects, treatment homes)

OTHER FINDINGS

- ◆ 16 agencies indicated that they had potential candidates for LTC but few indicated that their current situation warranted a referral
- ◆ 25 agencies did however indicate that they had helped a resident move to a LTC setting

OTHER FINDINGS

- ◆ Intake waitlists – 219 people 50 plus and 97 in the 40-49 age range
- ◆ Agencies identified 367 people currently in the residential spaces are requiring more supports due to their aging

OTHER FINDINGS

- ◆ Agencies identified that 4 people were identified were receiving palliative care
- ◆ Agencies are using community services. These include VON, OT, PT services and psycho geriatric and day programs for seniors

WHAT ABOUT THE NEXT AGE GROUP?

- ◆ A second request for information on those 40-49 had limited response
- ◆ Simcoe County agencies (5/6)
- ◆ One agency with 80 GH spaces had 87.5% occupied by those 40 plus
- ◆ The same agency had 66% of SIL spaces occupied by those 40 plus; 75% of Family Home spaces and 66% of the Other category

APSW CLIENTS

- ◆ At snapshot, caseloads totaled 937
- ◆ 181 people were in the 50-64 age range
- ◆ 61 in the 65 and over age group
- ◆ 25.8% of caseload

A COMPELLING PICTURE

- ◆ Even without the 40-49 age group - the snapshot is compelling
- ◆ Urgent need to look at support needs now and project the needs into the next number of years
- ◆ Need to develop strategies

COMPETING PRESSURES FOR THE SPACES

- ◆ SIL information significant
- ◆ Young Adults from the Transitional Age Youth from the Child Welfare System
- ◆ Young Adults from the Complex Care Children category
- ◆ Adults residing with aged parents

COMPETING PRESSURES

- ◆ Competition is fierce for the funded spaces in the DS adult residential system
- ◆ Going to be difficult to ensure equity and fairness when the numbers are great

CONSIDERATIONS

- ◆ Like the general population people age differently
- ◆ Not all need the services of a LTC setting
- ◆ Levels of care and risks to self and others tend to tip the scales re: the decision for an LTC placement – same as in the general population

WHAT WE DON'T KNOW

- ◆ The extent of the percentage when the 40-49 age group is factored in
- ◆ Don't know how many and how quickly those in SIL settings will need a 24 hr setting
- ◆ How many older community residents will need a 24 hr. DS residential space and when

REGULATED HEALTH CARE ACT

- ◆ Sections 27, 28, 29
- ◆ Delegation of a controlled act by a member
- ◆ Agencies need to review what they are doing and who is doing the training
- ◆ Agencies need to develop a policy and then train staff and inform individuals and families of the policy

CRADLE TO GRAVE



- ◆ What is behind this philosophy?
- ◆ What tends to be the “*change of heart*”

LONG TERM CARE SETTINGS

- ◆ Tend to be large settings which is in direct contrast to de institutionalization
- ◆ Can we learn from the Tri Ministry projects of the 1980s – what not to do!

WORKING WITH PHYSICIANS, COLLEGES & UNIVERSITIES

- ◆ Agencies lack baseline data and information on individuals.
- ◆ The health care system and current physician practice is based on evidence based medicine
- ◆ Emergency departments or private practice settings, or walk in clinics are based on rapid assessments which demand valid and accurate information on health status, medical history, pharmacological profiles and co-morbidity and the like
- ◆ Collaborations with nursing programs, family health teams, education and informational sessions to support local physicians

IN SUMMARY

- ◆ Increasing number of people who are 50 plus
- ◆ Believe that there is a large number of people 40-49 as the next “*wave*”
- ◆ Agencies need to talk, get informed, develop and implement policies develop strategies and seek collaborations

IT'S IMPORTANT

- ✓ Maintaining one's health through one's life time is a goal that many strive to do
- ✓ We need to support and assist people with developmental disabilities to maintain reasonably good health, too
- ✓ What part do we need to play? What part does the health care sector need to play?
- ✓ Sounds like a good place to start talking with health funded services