Ombudsman
ONTARIO

LOST IN TRANSITION

Investigation into whether the Ministry of Children, Community and Social Services and the Ministry of Health are taking adequate steps to address the inappropriate hospitalization of adults with developmental disabilities

Case stories

Paul Dubé, Ombudsman of Ontario • November 2025

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A hospital is not a home

For years, my Office has received complaints about individuals with developmental disabilities who languished in hospital – although they had no medical reason to be there – because there were no appropriate services and supports in the community to meet their needs.

Some of these cases remained unresolved for years. They point to systemic barriers in the health care and developmental services sectors.

In March 2023, I launched a systemic investigation into whether the Ministry of Children, Community and Social Services (MCCSS) and the Ministry of Health (MOH) are taking adequate steps to address the inappropriate hospitalizations of adults with developmental disabilities and ensure they can transition to appropriate homes and supports in the community.

My investigation focused on the experiences of seven Ontarians to highlight the systemic barriers that prevent successful transitions out of hospital. The resulting report, *Lost in Transition*, makes 24 recommendations for improvement.

The ministries have accepted all of my recommendations, including that they report back to my Office every six months on their progress in implementing them. We will report publicly on this progress in our annual reports.

The following is an overview of the seven individuals' stories. They detail how seven particularly vulnerable members of our society needlessly languished in hospital, interminably waiting to find a place in their communities. No matter how compassionate and caring staff within a hospital may be, a hospital is not a home.

A brief glossary of terms can be found on page **9**. Please refer to the full investigation report for more detail and the complete list of recommendations.

Paul Dubé
Ombudsman

Read the complete report and recommendations here:

1 Catch-22: Jordan's story

Age: 25

Length of hospital stay: 15 months

Barriers to transition:

- Delay in being formally identified as not needing hospital-level care, which affected prioritization for developmental services
- Lack of supportive living options and insufficient Ministry funding for 2:1 staffing ratio
- Specialized private programs would not accept Jordan unless he had housing lined up

The way out:

- The hospital connected Jordan with private developmental support staff, who helped maintain his life skills in hospital
- A space in the community opened up when a resident died
- Jordan was granted funding through a special joint project
- Developmental support staff and a behavioural consultant helped with his transition

Jordan, a 25-year-old who enjoys spending time with his family, has autism, cerebral palsy, obsessive-compulsive behaviours, and conditions that affect his heart and liver. Jordan is non-verbal and uses a tablet to help him communicate. He also requires help with daily tasks like using the toilet, bathing, and brushing his teeth.

Although he had been a happy young man, Jordan's behaviour deteriorated during the COVID-19 pandemic. He became so aggressive and violent, it was not safe for him to remain at home.

As the outbursts escalated at home, Jordan's mother could no longer work. When Jordan tried to strangle his aunt while his mom ran an errand, the family was forced to call 911 for help and Jordan was admitted to hospital.

In the hospital's psychiatric intensive care unit, Jordan was scared and often aggravated by the screaming of other patients in crisis.

The hospital told us that staffing ratios did not allow for Jordan to receive the level of care he needed. Ill-equipped to deal with his behaviour, hospital staff initially physically or chemically restrained Jordan, sedating him or tying him to the bed.

Jordan's mother said they felt trapped in a "never-ending sort of loop." She said service agencies seemed unwilling to work with Jordan because he was "too violent," while private treatment programs that could potentially help to address aggressive behaviours turned him down because he would not have a place to live when the program ended. Jordan was in a classic Catch-22 situation: Without treatment, he could not get housing, and without housing, he could not get treatment.

Even though Jordan was a high priority for developmental services, no housing vacancies met his needs and there was insufficient Ministry funding for the 2:1 staffing ratio he required. A space for Jordan in the community only opened up when a resident died and Jordan was selected to receive funding through the Ministries' joint Dual Diagnosis Alternate Level of Care Project. He finally moved into his new home on November 7, 2023 – 15 months after he was first admitted to hospital. Jordan is now doing "fantastically" in his home and sees his parents and brother regularly.

2 "Get me out of here": Jack's story

Age: 57

Length of hospital stay: 8+ years

Barriers to transition:

- Jack's developmental disability was not formally diagnosed for 50 years
- He was overlooked for MCCSS funding even after being registered
- Suitable living space with sufficient staff support was not available

The way out:

- Caring, persistent hospital staff advocated to have Jack assessed and registered for developmental services
- Communication between the hospital and developmental services helped service agencies better understand his needs
- A suitable supportive living space became available when a resident died – and after Ombudsman staff contacted the MCCSS

Jack grew up in the community with his family and loved everything to do with cars. He was diagnosed with treatment-resistant schizophrenia, had trouble in school, and never learned to read. However, for five decades, no one identified him as a person with a developmental disability, and he never received associated supports or services.

Jack lived in a series of unsuitable housing arrangements throughout his adult life. When not monitored closely, he would drink so much fluid that he would at times have seizures that resulted in hospitalizations. Eventually, unable to care for himself in the community, and with nowhere else to go, Jack ended up spending more than eight years in hospital.

Hospital staff likened Jack's living situation during COVID-19 to being in "a jail," with no access to family or the outdoors beyond the courtyard. During that time, they said he pleaded with his mother to "get me out of here."

Only with the support of a persistent and caring hospital staff member was Jack's developmental disability formally diagnosed. In 2020, he applied for and was deemed eligible for developmental services.

It still took another 3.5 years to find a home and suitable funding for him to live outside hospital, as he required 24-hour supervision and a custom-built living space to allow him to live safely.

Jack was initially overlooked for the joint Dual Diagnosis Alternate Level of Care project funding. He was only added to the list after our Office made inquiries about his case. Ministry staff said he was likely overlooked because he was in a cognitive care bed in hospital rather than a mental health bed.

Eventually, when a resident of a local MCCSS-funded home died and Jack was granted project funding, he was finally able to leave hospital.

Tragically, Jack only enjoyed his freedom for three months before he died.
He was 57.

3 Losing hope: Luc's story

Age: 30

Length of hospital stay: 5 years

Barriers to transition:

- Lack of supportive living options
- Lack of sufficient, qualified French-speaking staff
- Delays in accessing funding

The way out:

- Luc left the hospital briefly -- the transition required collaboration between the hospital, a ministry funded agency, a private service agency, access to behavioural support and psychological service – and funding through a special project for individuals with dual diagnosis.
- Sadly, behavioural support fell through and Luc returned to the hospital

Luc, 30, is a Francophone who loves computers and is described as a "nice guy." He lives with severe autism, an intellectual delay, seizure disorder, and obsessive-compulsive disorder.

Even with intensive supports in place, Luc feels compelled to destroy things around him if he sees an imperfection or something that doesn't match. His family wrote to the MCCSS in February 2020 to seek more help, explaining that the situation at home had become "dangerous."

Sadly, a few days after writing this letter, Luc's family had to call 911 after Luc head-butted his father in the family car. Luc was admitted to a hospital's psychiatric unit and, apart from a brief move to a home in 2024, has remained there for close to five years.

He is confined to his hospital room for long periods. When he becomes agitated, hospital staff use physical restraints or administer medication to sedate him, as they do not have the staff ratios to provide the support he requires. At times, French-speaking hospital staff are not available, which his family and others say results in Luc feeling misunderstood, further contributing to frustration, escalation, and the use of restraints.

A Francophone agency started planning for Luc to transition out of hospital, but this fell through when they realized that Luc's needs exceeded the support they could provide. Ministry officials worked with a case manager to assess all potential French-language options in the Region. When that proved fruitless, they expanded the search to English-speaking agencies who could provide bilingual services. During the search, regional staff documented that "[t]here is a clear lack of current capacity to provide high support residential care in the… area to individuals with extraordinary behaviour needs…."

Finally, after more than four years in hospital, an agency agreed to help Luc transition to the community, but his respite was short-lived. After only six months, the agency could no longer manage his behaviours. Several staff were injured, behavioural supports were withdrawn, and Luc was again admitted to hospital.

After several months in hospital, another service agency offered to potentially develop a support plan to enable Luc to transition out of hospital. These efforts are ongoing, but, in the meantime, the family is again concerned that he is being restrained in his hospital bed for long periods, rarely able to leave the psychiatric unit, and losing hope.

4 “Quite inhumane”: Noah’s story

Age: 22

Length of hospital stay: 2.5 years

Barriers to transition:

- Lack of sufficient supportive living options and staff support for high level of need
- Noah’s life skills and mobility deteriorated because of hospitalization and use of restraints

The way out:

- Noah’s case manager updated his profile to better reflect his personality and life skills before his hospitalization, and advocated on his behalf
- Complex case coordinator involvement to help identify and coordinate services
- When a service agency was located, it received significant funding through a special joint project of the ministries to pay for supportive living, needed renovations and 2:1 staffing
- Psychiatric and behavioural support provided through local hospitals

Noah, 22, is described as “full of life” and enjoys listening to music and going for walks. He is on the autism spectrum, non-verbal, suffers from anxiety and seizures, and functions developmentally as a 12-18-month-old. Raised at home by his mother, Noah never attended school and had limited involvement with development services.

As he got older, Noah’s behaviour became increasingly aggressive and difficult to manage. His mom repeatedly feared for his and her own safety. After a series of hospital admissions and discharges, Noah was admitted to hospital in August 2021 and remained there for almost two and half years.

In his first few months of hospitalization, those supporting him said that he was relatively “restraint free.” However, by his eighth month in hospital, Noah was tethered to his bed through all of his waking hours, in a spreadeagle position using either three or four-point restraints. Hospital staff also regularly chemically restrained him with sedating medication.

Those close to Noah told us that he went from being able to toilet, bathe, and dress with limited help to using a diaper, needing assistance to walk, and losing his basic life skills.

During his last year in hospital, a professional working with Noah documented that he spent “no longer than 60-120 minutes per day out of restraints.” Noah’s mother told us he would bang his head on his bed while he was tied down – and twice injured himself to the point of bleeding. He also frequently kicked the wall and injured a toe so severely that it had to be amputated.

A professional supporting Noah who observed him in hospital remarked, “You feel completely like...you’re witnessing almost...a profound level of neglect that you can’t do anything about…” Another said that this was “the worst case I’ve ever been involved in and ...it has a profound impact on the people that support him...I would like to know if there’s anybody in Canada who’s being treated as poorly….”

The extensive use of restraints, we were told, largely frustrated efforts to assist Noah. Despite being near the top of the priority list for developmental services, it proved difficult to find suitable housing and support for him in the community. Noah's case manager emailed the Ministry, saying "things are getting quite inhumane" in hospital, and asking to meet to discuss a plan for Noah.

Finally, in December 2022, after MCCSS regional staff organized a meeting bringing together the case manager, Ministry-funded service agencies, and the Community Network of Specialized Care, a service agency came forward and began to plan for Noah to transition to the community. After months of searching, the agency located a single-family home it could rent for Noah – if it received sufficient capital funding to make the space suitable for his needs and additional funding for 2:1 staffing support.

The agency confirmed Noah met the criteria for Dual Diagnosis Alternate Level of Care project funding and, in October 2023, the Ministry approved an annual budget for him. In March 2024, he moved into his new home. After two years largely confined to his hospital bed, Noah now wears his own clothes, no longer requires a diaper, and can even play soccer in his yard.

5 Unfit to stand trial: Sean's story

Age: 27

Length of hospital stay: 5+ years

Barriers to transition:

- Lack of suitable supportive living space
- Difficulty hiring sufficient staffing ratios to support complex medical and behavioural needs
- Deterioration in physical health and behaviours in hospital with significant use of restraints

The way out:

- Collaboration between the hospital and developmental services to support transition
- Significant MCCSS funding for suitable supportive living space, needed renovations and sufficient staff
- Access to nursing and psychiatric support

Sean enjoys playing basketball, video games and listening to music. He is 27, but functions at approximately the cognitive age of a 5-year-old. He has been diagnosed with autism and chronic adjustment disorder, and lives with a stoma as a result of a Crohn's disease-related colostomy surgery.

Sean has aggressive behaviours and can become violent. By January 2019, his family was frequently calling police for help. Psychiatric specialists consulted on Sean's case recommended more community-based supports and behavioural interventions.

Service agencies made efforts to connect Sean to additional support and added him to a waitlist for a specialized treatment bed to provide short-term intensive treatment to help stabilize behaviours. They wrote that without a safe and secure housing option with access to behavioural supports for Sean, "an extremely unsafe, untenable and dangerous situation and harm" would continue.

Unfortunately, no option was found, and Sean attacked his mother at home in December 2019. This time police suggested he be charged criminally to compel necessary supports through the justice system. The court later found Sean "unfit to stand trial" and remanded him to a psychiatric treatment hospital. The Ontario Review Board ordered that he remain there until housing with 24-hour supervision in the community could be located.

However, with no appropriate housing and services available to meet his needs, Sean remained at the psychiatric hospital for more than five years.

To manage Sean's aggressive behaviour and self-harm, the hospital relied on mechanical restraints at various points during his hospitalization, at times up to 16-20 hours a day. While Sean had previously been able to participate in the care for his stoma, his self-injurious and aggressive behaviours increased in hospital and the process now took six staff to complete.

Efforts to find Sean a home were further complicated by his aggressive behaviours and complex medical needs. His needs increased because of the time spent in hospital, which meant he would require a higher staffing ratio in the community than he would have before his hospital stay, at a much higher cost.

Finally, when a supportive living vacancy located in a city arose, the service agency supporting Sean was able to customize that space and arrange necessary staffing and supports with sufficient Ministry funding and access to nursing and psychiatric support. Since moving into the home, Sean is now able to go outside, celebrate holidays, and live more independently. A sign Sean made for his entryway reads, "This is my forever home."

6 Worse than prison: Kevin's story

Age: 27

Length of hospital stay: 2+ years

Barriers to transition:

- Lack of available living options and funding to support transition
- Deterioration in mental and physical health in hospital

The way out:

- Case management involvement to help identify supportive living options and other services
- Kevin qualified for special joint ministry project funding after being diagnosed with a mental health condition

Kevin, 27, loves listening to music. He has autism, is largely non-verbal, and lashes out aggressively when he's frustrated. His mother told us she felt unsafe every day when Kevin lived at home with the family.

Police were called on multiple occasions in response to his violent behaviour, which would lead to him being taken to hospital and then discharged. At one point, Kevin bit his father's finger so badly that it required surgery. In November 2020, after another episode of aggression, police were called, Kevin was brought to hospital and ultimately admitted to the psychiatric unit.

His mother described the hospital setting as "worse than prison." To manage his behaviour, Kevin was monitored by security guards, sometimes restrained or isolated, and had few opportunities to leave his small unit.

- A suitable living space arose when another resident moved out
- Behavioural and psychiatric support during hospitalization and transition

Despite the hospital being "desperate to discharge" him and local planning tables identifying him as "one of the highest need [individuals] for high behavior [supportive living]," it took more than two years to transition Kevin to a home outside hospital.

When he was diagnosed with a mental health condition after a year in hospital, he was one of a select few individuals who qualified for Dual Diagnosis Alternate Level of Care project funding. However, he still had to wait months for another resident to move out of existing housing before an appropriate spot opened for him. Kevin finally moved into a home with a yard in January 2023.

7 "I just give up": Anne's story

Age: 59

Length of hospital stay: 2.5 years

Barriers to transition:

- Lack of suitable supportive living agencies to support developmental and mental health needs
- Lack of funding to support transition to supportive living
- Long wait lists

The way out:

- Hospital staff collaborated with developmental services
- A service agency agreed to pay the upfront costs from its operating budget to help Anne move into a private retirement home for seniors as an interim measure

Anne loves knitting, swimming and animals. She has autism, generalized anxiety disorder, a mild developmental delay, and struggles with obesity. She is 59 but wasn't connected to developmental services until she was over 50.

While living in a supported independent living home that did not provide the level of support she required, Anne was intermittently admitted and discharged from hospital

Anne was re-admitted to hospital in late December 2020 and, a few months later transferred to a specialized dual diagnosis program in another hospital. She returned to the local hospital in May 2022 and remained there for two and a half years. Anne told us that she spent most of her time in hospital in bed, and she wanted to live on her own in the community where she could have friends. She said she felt stuck and said of the lengthy hospital stay, "I just give up because... I'm not happy."

Hospital staff, DSO, and a complex case manager with the Community Network of Specialized Care all worked to find housing options for Anne, but she was passed over for seven funded spaces because her needs "didn't quite match." Ministry staff said they believed Anne's mental health needs, along with a lack of funding, were a barrier to finding a suitable home.

Anne was not considered for Multi-Year Supportive Living funding and was overlooked for Dual Diagnosis Alternate Level of Care funding – until our Office made inquiries into her case. Hospital staff who were trying to help her find a home expressed frustration and concern about how Anne was being treated. They noted that it was neither patient-centred nor an appropriate allocation of resources, given that she was in a publicly funded acute care bed.

Two options with private service agencies arose while Anne was hospitalized, but they fell through. The Ministry told us that private agencies are only considered as a last resort, and there was just no funding available. Anne was also added to the waitlist for a MOH supportive living home, but after a year had only moved from 11th to eighth position on the list.

Finally, Anne was able to move into a private retirement home for seniors after a service agency involved in her case agreed to pay the upfront costs from its operating budget, with Ministry reimbursement in the new fiscal year.

Three days after the transition, the agency told us she was doing remarkably well, and they were seeing the "best version" of her. After four months living in the retirement home, her case manager said Anne was continuing to do well, was regularly eating with other residents in the dining room and had been able to visit with her previously estranged daughter.

Glossary

MCCSS: Ontario's Ministry of Children, Community and Social Services

MOH: Ontario's Ministry of Health

DSO: Developmental Services Ontario

Dual Diagnosis Alternate Level of Care Project: Joint project of the two ministries between 2021 to 2023 providing limited funding for people formally diagnosed with both a developmental disability and a mental health disorder

Multi-Year Supportive Living: Annual funding provided through MCCSS to certain prioritized individuals for supportive living and services to help develop suitable community options

Community Network of Specialized Care: Helps coordinate support across service systems, including developmental and health systems.