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ALBERTA'S PERSONS WITH DEVELOPMENTAL DISABILITIES PROGRAM: EQUITY, EFFICIENCY AND EFFECTIVENESS

*Produced by the
Alberta Union of Provincial Employees
Locals 009 and 006*



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In June 2010 Alberta Seniors and Community Supports conducted an administrative review of the Persons with Developmental Disabilities (PDD) program after it was revealed that nearly 25% of its \$592 million budget (\$142 million) was spent on administration. The report, released in May 2011, concluded that the major drivers behind PDD's high admin costs are, among other things, the complexity of the system, duplication of administrative functions between regional and local levels and inefficiency in the service provider network, which includes 257 outside agencies across the province.

The report recommends several measures to improve efficiency and reduce financial waste. While AUPE Locals 006 (Family and Social Services) and 009 (Health and Therapy, Institutional and Patient Support Services) acknowledge the government's responsibility to be vigilant stewards of the public purse, we are concerned that an overemphasis on cutting costs will compromise the quality of life of the most vulnerable Albertans.

DIRECT OPERATIONS

Of particular concern is the review's blanket assertion that direct operations are the most expensive service delivery method and that the PDD program should "explore opportunities to reduce reliance on direct operations." The review's authors conclude that the administrative costs per individual client in a direct operation were much higher than those in contracted services or family managed programs, and base their recommendation on this single fact.

That would be throwing out the baby with the bathwater. The review fails to acknowledge that programming (frontline services delivered directly to clients) in direct operations is highly efficient. Of the 9,300 PDD clients across Alberta, about 4% (just under 400) live in the three direct operations in Edmonton, Red Deer and Calgary. According to the ministry's 2010-11 annual report, the three regional boards spent \$12.3 million on programming in direct operations, or only 2% of the total programming expenditures across the province.

The report doesn't address issues such as the quality of care a client receives and whether it meets each individual's unique needs. Direct operations provide a distinct and vital service that cannot be duplicated in the private or non-profit sectors. They serve the most severely disabled and highest needs clients in the PDD system. In many cases, their situations are so complex that no community agency has the resources to accept them.

A significant percentage is categorized as "medically fragile," which means they need constant monitoring by highly-trained staff. Their needs include complex medication regimens, tube feeding, suctioning etc. Many have issues with muscle atrophy, spinal curvature and body positioning, so it can take up to three people to move them.

Some clients also have severe behavioral issues, such as acting out sexually and violent outbursts. They need very close supervision by qualified staff and specialized, secure facilities with amenities like safe rooms. A decade ago, direct operations accepted high-risk clients because they had the resources to deal with them: higher staffing levels, more structure and a restricted environment that would help stabilize them.

In recent years the responsibility has been shifting to community agencies, but our Local 006 members find it extremely difficult to find placements for them because so many community agencies refuse to accept them. Our members estimate that there are dozens of PDD clients across the province with complex needs, including those with dual diagnoses of mental health issues and developmental disabilities, which frequently leads to high-risk behaviors.

Often, clients exhibiting high-risk behaviors are admitted to facilities like the Centennial Centre for Mental Health and Brain Injury in Ponoka for extended periods. The clients do extremely well at Centennial because of the high staffing levels and structure. But Centennial is an active treatment hospital, not a permanent residence, so there is constant pressure to discharge people and make room for new admissions. They risk being released prematurely, back into an environment with less supervision and structure.

It is our belief that the ministry can better guarantee the safety and wellbeing of the clients, workers and the community at large by taking all high-risk clients into direct operations.

Another key component of direct operations is the experience and continuity of staff. Some of our members have worked in PDD for decades and have seen their clients grow up. Not only are they highly experienced, they also offer critical stability and familiarity to the most complex and vulnerable clientele in the system. As one member put it, "for some of our clients, we're their family." A significant number of the clientele are non-verbal, and it takes time and patience for their caregivers to learn to read their cues and develop rapport. Direct operations have much less staff turnover, minimizing the disruption and anxiety for clientele.

CLIENT SERVICE CO-ORDINATORS

The report makes clear that the heavy caseloads of ministry-employed Client Service Co-ordinators (CSCs) are causing major problems in the PDD system. The average caseload of CSCs across Alberta is 150 files, but it runs as high as 300 in Edmonton. A reasonable caseload is 50-60 files. Compounding the problem is the recent hiring freeze and the fact that a CSC's role and responsibilities vary from region to region, leading to vastly inconsistent workloads for staff and levels of service for clients around the province.

At the same time, documentation and administrative responsibilities placed on CSCs are increasing. It's no surprise to our members that the report's authors discovered delays of up to 115 days for applicants waiting to find out if they're eligible for funding, followed by wait times of up to 90 days to learn how much funding they'll receive. Meanwhile, these unreasonable workloads can lead to errors, poor communication and burnout among staff.

Setting a reasonable workload standard would ensure an efficient caseload and allow CSCs to spend more time with their clients and families, developing relationships and advocating for them much more effectively.

The increasingly superficial nature of the contact between co-ordinator and client has had a serious impact on monitoring. On average CSCs can only contact 60% of their clients each year to monitor their progress on goals and outcomes. On top of that, files are frequently moved between CSCs, further disrupting continuity. As the report puts it, "In some regions, the co-ordinator has a strong relationship with the client and may act as an advocate on the client's behalf, while in other regions the caseloads are so large that co-ordinators do not know their clients well enough and generally rely on what is reported to them by service providers or families and guardians."

Improving caseload management will not only result in more efficient, compassionate and safe service for clientele, it will also provide for more robust fiscal management through closer monitoring of an individual's programming to ensure funds are most effectively allocated. This will result in cost savings on a per-case basis.

We also urge the ministry to ensure those in middle and upper management positions have the necessary skills and approaches to support frontline staff properly.

FAMILY MANAGED PROGRAMS

The report urges the ministry to promote the family managed program because it has the lowest administration costs per client.

If it chooses to follow this recommendation, we urge the ministry to proceed with great caution, to ensure that it is not simply downloading costs onto families that already have very full plates. The report recommends more supports for families managing their programs "to prevent burnout of families who are overwhelmed with service provisioning." CSCs would serve a critical role in this scenario, assisting and supporting families that manage their own loved ones' programs. Likewise, direct operations could also help make this option more feasible, through provision of respite care for families of high needs individuals and taking clients whose families are no longer able to provide care due to illness, old age etc. in either the caregivers or the client.

COMMUNITY SERVICE PROVIDERS

The report recommends developing a new procurement process for contracting community agencies, one that would "promote strong performers and eliminate poor performers." The minister has accepted this recommendation, but we urge caution in this case, too. While the aim is improved efficiency, another outcome of this process will likely be reduced choice for clients and their families. We are aware that the minister is consulting with families on this issue, but it would be beneficial for our members — contract specialists and financial support workers — to be included in the consultations. We will provide another perspective and valuable expertise on the issue.

CONCLUSION

In a letter to community agencies dated May 18, 2011, Minister Jablonski said, "changes made to improve how the program is administered will not affect funding of direct services for individuals. Savings achieved through efficiencies in administration will be redirected to frontline services for individuals."

We don't yet know what savings will be achieved in the follow-up to this review, but AUPE Locals 006 and 009 urge the minister to put more resources into direct operations and proper staffing of CSCs. These are two critical functions in assuring that PDD clients and their families have the best quality of life possible.

Frontline staff have a unique perspective on how to make services more efficient and cost-effective. We will gladly work with senior ministry staff to explore ways to ensure that all resources are put to their best use.