



SERVICE COORDINATION DES SERVICES

Annual Report

for the fiscal year 2007/08

A Year of Change and Moving Forward



'one community — many opportunities'



The overall corporate philosophy of Service Coordination des services (SCS) is embedded in its mission, vision and values in addition to its basic policies and operating principles. These represent the fundamental framework upon which the organization carries out all of its primary functions.

MISSION:

Service Coordination des services is a central point of access for individuals with developmental disabilities and autism spectrum disorder living in Ottawa.

- We facilitate planning for individuals in collaboration with their families and community
- We provide knowledge and information to clients, general public and 'system'
- We refer clients to resources

VISION:

We are entrusted to strive for excellence in:

- Leadership for developmental services
- Planning for choices throughout life's transitions
- Community development through collaboration and partnerships with the broader community

VALUES:

Advocacy

We believe in advocating on behalf of the persons we serve for the development of services in the community

Choice

We believe in supporting the right to self-determination for the individual in their choices and preferences for quality of life

Diversity

We believe in sensitivity and respect of the cultural needs and diversities within our community

Empowerment

We believe in the potential of individuals to achieve their goals as well as to empower their family and their support networks

Equity

We believe in equal opportunities to access supports and services in our community

Language

We believe in providing supports and services in both official languages

Partnerships

We believe in collaborating with individuals, families and the community to develop partnerships to achieve our vision

Recognition

We believe in recognizing the valuable contribution of our staff and volunteers to lead, plan and provide access to information and resources in our community

Trust

We believe in trust that is built through honesty, respect and confidentiality

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2007-2008**

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Message from the Chair of the Board

The past year at Service Coordination des services was a year of change, challenge and opportunity for the organization. The Board of Directors hired a new Executive Director who began his work in September 2007 and whose first goal was to address the issues and recommendations contained in the Draper Report. The recommendations were aimed at improving the process to access services for adults with a developmental disability in the Ottawa Carleton Region. The recommendations that applied to SCS involved making changes in the following areas:

- vacancy management;
- a re-designed process for service resolution;
- a service delivery model based on a person centred planning approach;
- improved information management to provide up to date information for planning for our clients; and,
- the development of a priority-for-service model.

As of May 2008, significant progress has been made in the implementation of these recommendations and a strong foundation has been established to continue building an efficient system for access to services. Service Coordination

"The elaboration of the strategic plan over the next months will ensure that the organization remains "person centered" on individuals and families with a focus on continuous improvement..."

and the Ministries of Community and Social Services and Children and Youth Services are working in partnership to improve overall access to services for our clients and families.

Over the past year, the Advisory Group, made up of parents, caregivers, clients, and Board members, has assisted the organization by identifying a range of issues that are important to the delivery of services to our clients. As a result of the work of this committee, the Board of Directors has an increased understanding of the concerns of parents and clients and can provide better governance to respond to the challenges facing the organization.

This spring, the Board held a strategic planning retreat

which resulted in the identification of strategic goals for the organization. The elaboration of the strategic plan over the next months will ensure that the organization remains "person centered" on individuals and families with a focus on continuous improvement; that it continues to develop partnerships within the developmental, health and education sectors, and that it takes on a leadership role in ensuring the evolution of developmental services in the Ottawa-Carleton region.

On behalf of the members of the Board of Directors, I would like to sincerely thank our Executive Director, managers, staff and volunteers for their dedicated work over the past year in responding to the many needs of our clients. We look forward to the ongoing success of the organization as Service Coordination continues its leadership role in the transformation of the developmental services sector.

Kathryn Butler Malette,
Chair, Board of Directors

Report from the Chair of the SCS Advisory Committee

This is the second Annual Report of the Advisory Committee of Service Coordination des services.

The first full year for the Committee has been a successful one despite a number of challenges. Chief among these has been an attrition in membership as some of the original members of the Committee have resigned due to other personal commitments or an inability to devote the time necessary. Nonetheless, the Committee is fortunate to have a core of dedicated and enthusiastic members who have worked together on a number of important initiatives. The following are a few highlights from the past year.

The Committee continued to work with management providing input on a number of matters. For example, the Committee as regular users, provided comments and suggestions with respect to the development of a new website which was launched in the spring. Many of the Committee's suggestions were adopted and it is pleased to know that there will be a site on the new website for the Committee itself.

In the second half of the year the Committee created its first working group on the important subject of school to post-21 transition. The Committee has had a number of discussions on the subject and will continue its work in the fall.

One part of the mandate of the Committee is to "strengthen relationships and links with other parent groups". To this end, the Committee has been very active in working with other



parent groups in the city to create an umbrella organization bringing together all the groups representing individuals with a developmental disability so as to create a single, strong voice to advocate on issues and matters of common interest. This work will continue to be a priority in the coming year.

Recently, the Board adopted new Terms of Reference for the Committee and it is hoped that a number of new members will join the Committee this fall.

The work of the Committee, delivering on the mandate given to it by the Board, is important and I look forward to another successful year for the Committee providing advice and recommendations to the Board and senior management as well as being active in the community.

John Barker,
Chair, SCS Advisory Committee

Report from the Chair of the SCS French Language Services Committee of the Board

The French Language Services Act guarantees the right to receive provincial government services in French from the head office of any ministry, agency, board and commission of the Government and its offices located in 25 designated areas of the province.

Agencies that are provincially-funded such as hospitals, children's aid societies and homes for seniors, are not automatically covered by the Act. However, Cabinet may designate them as providers of services in French through a regulation. Once designated, these agencies must provide services in French to the same standards as ministries. Service Coordination des services (SCS) is a designated Agency under the Act.

The French Language Services Committee is satisfied that SCS is highly compliant with the provisions of the Act. Service provided is linguistically appropriate and based on an understanding of French-speaking clients' needs. Francophones are well represented on the Board of Directors and its committees, and at management levels. Accountability for French language services is stated in the by-laws and administrative policies and procedures, and is reflected in its management practices.

The Committee continues to ensure that SCS reaches out to the Francophone community.

Jean Tanguay
Chair, French Language Services Committee

Report from the Executive Director

Fueled by a series of recommendations stemming from the Draper Report, 'change' best characterizes the 2007/08 year for Service Coordination des services (SCS). In the early Autumn of 2007, shortly after the arrival of this Executive Director, these recommendations were framed into a workplan to guide efforts by the organization. There were five key areas of focus which emerged: Vacancy Management, Service Coordination, Service Resolution, Priority for Service and Information Management. While work was initiated in each of these areas, much remains to be completed. The following is a synopsis of SCS's efforts over the year.

The overarching goal of the Vacancy Management project was to improve the timeliness and effectiveness of the vacancy management process. Initial focus was placed on the reporting process itself which included the format for managing information. Draft tools were developed and are, at present, being reviewed by the Community Services Planning Table (CSPT). A small task group from among CSPT members has been involved thus far and will now turn its attention to the broader system level protocol.

The Service Coordination project is perhaps the largest and most significant as it focuses on such matters as guiding principles, clear definition of the functions associated with service coordination, clarification of the role of case managers and streamlining the intake process in keeping with person centred principles.

Firstly, a functional model characterizing the organization has been developed. The functional model is supported by a series of 'functional descriptions' (not all descriptions have been completed) which articulate goals and objectives followed by a general description of the function.

Secondly, the SCS organizational structure was re-designed through the winter of 2007/08 and is now being implemented. In keeping with the design, the 'access team' was dissolved and the resources re-aligned into a two-team structure: adult and children. Each team is now fully responsible for the intake and case management functions. Based on the principle of reducing internal transfer points for individuals requesting service, the staff completing the intake will continue involvement as the case manager.

Thirdly, the approach to clarifying the role of the case manager was by defining, as clearly as possible, the expectations embodied in 'case management'. This work is well underway. In defining these expectations, attention is being paid to the fundamentals of a 'person centered approach', the new expectations of staff within the context of the re-designed structure and the emerging work associated with defining more clearly the function of 'planning' at an individual / person level.



Finally, a review of the intake process was organized and completed in two phases. Phase 1, which concluded in April '08, focused exclusively on documenting the existing process, assembling all of the associated forms and tools, developing initial policies and procedures in support of the existing process, and then developing a singular reference document that served as a resource manual for all staff. The manual now serves as a training tool. This strategy was adopted for two key reasons:

- Given that SCS was moving to a two team structure with the function of intake now integrated into the responsibility of all staff, a training tool was required;
- It was determined that in order to appropriately address the issue of re-designing the overall intake process in keeping with the Draper expectations (i.e. rooted in person centered approach, efficient, relevant to the task, outcome based, etc.) it was considered important to have a thorough understanding of how the current process functions inclusive of all the documentation requirements;

"I came to this organization approximately mid-way through the fiscal year. I was challenged by a new organizational and system environment along with attempting to acclimatize to a new community. I have discovered, to my delight, three things along the way...."

In the area of Service Resolution, there were two primary goals:

- Re-design and implement the structural components of service resolution and its process(es)
- Transfer responsibility for facilitating service resolution from Citizen Advocacy to SCS

With respect to the first goal, a working document has been produced which addresses the overall conceptual model for service resolution. It is currently being vetted internally and will be brought forward to the CSPT sometime in the Autumn of 2008. In terms of transfer of responsibility, an official target date was set for early spring of 2008. Residual work required to complete the transfer is underway.

The main focus of the Priority for Service project was to develop and implement a model which allowed for a consistent approach to determine those who are 'most in need' across the DS system. A preliminary tool has been developed and is being used on an interim basis to refer

appropriate individuals to Citizen Advocacy. A more refined tool and overall model will be the focus of attention through the 2008/09 fiscal year with clear participation from CSPT members in the form of a task group. To this end, a new prototype is under development.

With respect to *Information Management*, as a beginning point SCS has enhanced the community services database to enable direct access by individuals with a developmental disability and their families to information on MCSS-funded services and community supports. Access to this is through the SCS website itself. Beyond this, SCS has re-designed its website and re-developed the content to ensure relevance and accuracy. Modifications and enhancements are clearly now an ongoing focus.

While these represent some of the more major areas of focus from a change management perspective, it is important to appreciate that in the midst of this work and shifts in management leadership SCS staff also continued to carry out the primary functions of managing information requests, intake, case management, special fund management (e.g. ASD Respite) and the special services worker bank, to name a few. SCS staff also successfully implemented the new ASD Respite Initiative (direct funding portion) through the winter of 2007/08. This required an intense investment of resources as every aspect of the implementation effort required careful design and development. Of most significance however, is that across all of these and other activities SCS staff touched the lives of over 1700 people through the year – an effort

which must be duly acknowledged and congratulations made evident.

On a more personal note, I came to this organization approximately mid-way through the fiscal year. I was challenged by a new organizational and system environment along with attempting to acclimatize to a new community. I have discovered, to my delight, three things along the way. First, the SCS Board of Directors – my employer, is committed to moving forward and extremely supportive of our collective change efforts. Their leadership remains pivotal to the success of SCS. Second, SCS staff reflect a commitment and passion for assisting individuals in need of support to realize their goals. Third, this community, as represented through the Ministry, transfer payment system and other community resources while diverse in perspectives is focused on a common goal: supporting people to reach their optimal potential within this community.

Stephen Novosedlik
Executive Director



The Main Service FUNCTIONS Performed by SCS

In order to appreciate the utilization data presented for the 2007/08 fiscal year, it is important to provide a description of the organizational context. Not unlike most organizations, SCS performs a number of functions within a defined structure accordingly:

Management of Requests

The process to connect with Service Coordination des services typically begins with a call to one of our staff with some form of 'request'. These requests will include such things as general information concerning services in the community, requests for services and supports provided directly by Service Coordination des services or service requests requiring the need for an intake into the adult developmental services system or other SCS services. Each of these requests are responded to by our staff and recorded. In simple terms, this is both an information management and routing function.

Intake

If the individual is requesting services and supports either directly from SCS (e.g. children's case management) or from the larger system for which SCS has responsibility as the point of access (adult) an intake will be completed. It involves the process of collecting more detailed information in the interest of connecting an individual to appropriate community resources. Documentation typically involves initial registration, a needs assessment and a plan of service.

Case Management

This function, which is carried out for both children and adults, involves the ongoing process of facilitating connections to services and supports. Case managers maintain an understanding of the individual's needs, develop and maintain a plan of service, and to the extent possible, address issues as they arise in the absence of a completed referral to appropriate supports.

Outside Paid Resource (OPR) Management

SCS has responsibility for individuals who are placed in what are referred to as 'outside paid resources'. This work involves the two primary activities of financial management and maintaining a current understanding of the needs of these individuals to ensure the responsiveness and relevance of these placements.

Worker Bank

SCS maintains responsibility for managing a process which connects individuals to a range of workers prepared to provide support to families and individuals on a fee for service basis.

The following functions are those in which SCS has responsibility for *facilitating* in concert with the broader system of resources:

Community Services Planning Table

SCS manages a collaborative process whereby service providers from across the MCSS funded system convene to develop case specific strategies in support of meeting the needs of individuals.

Service Resolution

SCS is now responsible for managing a collaborative process to address particularly complex needs presented by an individual. Such needs generally cannot be met easily by existing resources in the community and hence require the involvement of multiple providers to achieve solutions (Note: this function is new to SCS for the 2008/09 fiscal year and was therefore not operational during the 2007/08 year).

Vacancy Management

SCS manages a system process whereby vacancies in the adult service system funded by MCSS are identified and a matching process initiated to seek an appropriate individual from the residential/housing and day support registry.

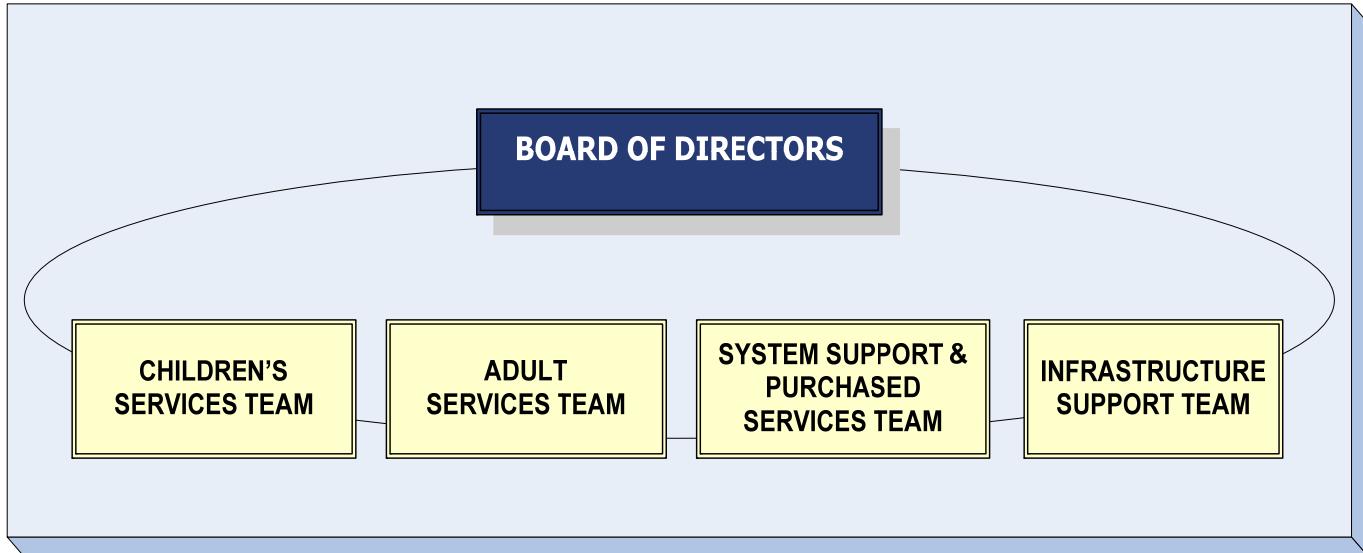
Fund Management

SCS is responsible for the administrative management of several funds destined to assist individuals in acquiring immediate supports (e.g. ASD Respite).

The Current 'SCS' DELIVERY Structure

There are five components, which, taken together, form the delivery structure of Service Coordination des services as illustrated in Figure 1. This view of the organization is intended to explain how the core functions are grouped for purposes of delivery and responsibility. In this regard, the overarching governance structure is represented by the Board of Directors. The Children's and Adult Services Teams provide the core services of request management, intake, and case management. The System Support & Purchased Services Team is responsible for the management of outside paid resources, system processes such as vacancy management and service resolution, and direct management of the worker bank. The Infrastructure Support Team is comprised of the senior executive, finance, administrative support and information systems support. The Infrastructure Team as a whole provides all essential support to the organization.

Figure 1



Selected UTILIZATION INFORMATION For the 2007/08 Year

The information (data) to follow is high level in nature and reflective of the main service functions of managing requests for information, obtaining sufficient information to identify necessary supports (intake), facilitating connections to supports (case management) and managing the worker bank. In addition, data is presented regarding the Resource Room and the Registry. While SCS staff carry out other work, these functions are most central to the mandate and purpose of the organization. It is meant to provide only a general sense of the level of activity SCS staff had with individuals over the 2007/08 year. Accordingly, it has been organized into the following main groups: General Demographics; Children's Services; Adult Services; Special Services Worker Bank; Resource Room; and, Registry.

Understanding the Information: Some Basics

In order to understand the utilization data presented it is important to provide a basic description of the approach used by SCS. Like many organizations, SCS has implemented an information system which is based on the individual. Generally referred to as a 'client record system', for each person that is served a single 'master' record is created. Regardless of how many times

that individual may connect with SCS or for how many different types of services / functions, the record originally created would house all of these interactions. Viewed another way, the system is capable of telling us that one person has had a variety of interactions or services for the duration of their involvement. What this allows us to do is to identify the actual number of 'people' (referred to as 'unique individuals') we have worked with over a period of time as well as the number of services they have received. Both types of information are important to collect for purposes of managing the resources SCS has available to assist individuals.

Here is a simple example of how we would approach counting the number of individuals served. SCS provides the functions of intake, short term case management (outreach – immediate action with goals achieved in less than three months), long-term case management (ongoing – contact is regular and work toward goal achievement is considered active) and monitoring (contact is minimal as there are no immediate matters to tend to). Internally, it is necessary to know at any one time how many individuals are involved in these different service types. It is not unusual that a single 'person', over the course of a year, would have had an intake (= Count of '1'), received short-term case management assistance for a defined period of time (= Count of '1') and perhaps later in the year became active in ongoing case management (= Count of '1'). In this example, if we were to count the number of individuals served from the point of view of SCS services delivered we would count this individual three times because they had accessed three different SCS services. If however, we wanted to know simply how many people were served, regardless of how many SCS services were accessed, then this individual would be a count of '1'.

The information presented in Tables 1 – 13 is based on a unique individual count of 1287. That is to say, these are the total number of 'unique people / individuals' that were served by SCS staff in carrying out the functions of intake and the three different levels of case management across both children's and adult services.

General Demographics

Tables 1 through 6 provide very general demographic information related to the total group of 1287 individuals. Included is an overview of gender, age cohort, primary

service / support request, language spoken at home and diagnostic profile.

Gender

Of the 1287 individuals served, approximately 16% identified themselves as attached to the French community with the remaining 84% identified within the English grouping. In

considering the combined total, seventy percent (70%) of children served were male as compared to roughly 56% within the adult group.

Table 1: Gender

	English			French			TOTAL
	Male	Female	TOTAL	Male	Female	TOTAL	
Children	337	134	471	59	28	87	558
Adult	346	260	606	65	52	117	723
Not Reported: Age	1	2	3	-	1	1	4
Not Reported: Language	-	-	-	-	-	-	2
TOTAL	684	396	1080	124	81	205	1287

Age Cohort

In viewing the total number of individuals served, 1134 or approximately 88% were under forty (40) years of age. Within this group, one-third or 35.8% were between the ages of 21 – 39 while two-thirds or 64.2% were 20 years old or under. This latter group, when compared to the total number of individuals served represented 56% of people receiving intake and case management supports from SCS over the 2007/08 year.

Table 2: Age Cohort

Cohort	English	French	TOTAL	% of TOTAL
< = 12	310	60	370	28.70%
13 – 15	99	15	114	8.87%
16 – 20	203	40	243	18.90%
21 – 39	346	61	407	31.67%
40 – 69	109	24	133	10.30%
60 +	10	4	14	1.10%
Not Reported: Language	-	-	2	0.15%
Not Reported: Age	3	1	4	0.31%
TOTAL	1080	205	1287	100%

Primary Service / Support Request

Table 3 provides an overview of the nature of service requests received by SCS. While detailed information is collected on an individual basis, for purposes of aggregating the data, five basic groupings have been identified: case coordination, day supports, housing, respite and worker bank. It is also important to note with respect to this data that there are duplicate counts. More specifically, of the total group of 1287 individuals, many had more than one service request and thus would be counted more than once. With this in mind, there were a total of 1804 service requests spanning the five global 'service types'. The distribution

across these five was relatively equal. It is also important to note that there were 202 people who did not identify a specific request. On this point, some intakes do not proceed and therefore a request is not documented. More common however, is that not everyone coming into SCS has a request. Requests were generally either a need for a formal referral, a transfer to long term case management or worker bank. The 'no requests' reflect most of the short term case management (outreach) situations as these individuals would not have a formal request but rather, are seeking short term assistance.

Table 3: Primary Service / Support Request

	Children			Adult			GRAND TOTAL
	English	French	TOTAL	English	French	TOTAL	
Case Coordination	141	34	175	130	5	135	310
Day Supports	25	1	26	308	52	360	386
Housing	35	2	37	294	45	339	376
Respite	207	35	242	94	22	116	358
Worker Bank	248	48	296	49	29	78	374
Sub-Total	656	120	776	875	153	1028	1804
No Request Specified	79	22	101	78	23	101	202
Other: Not Reported	-	-	-	-	-	-	9
TOTAL	735	142	877	953	176	1129	2015

Language Spoken at Home

Table 4 provides an overview of language spoken at home. Of the 1213 individuals where this variable was recorded, 76.5% identified English while 17.1% identified French as the

primary language. Arabic and Somali were the next two largest groups however, by comparison to the former two, they represent a small portion of the total reported.

Table 4: Language Spoken at Home

Language	Children		Adults		TOTAL
	Number	% Total	Number	% Total Reported	
English	380	73.3%	548	78.8%	928
French	91	17.5%	117	16.8%	208
Somali	12	0.23%	4	0.05%	16
Arabic	11	0.21%	12	0.17%	23

**Table 4: Language Spoken at Home (continued)**

Language	Children		Adults		TOTAL
	Number	% Total	Number	% Total Reported	
Cantonese	8	0.15%	-	-	8
Mandarin	4	0.07%	-	-	4
Italian	-	-	4	0.05%	4
Spanish	1	0.02%	3	0.04%	4
Vietnamese	3	0.05%	1	0.01%	4
Chinese	2	0.03%	1	0.01%	3
Farsi	2	0.03%	1	0.01%	3
Polish	1	0.02%	1	0.01%	2
Albanian	1	0.02%	-	-	1
Cambodian	-	-	1	0.01%	1
Persian\Farsi	-	-	1	0.01%	1
Portuguese	-	-	-	-	-
Punjabi	1	0.02%	-	-	1
Romanian	-	-	1	0.01%	1
Russian	1	0.02%	-	-	1
Sub-Total		518	100%	695	100%
No Response	42	-	26	-	68
Other: Not Reported	-	-	-	-	6
TOTAL		560		721	1287

Diagnostic Profile: Children

Of the 562 children served, 270 or 48.0% had a single diagnosis of either autism or developmental disability with autism being identified as the larger of the two groups by a factor of 2:1. This difference can be accounted for in large measure to the increased activity associated with the launching of the ASD Initiative toward the latter part of the fiscal year. An additional 146 individuals or 25.9% of the total had been identified with two diagnoses in various

combinations comprising autism, developmental, physical and/or mental health. Of note is the fact that 114 individuals did not have a response on record. This is due in large measure to people who, as at the time of preparing this report (March 31/08) were in the midst of the intake process and were awaiting the completion of the eligibility stage. To do so requires diagnostic confirmation from a third party.

**Table 5: Diagnostic Profile: Children**

Diagnosis	English	French	TOTAL
Autism	156	30	186
Developmental	64	20	84
Developmental, Physical	36	5	41
Developmental, Mental Health	14	4	18
Developmental, Mental Health, Physical	5	-	5
Autism, Physical	5	1	6
Autism, Mental Health	33	4	37
Autism, Developmental	36	7	43
Autism, Developmental, Physical	8	-	8
Mental Health, Physical	-	1	1
Autism, Developmental, Mental Health	13	-	13
Autism, Developmental, Mental Health, Physical	2	-	2
Sub-Total		372	72
TOTAL		473	87
444			562
No Response	99	15	114
Other: Not Reported	-	-	2
Other: Reported			2

Diagnostic Profile: Adult

In tandem with the previous table, Table 6 provides a profile of the adults served through 2007/08 year. Of the 725 adults served, 302 or 41.6% had a single diagnosis of either autism or developmental disability with developmental disability being identified as the larger of the two groups by a factor of 7:1. An additional 244 individuals or 33.6% of the total had

been identified with two diagnoses in various combinations comprising autism, developmental, physical and/or mental health. Similar to the data presented regarding children, 135 individuals did not have a response on record. Again, the rationale noted related to Table 5 applies equally in this instance.

Table 6: Diagnostic Profile: Adult

Diagnosis	English	French	TOTAL
Autism	33	4	37
Developmental	214	51	265
Developmental, Physical	115	19	134
Developmental, Mental Health	42	9	51

Table 6: Diagnostic Profile: Adult (continued)

Diagnosis	English	French	TOTAL
Developmental, Mental Health, Physical	7	1	8
Autism, Physical	6	-	6
Autism, Mental Health	27	2	29
Autism, Mental Health, Physical	3	-	3
Autism, Developmental	19	5	24
Autism, Developmental, Physical	4	1	5
Autism, Developmental, Mental Health	9	2	11
Sub-Total		479	94
No Response	113	22	135
Other: Not Reported	-	-	-
Other: Reported	15	2	17
TOTAL	607	118	725

Children's & Adult Services

The information presented for Children's and Adult services is based on the extent of 'service activity' related to the 1287 unique individuals served. As explained previously, if an individual had an intake completed and then proceeded to benefit from case management, they would be counted once in each of these two categories.

It is also important to provide an understanding of the intake function at SCS. Generally speaking, an intake will only be completed if there is a service request for which SCS has responsibility to create a connection either immediately or in the future and if the individual is confirmed as being eligible. However, there are several exceptions most notable of which are general information requests and requests to connect

with the worker bank (if that is the sole request). One will also note as presented in Tables 7 and 10 that intakes are counted for both new individuals and those that were currently or previously active with SCS. If the individual is new, then it is clear that a full intake be completed. However, for existing individuals who have identified a new service request, the intake on record would be updated to reflect any changes in circumstances which may have occurred over the elapsed period. In some instances, the update may be minor while in others, particularly if a significant period of time has passed, the update may require a more thorough review. In either case, these instances are counted as intakes completed.

Children's SERVICES

Intake Activity

Over the course of the 2007/08 fiscal year, SCS staff completed 348 intakes for children's services. Over 80% (283) of these intakes were on behalf of new individuals with remaining 20% related to people already identified with SCS. On a year over year basis, intakes increased by 37.01% the

majority of whom were new individuals. Some caution needs to be exercised however in appreciating the increase. Through the latter part of the fiscal year SCS became involved in the ASD Respite Initiative. This new funding envelope led to a surge in intake activity as this was a basic



requirement of accessing these new resources. Perhaps the year over year comparison of intake activity associated with

existing individuals may be more reflective of what could be understood to be a normal pattern.

Table 7: Intake Activity

	English		French		TOTAL		Variance 07/08 - 06/07
	06/07	07/08	06/07	07/08	06/07	07/08	
New Individuals	151	245	30	28	181	283	56.35%
Existing Individuals	67	61	6	14	73	75	2.74%
TOTAL Intakes	218	306	36	42	254	348	37.01%

Case Management: Outreach

Three hundred and twenty-four (324) individuals were actively in receipt of outreach (short term) case management services at some point through the 2007/08 year. This represents an overall 20% decline from the 2006/07 year. This difference can be accounted for in large measure to the number of individuals who were active at the beginning of

the year (carryovers). In this situation, there were roughly half the number of individuals active at the start of the 2007/08 year than in the previous year. Balanced against this decline was the number of new individuals. These had increased by close to 22% on a year over year basis.

Table 8: Case Management: Outreach

	English		French		TOTAL		Variance 07/08 - 06/07
	06/07	07/08	06/07	07/08	06/07	07/08	
Open at Start	188	101	53	17	241	118	(51.04%)
New Individuals	135	180	33	26	169	206	21.89%
TOTAL Active during Year	323	281	86	43	409	324	(20.78%)

Case Management: Ongoing

The total number of individuals served through ongoing case management declined by approximately 10% in 2007/08 as compared to 2006/07. This decline is associated exclusively with a reduction in new individuals as opposed to those who

were active at the start of the 2007/08 year. This reduction can be accounted for in part by not having a full complement of case managers through portions of the year thus limiting the ability of the Children's Team to take on new individuals.

Table 9: Case Management: Ongoing

	English		French		TOTAL		Variance 07/08 - 06/07
	06/07	07/08	06/07	07/08	06/07	07/08	
Open at Start	128	123	20	26	148	149	0.68%
New Individuals	77	61	23	13	100	74	(26.00%)
TOTAL Active during Year	205	184	43	39	248	223	(10.08%)



Adult SERVICES

Intake Activity

Through the 2007/08 year, SCS staff completed 191 intakes for adult services. Similar to children's services, over 60% (116) of these intakes were on behalf of new individuals.

However, intakes completed for individuals already identified with SCS diminished by approximately 26% on a year over year basis contributing to an overall decline of roughly 12%.

Table 10: Intake Activity

	English		French		TOTAL		Variance 07/08 - 06/07
	06/07	07/08	06/07	07/08	06/07	07/08	
New Individuals	97	103	18	13	115	116	0.87%
Existing Individuals	77	66	25	9	102	75	(26.47%)
TOTAL Intakes	174	169	43	22	217	191	(11.98%)

Case Management: Outreach

Three hundred and eleven (311) individuals were actively in receipt of outreach case management services at various points through the 2007/08 year. This represents an overall 30% decline from the previous year. Not unlike children's

services, this difference is due to a 45% reduction in the number of individuals who were identified as active at the beginning of the year. In the alternative there was a 9% increase in new individuals on a year over year basis.

Table 11: Case Management: Outreach

	English		French		TOTAL		Variance 07/08 - 06/07
	06/07	07/08	06/07	07/08	06/07	07/08	
Open at Start	249	129	61	40	310	169	(45.48%)
New Individuals	102	116	28	26	130	142	9.23%
TOTAL Active during Year	351	245	89	66	440	311	(29.32%)

Case Management: Ongoing

The total number of individuals served through ongoing case management support by the adult services team declined by approximately 11% in 2007/08 as compared to 2006/07. The reduction was due to 26% fewer new individuals seen by the team. From a contextual perspective however, there was also

a reduction in staff on this team due to a transfer of resources from SCS to Citizen Advocacy of Ottawa. This transfer was undertaken as an important measure to focus on the provision of planning support to individuals who were identified as 'most in need'.

Table 12: Case Management: Ongoing

	English		French		TOTAL		Variance 07/08 - 06/07
	06/07	07/08	06/07	07/08	06/07	07/08	
Open at Start	134	137	34	28	168	165	(1.79%)
New Individuals	83	63	18	10	101	73	(27.72%)
TOTAL Active during Year	217	200	52	38	269	238	(11.52%)

Case Management: Monitoring

There are a number of individuals who remain connected to SCS however do not require the active involvement of case management for varying periods of time. In these instances, SCS staff will monitor their situation on a periodic basis. It is not unusual however, for an individual's circumstances to

change markedly thereby necessitating a more intense response. Over 2007/08 there were a total of 153 individuals considered to be in this group. This represented only a marginal (4.0%) upward change compared to the 2006/07 year.

Table 13: Case Management: Monitoring

	English		French		TOTAL		Variance 07/08 - 06/07
	06/07	07/08	06/07	07/08	06/07	07/08	
Open at Start	74	77	7	12	81	89	9.88%
New Individuals	51	52	15	12	66	64	(3.03%)
TOTAL Active during Year	125	129	22	24	147	153	4.08%

Special Services WORKER BANK

The Special Services Worker Bank (SSWB) is designed to assist families who are receiving funding from Special Services at Home (SSAH), Assistance for Children with Severe Disabilities (ACSD), the Autism Spectrum Disorder (ASD) Respite Initiative and/or the Passport Initiative by providing potential workers for families to hire and carry out family relief and / or developmental programming. Family relief focuses on allowing families respite in the care of their child / adult with special needs. The work is carried out either in the home or community. In the alternative, developmental programming focuses on learning new skills (communication skills, social skills, self-care, community integration and awareness, etc.) as identified in a program plan.

The SSWB is based on a 'broker model'. It is parent driven. The parent / family is the employer while the SSWB program is the broker, linking potential workers with special needs families.

Tables 14 and 15 provide some basic information related to SSWB activity over the 2007/08 fiscal year. The following definitions will assist in understanding the data:

Client Pending

Represents individuals who have initiated a request but have

not yet completed the registration process

Active Client

Represents individuals who have become active clients during the reporting period.

Requests: People

Represents the number of unique individuals who have made a request regardless of the number of requests

Requests: Actual

Represents the actual number of requests made regardless of the number of people who made them

Table 14 provides an overview of the total number of requests to the worker bank. With respect to both children's and adult requests, there was a significant increase in two areas on a year over year basis: the number of 'client's pending' and 'active clients'. In terms of the former, there was a 62% increase in children's services and a 41% increase in adult. Concerning the latter, the number of active clients in children's nearly doubled and in adult increased by over 40%. In assessing the total number of actual requests in both children's and adult services they were approximately the same in 2007/08 as compared to the previous fiscal year.

**Table 14: Requests—Children and Adult**

	Number of Requests					
	Children			Adult		
	06/07	07/08	Variance 07/08 - 06/07	06/07	07/08	Variance 07/08 - 06/07
Client Pending	107	174	62.62%	56	79	41.07%
Active Client	108	207	91.67%	77	109	41.56%
Requests: People	185	196	5.95%	108	101	(6.48%)
Requests: Actual	264	262	(0.76%)	143	141	(1.40%)

Table 15 focuses on the number of successful matches lining up support workers with families. In terms of both the unique number of individuals seeking a match and the number of requests these individuals had, the pattern was different between children's and adult services on a year over year

basis. For children, the number of matches in 2007/08 compared similarly to 2006/07 while in the adult stream, there was an approximate increase of over 30% in both the number of people who were seeking a match and the total requests where a successful match occurred.

Table 15: Successful Matches — Children and Adult

	Number of Matches					
	Children			Adult		
	06/07	07/08	Variance 07/08 - 06/07	06/07	07/08	Variance 07/08 - 06/07
Requests: People	78	77	(1.28%)	54	71	31.48%
Requests: Actual	86	86	0	64	86	34.48%

Resource ROOM

Available Monday to Friday from 8:30 a.m. to 3:30 p.m. on a drop-in basis, the Resource Room provides assistance to families/individuals in several ways:

- Workers on site can assist families in completing application forms such as Assistance for Children with Severe Disability and Special Services at Home;
- It is a venue where families/individuals can be guided by a

worker to acquire pertinent information about community resources;

- It is also a point of access for families/individuals who would like to register with SCS;

Over the 2007/08 year 98 individuals accessed the Resource Room. The vast majority requested support in completing applications for either SSAH or ACSD funding.



Registry:RESIDENTIAL / HOUSING & DAY SUPPORTS

It is well understood that not all service requests identified by individuals can be addressed by the community system of resources. In these instances, it becomes important to have a mechanism to maintain, as best as possible, an understanding of these individuals and their support requests. On this point, Service Coordination des services is responsible for collecting information from individuals who have requested either or both residential/housing and day supports. While the term 'waitlist' is used widely to characterize this body of information, it is seen and referred to more appropriately as a 'Community Registry'. SCS uses this term because not all individuals who have identified the need for these types of supports require them at the time of registering. Indeed, a number of people are simply looking to identify that at some future point a specific support will be required.

It is important to provide some background as to how the registry organizes its information. It begins with two very broad groups:

- individuals who are seeking supports at present
- individuals who will, at some future point, require supports

Because the registry also serves the purpose of being one of the main sources of individuals to draw from when vacancies arise in the system, it becomes important to group people on the basis of priority. Priority is determined by some of the following factors: safety of the individual and/or main caregiver, health of the individual and/or main caregiver, financial jeopardy, housing (lack of), factors related to disability, etc. This information is gathered by SCS staff through the intake process and the initial needs assessment.

When a vacancy becomes available in the MCSS funded system, SCS is notified, the registry is searched for all appropriate individuals based on need and the general characteristics of the vacancy, and a list of potential

candidates is compiled. This information is then presented to the Community Services Planning Table (CSPT) for review and consideration. It is important to note that waiting time is not necessarily a factor.

Not only is the registry organized by broad groupings based on timeframe (immediate, future), but also by sub-categories within each of the two service types of residential and day supports. Within residential/housing there are four basic sub-categories based on the number of hours of support an individual has indicated is required: 24 hours, 15-20 hours, 8-14 hours and up to 8 hours. Using this type of organizing scheme allows the planning process for an individual to begin from a broader perspective, one that recognizes the amount of support and assistance needed rather than automatically assuming a specific residential/housing type is needed. In this way, greater flexibility and perhaps multiple options regarding the setting may be achieved in an effort to support an individual.

The day support registry is also organized based on timeframe with three sub-categories: supported employment, work options, and other than work.

Tables 16 and 17 provide a simple overview of the residential/housing and day support registries as they stood at March 31, 2008. The data presented in Table 16 represents a 'unique individual count'. The data presented in Table 17 captures the number of requests rather than the number of unique people. Organizing in this way was done because a number of people have identified more than one type of request. It follows therefore that the combined total between the two tables is also a 'duplicate count' with the additional factor being that some individuals are registered for both a residential/housing and day support. At a summary level however, the total number of unique (unduplicated) people on both registries combined is 850. Of these 304 have both a housing and day support request(s), 241 have a day support request(s) only and 305 have a residential/housing request only.

Residential/Housing Registry

Beginning with Table 16, the data is organized firstly into the two broad groups of 'immediate' and 'future' registrations. The next level down within 'immediate' are two further groups, simply noted as '1' and '2'. There is an important distinction to be made between these two groups. As noted earlier, at the point of registration, an intake and initial needs assessment is completed. With respect to the registry, this information allows a grouping to be made in keeping with the framework that has been explained. Those in Group 1 are generally understood to have relatively high to high risks in one or more of the areas of safety, housing, financial, health and other extenuating circumstances. On these same domains, Group 2 would be determined to be at a somewhat lower risk and characterized generally as relatively stable. It is important to appreciate that determining the significance of

the risks an individual faces is a very challenging task. In doing so it is also understood that in very short order, an individual's circumstances can change and subsequently directly affect their level of risk and need along with the urgency of the response required.

There are a total of 333 individuals registered across groups 1 and 2. There is total of 115 people (99 English, 16 French) in Group 1 which represents approximately 34% of the total number within the broad category of 'immediate'. Also within Group 1, approximately 75% have indicated the need for 24 hour support, 11% for 15 – 20 hours of support, 10% for 8 – 14 hours of support with the remaining 5% indicating the need for up to 8 hours of support per day. The distribution across Group 2 however, is somewhat different with 107 or



49% identifying the need for 24 hours of support per day, 17% for 15 – 20 hours of support, 20% or 45 individuals requesting 8 – 14 hours of support and the remaining 13% (28 individuals) identifying up to 8 hours per day of support.

Of the 275 individuals who have indicated a request for support in the future, 61 % (170 people) have identified a

need for 24 hour support, 19% (52) for 15 – 20 hours of support, 16% (43) for 8 – 14 hours of support and 10 individuals have indicated up to 8 hours of support are required. It is important to note again that these are future requests and as such circumstances will likely change over time having a direct bearing on the nature of supports required.

Table 16: Residential/Housing Registry

Category	Immediate						Future			GRAND TOTAL
	Group 1		Group 2		TOTAL	ENG	FR	TOTAL		
ENG	FR	ENG	FR							
24 hour	78	8	90	17	193	141	29	170	363	
15 – 20 hours	10	3	33	5	51	47	5	52	103	
8 – 14 hours	8	4	41	4	57	36	7	43	100	
Up to 8 hours	3	1	26	2	32	8	2	10	42	
TOTAL	99	16	190	28	333	232	43	275	608	

Day Support Registry

By way of overview, there are a total of 543 unique people who have identified one or more day support requests. Four hundred and ninety-three (493) have one request, 52 have 2 requests and 1 individual has identified three requests bringing the total number of requests to 600. The vast majority of requests within the 'immediate' category rest in Group 2. At 300 requests, these constitute approximately 83% of the total. Also within this same category, 42% or 152

of the total number of requests (n=361) are for some type of work arrangement with 58% representing a non-work setting.

When reviewing 'future' requests, the percentages are almost in reverse. Requests related to work settings sits at 56% or 133 of a total of 239 while requests for non-work related settings is 106 or 44% of the total.

Table 17: Day Support Registry

Category	Immediate						Future			GRAND TOTAL
	Group 1		Group 2		TOTAL	ENG	FR	TOTAL		
ENG	FR	ENG	FR							
Supported Employment	3	2	90	12	107	87	18	105	212	
Work Options	5	0	36	4	45	21	7	28	73	
Other than Work	41	10	137	21	209	86	20	106	315	
TOTAL	49	12	263	37	361	194	45	239	600	

As a final note with respect to the Registry, over the course of the fall and winter SCS would like to take the opportunity to review in greater depth a greater range of data contained in the registry in an effort to explore other questions that may be of importance from a short and long-term planning perspective at a community level. For example, not included

in the data above is a demographic profile of individuals across the different service request categories. Information such as this and more allows the community system of resources to work on a forward looking basis in an effort to collectively address the needs of individuals, families and caregivers.



NOTES