FAMILY AND COMMUNITY SERVICES

EVALUATION OF
DISABILITY SUPPORT PROGRAM PILOT PROJECT

FINAL REPORT, PHASE 2
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Submitted By

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Executive Summary

Since 2002, the government and other stakeholders have been working to address the reality that adults with disabilities have unique needs and goals that differ from those of seniors needing long term care. In April 2005, the Disability Support Program (DSP) Pilot Project was introduced in Regions 3 and 4, and stakeholders agreed to having an independent evaluation of the DSP pilot conducted in two phases. The Phase 1 evaluation of processes was submitted in June 2006. This report covers the Phase 2 evaluation of program outcomes.

The key areas evaluated in Phase 2 are:

- the design and provision of personalized, flexible disability supports to individuals deemed eligible to receive disability supports under the pilot project;
- the involvement of persons with disabilities in the development of their personal disability support plans (including greater opportunities for making choices and decisions);
- innovation in the development and provision of disability supports;
- the provision of independent facilitation services and the use of person-centered approaches to planning and designing disability supports;
- the effectiveness of accountability measures and mechanisms, including measures to determine outcomes for individuals who receive disability supports;
- the impact, effects and cost effectiveness of new approaches for planning and providing disability supports.[1]

For this evaluation, the consultants examined the outcomes of clients who had received services under the DSP for at least 12 months as of January 31, 2007. This is a total of 62 clients, 43 in Region 3 and 19 in Region 4. In addition to reviewing these clients' files, the consultants spoke with the clients and/or their caregivers, as well as their case managers. The consultants also interviewed other Family and Community Services (FCS) and Mental Health (MH) personnel, as well as the Independent Facilitators (IF). Finally, with the help of FCS personnel, the consultants examined payment and requisition data for DSP and Long Term Care (LTC) clients under age 65, in order to evaluate the DSP's cost effectiveness.

All clients and their family caregivers said that the DSP supports improved the clients' quality of life. The majority (94%) said they are receiving the supports they want, and 86% said they are making progress towards their initial goals. Some examples of improved quality of life include a young woman getting out more and taking part in social activities with others her age, where she used to stay at home in her room most of the time. Another is learning how to cook so that he can live independently, and several visually impaired clients have learned to use the computer for communication purposes. These supports have been designed with each client's individual needs as the starting point and they are person-centred.

Generally, most supports have some flexibility built into them, either in terms of number of hours or the type of support. However it was noted that some services were refused in Region 4 while

[1] New Brunswick Disability Support Program Pilot Project, Policy and Procedures Handbook April 2005, Section 1.2.

they were accepted in Region 3, for example foot care and certain medical items. While it is not the intent of the DSP to provide the same supports to all clients, it was difficult for the external consultants to understand the rationale for the difference between the two Regions' approach to providing supports.

Client satisfaction overall was high, with 89% saying they were quite or extremely satisfied with their supports and 75% quite or extremely satisfied with support provided by FCS/MH personnel.

The vast majority of clients and their family caregivers said they were very involved in developing the support plan and in suggesting changes to the plan when appropriate.

In terms of innovation, there certainly was provision of new services and supports, such as painting and guitar lessons, computer training, some medical items, and transportation to community activities, particularly for MH clients. However, FCS and MH staff generally said they did not see a lot of innovation in the services provided under DSP, and they felt that many of the same services could have been provided under LTC.

Although DSP was intended to lead to the development of community partnerships, neither the FCS/MH staff nor the Independent Facilitators had sufficient time to explore many partnerships. One new one that did emerge was with the Canadian National Institute for the Blind (CNIB). At the same time, FCS lost the partnership of the Extra Mural Program (EMP) since it refused to participate in the DSP evaluations.

The use of an Independent Facilitator was new to the DSP. There was one IF in each Region, and the Region 4 IF also worked in Region 3 when there was a need. Approximately 28% of incoming clients in Region 3 and 15% in Region 4 chose to use the IF for developing their support plan, as reported by the DSP Coordinators. While comments about the IF were positive, particularly because they had time to listen to the clients and were not familiar with the LTC guidelines which were seen as limiting, they were also not familiar with FCS policies, which on occasion slowed down the application process. Their knowledge of PATH[2] and other specialized planning processes was seen as an asset. Several clients said they were pleased that they could speak with a person outside the government, because they had previously experienced negative encounters with government social workers. Although the plans developed by the IF tended to cost more than plans developed by FCS/MH personnel, the consultants are not able to say that use of an IF results in more supports for a client. It may be that those clients whose plans were developed by an IF had more complex needs than other clients whose plans were developed by FCS/MH personnel.

After one year, each DSP client was to have his/her support plan reviewed, and depending on progress towards predetermined goals, changes could be made to the support plan if appropriate, with input from the client and/or family caregiver. Although support plans had been reviewed with some clients, particularly in Region 4, for the most part FCS staff had not had sufficient time to conduct an annual review with the client, due to heavy caseloads. In addition,

[2] Planning Alternative Tomorrows with Hope.

case managers said there were no guidelines for conducting an Annual Review, and consequently they were unsure of the process and how formal and documented it should be. In cases where an Annual Review had been conducted, the client and/or caregiver was generally unaware that it had been a review.

In order to conduct a cost effectiveness analysis of the DSP, payment and requisition data from both the DSP and LTC for clients under age 65 was examined for the 12-month period from January 1, 2006 to December 31, 2006. The results of this analysis showed that DSP cost approximately 8% more than LTC per client in Region 3, and approximately 42% less than LTC per client in Region 4. Regardless of the type of financial analysis conducted, or the time period studied, costs were dramatically less in Region 4 compared to those in Region 3. This difference may be partially explained by the fact that clients in Region 4 are older than those in Region 3, and may require fewer services, and also by the fact that there are fewer services available in Region 4. However, the consultants believe this disparity needs to be examined more closely.

The average monthly DSP payment per client in Region 3 over the 12-month period was $1,420.20. The consultants believe that this represents the best conservative estimate of a cost per client, since Region 3 serves clients in rural and urban areas. Since the current provincial caseload of DSP and LTC clients under age 65 is 3,000 clients, this represents a total service budget envelope of $4.2M. This would be an increase of approximately $381K from the existing LTC budget.

The qualitative review of the 62 clients in the study group indicates that DSP delivers a broader range of services to clients than the LTC, and that clients or their caregivers say their quality of life has improved due to the supports they receive. Overall, the DSP has provided positive outcomes for clients and their families, and FCS/MH personnel like the new approach for developing support plans. The consultants are comfortable that the additional costs of the DSP pilot purchased additional goods and services for clients.

The consultants have made 16 recommendations to FCS, should it decide to continue the DSP or to extend it to other regions of the province. The most important of these is to provide training for current FCS and MH staff, including social workers, senior management and IF (if continued), about the philosophy behind the DSP, in order to ensure that the spirit of the program is respected and adhered to by everyone in every region, so that clients are treated equitably, regardless of their place of residence.

The consultants wish to give special thanks to the Evaluation Committee, Tom Henderson, Jody Hudon, Blake McNeil and the many people interviewed, without whose help this report would not have been possible.

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1.0 INTRODUCTION

In 2002, the Premier of New Brunswick established the New Brunswick Disability Framework Working Group to provide recommendations to Government on a new disability framework for adults with disabilities from age 19 up to 65. The framework would focus on improving the provision of services that were being delivered under the Long Term Care (LTC) program. The Government recognized that adults age 19-64 with disabilities have unique needs and goals that differ from those of older seniors needing long term care.

As a result of the Working Group's consultations and subsequent 2002 report[3], the Government agreed to develop a Disability Support Program (DSP) that would be piloted in two regions over a two-year period. The Government also agreed to an independent evaluation of the pilot, which would be conducted in two phases:

- Phase 1: an evaluation of the program's process and implementation, during the first year of the pilot,
- Phase 2: an evaluation of the program's outcomes and cost effectiveness, during the second year of the pilot.

Region 3 (Fredericton, Woodstock, Perth-Andover) and Region 4 (Edmundston, Grand Falls) were chosen as the two pilot sites. The Disability Support Program Pilot Project was launched in April 2005, and was scheduled to end March 31, 2007. The program was extended to June 30, 2007, by which time the evaluation of Phase 2 would be completed. This report summarizes the results of the Phase 2 evaluation.

As background to this evaluation, Table 1 provides an overview of numbers of applicants to the program since its beginning and the results of their applications as of March 31, 2007.

TABLE 1: DSP APPLICANTS AS OF MARCH 31, 2007

	Region 3		Region 4		Both regions	
	Number	**%**	**Number**	**%**	**Total**	**%**
Applicants approved	215	52.4%	106	53.0%	**321**	**52.6%**
Withdrawals, non-eligible, refused financial etc.	147	35.9%	74[4]	37.0%	**221**	**36.2%**
Applicants in process	48	11.7%	20	10.0%	**68**	**11.1%**
Total applicants (*passed through initial screening*)	**410**	**100%**	**200**	**100%**	**610**	**100%**

Table 2 on the next page illustrates the demographic profile of DSP cases opened as of March 31, 2007.

[3] T*he Report of the New Brunswick Disability Framework Working Group, October 2002.*
[4] Includes two clients whose status is unknown.

TABLE 2: DSP CASES OPENED AS OF MARCH 31, 2007[5] (N = 321)

	Region 3		Region 4		Both Regions	
	Number	**%**	**Number**	**%**	**Total**	**%**
Client History						
Former LTC clients	32	**15%**	13	**12%**	45	**14%**
Former Children with Special Needs (CSN) clients	3	**1%**	0	**0%**	3	**1%**
New clients	167	**78%**	88	**83%**	255	**79%**
Unable to find a match in databases	13	**6%**	5	**5%**	18	**6%**
All clients	**215**	**100%**	**106**	**100%**	321	**100%**
Age Groups						
Clients under 30	44	**20%**	5	**5%**	49	**15%**
Clients ages 30 through 49	61	**28%**	33	**31%**	94	**29%**
Clients 50 and older	90	**42%**	61	**58%**	151	**47%**
Date of birth not available	20	**9%**	7	**7%**	27	**8%**
All clients	**215**	**100%**	**106**	**100%**	321	**100%**
Disability Types[6]						
Blind / sight impaired	7	**3%**	1	**1%**	8	**2%**
Deaf/ hard of hearing	2	**1%**	1	**1%**	3	**1%**
Developmental / intellectual	51	**24%**	16	**15%**	67	**21%**
Learning disability	6	**3%**	1	**1%**	7	**2%**
Mental illness	25	**12%**	19	**18%**	44	**14%**
Physical / mobility	121	**56%**	62	**58%**	183	**57%**
Not provided in tracking sheets	3	**1%**	6	**6%**	9	**3%**
All clients	**215**	**100%**	**106**	**100%**	**321**	**100%**

[5] Discrepancies in totals are due to rounding. These include all cases that have been opened during the time frame; some may also have been closed during the same time frame.

[6] Based on disability types in Statistics Canada 2001 Participation and Activity Limitation Survey (PALS) and **predominant condition** for each client as recorded in NB Families.

2.0 SCOPE

The key issues being tested in Phase 2 are (i) whether the disability supports designed and delivered through this pilot program led to positive outcomes for adults with disabilities, and (ii) whether the provision of these supports is cost effective and can be delivered within the financial resources that were in place at the time the pilot project began[7]. In particular, the following areas were evaluated:

- the design and provision of personalized, flexible disability supports to individuals who are eligible to receive supports under the pilot project;
- the involvement of persons with disabilities and/or their caregivers in the development of their support plans, including greater opportunities for making choices and decisions;
- innovation in the development and provision of disability supports;
- the provision of independent facilitation services and the use of person-centred approaches to planning and designing disability supports;
- the effectiveness of accountability measures to determine outcomes for individuals receiving disability supports;
- the impact, effects and cost effectiveness of these new approaches for planning and providing disability supports.[8]

The evaluation in Phase 2 is intended to result in (i) conclusions about client outcomes, and also (ii) recommendations to improve the program.

[7] That is, the amount of funds set aside under the Long Term Care (LTC) Program during fiscal year April 1, 2004 – March 31, 2005, for providing support services to persons with disabilities age 19-64.
[8] New Brunswick Disability Support Program Pilot Project, Policy and Procedures Handbook April 2005, Section 1.2.

3.0 METHODOLOGY

3.1 Overview of Methodology

With input from the Evaluation Committee, the consultants finalized an evaluation framework and work plan that were approved in September 2006. Prior to developing any interview guides, a literature review was conducted to determine whether or not a tool already existed for conducting this type of evaluation. The consultants examined several tools[9] and incorporated parts of them in the questionnaires used to interview clients, their families and personnel. No one existing tool was suitable on its own for this evaluation.

Advocacy groups throughout the province were contacted in order to record any feedback they had received from their clients about the DSP. A bilingual questionnaire was distributed to them by mail in November 2006, and replies were forwarded to the consultants by mail, fax, or telephone.

Next, it was decided that the group of clients whose outcomes would be examined for this evaluation would be all those who had been receiving services[10] under the DSP for at least 12 months as of January 31, 2007. This population of 62, referred to as the study group, was chosen because it was felt that it may be too early to notice any outcomes for clients who had been receiving supports for less than one year.

In order to gain a broader perspective on client outcomes, paper files about these clients were reviewed, and the consultants interviewed each of the 62 clients and/or his/her caregiver, as well as his/her case manager. Additional information was collected from NB Families, with the assistance of FCS staff. Bilingual questionnaires were developed with input from the Evaluation Committee.

In addition, questionnaires were developed for use with the DSP Coordinator, Supervisors, Mental Health (MH) personnel, and the Independent Facilitators (IF). Interviews with these persons provided perspective for evaluating client outcomes in general, particularly in comparison to outcomes under the LTC program, evaluating impact of the DSP on staff, and evaluating the role of the Independent Facilitator. It is important to note that throughout this report, with the exception of the conclusions and recommendations, the opinions expressed and the examples provided are those of the clients, their families, and the FCS[11] and MH staff.

At the same time as interviews were occurring, financial data was made available to the consultants by FCS, so that a financial analysis could be conducted.

Once all this information was gathered, the data was analyzed in order to answer the key evaluation questions about client outcomes and cost effectiveness. The information in this report is based on information available to March 31, 2007.

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[9] Tools examined are listed in Appendix A to this report.
[10] Services with a cost indicated in requisitions.
[11] Includes the IF, who was indirectly subcontracted through FCS.

3.2 Characteristics of Client Population Studied

The population used to examine client outcomes is composed of all persons in Regions 3 and 4 who had been receiving services under the DSP for at least one year as of January 31, 2007, that had a requisition cost. The following table provides basic information about these clients.

TABLE 3: DEMOGRAPHICS OF CLIENT POPULATION STUDIED (N = 62)[12]

	Region 3		Region 4		Both Regions	
	Number	**%**	**Number**	**%**	**Total**	**%**
Urban	20	**47%**	3	**16%**	23	**37%**
Rural	23	**53%**	16	**84%**	39	**63%**
Total	**43**	**100%**	**19**	**100%**	**62**	**100%**
Client History						
Former LTC clients	9	**21%**	7	**37%**	16	**26%**
New clients	34	**79%**	12	**63%**	46	**74%**
Total	**43**	**100%**	**19**	**100%**	**62**	**100%**
Age Groups						
Clients under 30	11	**26%**	1	**5%**	12	**19%**
Clients ages 30 through 49	13	**30%**	7	**37%**	20	**32%**
Clients 50 -64	19	**44%**	11	**58%**	30	**48%**
Total	**43**	**100%**	**19**	**100%**	**62**	**100%**
Disability Types[13]						
Blind / sight impaired	2	**5%**	0	**0%**	2	**3%**
Deaf/ hard of hearing	0	**0%**	1	**5%**	1	**2%**
Developmental / intellectual	14	**33%**	7	**37%**	21	**34%**
Learning disability	0	**0%**	1	**5%**	1	**2%**
Mental illness	6	**14%**	2	**11%**	8	**13%**
Physical / mobility	21	**49%**	8	**42%**	29	**47%**
Total	**43**	**100%**	**19**	**100%**	**62**	**100%**
Facilitation Type						
Independent Facilitator	20	**47%**	9	**47%**	29	**47%**
FCS Worker	22	**51%**	9	**47%**	31	**50%**
MH Worker	0	**0%**	1	**5%**	1	**2%**
Stan Cassidy Centre	1	**2%**	n/a	**n/a**	1	**2%**
Total	**43**	**100%**	**19**	**100%**	**62**	**100%**
Monthly Cost of Services[14]						
< $500	6	**14%**	12	**63%**	18	**29%**
$500 - < $1,000	12	**28%**	2	**11%**	14	**23%**
$1,000 - $2,150	16	**37%**	4	**21%**	20	**32%**
> $2,150	9	**21%**	1	**5%**	10	**16%**
Total	**43**	**100%**	**19**	**100%**	**62**	**100%**

[12] Discrepancies are due to rounding.

[13] Based on disability types in Statistics Canada 2001 Participation and Activity Limitation Survey (PALS) and predominant condition.

[14] This was based on the Departmental cost obtained from the August 2006 NB Families data.

4.0 PERSONALIZED FLEXIBLE SUPPORTS

The consultants attempted to determine whether the services and supports provided to DSP clients were personalized and flexible in nature and whether they led to positive outcomes for the clients. This was done by asking clients and/or their caregivers and their case managers a series of questions about the supports and their outcomes. Since each client's situation is unique, from the disability type and level to age and living situation, it has been very challenging to arrive at a common denominator for measuring outcomes.

4.1 Overall Outcomes for Clients (N=62)

Overall, the vast majority of clients in both regions, including their caregivers and case managers, found that the DSP led to an improvement in their lives. Table 4 shows the quantitative results for these questions. Clients did not answer questions that did not apply to their situation. The sub-sections which follow Table 4 provide examples of positive outcomes mentioned during interviews. Each comment refers to a different person, but the same comment may be applicable to more than one client.

TABLE 4: OVERVIEW OF CLIENT OUTCOMES

	Region 3		Region 4		Both Regions	
	Number	**%**	**Number**	**%**	**Total**	**%**
Improved client's quality of daily life	39/39	100%	18/18	100%	**57/57**	**100%**
Satisfied with changes to plan	12/12	100%	9/10	90%	**21/22**	**95%**
These are the services client wants	37/37	100%	14/17	82%	**51/54**	**94%**
Provided respite for natural supports	14/15	93%	7/8	88%	**21/23**	**91%**
Made progress towards initial goals	33/38	87%	15/18	83%	**48/56**	**86%**
Services meeting client needs	32/37	86%	12/16	75%	**44/53**	**83%**
Case manager says outcomes are positive	20/26	77%	9/10	90%	**29/36**	**81%**
Gave client more independence	30/37	81%	13/17	76%	**43/54**	**80%**
Client/caregiver agree program is flexible regarding supports	22/27	81%	12/16	75%	**34/43**	**79%**
Services are sufficient	30/36	83%	9/17	53%	**39/53**	**74%**
Case manager says supports are flexible	23/36	64%	9/12	75%	**32/48**	**67%**
Enabled client to get out more in community	23/37	62%	10/15	67%	**33/52**	**63%**
No changes made to plan	23/40	59%	4/18	22%	**27/58**	**47%**
Participated in new community activities	18/36	50%	6/16	38%	**24/52**	**46%**
Changes made to plan (increase)	11/40[15]	28%	6/18	33%	**17/58**	**29%**
Changes made to plan (decrease)[16]	3/40	8%	8/18	44%	**11/58**	**19%**

[15] Although some clients reported changes, consultants were unable to determine if this was an increase or a decrease.

[16] A decrease in service occurred, for example, when a client's health improved, or the situation at home improved, or when he/she no longer wanted some of the services.

4.2 Examples of Client Outcomes Region 3 (N=43)

It should be remembered that in Region 3, while many clients live in the Greater Fredericton area, the majority (53%) live in rural communities. Clients, their families and case workers were asked to provide examples of improved quality of life, independence, new community activity, flexibility of supports, and progress toward goals for the client, as well as respite for the client's natural supports. The consultants consider these to be examples of client outcomes. Some examples refer to more than one client.

4.2.1 Comments about improved quality of life for clients

- client has more people to talk with, brightens up when she goes out to young persons' program
- he looks forward to being with others at life skills activities
- she has made friends her own age through community organisation[17]
- "*homemaker is company for me*"
- client is learning sign language
- client able to go back to school; going to post-secondary education
- less isolated; less depressed; more hopeful
- able to stay in home rather than being institutionalized
- client has improved social skills; has purpose in life
- client is more interactive, more engaged
- client has new experiences
- client eats healthier meals
- receives help with errands, chores
- client is happier; has a better attitude
- client can get to her medical appointments now, so spends less time in hospital.

4.2.2 Comments about client independence

- client learns how to cook and clean by watching the homemaker
- client will now go alone to a store or restaurant
- able to work
- more confident; trying to communicate more
- able to get out more
- transportation allows client to travel independently
- client has time away from family caregivers
- client is preparing meals
- learning to care for own needs

4.2.3 Comments about new community activity

- PALS[18] takes her everywhere, they had a Christmas dinner
- goes swimming in Florenceville (with PALS), stayed overnight in a motel
- volunteers at store for job experience

[17] CVCV, Carleton Victoria Community Vocational Board.

[18] Perth Andover Leisure Society.

- goes bowling, to Tim Hortons, to library
- joined Stepping Stones Senior Centre
- participating in organized sports
- going to church
- client goes shopping
- attends adult art classes
- working
- going to the YMCA

4.2.4 Comments about respite for natural supports

- parents can go away when client with his "*buddies*"
- "*we now have a break*"
- client loves respite family
- allows family member to work

4.2.5 Comments about program flexibility

- hours are flexible according to family caregiver's needs
- able to get funding for anger management
- transportation covered to go to the movies
- able to switch homemaker agencies or individual caregivers
- support workers flexible in scheduling
- able to bank hours

4.2.6 Comments about progress towards goals

- client is able to remain independent
- client is getting out more with CVCV to overcome shyness
- client can walk from home to store now
- client in school now
- in wheelchair-adapted home with homemaker services
- client still living in own home
- made some friends
- has a cleaner house
- attended computer classes
- has a job
- is more independent
- attending Camp Rotary
- participating in sports
- Alternate Family Living Arrangement (AFLA) in place
- receives help with meal preparation
- learning computer skills

4.3 Examples of Client Outcomes Region 4 (N=19)

The majority (84%) of clients in this region live in a rural community. The following sub-sections provide examples of perceived improvements to client's lives, as mentioned either by clients, their family or case managers during interviews which used the same questions as for Region 3. Each example refers to a different person.

4.3.1 Comments about improved quality of life for clients

- clients now live in their own apartment and make their own decisions, rather than living with a relative and having someone else decide for them, make meal choices, hosted Christmas for the family
- client has learned to make his own bed, and pick up his clothes
- client now has time to watch a bit of television
- client able to sleep when homemaker is there
- client is happier now, has an interest in life[19]
- has learned to use computer with voice recognition, using keyboard is difficult for her
- client[20] has more energy to play with her children, since homemaker helps with housework
- client has a clean organized apartment to live in, he had been living on the street because his apartment was so disorganized and cluttered he could not live there.

4.3.2 Comments about client independence

- with help of homemaker, client is able to run errands now, she used to lack the energy for errands
- now capable of doing errands independently
- developing self-confidence, due to repeated teaching about hygiene by homemaker
- now calls workshop on his own, talks more with others
- now able to eat on his own, and do other small tasks, without asking parent for help
- able to find his belongings now on his own
- do their own grocery shopping with help of homemaker.

4.3.3 Comments about new community activity

- takes painting lessons, has displayed them in the community[21]
- now attends workshop, goes to store for personal items, used to stay at home
- goes swimming with her children
- sells fundraising tickets with homemaker
- goes shopping with homemaker
- attends community group for social activities and outings.

4.3.4 Comments about respite for natural supports

- caregiver says it is unbelievable, the stress has gone from his family's life
- mother works, and feels at ease when her son is at the workshop.

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[19] Client receiving high level of services, personal attendant care.
[20] Client has a degenerative illness.
[21] Client is intellectually challenged.

4.3.5 Comments about program flexibility

- hours of service were increased
- MH client would not have qualified under LTC, but qualified under DSP
- more hours of service available than under LTC[22].

4.3.6 Comments about progress towards goals

- clients' main goal was to be independent, they are more self-confident, the community says they have changed, they are invited out by people beyond their circle of disabled friends.
- client is still living with a friend, rather than in a special care home, his room is clean
- client is more independent of her parents, visits the psychologist less often for help
- client feels more secure, able to stay at home.
- client is getting rest to improve her health
- client is learning how to use a computer for communication
- client is slowly learning how to look after himself (personal care), he makes an effort to put things away, rather than leaving them on the floor
- client able to be active with her children.

4.4 Personalized and Flexible Supports[23]

One objective of the DSP was to provide personalized flexible supports for qualifying persons with disabilities. The consultants examined the nature of supports provided to the study group of 62 clients, to determine whether they were personalized, and to what extent they showed flexibility. The consultants asked social workers if the same services and flexibility would have been possible under LTC. Interviews with FCS staff, the DSP Coordinators, Supervisors, MH representatives, and the Independent Facilitators provided general insights on personal outcomes and flexibility in the DSP.

4.4.1 Region 3

Personalized

Overall, case managers and other staff stated that the focus when developing plans under DSP was on client needs rather than on a pre-determined list of services, and that this is a person-centred approach. Workers stated that if a reasonable case could be made for the personal service, it was generally approved. Some examples were guitar and swimming lessons, specialized slippers, a computer with specialized software for blind clients, and travel for social outings out of town, especially for chronically depressed clients.

Flexible

Flexibility was found in terms of the broader nature of services provided, including support for community and recreational activities, specific technical aids, and one-time funding opportunities.

[22] Perception of family of client with high needs.
[23] Most of the comments in this section were made by staff.

Workers also mentioned that most service providers (homecare workers and attendants) were flexible in their hours and the services they provided. They also mentioned that there was a greater focus on life skills, whereas in LTC the focus had been more on prevention of deterioration. Apparently, with DSP the clients have more opportunities to receive services provided outside the home. The consultants were told that supporting the client to go out into the community has changed clients' lives for the better.

4.4.2 Region 4

Personalized

Even though workers indicated that they use a person-centred approach and begin with the client's needs, the majority felt that there was no difference between the services available under DSP as compared to services available under LTC. In fact, when looking at the services provided to the 19 Region 4 clients in the study group, the majority were receiving homecare support in the form of assistance with housework, perhaps some personal care, and for some, help with preparing meals. There was some variation in the number of hours, ranging from two hours per week to 50 hours a week for one client with high needs. Most staff reported consulting the LTC manual to guide them in the total hours of service permitted.

It may be argued that the type of home support was personalized for each client, and certainly in one case, the home support worker also acted as a human services counsellor, taking the clients out for shopping, and helping them with food preparation.

A few clients in this group were receiving other more personalized services, such as painting lessons, computer training in the home, a human services counsellor in the home to teach life skills, a lifeline, and transportation to attend activities, particularly for MH clients.

Flexible

While some staff said there was no flexibility in the DSP, others felt there was flexibility. Examples of flexibility mentioned include the ability to request more hours, ability to ask for a counsellor, the fact that some MH clients qualify for supports who would not qualify under LTC, that psychological supports are provided as well as physical supports, and the use of a private service provider on occasion. Some instances were reported of inflexibility, for example services such as foot care that could only be provided if the client was placed in a facility.[24]

4.4.3 Clients receiving over $2,150

In the study group (N=62), there are ten clients (16%) receiving more than $2,150 in payments each month[25]. Of these ten, half have a disability defined as developmental / intellectual (often autism), and the others have a physical disability or mental illness. Six of these clients were previously in LTC, and seven of the ten clients had their facilitation done by the IF.

[24] Foot care is allowed in Region 3. Several Region 3 workers and the DSP Coordinator mentioned foot care as a service that wasn't available in LTC but is available in DSP.
[25] This was based on the Departmental cost obtained from the August 2006 NB Families data.

Clients and their caregivers reported many positive outcomes in addition to basic care. Provision of respite care often provided new experiences and social contacts to clients in this group. Clients were reported as being more social and getting out more. This is often a direct result of one-on-one support provided through DSP. One client was able to stay in her home with 24/7 caregiver supports, providing complete care and companionship. While the case manager identified this as a very positive outcome for the client, she said that the same services might have been provided under LTC. When the client was in LTC, her needs were fewer. In addition to having basic needs met, another client was able to meet new people, have new experiences, learn communication skills, volunteer in the community, and enjoy recreational opportunities. Another young client is getting out in the community, interacting socially with others her age at activities such as cards, potluck meals, and is learning sign language to enable communication.

For some clients with severe physical disabilities, the major benefit was the ability to stay in their own home, since the severity and progressive nature of their disability prevented much community involvement.

In the majority of cases, staff indicated that the services could have been provided within LTC, but that it would have been much more difficult and would have required a case to be made for exceptional circumstances. DSP may facilitate easier access to services. Some social workers suggested that this might save time for staff who work on the intake and assessment, since they would not be required to make a case for exceptional circumstances.

4.5 Client Satisfaction

In Region 3, client satisfaction was very high, with 97% (36/37) of clients and caregivers indicating they were quite satisfied or extremely satisfied with the supports being provided and 80% (28/35)[26] quite satisfied or extremely satisfied with the service of FCS and MH staff. Five people (14%) indicated that they were somewhat or not at all satisfied with the services of FCS personnel. This was due to a perceived lack of contact or responsiveness on the part of staff or the desire for more services.

In Region 4, 72% (13/18) of clients and/or their caregivers were quite or extremely satisfied with their supports and 62% (8/13) were quite or extremely satisfied with the service of FCS and MH staff. However 28% (5/18) were somewhat or not at all satisfied with their supports and 38% (5/13) were somewhat or not at all satisfied with FCS/MH personnel. Several of these clients said they did not receive sufficient services, that FCS personnel do not call or visit or ask how they are doing, and that social workers keep changing. Other clients mentioned that no attention was given to their request for MH services, and that a request for natural medical services was not accepted.

[26] The remainder either did not know or chose not to answer the question.

5.0 INVOLVEMENT OF PERSONS WITH DISABILITIES IN DEVELOPMENT OF THEIR SUPPORT PLANS

Clients and/or their caregivers and case managers were asked about client involvement in developing original case plans, in terms of who decided what was needed, what choices they had, how involved they were, and if not very involved, why. As the consultants found last year in looking at the process, clients and caregivers did not always remember clearly how the plan came about. In part this was due to the fact that more than one year had gone by.

5.1 Region 3

Generally speaking, clients and families felt quite involved in developing the case plans and identifying needed services. Most indicated that others were also involved, such as a facilitator, other health professional, school personnel, or sheltered workshop. A few indicated having choices, often which service provider or agency to use. Other choices mentioned included type of transportation, number of hours of service, type of service, and which community activity.

For those not very involved, reasons for this were that they didn't know what services were available, the client was nervous, the social worker told them what was available, or they followed MH recommendations.

5.2 Region 4

In Region 4, almost all clients and families felt very involved in developing the support plans and changes to supports. One-third indicated having choices, especially for the service provider. One family member was also able to advocate for more than homemaking services, particularly life skills and community outings, all through the same service provider.

The few who reported lesser involvement said it was due to the passivity of the client, although in one case the client felt that the worker did not listen to what she was saying.

6.0 INNOVATION

In order to determine whether there had been innovation[27] in the development and provision of supports to DSP clients, the consultants reviewed client files and interviewed staff to identify areas of innovation. In addition, clients who were formerly in the LTC program and/or their caregivers were asked about innovation in their DSP plans.

6.1 Region 3

Case managers, the DSP coordinator, and the Independent Facilitator mentioned a number of supports they considered to be innovative, although they had occasionally been provided under LTC in exceptional circumstances. These services included:

- anger management counselling
- incontinence supplies
- foot care
- vitamins
- mattress cover
- the opportunity for care outside the home.

About one-third of the case managers cited the application process as being innovative, as did the DSP Coordinator and her supervisor. Both the Portfolio and the ability to focus on what the client needed rather than what services were available were mentioned as being innovative practices. The ability to amortize the cost of services or equipment over a twelve-month period was also seen as innovative, so that monthly costs remained reasonable.

Partnerships with community agencies were mentioned, although it is not clear how many of these were new partnerships resulting from the DSP. Partnerships were identified with groups such as the Canadian Paraplegic Association, Jobs Unlimited, Oromocto Training & Employment Centre (OTEC), service providers such as the Red Cross and Metapra, and the Canadian National Institute for the Blind (CNIB). Some social workers mentioned that parents and families make the community connections.

There were nine clients from the Region 3 group who had been in LTC before entering the DSP. Of these nine, four reported receiving new services that they had not received under LTC, including one-on-one supports, being taken out into the community, and respite care out of the home. One case manager mentioned that a previous LTC client was provided with transportation to computer classes at a local Access centre.

In spite of the above examples clients and staff generally felt that there was not much innovation in the provision and delivery of services. Some social workers mentioned that they did not have

[27] Defined as “a new method or idea”, Canadian Oxford Dictionary 2001.

the time to explore alternative methods of service delivery and new community partnerships. This may explain why the consultants did not find more examples of innovation.

6.2 Region 4

Personnel including the IF mentioned a few examples of what they considered to be innovative services or service delivery. First of all they consider the application tool, the Portfolio, to be innovative because it is very positive and allows for more communication between the worker, the client and his/her family than was the case with the LTC evaluation tool.

Personnel also mentioned the following examples of services they considered to be innovative:

- social integration and life skills training (e.g. cooking) for a young person so that he can live independently of his parents
- personal development courses such as painting or computer lessons
- looking more at the long term especially for young people and considering ways to help them return to school or the labour force
- provision of respite for the family of a client in the terminal phase of an illness in order to enable quality time between the client and his/her family
- medical items
- enabling an intellectually challenged client to live in his/her own home
- transportation to an activity centre.

The loss of partnership with the Extra Mural Program (EMP) for clients under 65 who stayed at home was upsetting for FSC and MH personnel. However other partnerships did emerge in addition to those with the service providers, for example with community centres for integration to the labour force, and community activity centres.

There were seven clients from the Region 4 group who had been in LTC before entering the DSP. Of these seven, three reported receiving new services that they had not received under LTC. These were socialization activities and life skills education for personal development. The remaining four clients were not aware they had previously been an LTC client.

Staff in Region 4 were divided as to whether or not there was innovation in the services provided to their clients. For clients who had homemaking services, they saw no innovation, yet for the clients mentioned above they recognized some innovation.

7.0 INDEPENDENT FACILITATION SERVICES

The DSP was to test the "provision of independent planning facilitation and the use of person-centred approaches to planning and designing disability supports."[28] The consultants interviewed the Independent Facilitators, FCS and MH personnel, clients and their families in order to determine what value an Independent Facilitator (IF) brought to clients' support plans. There were two IFs, one hired in each region. However since the caseload was higher in Region 3 than in Region 4, the Region 4 IF also helped with facilitation in Region 3, in order to have a full-time workload. During the Phase 1 evaluation, it was determined that FCS and MH workers were already using person-centred approaches to planning prior to the DSP pilot project. The DSP built this approach into its process.

7.1 Viewpoint of FCS and MH Personnel

According to the DSP Coordinators, the IF was chosen by approximately 28% of incoming clients in Region 3 and by about 15% in Region 4. In the Upper Saint John River Valley, the DSP Coordinator encourages clients to choose the IF when they do not have a preference for a facilitator, in order to speed up the process. Apparently, since new clients are more familiar with FCS personnel, they will usually choose FCS rather than the IF, and this may create a backlog.

The following table indicates positive and negative opinions about the role of the IF, as indicated by FCS and MH personnel during interviews.

TABLE 5: STAFF COMMENTS ABOUT INDEPENDENT FACILITATOR

Positives	Negatives
Helped with FCS workload, helpful to have her gather the information	Plans not always realistic, some case plans needed to be redone by DSP Coordinator, adds time especially in complex cases
Good for gathering client's history, therapeutic for clients to tell their story	When DSP Coordinator must reduce the IF's plan, creates negative impression of FCS for client
Objective, not focused on budgetary issues, looks at client's needs, often provide more services than would a social worker, due to a more open mind	Not aware of all FCS services and the FCS system, the words needed to get plan approved, slows the process
Creates a strong bond with some clients	Not aware of budget constraints and FCS mindset
Assessment done more quickly and thoroughly	FCS still has to input paperwork for requisitions, IF does not have access to NB Families
Able to focus on facilitation only	Client has difficulty letting go of the IF, may call her after plan is complete, some become dependent on her
Knowledge of PATH	At times becomes too personally involved with client, this leads to unrealistic expectations for social workers
MH has easy access to IF, excellent collaboration between the two	Not available on site in the Department for easy access to consultation with social workers
Provides more choice to the client	Unaware of community services, did not consider unpaid services
	Goals are unrealistic or inappropriate

[28] New Brunswick Disability Support Program Pilot Project, Policy and Procedures Handbook April 2005, Section 1.2.

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7.2 Viewpoint of Independent Facilitators

The Independent Facilitators described their contribution as being the following:

- gives another option for clients who have a negative impression of government
- re-establishes client confidence in government, since this independent option is available
- able to liaise with other agencies more easily, since independent
- able to spend more time with clients since they do not have the huge caseload that FCS and MH workers have, and are not unionized[29]
- able to be good listeners, to allow clients time to tell their story and express their needs, which was therapeutic for clients
- able to design a plan from the client's point of view, rather than from a pre-established menu of services, which is what many social workers do who have worked with LTC
- will defend the client's need before FCS, will advocate for the best plan for the client.

In spite of the fact that they will advocate for the client, it is ultimately FCS that will make the final decision about a client's plan.

7.3 Viewpoint of Clients and their Families

Some clients were unaware that the IF was not a government employee. Among the study group of clients reviewed for this evaluation, 47% had used the services of the IF. All were happy with the plan developed by the IF and said they encountered no later difficulties with FCS due to having used the IF. Clients were asked what benefits they saw in having had their plan developed by the IF. The benefits they saw included:

- she advocated for client
- "*was open-minded, did not have budget in back of mind, not focusing on dollar ceiling"*
- *"neutral, not negative from the beginning*"
- "*she did not follow government's guidelines for hours of service and asked for more hours"*
- "*she listened to me*".

Several clients said they had asked for the IF because they thought they might receive more services than from the FCS worker.

7.4 Viewpoint of Advocacy Groups

It is interesting to note that a representative of the advocacy groups mentioned that it was useful to have the IF present when there was a conflict between the client's goals and those of his/her family, because she is unbiased and can better prepare a plan that meets the client's needs.

[29] Unions currently preventing unpaid overtime.

Another advocacy group representative mentioned that since the IF did not understand the FCS system, she was slow and made mistakes in the planning.

7.5 Cost Implications

The consultants looked at the cost of services in case plans prepared by the IF as compared to those by FCS staff, for the study group of 62, to determine whether or not there was a significant difference in cost. Table 6A below shows the results of this examination for all but one client in Region 3[30] whose data was not available.

TABLE 6A: COST OF SERVICES BY FACILITATION TYPE FOR STUDY GROUP (N=61)

Region	Used Independent Facilitator	Number of clients	Avg. Monthly Payment	Difference between IF and FCS Facil.	% Difference between IF and FCS Facil.	Total Monthly Payments
3	No	21[31]	$1,365.14			$28,667.92
	Yes	21	$1,509.75	+ $ 144.61	**+11%**	$31,704.75
	Region 3	**42**	**$1,437.44**			**$60,372.67**
4	No	10	$ 257.28			$ 2,572.84
	Yes	9	$1,093.88	+ $ 836.60	**+325%**	$ 9,844.89
	Region 4	**19**	**$ 653.56**			**$12,417.73**
Total	No	31	$1,007.77			$31,240.76
	Yes	30	$1,384.99	+ $ 377.22	**+37%**	$41,549.64
	Both Regions	**61**	**$1,193.29**			**$72,790.40**

In Region 3, independently facilitated plans (N=21) showed an additional monthly cost of 11 percent compared with plans facilitated by government staff. While this number appears significant, it is difficult to determine whether this difference was due totally to the use of the IF, or whether the IF just happened to facilitate plans for more complex cases having higher needs.

In Region 4, independently facilitated plans (N=9) showed an additional monthly cost of 325 percent compared with plans facilitated by government staff. Some of this difference may be attributed to the actual cases, but the vast difference in costs may also indicate that the new approach of the DSP was not fully adopted by FCS and MH staff in the region when developing plans. These statistics should be interpreted with a great deal of caution since the sample size of 9 is very small.

A subset of the study group is the thirteen clients who transferred from LTC to DSP and whose case plans were prepared by an Independent Facilitator. The consultants looked at average monthly payments for the last month in LTC and the first month in DSP. This group showed an increase in average monthly payments of approximately 50 percent: $1,110 average monthly payment in LTC as compared to $1,669 under DSP. The number of cases is statistically small

[30] Facilitated by FCS or MH staff.

[31] Data for one client not facilitated independently not included

and must be interpreted with caution. There were only two cases that transferred to DSP and did not use an IF. No conclusions can be drawn from such a small sample.

The consultants also looked at the cost of services in case plans prepared by the Independent Facilitator as compared to those by FCS and MH staff, for 234 DSP clients for the 2006 calendar year, to determine whether or not there was a significant difference in cost. Table 6B below shows the results of this analysis.

TABLE 7B: COST OF SERVICES BY FACILITATION TYPE FOR DSP CLIENTS (N=234)

Region	Used Independent Facilitator	Number of clients	Avg. Monthly Payment	Difference between IF and FCS Facil.	% Difference between IF and FCS Facil.	Total Monthly Payments
3	No	87	$1,155.07			$100,491.51
	Yes	66	$1,445.27	+ $290.20	**+25%**	$ 95,387.90
	Region 3	**153**	**$1,300.17**			**$195,879.41**
4	No	65	$ 339.03			$ 22,036.13
	Yes	16	$ 760.49	+ $421.46	**+124%**	$ 12,167.79
	Region 4	**81**	**$ 422.28**			**$ 34,204.42**
Total	No	152	$ 806.11			$122,528.14
	Yes	82	$1,311.65	+ $383.42	**+47%**	$107,555.69
	Both Regions	**234**	**$ 983.26**			**$203,083.83**

In Region 3, independently facilitated plans (N=66) showed an additional monthly cost of 25 percent compared with plans facilitated by government staff. While this number appears significant, it is difficult to determine whether this difference was due totally to the use of the IF, or whether the IF just happened to facilitate plans for more complex cases having higher needs.

In Region 4, independently facilitated plans (N=16) showed an additional monthly cost of 124 percent compared with plans facilitated by government staff. Some of this difference may be attributed to the actual cases, but the great difference in costs may also indicate that the new approach of the DSP was not fully adopted by FCS staff in the region.

The contract to hire the two Independent Facilitators (approximately $100,000 per year) must also be factored in. However, it is likely that this cost is similar to the cost for hiring an additional two social workers (one for each region) to conduct DSP assessments / facilitations.

Although the actual numbers are different, the trend is the same for both the study group and the larger group of DSP clients during the calendar year 2006. In all instances in both regions, plans developed by the IF cost more than those done by FCS and MH staff. The difference is most marked in Region 4.

7.6 Discussion

Overall, there were many positive comments about the Independent Facilitator. However the consultants cannot say that client outcomes for those who used the IF were any better or worse than for those who used FCS/MH staff when developing their support plan. There was no way to determine whether or not the IF had been instrumental in linking clients to the community. If the cost of plans developed by the IF tended to be higher on average than those of FCS/MH staff, it may simply be that they facilitated for clients with higher needs. The higher cost, in other words, would not necessarily be attributed to the fact that the plan was developed by the IF but to the needs of those particular clients. The consultants were unable to determine whether the funds spent on independent facilitation were more effective than spending the equivalent amount of money on additional FCS staff to conduct facilitations.

8.0 EFFECTIVENESS OF ACCOUNTABILITY MEASURES

The consultants were to review the "effectiveness of accountability measures and mechanisms, including measures to determine outcomes for individuals who have received disability supports."[32] Accountability was built into the DSP by requiring an annual review[33] of the client's outcomes and support plan to determine whether there was still a need for supports, and/or if any changes in supports were required. The consultants asked staff, the client and/or their family or caregiver whether an annual review had been conducted and whether there had been any changes to the plan as a result of the annual review.

8.1 Region 3

Clients were rarely aware of having had an annual review, even when case managers reported having conducted one. Usually the client is not told that this is a formal annual review. The case manager may contact or visit the client to see how he or she is doing and consider this an annual review. If a client contacts a case manager, resulting in a visit or multiple contacts, workers consider this to be an annual review. Most workers are not clear about what should be included in an annual review. Should the entire Portfolio be reviewed? Should he/she conduct a LTC-type assessment similar to an LTC annual review? Should he/she just ask the client how things are going and if there are any problems?

It was reported in Region 3 that some case managers are several years behind in their annual reviews for clients on their caseload. Many have been assigned a large number of new clients and are working with a backlog of reviews. The size and complex nature of caseloads has a significant impact on the ability of social workers to carry out annual reviews in a timely fashion. Limited travel budgets may also impact the ability to conduct annual reviews. Case managers now have to conduct financial reviews on an annual basis as well. In addition, DSP clients are often given a lower priority than clients with imminent health and safety risks. A number of social workers reported that if a client or caregiver hasn't contacted them, they tend to assume that there are no problems and the client is making progress. Others report that if there has been contact with the client during the year an annual review is not required. The value of annual reviews is recognized, but staff often don't have the time to carry them out, resulting in services being renewed without a review.

When reviews do happen, they may be conducted over the phone or in person. In some cases, attempts are made to assess whether clients have made progress toward their goals. Generally, the reviews do not result in changes to the plan, unless a request for changes instigated the review.

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[32] New Brunswick Disability Support Program Pilot Project, Policy and Procedures Handbook April 2005, Section 1.2.

[33] New Brunswick Disability Support Program Pilot Project, Policy and Procedures Handbook, April 2005, Section 9, Review of Disability Support Plan

8.2 Region 4

According to records of the case managers, nine clients from the Region 4 study group (9/19, 47%) had received an annual review of their support plan. They said these reviews generally took place in the client's home, with the family present or in some cases the service provider. As a result of these reviews only one client had changes to her supports (an increase). Since some of the current case managers were not the worker who had conducted the review, they were unable to say much about the nature or results of the review.

Interestingly, the clients and/or caregivers for these clients indicated that they had not had an annual review, and in one case, the family thought there had been a review when in fact the case manager indicated there had been none.

According to the records in NB Families, eight clients had not had an annual review, and one had a revision of his file prior to the annual review date. It appears that in cases where an earlier assessment occurs, the annual review will be scheduled for one year from that assessment. Those who had not had an annual review had been receiving supports for periods of time ranging from one year and three months to one year and six months. Two clients were being regularly followed by MH, but had not had an annual review. FCS advises MH when annual reviews are due. However both MH clients had been receiving supports for over one year but had not had an annual review.

Some clients contact their case manager and in this way workers have some knowledge as to whether or not the clients are progressing towards their goals. However a few clients mentioned that they did not know their social worker's name and that they had tried to call FCS to find out but were unsuccessful.

9.0 IMPACT AND COST EFFECTIVENESS

The consultants also looked at the "impact, effects and cost effectiveness of new approaches for planning and providing disability supports."[34] The first part of this section looks at the impact on personnel, the second part examines unexpected outcomes for clients, and the third part examines the program's cost effectiveness.

9.1 Impact on Personnel

9.1.1 Region 3

The most significant impact on personnel is the increased amount of time it takes or should take to manage DSP cases. Some social workers have found it a challenge to adapt to the DSP thinking, while others have had no difficulty adapting. Many DSP cases are as complicated as Children with Special Needs (CSN) cases and require as much time. Cases tend to be less stable, clients have more needs and their life goals change, so that plans change more frequently than a typical LTC case. Almost all workers reported that DSP clients take or should take significantly more time than LTC clients. In addition, since case managers are not involved in original facilitation and case planning, they require extra time to get to know new clients. Several social workers also mentioned the additional workload to enter data into NB Families, especially for clients whose facilitation was done by the IF or a MH worker.

A number of case managers reported that in some instances there had been no contact at all with a DSP client other than a letter introducing themselves as the new case manager. Region 3 case managers usually have a case load in excess of 150 clients, as compared with 30-40 in CSN and about 25-40 in MH. As pointed out in the section on accountability, annual reviews are often not done in a timely manner, and the case manager often assumes that all is well if the client has made no contact.

While social workers and MH workers are enthusiastic about the concept of the DSP, see the benefits for clients, and want the program to continue, they are very concerned about the lack of human resources to do the job properly. Some workers reported frustration at not being able to properly manage their case load, and one said "*It is not the way I want to treat people (making them wait), I feel incompetent"*. Others mentioned the increased amount of paper and computer work that takes time away from client care.

The DSP also affected workers' morale. Several were concerned that the current DSP population (all those between 19 and 65, living in a home) was inappropriate, and felt that the DSP was most effective for younger clients and those with future goals. They felt that older clients with degenerative conditions could quite often be better served with LTC. They

[34] New Brunswick Disability Support Program Pilot Project, Policy and Procedures Handbook April 2005, Section 1.2.

mentioned that the DSP should include similar clients currently living in special care homes, who could also benefit from education and community involvement supports.

9.1.2 Region 4

Most personnel reacted positively to the DSP, although they did admit it has some imperfections. In Region 4, most case managers said that DSP clients do not require more of their time than do LTC clients. They have case loads in excess of 130 clients, with DSP clients composing between 6% and 33% of their case load.

One concern they have is that DSP clients who are close to 65 must be re-evaluated at 65 using the LTC tool, whose criteria are more severe, and this creates more work for staff, since they cannot apply the information from the DSP evaluation tool to these clients.

Most find the evaluation takes longer to conduct than with the LTC tool, and they are unsure about what services are allowed and who qualifies. This lack of clarity for them slows down their work. In addition, since the Portfolio is not entered in NB Families, a replacement social worker cannot easily access all aspects of client information.

Several workers mentioned that even though it requires more time, they like the new tool because it allows a social evaluation and also demands less computer work. One mentioned that it is good to work with younger people helping them to look ahead and helping them prepare to be independent and have a better quality of life.

Some clients who did not previously qualify under LTC have applied to DSP and this has created an extra workload. In addition, since the EMP is not a partner for the DSP, evaluations for young people who, for example may have been in an accident, have been passed on to FCS. In the past, these evaluations would have been conducted by EMP, so this adds to the FCS workload.

MH workers said they are pleased with the program because it has allowed their clients to qualify for the program and consequently some supports. It also requires less time for their social workers to conduct an evaluation than in the past, since the Portfolio is of a social nature. Previously, MH social workers needed more time to complete the LTC evaluation tool, due to its clinical nature and terminology. Conversely, the new tool requires more time for MH nurses to complete than the LTC evaluation tool.

9.2 Unexpected Client Outcomes

9.2.1 Region 3

There were very few unexpected outcomes from the DSP in Region 3. One case manager mentioned that a client was in a much better frame of mind since her supports had allowed her

to get some time away from her sick husband. (Both were receiving DSP services). Another case manager mentioned a client who, under LTC, would have deteriorated and would have required placement in an institution but whose health improved as a result of the supports under DSP, and she has remained in her own home.

9.2.2 Region 4

In Region 4, staff reported very few unexpected client outcomes. However, in one case it was mentioned that due to the new independence of an intellectually challenged client, he is more verbal, more social, makes decisions and jokes, whereas in the past he was more withdrawn and isolated. He is able to stay alone at times as well. Another client has learned to bake and do housework.

9.3 Financial Analysis

This section of the evaluation has its focus on the financial analysis and cost implications of the pilot program during the period from January 2006 to December 2006. With the assistance of FCS personnel, the consultants were able to access data about service costs for DSP and LTC in order to conduct a financial analysis that attempted to explore the cost effectiveness of DSP.

9.3.1 Data limitations and concerns

The DSP data available is not ideally suited for Cost-Benefit analysis because of the difficulty measuring future benefits and outcomes. However, the data does provide statistical findings from which factual observations may be drawn. These findings emanate from separate data bases which are not totally compatible but do point towards the same observations with a significant degree of certainty.

Ideally the DSP services received by the client group should be measured against desired future benefits that have been identified by the client and the DSP worker. The data available does not have those desired benefits in a format that facilitates measurable quantitative analysis. However, that is not to say that DSP services currently being received by clients do not have future benefits. Employment workshops, alternate living arrangements, transportation, attendant care, etc., can all have positive future benefits that may lead to more positive independent lifestyles for the clients and perhaps future savings for government. The challenge rests with the ability to quantitatively measure these services and outcomes.

9.3.2 Methodology

The data used for this analysis was compiled and summarized from the FCS monthly caseload, payments and requisition reports from DSP and LTC clients[35] in Regions 3 and 4 during the 12-month period January 1, 2006 - December 31, 2006.

The following data sets were developed in order to conduct the financial analysis:

- DSP and LTC payment data for all clients in program over the 12-month period (see Appendix C)
- DSP and LTC requisition data by type of service requested over the 12-month period (see Appendix C)
- DSP and LTC requisition data by categories of service over the 12-month period (see Appendix C)
- payment data for 61[36] DSP clients in the study group who had been in program for at least one year, as of January 31, 2007 (reported in section 7.0 about the Independent Facilitator)
- age distribution of DSP clients and LTC clients as of December 2006 (see Appendix D).

9.3.3 Comparison of requisition and payment data for DSP and LTC

Table 7 on the following page shows the results of analysis for the period from January 1, 2006 through December 31, 2006. A review of the 12-month analysis of payments and requisitions for DSP and LTC clients under age 65 shows that DSP has higher costs than LTC in Region 3 for payments as well as requisitions. A review of the same period in Region 4 shows that DSP has lower costs than LTC for payments and requisitions, a result that bears further investigation.

The cost data for the comparison of DSP and LTC data for the 12-month period shows that in Region 3 DSP has a higher cost of 8% for payments and 7% for requisitions in comparison to LTC. However, in Region 4, payments for DSP services are 42% lower than for LTC, and DSP requisitions are 47% lower than for LTC.

[35] under age 65, not in an institution.
[36] 42 in Region 3, 19 in Region 4.

TABLE 8: LTC AND DSP 12 MONTH ANALYSIS[37], JANUARY 2006 - DECEMBER 2006

	LTC	12 Month Totals 01/06-12/06	
		Region 3	Region 4
	Average Clients per Month	536	246
1	Case Load in Client Months	6,427	2,947
2	# of Client Payments > $0 [CaseLoad]	5,506	2,664
3	Total Payment (Payment Report)	$7,240,060.32	$2,319,105.19
4	# of Requisitions	9,352	5,982
5	Total Requisition in $	$8,182,421.26	$2,676,694.04
6	Average Payment per Client [Line3/Line2]	$1,314.94	$870.53
7	Average Requisition per Client [Line5/Line1]	$1,273.13	$908.28
	DSP	12 Month Totals 01/06-12/06	
		Region 3	Region 4
	Average Clients per Month	108	53
1	Case Load in Client Months	1,300	639
2	# of Client Payments > $0 [CaseLoad]	961	484
3	Total Payment (Payment Report)	$1,364,812.93	$244,845.87
4	# of Requisitions	2,069	986
5	Total Requisition in $	$1,771,507.27	$306,675.85
6	Average Payment per Client [Line3/Line2]	$1,420.20	$505.88
7	Average Requisition per Client [Line5/Line1]	$1,362.70	$479.93
	Average Payment Difference [Pay] DSP- LTC	**+$105.26**	**-$364.66**
	Average Requisition per Client Difference DSP-LTC	**+$89.57**	**-$428.35**
	Average Payment [Pay] %change (DSP-LTC)/LTC	**+8%**	**-42%**
	Average Requisition per Client %change (DSP-LTC)/LTC	**+7%**	**-47%**

9.3.4 DSP costs for study group

The average DSP payment for 61[38] clients in the study group was $1,193.29 per month for the calendar year 2006. The average for the 42 clients in Region 3 was $1,437.44 per month while the average for the 19 clients in Region 4 was $653.56.

For the 16[39] clients in the study group who transferred from LTC to DSP, their average monthly payment increased from $1,490 per month to $1,823. This was calculated by looking at the last month the client was in LTC and the following month when he/she entered DSP. This data is somewhat questionable, as all services for DSP clients were not necessarily registered in their first month in the program.

[37] **Does not include client requisitions having no costs.**
[38] Data was not available for one client.
[39] 9 in Region 3, 7 in Region 4.

9.3.5 Services grouped in broad categories

The services requested under the DSP and LTC programs over the 12-month period were grouped in eight broad categories, as set out in Section 5.2 of the DSP Policy and Procedures Handbook[40]. Tables 8 and 9 below show these broad categories grouped from most requested to least requested service for DSP and LTC, with an analysis of average requisition cost per category over the 12-month period. Tables with more detail per category are located in Appendix C for each program.

TABLE 9: DSP SERVICES BY BROAD CATEGORIES, BY ORDER OF FREQUENCY

DSP services, by frequency, broad categories January 1, 2006 – December 31, 2006						
Service type	**Region 3 # of reqs**	**Region 3 avg cost**	**Region 4 # of reqs**	**Region 4 avg cost**	**Total # of reqs**	**Avg cost overall**
Home worker supports	801	$844.20	476	$431.64	1277	$690.42
Personal supports	601	$841.24	153	$199.74	754	$711.07
Supports for community involvement	281	$1,038.91	103	$0.00[41]	384	$760.24
Respite support	218	$1,122.70	98	$562.10	316	$948.84
Technical aids	171	$194.86	61	$39.20	232	$153.93
Transportation	120	$139.20	93	$141.69	213	$140.29
Life skills training	8	$146.25	0	$0.00	8	$146.25
Other	14	$277.04	0	$0.00	14	$131.61
Total	**2214**	**$800.14**	**984**	**$311.66**	**3198**	**$649.84**

For the most part, average DSP costs per requisition as shown by this data are much lower for every type of service in Region 4 compared to Region 3 except transportation, where costs are similar. Life skills training and “other” supports appear not to have been offered in Region 4. These facts bear closer examination.

[40] New Brunswick Disability Support Program Pilot Project, Policy and Procedures Handbook, April 2005. Section 5.2: Categories of Available Disability Supports.

[41] In Region 4, 103 placements in sheltered workshops are paid from another grant to FCS.

TABLE 10: LTC SERVICES BY BROAD CATEGORIES, BY ORDER OF FREQUENCY

LTC services, by frequency, broad categories January 1, 2006 – December 31, 2006						
Service type	**Region 3 # of reqs**	**Region 3 avg cost**	**Region 4 # of reqs**	**Region 4 avg cost**	**Total # of reqs**	**Avg cost overall**
Home worker supports	2695	$973.59	2011	$836.28	4706	$914.91
Personal supports	3003	$1,100.26	1106	$321.30	4109	$890.59
Supports for community involvement	1430	$552.31	696	$11.24[42]	2126	$375.18
Respite support	1074	$973.87	660	$525.44	1734	$803.19
Transportation	557	$227.43	826	$107.99	1383	$156.10
Technical aids	318	$142.53	576	$105.15	894	$118.44
Life skills training	37	$226.22	0	$0.00	37	$226.22
Other	545	$437.43	312	$0.00	857	$435.94
Total	**9659**	**$847.13**	**6187**	**$432.63**	**15846**	**$685.29**

The average requisition cost per category of service is generally lower for LTC in Region 4 than in Region 3. Some services in Region 4 record a zero cost under LTC because they are paid from other funding sources.

Looking at Tables 8 and 9, the following observations from the requisition data can be made:

- Overall, the average costs of DSP services per requisition are slightly less than for LTC (by $35.45). However some services provided in Region 4 are funded from other sources, and not all services are offered in Region 4. Costs for community involvement, respite and technical aid supports are higher for DSP than for LTC.
- In Region 3, most average costs for DSP services are less than for LTC, except for community involvement supports, respite support, and technical aids, where the DSP average costs are higher than for LTC.
- In Region 4, most average requisition costs for DSP are less than for LTC, with the exception of respite support and transportation, which are slightly higher. Not all services are offered in Region 4.

9.3.6 Most requested services

The distribution of each requested service for DSP and LTC clients < age 65 was also reviewed over the 12-month period, January 1, 2006 to December 31, 2006, to determine the average cost for these services, as well as their frequency. The average costs of the ten most requested services are shown in Tables 10 and 11. Data for all services requested over the 12-month period in both programs is included in Appendix C.

[42] As with DSP, in Region 4 sheltered workshop placements (590) were paid from another grant to FCS.

TABLE 11: DSP TEN MOST REQUESTED SERVICES AND THEIR AVERAGE COST

DSP: Ten Most Requested Services January 1, 2006 – December 31, 2006						
Service	**Region 3, # Requisitions**	**Region 3 Avg Mo $**	**Region 4, # Requisitions**	**Region 4 Avg Mo $**	**Total Requisitions**	**Both Regions Avg Mo $**
Homemaker-Visiting	649	$791.28	476	$431.64	1125	$639.11
Meals On Wheels/Wheels To Meals	142	$211.74	149	$195.28	291	$203.31
Attendant Care - Private	225	$1,065.28	0	$0.00	225	$1,065.28
Parent Aide / Resp.Care / Fam.Support Wker	132	$1,301.33	58	$855.26	190	$1,165.16
Sheltered Employ./ Workshops	65	$1,173.78	103	$0.00	168	$454.15[43]
Homemaker-Visiting-Private	143	$1,118.31	0	$0.00	143	$1,118.31
Life Skills / Self Care-Day Program	139	$1,406.36	0	$0.00	139	$1,406.36
Transportation-Private	45	$253.53	84	$106.32	129	$157.67
Parent Aide/Resp Care/Fam Supp Wker-Private	86	$848.52	40	$137.01	126	$622.65
Home Security Alert	40	$40.53	42	$25.99	82	$33.08

As can be seen in the above table, average requisition costs for the ten most requested services consistently cost less in Region 4 than in Region 3, and in some cases the service has not been requisitioned in Region 4.

[43] There were 109 requisitions in Region 4 at $0.00 factored into the average.

TABLE 12: LTC < 65 TEN MOST REQUESTED SERVICES AND THEIR AVERAGE COST

LTC < 65: Ten Most Requested Services January 1, 2006 – December 31, 2006						
Service	**Region 3, # Requisitions**	**Region 3 Avg Mo $**	**Region 4, # Requisitions**	**Region 4 Avg Mo $**	**Total requisitions**	**Both Regions Avg Mo $**
Homemaker-Visiting	1853	$912.90	1987	$834.90	3840	$872.54
Sheltered Employ./Workshops	933	$385.44	590	$0.08[44]	1523	$236.15
Alternate Family Living Arrangement	1172	$1,313.28	156	$676.24	1328	$1238.45
Meals On Wheels/Wheels To Meals	406	$205.13	820	$201.20	1226	$202.50
Transportation-Private	287	$163.09	787	$108.07	1074	$122.77
Parent Aide/Resp.Care/Fam.Support Wker	713	$1,236.11	288	$544.18	1001	$1,037.03
Homemaker-Visiting-Private	837	$1,109.36	24	$950.00	861	$1,104.92
Parent Aide/Resp Care/Fam Supp Wker-Private	361	$455.94	372	$510.93	733	$483.85
Attendant Care - Private	440	$1,576.40	104	$711.09	544	$1,410.97
Attendant Care	498	$1,333.04	0	$0.00	498	$1,333.04

The most frequently requested services in DSP are the same as in LTC with two exceptions:

- in DSP, Life Skills / Self Care-Day Program and Home Security Alerts were among the ten most requested services;
- in LTC, these services were replaced with Alternate Family Living Arrangement and Attendant Care.

For the eight other services most frequently requested in both programs, average DSP requisition costs were higher than in LTC except for two services: Homemaker – Visiting and Attendant Care Private.

9.3.7 Demographic implications

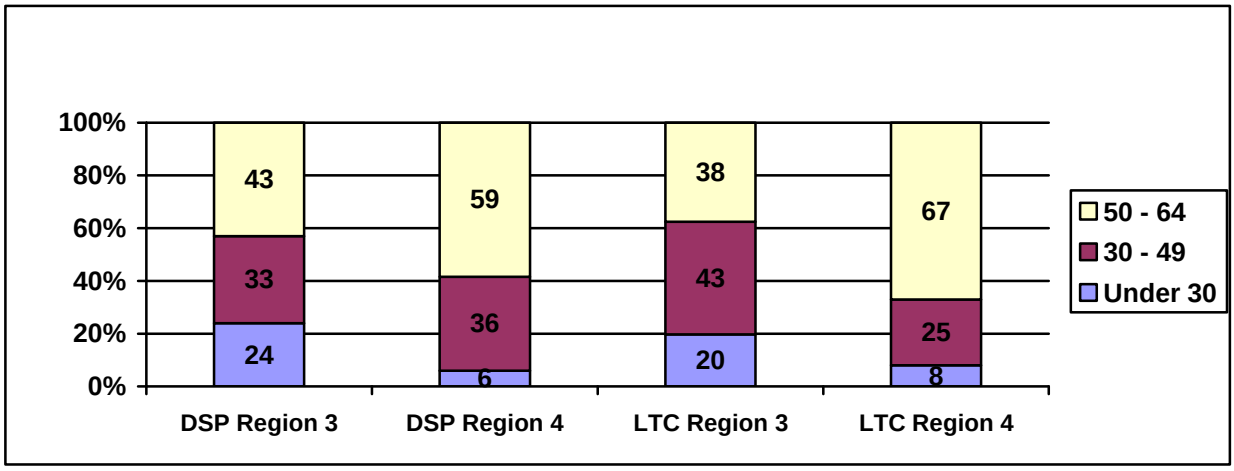
A review of the age distribution of DSP and LTC clients in Regions 3 and 4 provided an interesting observation. The findings are summarized in Table 12 and illustrated in the chart following Table 12. Region 4 has a larger proportion of older clients than Region 3. This may account for some of the difference in service costs between the regions since younger clients would tend to use more services such as life skills training and community activity. A complete analysis of age distribution is located in Appendix D.

[44] 590 placements in sheltered workshops are funded in Region 4 from another Departmental source.

TABLE 13: AGE DISTRIBUTION OF DSP AND LTC CLIENTS BY REGION, DECEMBER 2006

Age as of December 2006	Region 3 DSP	Region 4 DSP	Region 3 LTC	Region 4 LTC
Under 30	24%	6%	20%	8%
30 – 49	33%	36%	43%	25%
50 – 64	43%	59%	38%	67%

FIGURE 1: AGE DISTRIBUTION OF DSP AND LTC CLIENTS AS OF DECEMBER 2006



9.3.8 Discussion of financial implications

Does DSP cost more than LTC?

By means of the financial analysis of services provided in the preceding sections, the consultants have been able to arrive at several conclusions about financial implications for the DSP. It is important to note that Regions 3 and 4 have a significant disparity in their costs. Some of this may be due to an older clientele in Region 4 that requires fewer services, or due to fewer available services in Region 4, or due to other factors such as continuing to apply LTC guidelines when developing case plans.

It is the consultants' opinion that in order to arrive at a conservative estimate of real program costs, it is best to look at Region 3 costs, without factoring in Region 4 costs. It would be hoped that eventually in Region 4, the same services would be available as in Region 3. Based on the information that is shown in Table 7, and based on Region 3 information over a 12-month period, it appears that the DSP costs slightly more than LTC, approximately 8% more.

Does DSP deliver more /the same/ fewer services than LTC?

The qualitative review of the 62 clients in the study group indicates that DSP delivers more services to clients. Although the data in Appendix C lists 37 different services provided in DSP as compared with 41 services in LTC, it is clear that these services cover a broader range under DSP. In addition, the services may be provided for more hours per month. The consultants are

comfortable that the additional costs of the DSP pilot purchased additional goods and services for clients.

Are there additional cost implications that can be expected from the DSP client demographics (different than LTC) with reference to long range forecasts?

DSP may be attractive to a younger client group than was the case for LTC. This shift in client demographics will result in requisitions for new and increased levels of service for DSP clients. Younger DSP clients and their families may also be more vocal in expressing their service needs.

What would a Provincial DSP cost?

Based on the 2006 payment data[45], it is estimated that a reliable cost estimator per client would be $1,400 per month. This is based on the average payment per DSP client in Region 3, as shown in Table 7. Since the current provincial caseload of DSP and LTC clients under age 65 is 3,000 clients, this represents a total service budget envelope of $4.2M. This would be an increase of approximately $381K from the existing LTC budget.

Do cases facilitated by an Independent Facilitator cost more than cases facilitated by FCS /MH staff?

Plans developed by Independent Facilitators cost on average 37% more for clients in the study group (N=61) and 47% more for all DSP clients receiving supports between January 1, 2006 and December 31, 2006 (N=234). However, other factors such as client needs may account for this increase. The difference in cost cannot be attributed to the fact that plans were developed by an IF.

[45] See Table 7, also Appendix C.

10.0 COMMENTS OF PROVINCIAL ADVOCACY GROUPS

Seven advocacy groups responded to the consultants' request for insights into their clients' perception of the DSP. Most advocacy groups were very familiar with the program. However, several did not know whether or not their clients had used DSP, or said very few of their clients had used the program.

Most had heard from a few clients who had applied to DSP, although the numbers were small. Generally the comments were positive, but two representatives mentioned that the clients had found the process to be long and time consuming.

Representatives mentioned that the DSP's individualized approach to planning was appreciated, as well as access to more flexible services and a wider variety of services than in the past, particularly in Region 3. As one respondent said, "*clients can access what they need rather than what is on the program."* However, another respondent said that in Region 4 there appears to be less flexibility in support plans than in Region 3, because the LTC criteria are still being applied when designing DSP support plans there.

Another respondent mentioned that in the past under LTC, clients were given no choice of services and instead the social worker would tell them what services they needed. The new personalized and client-centred approach is preferred by advocacy groups. As one respondent said, "*it is a much more developmental approach as opposed to a custodial approach, particularly for younger adults."*

Representatives were able to provide a few examples of new community involvement for clients who were in the DSP. These included:

- volunteering activities
- attending the gym and swimming classes
- pre-employment training
- academic training
- living independently
- work placements in the community
- transportation to activities.

The comments of advocacy group representatives validated in a general way the comments heard from clients, personnel and the Independent Facilitators.

11.0 CONCLUSIONS

The following conclusions have been drawn by the consultants as a result of analyzing data, comments from all persons interviewed, and available information about program costs. They are grouped by each program aspect that was to be evaluated in Phase 2. The consultants wish to point out that it was sometimes difficult to extract basic data from NB Families in order to evaluate the DSP.

11.1 Personalized Flexible Supports

The consultants heard that the DSP is a good program, one that staff, clients and their families want to see continued. All clients reported an improved quality of life due to the supports they receive under DSP. Close to two-thirds reported being able to get out more in the community due to these supports and nearly one-half reported taking part in new community activities. The majority of clients (86%) made progress towards their goals.

The DSP provides services to persons with a very wide range of disabilities. As a result, some clients interviewed, usually due to their age and/or physical condition, needed only basic home-making or personal care services to achieve their goals and experience an improved quality of life. Getting out into the community was not a realistic expectation for all clients. The goals for each client are extremely individualized. This issue was raised by the DSP coordinator, her supervisor, and many case managers in Region 3, who felt that some version of a program similar to LTC might be more efficient and effective for certain clients.

While Region 3 support plans appear to be personalized and provide for many new services, those in Region 4 are much less so. Staff in Region 4 for the most part said that they consult the LTC guidelines when designing support plans. As a result the majority of plans provide the same types of services and number of hours of service as in LTC. Some staff are struggling with the design of services that are not as clearly described as they are in the LTC guidelines. This may be due to a combination of managerial directives and the availability of fewer services in the region. For example, there does not appear to be an organization or service provider in Region 4 that organizes group activities and social outings for persons who might be DSP clients, since no mention was made of linking clients to such services. Clients in the rural areas of Region 3 appeared to receive more transportation outside their community, more life skills training, and more medically related supports than they did in Region 4.

There appeared to be some flexibility in providing supports but again, there was more evidence of flexibility in Region 3 than in Region 4. In Region 3, it is the consultants' perception that if the worker or IF could provide a good argument for the supports and show how the client's life would be improved, the support was usually approved. When clients and caregivers were asked about flexibility, they generally interpreted flexibility in terms of their service provider's hours of service or being able to choose the person who provided the service.

11.2 Involvement of Clients in Development of Support Plans

Clients and their families were definitely more involved in the development of their support plans in DSP than they had been in LTC. However, the consultants noted that in cases where clients were unable to express their wants and did not have a family member who could be a strong advocate for them, their support plans were minimal, and did not necessarily address a broader range of supports such as life skills training.

11.3 Innovation

Innovation is simply defined as "a new method or idea"[46]. The consultants did not observe a huge number of examples of innovation in client support plans. However, there was obviously an attempt made in both regions to provide new services to clients. Some examples include computer training in the home for a housebound client, painting lessons for an intellectually challenged client, and computers with specialized software for visually impaired clients.

A few new partnerships were developed with community organizations such as the CNIB and recreation centres. One bank provided client services free of charge to an intellectually challenged DSP client.

An important innovation was the use of the Portfolio to develop client's support plans. FCS staff often mentioned this tool as being innovative.

11.4 Independent Facilitation

Based on the comments of all persons interviewed, the consultants were able to consider the strengths and weaknesses of the IF's role. They are indicated in the following table. The consultants are divided on the overall effectiveness and value of the Independent Facilitator. While the main value of the IF is the ability to bring an external perspective to developing a support plan, unencumbered by familiarity with LTC guidelines, this is counter-valued by the fact that FCS must review all plans and may spend extra time re-working an IF plan so that it meets FCS guidelines.

TABLE 14: CONSULTANTS' VIEW OF INDEPENDENT FACILITATOR ROLE

Strengths	Weaknesses
Provides alternate experience for applicants who may have had a previous negative experience with government	Unable to access NB Families, creating extra work for FCS staff
Able to spend more time with client	Not aware of FCS policies and policy changes, procedures, and constraints that would affect client plans, since works outside FCS
Has a single focus on facilitation	Lacks in-depth knowledge of social work skills, requires extra time to learn some basics in this field
Client centred, does not work from LTC guidelines	At times develops unrealistic plans, creating extra workload for FCS staff
Brings an open mind to the planning process, unencumbered by LTC policies	In spite of advocacy for client, FCS makes final decisions about plan
Has specialized knowledge of other planning methods such as PATH	Because independent, is isolated in terms of support.

[46] Canadian Oxford Dictionary, 2001.

Actual costs for having Independent Facilitators are roughly equivalent to two additional social workers. Plans developed using the IF tended to be more costly in both regions, but primarily in Region 4. The consultants were unable to conclude that the IF is a more costly option. It was suggested by FCS staff that if the IF option is retained, their expertise in PATH and similar techniques could be used specifically for clients able to benefit from this type of life planning.

11.5 Accountability Measures

The majority of Annual Reviews have not been conducted, due to the heavy caseload of case managers. DSP clients are generally at the bottom of the priority list when it comes to case management. This is especially true in Region 3. Workers do not have clear guidelines that explain how to conduct a DSP Annual Review. They are uncertain as to whether the DSP facilitation process, a new process, or a process similar to a functional assessment for LTC should be used.

11.6 Impact

Social workers and MH staff are very positive about the DSP. They like to work with the new approach using the Portfolio, but they are overwhelmed with workload.

- The reorganization of their work environment (front-end integration in both regions, and a requirement to conduct financial assessments in Region 3) has led to an increased workload for them, and they do not know their clients as they did when they conducted both evaluations and case management. Inadvertently these changes have impacted their work with DSP.
- In addition, they have lost EMP as a partner. They now do evaluations for clients age 19-64 that were formerly conducted by EMP personnel.
- The fact that the Portfolio is not entered in NB Families has also made access to information more difficult and time-consuming when case managers change.

Overall, client satisfaction with the DSP is high, and MH clients are eligible for supports, whereas they would not have been eligible under LTC. MH workers are very pleased with this outcome for their clients.

11.7 Financial Implications

Given the significant disparity in costs per client in the two regions, the Department will need to investigate further the reasons for this disparity before deciding whether to expand the current pilot project. The consultants believe that Region 3 payment data is the best predictor of costs and would be the best conservative estimate for a provincial rollout of the program.

12.0 RECOMMENDATIONS

1. Provide training for current FCS and MH staff, including social workers and senior management and IF (if continued), about the philosophy behind the DSP. Provide additional training for workers about the specific aspects of the process with which they are involved, for example the Annual Review for case managers.

2. Make the process more flexible and person-centred for clients between the ages of 19 and 64, by allowing the applicant in conjunction with the intake and assessment workers to determine whether each client's needs are more suited to the LTC evaluation process or the DSP process. For example, a client in her early sixties in the final stages of a degenerative condition who needs only basic home-making services might be better served by the LTC process.

3. Explore the implications of opening the DSP to clients under the age of 65 who may be in a nursing or special care home but have goals and the potential to benefit from the DSP.

4. Standardize the scope of services available in all regions.

5. Ensure that all staff in every region are looking at the full range of needs that DSP was intended to address.

6. If the role of the IF is to continue, provide training about FCS policies and guidelines and community resources to the IF, in order to reduce necessity for DSP Coordinators to rework IF's plans. Ensure that communication pathways at all levels are open between FCS, IFs, and their agency.

7. Where appropriate, develop a transition plan for those clients who turn 65 and who are receiving services under the DSP Pilot.

8. Develop a transition plan for all DSP clients if the DSP does not continue.

9. Address accountability by developing a process for Annual Reviews and train case managers on how to do this. Identify intended outcome measures for individual clients at each review.

10. Clearly identify intended program outcomes in order to facilitate any future program evaluations.

11. Provide formal processes that will enable intake and assessment workers (front end) to communicate with case managers (back end). Front end workers do not know the result of their work. The back end workers are not always aware of either reasons for supports or client information that is not recorded in NB Families.

12. Develop a plan to address the human resource shortfall that is causing backlogs in intakes, reviews, and general client care. Ensure that human resources are available before expanding the DSP.

13. Work to regain the partnership of EMP in conducting the evaluations for clients under their care, since this will improve access to services for clients.

14. To assist with innovation and the development of community activities and networks for persons with disabilities, the consultants suggest that the intended regional citizen advisory committees be established. Such committees could be given the mandate to move forward on community development initiatives, including transportation for the disabled. It may be appropriate to begin with a provincial advisory committee, prior to establishing regional committees.

15. The Department should examine in detail the variations in DSP and LTC average monthly costs between Region 3 and Region 4 in order to gain an understanding of the reasons for this difference.

16. FCS should consider carrying out an annual review of a sample of DSP and LTC clients to quantitatively measure[47] intended program results against actual program outcomes. This annual research activity would provide an excellent database for cost benefit analysis.

[47] By looking at the costs saved by keeping clients out of institutional placements.

APPENDIX A: DOCUMENTS CONSULTED TO DEVELOP INTERVIEW GUIDES

Formative Evaluation: PEI Disability Support Program. Prepared by Baker Consulting for the PEI Department of Health and Social Services. http://www.gov.pe.ca/hss/peidsp/

PEI Disability Support Program: Telephone Survey

Outcome Indicators. Quality Leaders Network. http://www./oebigink.com/qnet/outc_older .

Creating Excellence Together: The Certification Standards of The Alberta Association of Rehabilitation Centres

Personal Outcome Measures Accreditation Ontario
http://www.accreditationontario.com/PersonalOutcomes.htm

Community Integration questionnaire (CIQ)

APPENDIX B: STAFF AND CLIENTS INTERVIEWED

	Region 3	Region 4	Total
Independent Facilitators	1	1	2
FCS case managers	17	4	21
Other FCS staff *	3	5	8
Mental health workers	6	3	9
Clients / caregivers	43	17	60
Total	**70**	**30**	**100**

* DSP Coordinator, supervisory staff

APPENDIX C: FINANCIAL ANALYSIS TABLES

C1: DSP Requisitions by Service Requisitioned

C2: LTC Requisitions by Service Requisitioned

C3: DSP 12 Months by Category

C4: LTC 12 Requisitions by Category

Appendix C1: DSP Requisitions by Service Requisitioned

DSP 12 Months (January 2006 – December 2006) Requisitions by Service Requisitioned

For the 12 Months of Jan 2006 to Dec 2006	Region 3					Region 4					Summary				
Service Types	**#**	**%**	**Total cost**	**%**	**Avg. cost**	**#**	**%**	**Total cost**	**%**	**Ave. cost**	**#**	**%**	**Total cost**	**%**	**Avg. cost**
Homemaker-Visiting	649	29.3%	$513,538.57	29.0%	$791.28	476	93.7%	$205,461.28	67.0%	$431.64	1125	35.2%	$718,999.85	34.6%	$639.11
Meals On Wheels/ Wheels To Meals	142	6.4%	$30,067.43	1.7%	$211.74	149	29.3%	$29,096.78	9.5%	$195.28	291	9.1%	$59,164.21	2.8%	$203.31
Attendant Care - Private	225	10.2%	$239,688.75	13.5%	$1,065.28		0.0%		0.0%		225	7.0%	$239,688.75	11.5%	$1,065.28
Parent Aide/Resp.Care/Fam.Support Wker	132	6.0%	$171,775.92	9.7%	$1,301.33	58	11.4%	$49,605.18	16.2%	$855.26	190	5.9%	$221,381.10	10.7%	$1,165.16
Sheltered Employ./Workshops	65	2.9%	$76,295.62	4.3%	$1,173.78	103	20.3%		0.0%		168	5.3%	$76,295.62	3.7%	$454.14
Homemaker-Visiting-Private	143	6.5%	$159,918.80	9.0%	$1,118.31		0.0%		0.0%		143	4.5%	$159,918.80	7.7%	$1,118.31
Life Skills/Self Care-Day Program	139	6.3%	$195,484.22	11.0%	$1,406.36		0.0%		0.0%		139	4.3%	$195,484.22	9.4%	$1,406.36
Transportation-Private	45	2.0%	$11,408.65	0.6%	$253.53	84	16.5%	$8,930.88	2.9%	$106.32	129	4.0%	$20,339.53	1.0%	$157.67
Parent Aide/Resp Care/Fam Supp Wker-Private	86	3.9%	$72,973.09	4.1%	$848.52	40	7.9%	$5,480.53	1.8%	$137.01	126	3.9%	$78,453.62	3.8%	$622.65
Home Security Alert	40	1.8%	$1,621.01	0.1%	$40.53	42	8.3%	$1,091.70	0.4%	$25.99	82	2.6%	$2,712.71	0.1%	$33.08
Alternate Fam Living Arrangement	74	3.3%	$122,991.69	6.9%	$1,662.05	4	0.8%	$1,464.00	0.5%	$366.00	78	2.4%	$124,455.69	6.0%	$1,595.59
Attendant Care	69	3.1%	$97,701.75	5.5%	$1,415.97		0.0%		0.0%		69	2.2%	$97,701.75	4.7%	$1,415.97
Wheelchair Transp/Hydraulic Lift	59	2.7%	$5,443.29	0.3%	$92.26		0.0%		0.0%		59	1.8%	$5,443.29	0.3%	$92.26
Equip./Health Supply/Assistance	48	2.2%	$19,289.98	1.1%	$401.87	10	2.0%	$350.00	0.1%	$35.00	58	1.8%	$19,639.98	0.9%	$338.62
Camping-Disabled/Spec. Groups	54	2.4%	$6,500.00	0.4%	$120.37		0.0%		0.0%		54	1.7%	$6,500.00	0.3%	$120.37
Transportation-Public	44	2.0%	$1,853.00	0.1%	$42.11		0.0%		0.0%		44	1.4%	$1,853.00	0.1%	$42.11
Taxi	31	1.4%	$3,442.39	0.2%	$111.04	9	1.8%	$4,246.29	1.4%	$471.81	40	1.3%	$7,688.68	0.4%	$192.22
Personal Care	37	1.7%	$2,580.00	0.1%	$69.73		0.0%		0.0%		37	1.2%	$2,580.00	0.1%	$69.73
Adult Sitter	29	1.3%	$9,187.00	0.5%	$316.79		0.0%		0.0%		29	0.9%	$9,187.00	0.4%	$316.79
Sundry (Personal Items)	15	0.7%	$6,246.66	0.4%	$416.44	9	1.8%	$949.21	0.3%	$105.47	24	0.8%	$7,195.87	0.3%	$299.83
Trusteeship-Estate	21	0.9%	$1,958.67	0.1%	$93.27		0.0%		0.0%		21	0.7%	$1,958.67	0.1%	$93.27

For the 12 Months of Jan 2006 to Dec 2006	Region 3					Region 4					Summary				
Service Types	**#**	**%**	**Total cost**	**%**	**Avg. cost**	**#**	**%**	**Total cost**	**%**	**Ave. cost**	**#**	**%**	**Total cost**	**%**	**Avg. cost**
Interv./Supp Serv-Spec Health Groups	19	0.9%	$13,377.58	0.8%	$704.08		0.0%		0.0%		19	0.6%	$13,377.58	0.6%	$704.08
Homemaker-Teaching	9	0.4%	$2,745.25	0.2%	$305.03		0.0%		0.0%		9	0.3%	$2,745.25	0.1%	$305.03
Family/Individual Counselling	8	0.4%	$1,170.00	0.1%	$146.25		0.0%		0.0%		8	0.3%	$1,170.00	0.1%	$146.25
Medical Items	7	0.3%	$560.00	0.0%	$80.00		0.0%		0.0%		7	0.2%	$560.00	0.0%	$80.00
Physiotherapy	6	0.3%	$942.21	0.1%	$157.04		0.0%		0.0%		6	0.2%	$942.21	0.0%	$157.04
Sex Education/Counselling	5	0.2%	$600.00	0.0%	$120.00		0.0%		0.0%		5	0.2%	$600.00	0.0%	$120.00
Home Health Care/Supervision	4	0.2%	$1,410.40	0.1%	$352.60		0.0%		0.0%		4	0.1%	$1,410.40	0.1%	$352.60
Reg. Leisure/Cultural Activities	4	0.2%	$275.00	0.0%	$68.75		0.0%		0.0%		4	0.1%	$275.00	0.0%	$68.75
Assistance-Medical Travel	3	0.1%	$300.34	0.0%	$100.11		0.0%		0.0%		3	0.1%	$300.34	0.0%	$100.11
Medical Service	2	0.1%	$160.00	0.0%	$80.00		0.0%		0.0%		2	0.1%	$160.00	0.0%	$80.00
Day Centre-Adult		0.0%		0.0%			0.0%		0.0%		0	0.0%		0.0%	
Housekeeping - Private		0.0%		0.0%			0.0%		0.0%		0	0.0%		0.0%	
Nursing Home/Relief Care Bed-Seniors/Adults		0.0%		0.0%			0.0%		0.0%		0	0.0%		0.0%	
Personal Supports		0.0%		0.0%			0.0%		0.0%		0	0.0%		0.0%	
Social Activities-Spec.Groups		0.0%		0.0%			0.0%		0.0%		0	0.0%		0.0%	
Transport. Standard. Regulation		0.0%		0.0%			0.0%		0.0%		0	0.0%		0.0%	
Total	**2,214**	**100%**	**$1,771,507.27**	**100%**	**$800.14**	**508**	**194%**	**$306,675..85**	**100%**	**$603.69**	**3,198**	**100%**	**$2,078,183.12**	**100%**	**$649.84**

* includes Client Requisitions without cost

Appendix C2: LTC Requisitions by Service Requisitioned

LTC Requisitions by Service Requisitioned

For the 12 Months of Jan 2006 to Dec 2006	Region 3					Region 4					Summary				
Service Types	**#**	**%**	**Total cost**	**%**	**Avg. cost**	**#**	**%**	**Total cost**	**%**	**Ave. cost**	**#**	**%**	**Total cost**	**%**	**Avg. cost**
Homemaker-Visiting	1853	19.2%	$1,691,605.76	20.3%	$912.90	1987	32.1%	$1,658,955.24	62.0%	$834.90	3840	24.2%	$3,350,561.00	30.9%	$872.54
Sheltered Employ ./Workshops	933	9.7%	$359,613.12	0.0%	$385.44	590	9.5%	$46.00	0.0%	$0.08	1523	9.6%	$359,659.12	3.3%	$236.15
Alternate Fam Living Arrangement	1172	12.1%	$1,539,168.37	1.3%	$1,313.28	156	2.5%	$105,493.71	3.9%	$676.24	1328	8.4%	$1,644,662.08	15.1%	$1,238.45
Meals On Wheels/Wheels To Meals	406	4.2%	$83,281.35	2.0%	$205.13	820	13.3%	$164,984.55	6.2%	$201.20	1226	7.7%	$248,265.90	2.3%	$202.50
Transportation-Private	287	3.0%	$46,805.42	1.0%	$163.09	787	12.7%	$85,051.86	3.2%	$108.07	1074	6.8%	$131,857.28	1.2%	$122.77
Parent Aide/Resp.Care/ Fam.Support Wker	713	7.4%	$881,345.99	1.9%	$1,236.11	288	4.7%	$156,723.20	5.9%	$544.18	1001	6.3%	$1,038,069.19	9.6%	$1,037.03
Homemaker-Visiting-Private	837	8.7%	$928,537.65	0.3%	$1,109.36	24	0.4%	$22,799.88	0.9%	$950.00	861	5.4%	$951,337.53	8.8%	$1,104.92
Parent Aide/Resp Care/Fam Supp Wker-Private	361	3.7%	$164,595.42	2.3%	$455.94	372	6.0%	$190,064.65	7.1%	$510.93	733	4.6%	$354,660.07	3.3%	$483.85
Attendant Care - Private	440	4.6%	$693,615.43	0.9%	$1,576.40	104	1.7%	$73,953.05	2.8%	$711.09	544	3.4%	$767,568.48	7.1%	$1,410.97
Attendant Care	498	5.2%	$663,855.85	0.0%	$1,333.04		0.0%		0.0%		498	3.1%	$663,855.85	6.1%	$1,333.04
Life Skills/Self Care-Day Program	355	3.7%	$381,238.96	0.0%	$1,073.91	11	0.2%		0.0%		366	2.3%	$381,238.96	3.5%	$1,041.64
Adult Sitter	303	3.1%	$191,748.41	0.1%	$632.83	26	0.4%	$10,926.05	0.4%	$420.23	329	2.1%	$202,674.46	1.9%	$616.03
Home Security Alert	7	0.1%	$289.80	0.2%	$41.40	278	4.5%	$12,524.41	0.5%	$45.05	285	1.8%	$12,814.21	0.1%	$44.96
Equip./Health Supply/Assistance	2	0.0%	$265.62	0.5%	$132.81	274	4.4%	$44,404.21	1.7%	$162.06	276	1.7%	$44,669.83	0.4%	$161.85
Taxi	218	2.3%	$75,501.99	0.1%	$346.34	39	0.6%	$4,150.72	0.2%	$106.43	257	1.6%	$79,652.71	0.7%	$309.93
Housekeeping - Private	209	2.2%	$221,096.97	0.5%	$1,057.88	47	0.8%	$39,331.02	1.5%	$836.83	256	1.6%	$260,427.99	2.4%	$1,017.30
Nursing Home/Relief Care Bed-Seniors/Adults	5	0.1%	$1,048.65	1.1%	$209.73	223	3.6%	$91,909.64	3.4%	$412.15	228	1.4%	$92,958.29	0.9%	$407.71
Health Card Benefit	189	2.0%		0.0%		24	0.4%		0.0%		213	1.3%		0.0%	
Wheelchair Transp/Hydraulic Lift	212	2.2%	$33,745.64	0.0%	$159.18		0.0%		0.0%		212	1.3%	$33,745.64	0.3%	$159.18
Personal Care	142	1.5%	$64,258.72	0.0%	$452.53		0.0%		0.0%		142	0.9%	$64,258.72	0.6%	$452.53

For the 12 Months of Jan 2006 to Dec 2006	Region 3					Region 4					Summary				
Service Types	**#**	**%**	**Total cost**	**%**	**Avg. cost**	**#**	**%**	**Total cost**	**%**	**Ave. cost**	**#**	**%**	**Total cost**	**%**	**Avg. cost**
Camping-Disabled/Spec. Groups	108	1.1%	$22,050.00	0.1%	$204.17	8	0.1%	$4,518.80	0.2%	$564.85	116	0.7%	$26,568.80	0.2%	$229.04
Reg. Leisure/ Cultural Activities	13	0.1%	$1,892.00	0.0%	$145.54	68	1.1%	$2,522.05	0.1%	$37.09	81	0.5%	$4,414.05	0.0%	$54.49
Medical Items	61	0.6%	$7,782.00	0.0%	$127.57		0.0%		0.0%		61	0.4%	$7,782.00	0.1%	$127.57
Sundry (Personal Items)	36	0.4%	$3,242.07	0.0%	$90.06	23	0.4%	$3,339.00	0.1%	$145.17	59	0.4%	$6,581.07	0.1%	$111.54
Transportation-Public	52	0.5%	$4,372.30	0.0%	$84.08		0.0%		0.0%		52	0.3%	$4,372.30	0.0%	$84.08
Transport. Standard. Regulation	51	0.5%	$1,094.18	0.0%	$21.45		0.0%		0.0%		51	0.3%	$1,094.18	0.0%	$21.45
Interv./Supp Serv-Spec Health Groups	21	0.2%	$25,010.26	0.0%	$1,190.96	19	0.3%	$736.48	0.0%	$38.76	40	0.3%	$25,746.74	0.2%	$643.67
Day Centre-Adult	39	0.4%	$1,276.80	0.0%	$32.74		0.0%		0.0%		39	0.2%	$1,276.80	0.0%	$32.74
Home Health Care/Supervision	39	0.4%	$68,059.76	0.0%	$1,745.12		0.0%		0.0%		39	0.2%	$68,059.76	0.6%	$1,745.12
Family/Individual Counselling	37	0.4%	$8,370.00	0.0%	$226.22		0.0%		0.0%		37	0.2%	$8,370.00	0.1%	$226.22
Social Activities-Spec.Groups		0.0%		0.0%		16	0.3%	$2,480.00	0.1%	$155.00	16	0.1%	$2,480.00	0.0%	$155.00
Assist. - Prescroption Drugs	13	0.1%	$1,814.40	0.0%	$139.57		0.0%		0.0%		13	0.1%	$1,814.40	0.0%	$139.57
Volunteer Transportation	12	0.1%		0.0%			0.0%		0.0%		12	0.1%		0.0%	
Ment. Health Assess/Intervention	11	0.1%	$6,050.00	0.0%	$550.00		0.0%		0.0%		11	0.1%	$6,050.00	0.1%	$550.00
Assistance-Medical Travel	10	0.1%	$400.00	0.0%	$40.00		0.0%		0.0%		10	0.1%	$400.00	0.0%	$40.00
CPRF Home-Adult	4	0.0%	$5,417.32	0.0%	$1,354.33	2	0.0%	$1,483.52	0.1%	$741.76	6	0.0%	$6,900.84	0.1%	$1,150.14
Homemaker-Teaching	5	0.1%	$3,681.35	0.0%	$736.27		0.0%		0.0%		5	0.0%	$3,681.35	0.0%	$736.27
Trusteeship-Estate	3	0.0%	$90.00	0.0%	$30.00		0.0%		0.0%		3	0.0%	$90.00	0.0%	$30.00
Sex Education/Counselling	2	0.0%	$200.00	0.0%	$100.00		0.0%		0.0%		2	0.0%	$200.00	0.0%	$100.00
Medical Service		0.0%		0.0%		1	0.0%	$296.00	0.0%	$296.00	1	0.0%	$296.00	0.0%	$296.00
Personal Supports		0.0%		0.0%			0.0%		0.0%		0	0.0%		0.0%	
Total	9,659	100%	$8,182,421.56	33%	$847.13	6,187	100%	$2,676,398.04	100%	$432.58	15,846	100%	$10,859,115.60	100%	$685.29

*** Includes Client Requisitions without cost**

Appendix C3: DSP 12 Months by Category

DSP 12 Months Category

For the 12 Months of Jan 2006 to Dec 2006	Region 3			Region 4			Summary		
Service Types	**#**	**Total cost**	**Average cost**	**#**	**Total cost**	**Average cost**	**#**	**Total cost**	**Average cost**
Personal Supports and assistance within/outside the home									
Adult Sitter	29	$9,187.00	$316.79				29	$9,187.00	$316.79
Alternate Fam Living Arrangement	74	$122,991.69	$1,662.05	4	$1,464.00	$366.00	78	$124,455.69	$1,595.59
Attendant Care	69	$97,701.75	$1,415.97				69	$97,701.75	$1,415.97
Attendant Care - Private	225	$239,688.75	$1,065.28				225	$239,688.75	$1,065.28
Home Health Care/Supervision	4	$1,410.40	$352.60				4	$1,410.40	$352.60
Meals On Wheels/Wheels To Meals	142	$30,067.43	$211.74	149	$29,096.78	$195.28	291	$59,164.21	$203.31
Personal Care	37	$2,580.00	$69.73				37	$2,580.00	$69.73
Trusteeship-Estate	21	$1,958.67	$93.27				21	$1,958.67	$93.27
	601	**$505,585.69**	**$841.24**	**153**	**$30,560.78**	**$199.74**	**754**	**$536,146.47**	**$711.07**
Supports for community involvement and participation									
Camping-Disabled/Spec. Groups	54	$6,500.00	$120.37				54	$6,500.00	$120.37
Interv./Supp Serv-Spec Health Groups	19	$13,377.58	$704.08				19	$13,377.58	$704.08
Life Skills/Self Care-Day Program	139	$195,484.22	$1,406.36				139	$195,484.22	$1,406.36
Reg. Leisure/Cultural Activities	4	$275.00	$68.75				4	$275.00	$68.75
Sheltered Employ./Workshops	65	$76,295.62	$1,173.78	103			168	$76,295.62	$454.14
	281	$291,932.42	$1,038.91	103			384	$291,932.42	$760.24
Home worker supports									
Homemaker-Teaching	9	$2,745.25	$305.03				9	$2,745.25	$305.03
Homemaker-Visiting	649	$513,538.57	$791.28	476	$205,461.28	431.6413445	1125	$718,999.85	$639.11
Homemaker-Visiting-Private	143	$159,918.80	$1,118.31				143	$159,918.80	$1,118.31
	801	$676,202.62	$844.20	476	$205,461.28	$431.64	1277	$881,663.90	$690.42
Respite support									
Parent Aide/Resp Care/Fam Supp Wker-Private	86	$72,973.09	$848.52	40	$5,480.53	$137.01	126	$78,453.62	$622.65
Parent Aide/Resp.Care/Fam.Support Wker	132	$171,775.92	$1,301.33	58	$49,605.18	$855.26	190	$221,381.10	$1,165.16
	218	**$244,749.01**	**$1,122.70**	**98**	**$55,085.71**	**$562.10**	**316**	**$299,834.72**	**$948.84**
Personal living skills training									
Family/Individual Counselling	8	$1,170.00	$146.25				8	$1,170.00	$146.25
Transportation - disability specific									
Taxi	31	$3,442.39	$111.04	9	$4,246.29	471.81	40	$7,688.68	$192.22
Transportation-Private	45	$11,408.65	$253.53	84	$8,930.88	106.32	129	$20,339.53	$157.67
Transportation-Public	44	$1,853.00	$42.11			-	44	$1,853.00	$42.11
	120	**$16,704.04**	**$139.20**	**93**	**$13,177.17**	**$141.69**	**213**	**$29,881.21**	**$140.29**
Technical Aids and assistive devices									
Equip./Health Supply/Assistance	48	$19,289.98	401.8745833	10	$350.00	$35.00	58	$19,639.98	$338.62
Home Security Alert	40	$1,621.01	40.52525	42	$1,091.70	$25.99	82	$2,712.71	$33.08
Medical Items	7	$560.00	80				7	$560.00	$80.00
Medical Service	2	$160.00	80				2	$160.00	$80.00
Sundry (Personal Items)	15	$6,246.66	416.444	9	$949.21	$105.47	24	$7,195.87	$299.83
Wheelchair Transp/Hydraulic Lift	59	$5,443.29	92.25915254				59	$5,443.29	$92.26
	171	**$33,320.94**	**$194.86**	**61**	**$2,390.91**	**$39.20**	**232**	**$35,711.85**	**$153.93**
Other:									
Assistance-Medical Travel	3	$300.34	$100.11				3	$300.34	$100.11
Physiotherapy	6	$942.21	157.03				6	$942.21	$157.04
Sexual Education/Counselling	5	$600.00	120				5	$600.00	$120.00
	14	**$1,842.55**	**$277.04**				**14**	**$1,842.55**	**$131.61**
Totals	**2214**	**$1,771,507.27**	**$800.14**	**984**	**$306,675.85**	**$311.66**	**3198**	**$2,078,183.12**	**$649.84**

Appendix C4: LTC Requisitions by Category

LTC Requisitions by Category

For the 12 Months of Jan 2006 to Dec 2006	Region 3			Region 4			Summary		
Service Types	#	Total cost	Average cost	#	Total cost	Average cost	#	Total cost	Average cost
Personal Supports and assistance within/outside the home									
Adult Sitter	303	$191,748.41	$632.83	26	$10,926.05	$420.23	329	$202,674.46	$616.03
Alternate Fam Living Arrangement	1172	$1,539,168.37		156	$105,493.71	$676.24	1328	$1,644,662.08	$1,238.45
Attendant Care	498	$663,855.85	$1,333.04				498	$663,855.85	$1,333.04
Attendant Care - Private	440	$693,615.43	$1,576.40	104	$73,953.05	$711.09	544	$767,568.48	$1,410.97
Home Health Care/Supervision	39	$68,059.76	$1,745.12				39	$68,059.76	$1,745.12
Meals On Wheels/Wheels To Meals	406	$83,281.35	$205.13	820	$164,984.55	$201.20	1226	$248,265.90	$202.50
Personal Care	142	$64,258.72	$452.53				142	$64,258.72	$452.53
Trusteeship-Estate	3	$90.00	$30.00				3	$90.00	$30.00
	3003	$3,304,077.89	$1,100.26	1106	$355,357.36	$321.30	4109	$3,659,435.25	$890.59
Supports for community involvement and participation									
Camping-Disabled/Spec. Groups	108	$22,050.00	$204.17	8	$4,518.80	$564.85	116	$26,568.80	$229.04
Interv./Supp Serv-Spec Health Groups	21	$25,010.26	$1,190.96	19	$736.48	$38.76	40	$25,746.74	$643.67
Life Skills/Self Care-Day Program	355	$381,238.96	$1,073.91	11			366	$381,238.96	$1,041.64
Reg. Leisure/Cultural Activities	13	$1,892.00	$145.54	68	$2,522.05	$37.09	81	$4,414.05	$54.49
Sheltered Employ./Workshops	933	$359,613.12	$385.44	590	$46.00	$0.08	1523	$359,659.12	$236.15
	1430	$789,804.34	$552.31	696	$7,823.33	$11.24	2126	$797,627.67	$375.18
Home worker supports									
Homemaker-Teaching	5	$3,681.35	$736.27				5	$3,681.35	$736.27
Homemaker-Visiting	1853	$1,691,605.76	$912.90	1987	$1,658,955.24	$834.90	3840	$3,350,561.00	$872.54
Homemaker-Visiting-Private	837	$928,537.65	$1,109.36	24	$22,799.88	$950.00	861	$951,337.53	$1,104.92
	2695	$2,623,824.76	$973.59	2011	$1,681,755.12	$836.28	4706	$4,305,579.88	$914.91
Respite support									
Parent Aide/Resp Care/Fam Supp Wker-Private	361	$164,595.42	$455.94	372	$190,064.65	$510.93	733	$354,660.07	$483.85
Parent Aide/Resp.Care/Fam.Support Wker	713	$881,345.99	$1,236.11	288	$156,723.20	$544.18	1001	$1,038,069.19	$1,037.03
	1074	$1,045,941.41	$973.87	660	$346,787.85	$525.44	1734	$1,392,729.26	$803.19
Personal living skills training									
Family/Individual Counselling	37	$8,370.00	$226.22				37	$8,370.00	$226.22
Transportation - disability specific									
Taxi	218	$75,501.99	$346.34	39	$4,150.72	$106.43	257	$79,652.71	$309.93
Transportation-Private	287	$46,805.42	$163.09	787	$85,051.86	$108.07	1074	$131,857.28	$122.77
Transportation-Public	52	$4,372.30	$84.08				52	$4,372.30	$84.08
	557	$126,679.71	$227.43	826	$89,202.58	$107.99	1383	$215,882.29	$156.10
Technical Aids and assistive devices									
Equip./Health Supply/Assistance	2	$265.62	$132.81	274	$44,404.21	$162.06	276	$44,669.83	$161.85
Home Security Alert	7	$289.80	$41.40	278	$12,524.41	$45.05	285	$12,814.21	$44.96
Medical Items	61	$7,782.00	$127.57				61	$7,782.00	$127.57
Medical Service			#DIV/0!	1	$296.00	$296.00	1	$296.00	$296.00
Sundry (Personal Items)	36	$3,242.07	$90.06	23	$3,339.00	$145.17	59	$6,581.07	$111.54
Wheelchair Transp/Hydraulic Lift	212	$33,745.64	$159.18				212	$33,745.64	$159.18
	318	$45,325.13	$142.53	576	$60,563.62	$105.15	894	$105,888.75	$118.44
Other:									
Assistance-Medical Travel	10	$400.00	$40.00				10	$400.00	$40.00
Assist. - Prescription Drugs	13	$1,814.40	$139.57				13	$1,814.40	$139.57

For the 12 Months of Jan 2006 to Dec 2006	Region 3			Region 4			Summary		
Service Types	#	Total cost	Average cost	#	Total cost	Average cost	#	Total cost	Average cost
CPRF Home-Adult	4	$5,417.32	$1,354.33	2	$1,483.52	$741.76	6	$6,900.84	$1,150.14
Day Centre-Adult	39	$1,276.80	$32.74				39	$1,276.80	$32.74
Health Care Benefit	189			24			213		
Housekeeping-Private	209	$221,096.97	$1,057.88	47	$39,331.02	$836.83	256	$260,427.99	$1,017.30
Ment. Health Assess/Intervention	11	$6,050.00	$550.00				11	$6,050.00	$550.00
Nursing Home/Relief Care Bed-Seniors/Adults	5	$1,048.65	$209.73	223	$91,909.64	$412.15	228	$92,958.29	$407.71
Sexual Education/Counselling	2	$200.00	$100.00				2	$200.00	$100.00
Social Activities-Spec.Groups			#DIV/0!	16	$2,480.00		16	$2,480.00	$155.00
Transport. Standard. Regulation	51	$1,094.18	$21.45				51	$1,094.18	$21.45
Volunteer Transportation	12						12		
	545	$238,398.32	$437.43	312	$135,204.18	$0.00	857	$373,602.50	$435.94
Totals	9659	$8,182,421.56	$847.13	6187	$2,676,694.04	$432.63	15846	$10,859,115.60	$685.29

APPENDIX D: DSP AND LTC AGE DISTRIBUTION AS OF DECEMBER 2006

DSP AND LTC AGE DISTRIBUTION AS OF DECEMBER 2006

DSP and LTC Age Distribution As of December2006	Region 3		Region 4		Combined Regions Total		Provincial	
	Number	%	Number	%	Number	%	Number	%
DSP Age Distribution As of December 2006								
Clients under 30	40	24.39%	5	5.56%	45	17.72%	45	17.72%
Clients ages 30 through 49	54	32.93%	32	35.56%	86	33.86%	86	33.86%
Clients 50 through 64	70	42.68%	53	58.89%	123	48.43%	123	48.43%
Total	**164**	**100.00%**	**90**	**100.00%**	**254**	**100.00%**	**254**	**100.00%**
LTC Age Distribution As of December 2006								
Clients under 30	97	19.80%	26	7.81%	123	14.95%	564	18.66%
Clients ages 30 through 49	209	42.65%	84	25.23%	293	35.60%	1217	40.27%
Clients 50 through 64	184	37.55%	223	66.97%	407	49.45%	1241	41.07%
Total	**490**	**100.00%**	**333**	**100.00%**	**823**	**100.00%**	**3022**	**100.00%**