

ACCESS TO ODSP CAMPAIGN SUMMARY OF FORUM REPORTS

(22 January 2003)

TABLE OF CONTENTS

A. INTRODUCTION.....	2
B. THE FORUMS	3
C. THE MAIN THEMES.....	5
D. SPECIFIC CONCERNS.....	6
1. The Application Process	6
2. DAU Adjudication.....	8
3. Client Service.....	9
4. Other.....	10
E. SPECIFIC RECOMMENDATIONS	13
1. The Application Process	13
2. DAU Adjudication.....	14
3. Client Service.....	14
4. Other.....	15

A. INTRODUCTION

In November 2000, the Social Planning Council of Ottawa and the Financial Assistance Committee of the Canadian Mental Health Association (Ottawa-Carleton) held a public forum and companion focus group sessions on the **Ontario Disability Support Program** [ODSP]. A panel of seven respected community members heard individual ODSP recipients, staff from community organizations serving or representing recipients, and representatives of municipal social services and the provincial ODSP office speak out about their experiences with the ODSP program. A detailed report was produced on the Ottawa events and the panel's ultimate recommendations for action, entitled ***The Experience of People with Disabilities in Ottawa and the Ontario Disability Support Program (ODSP)*** (Social Planning Council of Ottawa, October 2001). The report catalogued problems confronted by ODSP recipients in accessing the program, problems with program delivery, the program's failure to accommodate applicant disabilities, inadequacies of the Employment Supports program, gaps in the Ontario Drug Benefit Plan, and the hardships for applicants and recipients caused by the crisis in affordable housing in Ottawa.

Inspired by the work done in Ottawa and recognizing the systemic nature of many of the problems identified in the Ottawa report, the **Steering Committee on Social Assistance** [SCSA], which represents social assistance advocates in community legal clinics around the province, launched a concerted public campaign in the fall of 2001 to work for changes in the ODSP disability determination process.

The SCSA asked clinics, either on their own or in conjunction with other community groups, to hold public forums, focus groups, or inter-agency meetings on the theme of "**Access to ODSP**". At the same time, the SCSA joined forces with other concerned organizations, including the Canadian Mental Health Association [CMHA], Centre for Addiction and Mental Health [CAMH], Coalition of Family Practitioners, and CONNECT/Canadian Hearing Society, to develop recommendations and discuss lobbying and media strategy aimed at raising public awareness of the issues and potential solutions. This expanded "Access to ODSP" campaign committee took on a new name - the "**ODSP Action Coalition**".

"Access to ODSP" forums were held in many parts of the province throughout 2002. These events proved to be valuable two-way information sharing occasions. Clinic staff and other activists had an opportunity to speak about the issues, and people in attendance had an opportunity to provide examples of their experiences with the system, and to discuss changes that could and should be made. These forums and the reports that were generated from them served as the practical underpinning for the ODSP Action Coalition's ultimate recommendations for reform of the ODSP disability determination process.

B. THE FORUMS

"Access to ODSP" forums and focus group meetings took place in the following Ontario locations:

- Toronto (18 March 2002)
- London (27 March 2002)
- Lindsay (10 May 2002)
- Port Hope (15 May 2002)
- Scarborough (16 May 2002)
- Barrie (22 May 2002)
- Hamilton (29 May 2002)
- Thunder Bay (7 June 2002)
- Toronto - Parkdale (27 June 2002)
- Renfrew (September 2002)
- Windsor (20 September 2002)
- Durham Region (7 October 2002)
- Georgina (17 October 2002)
- Kitchener (21 October 2002)
- Cambridge (24 October 2002)
- Sarnia (22 November 2002)

Clinics were asked to organize their forums in the same general way and to follow the same general format in producing subsequent reports, so that forum results could be compiled and interpreted as easily as possible.

Participants at many of the forums split up into small groups. Either as a group or in small groups, forum participants generated a list of problems, with specific examples, under the following categories:

- **the application process (e.g. the complexity of the process, confusing forms, length of time it takes, lack of help for applicants, etc);**
- **who gets accepted and who doesn't: the definition and how it is applied by the Disability Adjudication Unit;**
- **the internal review and appeal process;**
- **reassessments: the two year reviews of disability status;**
- **client service: the way of treating clients, the phones, the "team" approach, the computer-generated letters, repeated demands for the same information;**

- **additional benefits/special needs: transportation, special diet, community start-up, extended health coverage, etc.;**
- **employment supports and employment income;**
- **amount of income support, deductions, overpayments, etc.; and**
- **other issues.**

Each group then listed recommendations for change under the same categories.

Each group was asked to assign priority to their top recommendations for change, and to report back only those recommendations that had not been mentioned already by other groups. Notes from all the groups were compiled to produce the main forum reports.

C. THE MAIN THEMES

The main themes that emerged from the Access to ODSP forums were:

- **It's too difficult to get information about ODSP benefits and programs and too difficult to apply for them**
- **The application forms don't ask for enough information or the right information**
- **It takes too long to find out if a decision has been made and too long to get through the appeal process**
- **Individuals - especially those with additional needs - aren't getting enough support at any stage**
- **ODSP administrative processes are designed to treat applicants and recipients as files rather than human beings**
- **ODSP benefit rates are far too low**

D. SPECIFIC CONCERNS

"When you set up a system that has at least four steps in it, in which the person who has the least ability—the person with disabilities—has to collect all the information and run around and make sure doctors and ministries and tax departments send in all these papers, is it any wonder why so many people give up even before a decision is made?"

[participant at Parkdale Town Hall - June 2002]

"The sentiment that seems to come from this program is 'what we don't want to do for you'. The government needs to look at what its overall savings would be if it tried to help recipients."

[report from Georgina Forum - October 2002]

The concerns voiced at the Access to ODSP forums touched on many and varied issues. However, there were three main areas of concern - the application process, Disability Adjudication Unit [DAU] adjudication and client service.

1. The Application Process

Forum participants described problems at all stages in the application process. Many observed that these problems are compounded, and can become insurmountable when an applicant with disabilities is facing other barriers as well.

Many people called the application process too slow and too complicated, and pointed out that just obtaining the necessary application forms was difficult. Some of the words used to describe the process were "discouraging", "demoralizing" and "de-humanizing". A recurring theme was that the intent seemed to be to keep people off ODSP, rather than serve persons with disabilities in need of assistance. Specific issues included:

- there is a general lack of awareness of how the application process works - applicants do not know when or where to apply, how to get application forms, how long it takes, or what entitlement they might have
- the Ontario Works [OW] telephone intake system does not work well, it is very difficult for non-English speakers to access it properly, and it is hard to bypass the system to get through to a live person
- an ODSP application cannot be completed in one step - applicants have to go through a separate financial screening before even getting the medical application forms - the financial determination takes too long at local offices and this leads to delays in the medical determination - the whole process often takes 4 to 8 months
- some OW offices are either not making requested or needed referrals to ODSP, or making late referrals, the OW computer referral system is unreliable, and some

ODSP offices are refusing to accept direct applications - in any of these situations, the result is lost benefits for the individual

- vulnerable clients who need additional help to navigate the application process and assemble the necessary information to establish eligibility - for example, because of homelessness, mental illness, cognitive impairments, illiteracy or language difficulties - are not getting the resources and support they need from either ODSP or OW - as a result, many are falling through the cracks or simply giving up

There were many criticisms of the Disability Determination Package [DDP] itself. Participants described the application forms as overly lengthy and complex, and very often confusing to both applicants and the health professionals who have to complete them. Specific issues included:

- the forms are not "user-friendly" - they are only available in English and are not written in "plain language"
- the forms do not contain the statutory definition of disability and do not clearly identify for doctors the criteria to be met - doctors often have problems completing the forms
- the forms do not adequately capture the nature and extent of mental health problems, difficulties related to developmental delay, recurrent impairments, impairments with a pattern of "good" and "bad" days, or the cumulative impact of multiple conditions
- the instructions on the Health Status Report form state that the Intellectual and Emotional Wellness Scale should not be completed if the person's principal problem is physical, and this may result in mental health conditions going unreported
- the Activities of Daily Living rating scale is complicated and often misunderstood by applicants and health professionals - there are no categories specifically dealing with a person's ability to work
- the list of persons permitted to complete the forms is too restrictive - in particular, it does not include social workers, mental health workers, and teachers who may not have medical qualifications but may be best placed to provide accurate information as to an applicant's ability to function on a day to day basis, particularly where mental health problems are involved
- the forms do not capture socio-economic factors such as age, education, employment experience and skills, which often compound a person's functional restrictions and are relevant to ODSP eligibility

Another major area of concern was getting adequate medical documentation in time to satisfy the application requirements. Specific issues included:

- chronic shortages of both family physicians and specialists in many communities mean that people who wish to apply may not be able to find a doctor to complete the forms, especially if they do not have a regular family doctor - applicants have limited choices as to medical care and may have to go on long waiting-lists for specialist appointments, psychological assessments and other evaluations

- the fees paid to doctors to complete the forms are too low - consequently, doctors are often reluctant to complete the forms and may do a less than thorough job, and some applicants are charged extra by their doctors for the form completion
- the 90-day time limit for submission of medical information is unrealistically short - some applicants are unable to meet the deadline because of long waits to get forms completed, or receive rushed reports from doctors at the last minute
- doctors are not clearly advised as to the importance of submitting consultation reports and test findings - as a result, key documents are often missing from applications
- clients may not be able to afford to obtain necessary medical evidence (in addition to the forms) - psychological assessments, for example, can cost in excess of \$1000
- obtaining historical medical documentation can be a problem, especially if clients move or their doctors retire
- doctors often complete forms without direct input from the applicant and may therefore often not have sufficient information about the restrictions on the applicant's activities of daily living to provide an accurate picture to the DAU

2. DAU Adjudication

Many concerns were raised at the forums both about recurrent administrative problems at the DAU and about the quality of DAU adjudication.

Administrative problems identified by participants ranged from lost documents to unacceptable delays. Specific issues included:

- the DAU does not always acknowledge receipt of DDPs, causing uncertainty for applicants
- the DAU is not easily accessible - callers to the "1-800" number can be left on hold for a very long time
- forms and letters too often get mixed up or lost altogether at the DAU
- the DAU often notes that additional information (such as X-ray reports or test results) has not been submitted, but does not take the initiative to obtain documentation that it needs to make its determination, and does not always advise applicants when information is missing
- it takes too long for the DAU to make its initial decisions

Participants were very critical of the substance of DAU decisions. Specific issues included:

- little information is available as to the qualifications of DAU adjudicators and the criteria they use in making their decision
- when DAU adjudicators do identify criteria they are applying, they often seem to be using tests that are more difficult to meet than the statutory test, as interpreted by the courts

- the DAU denial letters (both on initial adjudication and on internal review) are form letters citing the statutory definitions and do not contain meaningful reasons
- DAU decisions are often inconsistent
- alcoholism and other substance addictions are not recognized as diseases by the DAU
- the DAU appears to automatically refuse to recognize certain medical conditions as resulting in impairments (examples included fibromyalgia, chronic pain syndrome, environmental sensitivities) and gives too little significance to mental and learning disabilities
- the DAU tends to discount opinions of family doctors, particularly where mental health conditions are involved - the DAU often cites a lack of psychiatric treatment without recognizing the shortage of specialist resources and limited referral options
- the DAU tends to ignore supporting reports from community agencies on the basis that they are not "medical" reports
- the DAU's adjudication is based only on written reports and forms - there is no opportunity for the DAU to meet and assess the applicant in person - the Self Report has little practical value as its completion is optional and it appears to be completely ignored by the DAU
- the DAU often denies eligibility on the basis that an individual is not seeking or has refused treatment, without recognizing that an individual's attitude towards treatment may actually stem from his or her medical conditions
- although the legislation allows ODSP recipients to work, the DAU tends to consider even minimal work or volunteer activity on the part of an applicant to be evidence that he or she is not substantially restricted

3. Client Service

The way in which individual applicants and recipients are treated by ODSP staff appeared to be the most significant area of concern for agency workers and individuals alike. Specific issues included:

- the implementation of new computer technology and the shift away from individual case management to a call-centre or "team" style of case management have created a client service system that is impersonal, isolating, inefficient and inadequate - the system appears to be used to avoid dealing with client problems rather than to resolve them - an individual does not have a specific caseworker who knows him or her - recipients often get different answers to the same question from different workers
- the automated telephone system is impersonal, intimidating and difficult to access - clients have problems using it (particularly where they have hearing impairments, or language or communication barriers), messages are often not returned in a timely fashion, and special access needs are not adequately addressed - many clients do not even have telephones

- there are too few staff members in the ODSP offices to answer questions and the staff members who are there appear stressed - clients must wait a long time to see a caseworker
- attending at ODSP offices can be a stressful experience for clients both because of the office design and staff attitudes - clients reported harsh, rude, or inappropriate treatment from some ODSP workers - others reported a lack of privacy because of open doors or a feeling of being in a "jail cell" environment - still others reported a lack of understanding and respect for disabled individuals and psychiatric survivors in particular and a sense that they were being treated as "second class citizens"
- clients are sent too many computer-generated form letters - too often these letters are incomprehensible, inaccurate and/or insensitive and therefore distressing - contact information is rarely included and follow-up can be difficult and frustrating, particularly as ODSP offices will not give out lists of staff phone numbers and extensions
- ODSP workers show little flexibility and little willingness to find solutions to problems - the new computer system makes it difficult for local offices to advise clients of specific facts and/or correct mistakes
- clients are expected to understand and comply with their rights and responsibilities and are given little guidance or assistance by ODSP staff, even where medical documentation indicates that they need additional support - it is assumed that clients have ID or other necessary documents, and that they are able to obtain requested documents on their own - local offices provide little information to recipients about what benefits may be available to them

4. Other

A number of other important issues were raised at the Access to ODSP forums. Participants expressed concern about the complexity of the internal review and appeals process, the unpredictability of the eligibility reassessment process, the Consolidated Verification Process, access to discretionary benefits, the treatment of employment earnings, access to Employment Supports, and the basic inadequacy of ODSP income support.

Specific issues included:

- the timeframes for internal review and appeal are too short, the procedural requirements are too rigid, and applicants who have been denied eligibility are rarely referred to clinics for legal assistance - as a result, some applicants may simply give up after a negative internal review decision believing they have no other recourse
- the chance of success on internal review is minimal - as a result, the internal review process appears to be little more than an additional procedural hurdle for applicants, especially as the DAU cannot consider new medical evidence at this stage
- it takes too long for an appeal to the Social Benefits Tribunal [SBT] to be heard - participants estimated that the current wait time is 8 to 12 months - the waiting period between the time of appeal can be very stressful

- the DAU's practice of only looking at new medical evidence 20 days before an SBT hearing results in unnecessary appeal costs - even if the DAU then reverses its decision, it is too late to schedule another appeal into that hearing slot
- the eligibility reassessment process is confusing and traumatizing for recipients - the usual reassessment period of 2 years is too short - doctors should not be required to complete a whole new application package for a person whose condition has not changed - ODSP should recognize that reviews are not needed in all cases
- file transfers from OW and Consolidated Verification Process [CVP] interviews are lengthy and onerous - individuals may be told to provide information that is out of date, information that they are unable to or cannot afford to obtain, or the same information over and over again
- information reported by recipients (e.g. change of address) is not input and processed quickly enough
- information is not being properly communicated between different social assistance offices (e.g. between ODSP and OW; between ODSP and the DAU) and this often leads to file errors and delays
- transfers between ODSP and OAS are often problematic - in particular, recipients are often not told they can apply for a Guaranteed Income Supplement [GIS]
- the income reporting cycle for employed ODSP recipients is error-prone and complicated, resulting in many incorrect suspensions and overpayments, and the rapid reinstatement provisions are too restrictive - the result is that ODSP recipients are discouraged from attempting any work
- ODSP Employment Supports are difficult to access and not well explained to recipients - not enough job coaching services and ongoing supports to maintain employment are available - recipients have to pay for their own work clothing and boots up front and seek reimbursement later - recipients are afraid to try to work for fear that they will be unable to manage and will have to go through the application process again
- information provided to recipients and community agencies about additional discretionary benefits that may be available is inadequate and often inconsistent
- the current drug card coverage is inadequate
- the medical transportation policy is too cumbersome and restrictive - recipients are often not informed about possible payment for transportation to programs or medical appointments - transportation to non-medical appointments with therapeutic value is not covered
- current policies make it difficult for ODSP recipients to find and maintain housing - in particular, recipients are unable to obtain "pay directs" for shelter and utilities, and are unable to obtain timely responses to community start up benefit (CSUB) requests
- the ODSP benefit rate is inadequate to meet basic needs of food and shelter - most ODSP recipients live in extreme poverty - recipients are often unable to pay their rent or utility bills and this can lead to utility shut off and/or eviction - the STEP deductions offer very little incentive to individuals to work even on a part-time basis - there are no cost of living increases - ODSP does not provide emergency funds

- overpayments are often assessed because of worker error, and recovery of an overpayment can have a severe impact on the recipient - local offices often do not provide clear information to recipients about why overpayments have been assessed
- the lifetime ban for people convicted of welfare fraud is "inhuman" and places individuals in situations of "absolute despair" with no other resources - the ban in turn imposes an extreme burden on local agencies to provide financial and other support, a burden which the agencies cannot sustain

E. SPECIFIC RECOMMENDATIONS

1. The Application Process

- pamphlets on self-help and where to get assistance with an application should be available at all ODSP offices and should be given to all applicants
- there should be a liaison person at ODSP to answer questions and solve problems relating to the ODSP system, status of appeals etc.
- support workers should be assigned to help with the application process - ODSP offices should ensure that applicants who need special help are matched with appropriate support groups or advocates - consideration should be given to the establishment of a funded advocacy office with a mandate to assist individuals with the ODSP application process
- there should be no barriers to obtaining ODSP application forms - applications should be made available at community agencies, institutions and local MPP offices
- ODSP workers should be permitted to send forms and correspondence to applicants through designated agencies or individuals where applicants are homeless or transient
- the number of local ODSP offices in each region should be increased, and both ODSP offices and the DAU should be given adequate resources so that applications can be processed in a timely fashion
- medical and financial eligibility determinations should take place simultaneously
- the application forms should be revised and simplified to make them more "user-friendly", with clearer plain-language explanations of the information required and the tests to be met - the forms should address mental health problems more specifically - the forms should be made available in different languages
- individuals should have access to an effective doctor-referral service
- resources and funding should be made available so that an ODSP applicant can obtain a psychological or functional assessment in appropriate circumstances
- doctors should be given clearer instructions on the completion of the application forms - in particular, doctors should be told to attach relevant specialist reports and test results - and they should be provided additional space on the forms to include further information
- the fees paid to doctors for ODSP applications should be sufficient to cover both completion of the application forms and attachment of consultation reports
- the categories of people who are legally qualified to complete the ODSP application forms should be expanded to include social workers and/or community agency staff
- the 90-day deadline on the return of applications should be extended
- the DAU should have an opportunity to interview the applicant at a local office to get an appreciation of all the factors involved
- the transition between OW and ODSP should be streamlined to avoid unnecessary delays, OW referrals to ODSP should be confirmed in writing to the applicant, and communication between OW and ODSP should generally be improved

2. DAU Adjudication

- substance addiction should be recognized as a disease and the statutory bar on eligibility in addiction cases should be eliminated
- the DAU should apply the ODSP disability test in accordance with the principles established by the courts and the SBT, and should consider the individual's whole picture, including the cumulative effect of all impairments and the compounding effects of socio-economic barriers
- disabled persons should not be penalized for attempting work or volunteer activity during the application process
- the DAU should consider the opinion of a family doctor as to the degree of impairment and restrictions, regardless of the nature of the condition
- DAU adjudicators should be required to have certain minimum qualifications
- DAU adjudicators should have greater accountability for their decisions
- the DAU should be more pro-active in obtaining necessary medical documents and clarification
- the DAU should provide fuller reasons for its denial at first instance - including attaching a copy of its adjudication summary to the denial letter

3. Client Service

- bring back the human element to ODSP delivery - each client should have a dedicated ODSP caseworker who is held accountable for actions and decisions taken on his or her file - drop-in visits to ODSP offices should be encouraged
- OW offices should designate specific workers to handle all ODSP application cases, and the telephone screening process should not apply to ODSP applicants
- staffing at ODSP offices should be increased
- telephones in ODSP offices should be answered by human beings, not voice mail, and telephone staff should be trained to be able to accurately answer questions
- ODSP offices and communications should be fully accessible to clients with diverse disabilities
- steps should be taken to ensure privacy and confidentiality at all ODSP offices
- ODSP workers should receive additional training and ongoing retraining on customer service standards, client relations, mental health issues and sensitivity (accommodating disabilities, anti-racism, cultural issues)
- ODSP workers should be more pro-active in assisting clients in completing forms and obtaining necessary information necessary for eligibility determination - arrangements should be made for community volunteers to accompany clients to medical appointments and follow up on paper work
- communication between offices should be improved so that individuals are not burdened with duplicate information requests
- all clients should be given clear and accurate written information as to their ODSP entitlements and any other available benefits and programs, their responsibilities,

relevant telephone and fax numbers, and their rights of appeal - decision notices and all correspondence from ODSP should be clear and case-specific, and should include a contact name and number for any necessary follow-up

- brochures and/or videos with overview information about how ODSP works and specific information about ODSP benefits should be made available to community agencies, and there should be regular venues for information-sharing about changes to ODSP services - ODSP should take steps to increase community presence and awareness - by holding information workshops, sending representatives to employment resource centres, and establishing liaison workers in community agencies, institutions, hostels and shelters
- ODSP should consider establishing a standing committee of ODSP clients to advise on client service issues as they arise

4. Other

- the internal review process should either be eliminated altogether, made optional or overhauled - in particular, an internal review request form should be attached to all initial denial letters, the timelines for internal review should be relaxed, the DAU should be able to consider new medical information at the internal review stage
- the Ministry should reimburse successful applicants for the costs of obtaining clarifying medical reports
- the number of SBT members and resources should be increased, in order to reduce the wait time for appeal hearings, extend the time allocated to hearings and arrange for better hearing locations
- the DAU should not delay in reviewing medical reports or other supporting evidence sent in while an SBT appeal is pending - some suggested that the DAU should review all new medical evidence as soon as it has been notified by the appellant that no new reports are expected and the matter is ready for hearing
- eligibility reassessment periods should be longer, and the reassessment process should be simplified - a recipient who is being reassessed should not have to provide as much information as on his or her original application - reassessments should not be scheduled for persons with chronic, long-term illnesses or other disabilities of a clearly permanent nature (e.g. learning disabilities)
- statutory and policy disincentives to work attempts should be eliminated - the income reporting system should be improved, the rapid reinstatement rules relaxed, and ODSP recipients should be given more assistance and support to find meaningful work
- more information should be provided to clients and the community about Employment Supports and the process should be simplified - recipients should be given advance funding for items needed to start work
- the drug plan and mandatory necessities program should be more responsive to the real needs of persons with disabilities - dental coverage should be expanded to cover actual costs

- all recipients should be provided with transportation costs, including transportation to social recreation programs where medically recommended - access to transportation funds should be improved - recipients should be provided with bus passes
- ODSP recipients should be permitted to set up rent-direct or utility-direct payment on request - local ODSP offices should have links to community trustees for recipients who have difficulty handling money
- CSUB requests should be processed in a more timely manner and there should be more flexibility in CSUB allocation
- ODSP should set realistic timelines for the CVP process and should pay costs associated with obtaining information necessary to determine eligibility
- coordination between OW and ODSP should be improved
- ODSP income support rates should be increased to reflect real current market rents and costs, and should be adjusted regularly for cost of living - financial help should be available for recipients facing utility cost increases
- the STEP program should be changed to provide true work incentives
- asset levels should be increased so that recipients can make financially responsible decisions on saving for their family (RRSPs, RESPs etc.)
- benefits should be paid for each month at the beginning of the month so that they are received before expenses are incurred
- local offices should be permitted to exercise discretion as to the collection of overpayments where recovery would cause undue hardship
- the lifetime ban should be removed from ODSP and OW legislation