

**Persons with Developmental Disabilities (PDD) Program**

**What We Heard About Increasing Flexibility  
in the PDD Contracting Process**

**Summary Report**

**Posted May 2011**

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## Introduction

In the spring of 2010, PDD Community Boards held engagement sessions in their regions to obtain input from service providers and individuals and families on how to increase flexibility in the contracting process between PDD Community Boards and their contracted agencies.

Participants were asked to identify actions that could be undertaken in the short-term to find increased flexibility within the contractual relationship between PDD Community Boards and service provider agencies, and to recommend longer-term strategies related to flexibility and innovation in contracting for services.

The purpose of this report is to provide a summary of what we heard from engagement participants.

## Method

Separate engagement sessions were held with service providers and individuals and families (service users). Service providers were asked to identify specific strategies to achieve greater flexibility in the contracting process. Their ideas were then summarized and presented to individuals and families, in separate sessions, for feedback. Participants in the individuals and families sessions were invited to react to the ideas generated by service providers and to provide their own ideas. *See Appendix A – Discussion Questions.*

The following table summarizes participation in the engagement sessions.

Community Board	# of Sessions	# of Agencies represented	# of Participants	
			Service Provider Staff	Individuals & Families
			Calgary	5
Central	3	13	18	8
Edmonton	2	30	45	20
Northeast	2	14	20	5
Northwest	2	6	9	8
South	3	15	15	13
<b>Total</b>	<b>17</b>	<b>107</b>	<b>153</b>	<b>86</b>

# Summary of Input from Service Providers

## 1. Defining Flexibility

Service providers said that increasing flexibility in the contracting process between PDD Community Boards (the funder) and contracted agencies would require a mutual understanding or definition of “flexibility” that achieves the following outcomes:

- *Improvements in how service providers are contracted.* This would include outcome based contracts, flexible funding and better relationships between service providers and the funder. Participants said outcomes are key to flexibility, saying contracts should focus on the “what” not the “how.” Contracts should allow more flexible use of funds and reflect a better understanding of the costs of service delivery. They said increased flexibility in contracting can help to build greater trust between service providers and the funder, such that the two parties move forward with the best interest of the individual as the primary focus.
- *Reduced administrative burden.* This would include simpler reporting codes, fewer or better defined administrative tasks, and greater financial flexibility. Participants said reduced administrative burdens would free up resources for direct services to individuals.
- *Increased responsiveness, efficiency and effectiveness.* Participants said increased flexibility would contribute to better service. Specifically, they said flexibility in the use of funds, or multiple service options within funding categories, would allow them to respond more quickly to changing needs. Participants also indicated that better relationships between service providers and the funder, a greater focus on outcomes, and more decision-making autonomy would also contribute to more efficient, effective and responsive services.
- *Appropriate accountability.* Although it was not raised in all sessions/regions, some participants said flexibility means appropriate accountability that focuses more on performance accountability (outputs/outcomes) and more streamlined financial accountability with less paperwork. They said there needs to be a shift in thinking about “what” a service provider is accountable for and to “whom” they are accountable.

## 2. Benefits of Increased Flexibility

Participants identified the following as the major benefits of increased flexibility for each of the identified groups.

### *...for service providers*

- Ability to better control costs.
- Ability to provide more responsive and better quality service to individuals.
- Improved staff retention and generally happier staff.
- Ability to improve services, with more opportunities for innovation, creativity and knowledge sharing.
- Ability to build better relationships with government/funder and other service providers.
- Greater ability to build trust with individuals and families.

*...for individuals receiving support and services*

- Services that are more responsive to individual needs.
- Better outcomes for individuals.
- Greater trust between individuals and service providers.
- Ability to access increased service options.
- More autonomy in decision making and greater personal control.
- More qualified service providers with better knowledge and greater control over decisions that impact individuals.

*...for families*

- Reduced stress, fear or mistrust that the system or service provider is not responding well to the needs of the individual.
- Better informed and more involved families, since options and decision making would not rely on rigidly defined types of service.
- Improved relationships with service providers, as more transparency would build confidence and knowledge in families.
- Improved, more flexible funding would give families more confidence to try new things without the fear of losing supports.

### **3. Balancing Increased Flexibility with Accountability**

To balance increased flexibility with accountability, while ensuring quality outcomes for individuals, participants provided the following suggestions:

- *Establish clear communication between service providers and the funder*, including definition of terms, clarity of roles, consistent financial and service requirements, and clear process for contract negotiations, collaborative planning and accountability framework.
- *Show more trust in service providers*, including decreased monitoring and recognition of their achievement of accreditation.
- *Change funding and how service providers invoice for services*, including shifting emphasis from service types/codes to outcomes.
- *Measure client satisfaction* through regular satisfaction surveys.
- *Use tools that permit for easy reconciliation and audit of invoices*, such as annual reviews of service providers and monthly submission of tracker invoice documents.
- *Review and replace the current contract process* by looking at other contracting approaches, such as multi-year contracting linked to accreditation, performance based contracting and trust based contracting.
- *Incorporate accreditation standards into accountability requirements* by exploring frameworks that support accountability requirements, such as logic models or report card approaches.

## 4. Proposed Strategies for Achieving Greater Flexibility

Participants made a number of suggestions for achieving greater flexibility. The following strategies represent a high-level summary of those suggestions. More detail can be found in the regional summaries. *See Appendix B – Regional Data.*

Although participants were asked to identify if a strategy was short-, medium-, or long-term, the different responses across regions make it difficult to categorize some proposed strategies.

### Short-term

- *Clarify the roles and responsibilities of all parties*, including provincially consistent definitions, messages and expectations.
- *Reduce or eliminate different service types/codes in favour of outcome measures*. This strategy would involve re-writing contracts to establish outcomes, and consolidate or eliminate codes. This would require consulting with and educating service providers and families about the change.
- *Begin to establish systems and processes that permit sharing of information and resources* (short, medium and long term strategy). These systems and processes would facilitate better service panning for individuals and sharing of resources such as staff training.
- *Reduce the burden of administration*. In addition to reducing or eliminating service types/codes, participants suggested reducing the administrative burden by streamlining or removing current forms and processes, such as change request forms, trackers, Individual Service Plans and Individual Service Agreements.

### Medium-term

- *Conduct pilot projects* to test innovations and measure their effectiveness or impact. Participants suggested a number of areas for pilot projects including stand alone service delivery/administration contracts (one year), direct staffing invoice (monthly), and funding approaches.
- *Institute more flexibility in the use of funds and service design*. Participants suggested that contracts include lump sum funding based on defined service categories, to provide greater flexibility in designing services and determining individual outcomes.

### No suggestion or consensus on proposed timeframe

- *Review and modify current contracts to demonstrate greater recognition of the roles and responsibilities of service providers*. Some participants suggested that an ad hoc provincial contract working group be established to provide input into revising current contracts. Others suggested the creation of a provincial table or committee, with regional, provincial and service provider representation, to address continuous improvement and total quality management specifically associated with the contract and standard measurement tools.
- *Change relationship between the funder and service providers*. Participants said service providers should be given more autonomy in decision making and service planning for their clients. This strategy could include reviewing the role of PDD regional staff (“Community Supports Coordinators”) to identify ways to increase consistency in actions, interpretations and expectations.

## 5. Perceived Barriers to Flexibility

Participants identified the following as barriers or challenges to having the flexibility they feel they need.

- *Too much focus on administration.* Participants said they spend too much time on administration, which takes away from time needed to support clients. Specifically, they pointed to forms, unit cost approach/tracking, invoicing requirements and records management as contributing to the administration burden.
- *Service types/codes and “bureaucratic” definitions* that create rigidity, rather than flexibility, in service design.
- *Lack of a vision and shared roadmap for the PDD program* continues to create confusion about roles and responsibilities, and prevents greater resource sharing among service providers.
- *Lack of resources.* Participants said funding for individuals they serve is not seen as a funding priority; as such, there is a lack of resources to create a sustainable and flexible PDD program.
- *Lack of trust.* “Trust” – or the lack of it – was a common theme in service provider sessions. Participants said there needs to be greater trust, transparency and clarity in the contracting process.
- *Short contracts.* Participants said one-year contracts are too short and that contracts should be three to five years in length to allow for better organizational planning.

## Summary of Input from Individuals and Families

### 1. Ideas We Like

In each region, the strategies suggested by service providers were summarized and presented to participants in the Individual and Families sessions. Participants were asked to say which ideas they support and why they support them.

- *Multi-year contracts* would help to bring financial stability to service providers and maintain long-term staff.
- *Sharing “unused” hours*, where families can share “unused” service hours with an individual in crisis. While they were willing to share extra hours, some participants said they were concerned about “getting back” those hours if their circumstances changed.
- *Outcome-based contracts.* Some participants liked the idea of outcome based contracts, particularly for individuals who have the capacity to move toward greater independence; however, some said a focus on outcomes could be a “threat” to individuals for whom constant care will always be required. Others pointed out that agencies must be sufficiently staffed and resourced to provide outcome-based supports.

- *Increased flexibility should mean more options, individualized decision making and flexible policies.* Participants said that service providers should demonstrate the same level of flexibility to individuals and families that they are requesting from the funder. For example, one participant asked why agency policy does not allow friends to stay over at a 24-hour funded model: “It is their home.”

## 2. Most Important Ideas

Once they had identified the ideas they liked, participants were asked to identify the top three most important ideas, from the perspective of individuals and families. While the top three varied across regions, the following represent the most supported ideas across regions.

- *Individuals should be involved in planning their own supports.* Participants said they would like to see individuals and families more involved in developing individual service agreements and individual service plans. Some said, where possible, they would like to meet with service providers and the funder to discuss what flexibility looks like on an individual basis.
- *Service providers should encourage and incorporate family input.* Participants said service providers need to be flexible enough to adapt to individual and family requests for changes. They do not want to see increased flexibility for service providers result in less flexibility or decreased power for families.
- *Service providers should follow government policy.* Some participants said service providers are to “provide service” according to government policy, not to decide what those services should be. At the same time, they said there needs to be policy flexibility to allow service providers to operate outside of established parameters.
- *Multi-year contracts.* Some participants liked the idea of multi-year contracts but said it should be linked to how long the individual has been receiving services and the degree of need.
- *Replace service types/coding with outcomes-based service design.* Some participants said “codes do not matter; outcomes do.”

## 3. Ideas We Are Uncertain About

Other than cautions already expressed above, participants identified the following as ideas they felt uncertain about.

- *Increasing flexibility for service providers.* Participants across the regions expressed concern that increased “flexibility” for service providers could mean reduced power and diminished roles for families and individuals in decision making about service design.
- *Including families in the contract process.* Some participants said they are not currently involved in the contracting process and do not want to be involved: “I’m happy that my service provider looks after this.”

#### 4. Our Ideas for Increasing Flexibility

Participants were invited to share any other ideas for increasing service provider flexibility. The most common suggestions were as follows:

- *Make supports portable*, from service provider to service provider, region to region and ministry to ministry.
- *Increase consultation with individuals and families*. Participants said individuals and families should be consulted more, including around service design and annual program reviews. At the same time, some participants said individuals need service providers to provide limits and direction and not allow too much choice.
- *Professional staff*. Participants said a more flexible system will require more qualified, better trained and adequately compensated professional staff.
- *Balance service quality with reduced administration*. While participants agreed that the administration should take less time and be less complicated for service providers, they said it must be done without compromising service quality.
- *Funding flexibility*. For participants, flexible funding means being able to adapt funding to meet individual needs. They said policies and funding should not work against individuals' needs, and pointed to the need for sufficient funding to provide proper supports.

## **APPENDIX A - DISCUSSION QUESTIONS**

### ***Service Provider***

1. What does increased flexibility mean?
2. What do service providers see as the main benefits of increased flexibility to them?
3. What do services providers see as the benefits of increased flexibility for individuals who are receiving supports and service funded by PDD?
4. What do service providers see as the benefits of increased flexibility for families?
5. What do service providers believe is the best way to balance increased flexibility with accountability, while ensuring quality outcomes for individuals?
6. What strategies do service providers suggest as ways to achieve greater flexibility? Are these strategies short, medium or long-term?
7. What do service providers see as barriers to having the flexibility they need?

### ***Individuals and Families***

(CEOs prepared a summary/list of input from the service provider engagement sessions).

Here are some ideas that are emerging from discussions with service providers as ways in which they could have more flexibility in how they administer their contract.

1. Of the ideas provided by service providers, which ones were well received by individuals and families and why?
2. Which ideas were the top three most important ideas among individuals and families?
3. What ideas did individuals and families feel uncertain about or reject, and why?
4. What other ideas did individuals and/or families have for how service providers could have increased flexibility?

## APPENDIX B – REGIONAL DATA

### PDD Northwest

#### *SERVICE PROVIDERS*

##### **Q: What does increased flexibility mean?**

- Short term:
  - Less service codes.
  - Employment preparation and employment placement services could be consolidated into one service code.
  - Group funded situations are complicated.
  - One service code for all support is best.
  - Flexibility between major categories (direct service, service delivery and administration).
  - Same rate across services.
  - Service options for a set number of units, but then bill to appropriate codes.
- Medium Term:
  - Group funding needs clarification (contracts work well for 1:1 but groups are difficult).

##### **Q: What do service providers see as the main benefits of increased flexibility to them?**

- Streamlined costs.
- Quicker turn around for wait lists.
- Available hours would allow for transfer between individuals.
- Could serve more individuals.

##### **Q: What do services providers see as the benefits of increased flexibility for individuals who are receiving supports and service funded by PDD?**

- More options available on a timelier basis.

##### **Q: What do service providers see as the benefits of increased flexibility for families?**

- More options.
- Less confusion around service types/codes and program accessibility.
- Could be more person centered versus a person being “a code”. Goals would be more achievable without the restriction of pre-approved service types/codes.
- Would significantly reduce the need for forms when services change.

##### **Q: What do service providers believe is the best way to balance increased flexibility with accountability, while ensuring quality outcomes for individuals?**

- Good, clear communication between PDD Community Boards and service providers.
- Bill/invoice to services provided, not necessarily to the specific code or the negotiated Individual Services Agreement.
- Create a six month individual’s goal review template – to document accountability.
- Client satisfaction survey.
- Target the “problem service providers” versus blanket approach.

##### **Q: What strategies do service providers suggest as ways to achieve greater flexibility? Are these strategies short, medium or long-term?**

- Short term – 3 months
  - Access to PDD information for better resource planning.

- Medium term – 6 months.
- Long term – 1 year.
- Refer to previous answers for identified timelines.

**Q: What do service providers see as barriers to having the flexibility they need?**

- Codes – different service types.
- Unit tracking (unit is one hour of service).
- Too much administration time – not enough client time – chasing hours. (i.e.: overnight staffed residence service could easily be tracked by the day rather than the hour).
- Too many forms needed for every code change, especially in employment programs.

***INDIVIDUALS AND FAMILIES***

**Q: Of the ideas provided by service providers, which ones were well received by individuals and families and why?**

- Discussion occurred around all of the ideas presented.

**Q: Which ideas were the top three most important ideas among individuals and families?**

- See information in final question.

**Q: What ideas did individuals and families feel uncertain about or reject, and why?**

- A caution was raised that increased flexibility to service providers could mean a reduction in service to individuals depending how service providers choose to use that flexibility.

**Q: What other ideas did individuals and/or families have for how service providers could have increased flexibility?**

- Have the ability to move funding from one group funded program to another for individuals.
- Individuals need service providers to provide limits and direction and not allow too much choice. They felt individuals need supports for a reason and therefore can't be told they can do whatever they want because it is "their choice".
- Concern about discrepancy in agency staff wages, compared to other sectors.
- Concern about individuals being on a waitlist – appears to be gaps in finding services.
- Families should be made aware of any plans by service providers to reduce services and should be invited to have a discussion regarding reasons for the planned reductions.
- Individuals with complex needs require more funding but also require access to specialized services and staff that have the expertise to support these individuals.
- There is a gap in the ability for individuals to transfer from one region to another – potential to leave an individual without funding for a period of time and limits their ability to access the best service especially if it is not available in the region they are residing.
- Long term care should be more available to PDD funded individuals even if they are under the age of 65.
- Important to have results based programs.

# **PDD Northeast**

## ***SERVICE PROVIDERS***

### **Q: What does increased flexibility mean?**

- Being able to respond quickly and efficiently to individual changing needs and circumstances.
- Streamlining the bureaucratic process – using change forms is not a quick process.
- Clarification from PDD on parameters – what is acceptable. Clarity in communication.
- Flexibility should give a wider range for things.
- The “right” information at the “right” time.
- Administration – should have a common definition of what administration includes.
- Keeping in mind health and safety issues, quick decisions while weighing risk.
- A respectful working relationship/partnership between people – collaborative environment. Easier to resolve issues.
- One size doesn’t fit all.
- Need to be flexible enough to be able to respond to changing needs.
- Need a profound shift of thinking about what service providers are being held accountable to.
- Premise of trust.
- Balance required between flexibility and consistency – different in each community.

### **Q: What do service providers see as the main benefits of increased flexibility to them?**

- Increased response time.
- Cost savings.
- Efficiencies.
- Better quality of service for the individual – better and quicker outcomes.
- Staffing confidence – responsive – less waiting time.
- Sharing of finite resources – sharing staff – transfer of knowledge and expertise.
- Greater opportunity for innovation and risk taking.
- Opportunity for failure and learning.
- Assist in staff retention – flexibility and assistance in development of staff.
- Allows organizations to be seen as confident and efficient and able to have staff follow through – credibility of both organizations.
- Greater cross-ministerial collaboration.
- Collaboration on paper but need it to work on the frontline.
- Need to negotiate resources.
- Ability to influence the process – better transitions.
- Government bureaucracy not quick enough.

### **Q: What do services providers see as the benefits of increased flexibility for individuals who are receiving supports and service funded by PDD?**

- All of the previous benefits listed.
- Collaborative partnership.
- Changes in conversation from “we can’t do this” to “we can do this – leave it with us”.
- The right service at the right time.
- Trust relationship, especially during tough financial times.
- What families feel they need is not necessarily what they actually need – flexibility allows for this.

- Could expand the “choices” options for families.
- More work now for a better outcome later.
- Individuals have more control of their lives.
- The common needs assessment (Supports Intensity Scale) may help.
- Determine a starting point then have the flexibility to change along the way.

**Q: What do service providers see as the benefits of increased flexibility for families?**

- Respond to needs as they arise.
- Families don’t believe or trust the system; “use it or lose it” fear among families; flexibility would allow for greater trust on the part of families over the longer term.
- Under-utilization for reductions – decreased flexibility in organizations – especially for emergencies – funding should stay on the table for awhile longer.
- Clarify and have more open and transparent discussions with families.
- Need experiences where services were withdrawn and then emergency response allowed for increased services once again – a few positive examples would spread to all families.
- Lessen the strain on families.
- The Supports Intensity Scale provides good information for parents as well as from parents – heightened awareness of a range of things.
- Families need respite as well – need to have options for respite – community based, etc.
- More control of how to use hours and funds.
- Empower families.
- Opportunity for families to see the development and growth of the individual.

**Q: What do service providers believe is the best way to balance increased flexibility with accountability, while ensuring quality outcomes for individuals?**

- Agree on definitions for all terms – mutual agreement
- Move to an outcomes based contracting model
- Know what is in and what is out regarding what supports the PDD program will fund
- Clarity of parameters
- Balance it by losing FTE, units, etc. and back to the outcome model and knowing what the outcomes are to be
- Move to shifting away from inputs and outputs (financial) to personal outcomes
- Clarity of roles – service provider and PDD
- All is done in support of a shared mission and values
- Service providers must assume greater parameters of risk with more flexibility – managed risk
- An appropriate use of public funding – make decisions together in support of outcomes
- Where we can’t agree – clear definition of roles and process
- Have to meet expectations outside of our responsibilities – (i.e. housing)

**Q: What strategies do service providers suggest as ways to achieve greater flexibility? Are these strategies short, medium or long-term?**

- Having financial supports available to support flexibility – medium term strategy
- Conduct pilot projects and measure the effectiveness or impact of the strategies and the need to share information from the pilot projects – medium term strategy
- Need to have some ability to manage ups and downs from year to year – surplus/deficit
- Flexibility will not be a quarterly balance
- Consistency provincially around messages and expectations – short-term strategy
- Need to establish a provincial contract working group, perhaps with service provider representation

- Need for good salary bands for service provider staff
- Culture should change to a feeling of expectation of service for families
- Learn, educate and communicate – need to share the learning and communication with families and staff – short-term strategy
- Multi-year contracting
- Administrative streamlining – change documents - burdensome – short-term strategy
- Guarantee of no in-year cuts – strategy to keep flexibility
- Need for removal/revision to wording in some of the contract clauses to alleviate issues with amendments
- Price per unit of service – examine quarterly

**Q: What do service providers see as barriers to having the flexibility they need?**

- Uncertainty with change.
- Organizational rigidity.
- Tying Individual Service Agreement to contract.
- Too much focus on the financial aspect.
- Support from other ministries is required.
- Public funding priorities – not seem as a priority.
- Changes in interpretation of the rules or contract – not consistent.
- Limitations on recovering costs – breaking even.
- Many expectations from multiple regulatory bodies such as accreditation (Creating Excellence Together, Occupational Health and Safety etc) –time consuming and financially burdensome.
- More complex focus on accountability.
- Public perception.
- Misconceptions.
- Sense of community responsiveness versus individual responsiveness.
- Relationship barrier – PDD to service providers and service providers to service providers and to the community as well.
- Portability of funding across regions is a barrier.
- Provincial transparency.
- Flexibility is not locked in stone – realistic goal – reviews at regular intervals.
- Technology is a barrier – need better access to files.
- Need better conversations among service providers when transferring individuals – share successes and challenges.
- The current service type/coding structure is a barrier to flexibility – everything is not attached to a unit of service – codes are not flexible.

***INDIVIDUALS AND FAMILIES***

**Q: Of the ideas provided by service providers, which ones were well received by individuals and families and why?**

- Service Providers are recognizing the need to change services to meet family/individual needs better.
- There appears to be some interest in change.

**Q: Which ideas were the top three most important ideas among individuals and families?**

- Service providers are to “provide service”, not decide what the services are supposed to be.
- Service providers need to be flexible enough to listen and adapt to families.
- Having individuals more involved in the development of ISAs, ISPs, etc.

**Q: What ideas did individuals and families feel uncertain about or reject, and why?**

- Service providers believe that they know “what is best” all of the time
- Service providers finally realize they have to work with community, families/individuals
- Service providers have their own bureaucracy – not just government
- Service providers cannot assume risk that the PDD program should have responsibility for
- The idea that service providers are assuming more risk – risk has to be in the proper place
- Will service providers actually change the delivery in the community
- Families not in favor of multi-year contracts because the focus will then be on dollars and not what families need.

**Q: What other ideas did individuals and/or families have for how service providers could have increased flexibility?**

- No mention of input from families in services for individuals (flexible family funding).
- Parents or guardians need to be involved in the risk as well (discussions).
- Need to rebuild the trust between families and service providers.
- A lot of the ideas were about administration and contract and not necessarily about better services for individuals – the next step and dreams (nothing pointed out how to make things better).
- Not looking globally to the large community. Need to get involved.
- Has risk management gone too far? “When staff are told they can’t hug someone” – we have lost something very important.
- Was pleased to see that service providers are coming around to the idea of more trained workers.

## **PDD Edmonton**

### ***SERVICE PROVIDERS***

**Q: What does increased flexibility mean?**

- Establishment of a trusting relationship between the funder and the service provider with clearly defined roles and expectation. Roles would be as follows:
  - Individuals/families – are the experts in identifying outcomes/goals that the person wants to achieve.
  - Service providers – are the experts in identifying, along with individuals and families, the best support models, options and resources to assist the individual in achieving outcomes.
  - Ministry/PDD – funder.
- Expectation of accountability measures for each stakeholder group.
- Ability of the funder and service provider to respond quickly to meet needs of individuals throughout life changes (planned, emergency/crisis and spontaneous). Systems must be responsive, effective and efficient with minimal paperwork/administrative requirements.
- Ability of the service provider to meet individual needs within a service system that supports the reallocation of resources and funds across service codes, changes to unit rates and number of units in a timely manner with the least amount of administration.
- Increased flexibility means focusing on supporting individuals to achieve outcomes and less focus on financial accountability (unit rates, service codes).
- Increased flexibility frees up resources and energy to focus on quality of life outcomes for individuals and outcome measurement.
- Flexibility means contract negotiation is a participatory process with service provider input throughout the negotiation of the contract.

**Q: What do service providers see as the main benefits of increased flexibility to them?**

- We will have a more efficient and responsive system that could result in lower costs (i.e. prompt responses to crisis situation).
- There will be less stress.
- Agencies can work together with PDD to be more creative and work on continuous improvement.
- Focus on outcomes instead of administrative process.
- Agencies will have more time to provide the best services they can instead of doing administrative work.
- Managers will focus on leadership capacity instead of accounting.
- Will build trust and relationships.
- Ability to reduce size of PDD because there will be less administrative work for PDD staff, thus freeing up dollars for client services.
- Increase staff security and satisfaction.

**Q: What do services providers see as the benefits of increased flexibility for individuals who are receiving supports and service funded by PDD?**

- Greater ability to respond to individual needs.
- Less time spent on paperwork needed for change approvals would result in staff being able to spend more time supporting individuals.
- Money saved from less administrative activities could be used to be proactive and less reactive.
- Crisis management could occur quicker without having to go through so many steps – individuals would get immediate help preventing the situation from deteriorating further.
- Individuals would achieve personal outcomes quicker if supports were provided sooner and at a level that meets their changing needs over time.
- Greater ability to focus on quality of life outcomes versus custodial care.
- Greater autonomy for service providers to be creative in how they provide supports to meet individual needs.
- A broader range of choice for individuals would result in better outcomes for individuals.
- Broader spectrum of enrichment – new opportunities for growth.
- More qualified staff available to provide new and different supports aimed at increased community inclusion and personal outcomes.
- Greater emphasis on individual needs versus financial limitations.
- Current practice involves making decisions at a micro management level that are finance driven. Individuals and families should be given more credit for the expertise and experience they have to make positive influences towards better outcomes.
- Fee for service arrangements would allow service providers to be funded specifically for what each individual needs when they need it, increasing the likelihood that dollars will be spent only on actual needs.
- Long term security resulting from multiyear agreements. Planning can occur over multiple years versus one year at a time. Individuals would have confidence that the funding will be there. Matches the natural progression of individuals' lives.
- Funding could start off higher at a more intensive level then fade down to less support as connections are made and independence is gained. Then funding would decrease, but it can't happen within one year so funds have to be allocated based on the lifespan of the individual.

**Q: What do service providers see as the benefits of increased flexibility for families?**

- Healthier, better informed and more confident families.
- Better ability to instill confidence in families. Confidence means that they will understand that PDD support will be provided at the right level for the necessary amount of time.
- Relationships would be about how they can act as family members to enhance quality of life versus in fear of losing supports which leads to deterioration of health.
- Decreased anxiety and potential health related illness for family members as a result of secure funding allocations over longer periods of time.
- Greater sense of working together for outcomes of funded individual.
- Family members would feel that their PDD funded individual would get the level and type of support they require in a timely and ongoing manner. This would decrease the likelihood that they would “fight” for PDD for dollars, and they would not be as possessive of the dollars that they are allocated.
- Greater willingness to try new things knowing that if it doesn’t work out then there would be security of supports as needed.
- Greater trust in relationships with service providers and PDD.
- Confidence in trying innovative and new ideas knowing funds can pay for things not currently allowed.
- Decreased paperwork and administrative activities required by staff would allow service providers to have better natural relationships with families.
- Families would have to spend less time filling out forms.
- Families would not have to go through appeal process to get supports.

**Q: What do service providers believe is the best way to balance increased flexibility with accountability, while ensuring quality outcomes for individuals?**

- Ability of the service provider to meet individual needs within a service system that supports the reallocation of resources and funds across service codes, changes to unit rates and number of units in a timely manner with the least amount of administration. Proposed strategies/supports must align with improving individuals’ quality of life outcomes and be developed in partnership with the individual/family/guardian.
- Develop and support an outcome based accountability system that has the quality of life of individuals as the primary focus with funding, human resources and innovation and flexibility as pieces that assist in the achievement of quality of life outcomes for individuals.
- Development of a measurement framework that focuses on quality of life outcomes for individuals versus focusing on dollars, units of service, service codes and unit rates.
- Financial accountability to occur at the aggregate contract level. This would allow for movement between and across service codes and categories.
- Explore the feasibility of implementing a fee for service model.
- Reinstate surplus retention process. Service provider would be required to submit written proposal describing how dollars would be used to enhance direct services.
- Enter into multi-year contracts.

**Q: What strategies do service providers suggest as ways to achieve greater flexibility? Are these strategies short, medium or long-term?**

Short Term Strategies:

- Establish a joint PDD/ACDS committee
  - To work on strategies to achieve greater flexibility.
  - To review the current contract.

- Quality Table/Committee that includes regional/provincial/service provider representation to address continuous improvement, total quality management specifically around the contract and development of a standard measurement tool, and to look at aggregate economic, environmental issues that affect the contract.
- Clarify roles:
  - Around current processes to achieve greater flexibility (i.e. new intakes should be a joint responsibility with agency and PDD).
  - PDD role could have more flexibility/autonomy, too much time spent “accounting” versus working with agencies towards achieving outcomes.
  - Agency role – more say in how support is provided, have the option to present funding requests/changes to an approval committee.
- Decrease/simplify taxing administrative processes (Individual Service Agreement, Invoicing)
  - Streamline processes and forms.
  - Provide only information that is critical, not information PDD already has.
  - Simplify the invoicing processes – fee-for-service and turn-around times are stressful and taxing on agency administration.
  - Tracking changes to contract versus Individual Service Agreements.
- Allow movement of dollars within the contract by service provider:
  - Between codes.
  - Between individuals served.
  - Between administration/service delivery and direct services.
  - Ability to use negotiated contract dollars within the fiscal year to address needs/changes internally as they see fit, while remaining accountable to PDD via tracking system.
- Strategies to address Emergency/Crisis Situations:
  - Establish an emergency funding code - negotiate a percentage of dollars (i.e. 5%) at the start of the contract to use in-year for service providers to address crisis/emergency situations/changes.
  - Use administrative contract’s to address immediate/crisis needs or use of surplus dollars to address future crisis/changes.
  - 24 hour turn-around for approvals in crisis situations could be identified in the contract and establish a period of time within (i.e. 30 days) to provide paperwork.
- Use of full time equivalency (staffing) model versus individualized support model for certain types of service (i.e. employment) to allow for ease of administration, greater flexibility, and increased capacity as people require less service. This capacity can then be used for individuals requiring more supports.
- Simplify and identify consistent funding models:
  - Establish base levels of funding like the support home model concept.
  - Use the individual need assessment tool to determine consistent/comparable funding bands/levels across service providers. With this approach, there would be less need for ongoing changes.
  - Looking at the “whole” needs of the individual versus “codes” for funding.
  - Consistent relief, service delivery, administration percentages.
  - Team Leader positions is included in some budgets; not in others.

#### Medium to Long Term Strategies:

- Assessment of service provider’s current accountability, fiscal responsibility to determine track record then reward with increased autonomy/latitude in the contract.
- PDD to work with other Ministries:
  - To look at accessing funds to address individual support/service needs that fall outside of PDD mandate (i.e. health, education, employment).

- Research other ministries/jurisdictions to see how they operate their contracts to explore strategies to achieve greater flexibility.
- To address transitional planning especially with Children and Youth Services.
- Establish accountability measures based on outcomes as determined by individuals and their families versus hourly/unit reporting.
- Shared training and resources with PDD and across service providers.
- Use of surplus dollars to stay with agency to use as needed (i.e. additional training, resources, emergency funds).
- Work breakdown structure – to show where the dollars are going and to present an accurate reflection to the Minister of new services being provided on an ongoing basis to new people coming into system and increases to people currently in the system. Also to show dollars and time invested (administrative strain on service providers).

**Q: What do service providers see as barriers to having the flexibility they need?**

- One year contracts are too short. The term should be three to five years, which would allow for better organizational planning.
- Contracts should not be amended mid-year. They should remain constant for the year.
- Contracts are not mutually negotiated.
- Not being able to move dollars among service types/codes.
- Lack of trust between PDD and service providers.
- Payment after the fact.
- Financial accountability gets in the way of responsive. Accountability is only defined in a financial sense. Clash between the accountability the Ministry wants (financial) and focus on quality of life.
- Administrative processes get in the way of responsiveness, efficiency & quality service.
- Agency assumes risk if they provide service without PDD approval.
- Political will to listen and make change. Ministry needs to have a better understanding of our needs.
- No dollars = No flexibility.
- No flexibility to use extra dollars in contract to meet needs.
- Smaller agencies do not have economy of scale to deal with changes like larger organizations do and the contract is the same for both.

***INDIVIDUALS AND FAMILIES***

**Q: Of the ideas provided by service providers, which ones were well received by individuals and families and why?**

- Are there circumstances where families would be comfortable allowing the use of supports available from their child?
  - Only with approval of families.
  - For most of us if we didn't need the extra hours; it would be okay to share but then it is so hard to get them back if our circumstances change.
  - Tight budgets make for less flexibility.
- Agencies need to be able to respond to crisis.

**Q: Which ideas were the top three most important ideas among individuals and families?**

- Protecting individuals'/families' rights in the current system - your only protection is the Individual Service Agreement, other than relying on people's good will. There is a need for greater (family) control through this agreement.
- Two-way street for reductions and increases - need to go both ways.

- Balance and control - increased flexibility for agencies should not result in decreased power to families.
  - Families may be very agreeable to a proposed change but they should have the ability to make an informed decision.
  - Families should have control over their services and changes to those supports.

**Q: What ideas did individuals and families feel uncertain about or reject, and why?**

- Flexibility for service providers may be at the expense of consultation with individuals and families.
- When money is combined in agencies, families seem to lose a lot of the control and power related to their services.
- Individual Service Agreements need to take into account changes in guardianship rules related to supported decision making as per change in guardianship legislation.
- Accountability to individual and family seems to get lost first.
- Put family in control: putting control in agencies' hands is something that families are not comfortable with.
- The contract allows 30 days notice if agencies want to terminate services to individuals – 30 days is not sufficient notice; 90 days would be better.

**Q: What other ideas did individuals and/or families have for how service providers could have increased flexibility?**

- You cannot make reductions in administration because the quality or quantity of supervision or training is compromised and the ability to consult with families around changes is compromised.
- The system is struggling: individuals and families are struggling to acquire services, the not for profit sector is struggling to attract and maintain qualified staff, college training programs in disability studies are closing down, so visionary social policy is needed along with a long term plan.
- Agencies should be able to access funds in a crisis without tapping into existing crisis services – get the money from PDD. PDD should have a dedicated pot of money for emergencies.
- Agencies should not be allowed to discontinue services until alternative services are in place.
- Individual or personal outcomes should not be determined without input from families, friends.

## **PDD Central**

### ***SERVICE PROVIDERS***

**Q: What do service providers see as the main benefits of increased flexibility to them?**

- Increased efficiency.
- Staff retention improved.
- Reduced service provider administration time requirements for reporting and more responsive to staff and individuals.
- More time available for program and service creativity as less time needed for reporting/administration of contract/invoicing.
- Increased trust.
- Should lead to increased/enhanced service delivery.
- Focus on outcomes vs. inputs should lead to stronger/trust relationships.

- Better PDD/service provider relationships.
- More flexibility – should lead to “easier” invoicing.
- Reduction in resources going to administration.

**Q: What do services providers see as the benefits of increased flexibility for individuals who are receiving supports and service funded by PDD?**

- Potential better response to individual crisis – partnering with other service providers – increased responsiveness to individuals needs.
- May be able to serve more people within existing funding.
- Flexibility will reduce individual dependency.
- Increased consistency in actual service delivery for individuals.

**Q: What do service providers see as the benefits of increased flexibility for families?**

- Increased flexibility should support optimal service with the family. Family peace of mind, security.
- Increased family satisfaction knowing that there is more focus on outcomes for their son or daughter.

**Q: What do service providers believe is the best way to balance increased flexibility with accountability, while ensuring quality outcomes for individuals?**

- System still relies on “trust”.
- Consider the concept of *independent adult protective service workers* to provide new “eyes” (quality assurance).
- Reduce specification of how to spend funds – emphasize outcomes both for individual and service provider.
- There are lots of existing accountability mechanisms that should be understood (Creating Excellence Together, Audit, Accommodation Standards, annual reviews). Inventory all the existing accountability mechanisms and make sure each is still needed – don’t bring in new ones. Seek to integrate various standards into one group appropriate for PDD.
- Accountability and flexibility are not balanced now - only “hours” are accounted for, not outcomes.
- Accountability should focus on “is the person getting what they need”.
- The Ministries of Employment and Immigration and Children and Youth Services have good contract approaches – learn from them.
- PDD could determine eligibility with service providers setting up the services to meet the needs.
- Consider multi-year funding/contracts.
- Conduct an overall system review to identify what funding has been allocated.
- Identify what mechanism could be used if agency didn’t achieve expected outcomes.

**Q: What strategies do service providers suggest as ways to achieve greater flexibility? Are these strategies short, medium or long-term?**

Short/Medium:

- Establish outcomes.
- Reduce/eliminate service codes.
- Educate/consult families to focus on outcomes not hours.
- Short term rewrite of the contract by re-looking at service codes.
  - Invoicing without codes will have greater efficiencies, flexibility in the client hours and less administration hours.

#### Longer Term:

- Look at longer contracts (more than one year) 3 years +:
  - Greater planning possible at the agency level.
  - Outcomes – retention, better educated staff.
  - Increased wages – attract males to the field.
  - Education to the families by staff.
  - The ability of agencies to reach people at a younger age – reduce need later.
  - Reduce undue necessity of no value added reporting (i.e. disclosure).
- Review impact of current accommodations standards.
- Review role of PDD to increase consistency in actions, interpretations and expectations.
- Decrease complexity of invoicing.
- More responsive payments – correct discrepancies after payment.
- Educating individual/guardian regarding overall resource sharing.
- Focusing more on needs and outcomes versus hours.
- Learn from other jurisdictions (i.e. Saskatchewan).
- Simplify service coding to clarify/explain – link to outcomes.
- Third party review of PDD's Contract Project - phase 1 – have we accomplished anything – must be external.
- Reporting mechanisms – streamlining, integrate, coordinate, consolidate; could IT help?
- Complete impact analysis for:
  - Proactive business planning/financial.
  - Less reactivity.
- Consider envelope funding:
  - Uptakes – new people.
  - Direct operations/PDD governance.
  - Government staff - pension and union.
  - Community services.
- Develop improved evaluation processes using baselines and consistency in definitions.

#### **Q: What do service providers see as barriers to having the flexibility they need?**

- Service unit cost approach.
- The PDD bureaucracy (definition of eligibility).
- Conflicting/inconsistent objectives of PDD program /regulations.
- Administrative requirements (service codes, invoicing, change forms, records management).
- Service codes – too many.
- Innovative/flexible contract model would be an improvement; one code or no code model.
- Too much emphases on “how” - should be more on “what”.
- Role of PDD gets in the way; there is too much range of interpretation and too much focus/monitoring quality of service/hours.
- Contract changes – in year adjustments.
- Lack of multi-year contracts.
- Too much reporting.
- Audit process “Letter of Confirmation” being prescriptive – hours of service not outcomes.
- Political will.

## *INDIVIDUALS AND FAMILIES*

### **Q: Of the ideas provided by service providers, which ones were well received by individuals and families and why?**

- For some individuals a measure of outcomes may be useful (when they have abilities to move towards independence) but for some it would be difficult to measure because regardless – for safety reasons – an individual may need someone with them 24/7.
- Sometimes the discussion of outcomes seems like a threat. For some, a lack of regression is progress. It may appear backwards but they are actually moving forward.
- Hours are not important to me. Good quality care is what I look for.
- We need to look at outcomes.
- Ideal would be flexibility to choose which is best.
- Consistency of hourly planning – want to focus on reporting hours; however if it was behavioural –outcomes maybe better.
- Question is moot for the many people who require and receive support on a 24-hour model.
- Outcomes have been clearly defined in the past but they were not met because the agency could not secure the staff. In one situation, the parent recommended someone at agency to be hired. This staff was already working for another organization. The agency made it mandatory that the staff go through their entire training first and therefore the worker did not take the position. There should be common standard training across the agencies so it is easier for good staff to go from agency to agency.
- Why do agencies have policies that friends can not stay over at a 24-hour funded model. It is their home.
- Good idea to have multi-year contracts. It brings financial stability and can maintain long term staff.
- Maybe every six months not painting everyone with the same brush – depends on personal situation. Offer multi-year definitely, but hinged to how long they have been in services and degree of need. To put people through the process yearly sometimes is not productive, (every 3 years, maybe).
- The year goes by so fast. I would think a longer term contract would be better.
- Longer contract term would be good. If multi-year contracts were implemented (a la Children and Youth Services current model), it should still be reviewed annually at annual review meeting and addendums would more than likely be required within that extended time frame.
- Multiyear contracts will provide more confidence that the family will continually receive the support. Due to agency policy surrounding hiring according to hours rather than outcomes, it has hindered getting staff. There have been staff shortages for up to six months.

### **Q: Which ideas were the top three most important ideas among individuals and families?**

- Good idea to have multi-year contracts; it brings financial stability and can maintain long term staff.
- Maybe every six months – depends on personal situation. Offer multi-year definitely but hinged to how long they have been in services and degree of need. To put people through the process yearly sometimes is not productive (every 3 years, maybe).
- Codes do not matter. Outcomes do. The outcomes are more important overall

**Q: What ideas did individuals and families feel uncertain about or reject, and why?**

- This question seems rather contradictory as the service provider is currently invoicing to accruals so where would there be room for increased flexibility.
- Was not aware of changes to the contracting process, nor do some families care. They are happy that their service provider looks after this and do not want to be involved in the contracting process.

**Q: What other ideas did individuals and/or families have for how service providers could have increased flexibility?**

- Need flexibility on a per person basis.
- Flexibility within agency. (i.e. the agency could hire a full time person rather than in six hour time slots in a week and work to achieve outcomes. Flexibility created for workers to move from agency to agency (standardized training). Less paperwork (statistical paperwork) would leave more time for individuals.
- Annual review is critical –ensures everyone is on the same page. In order to have the best outcomes you need to have the desired hours; they go hand in hand. Annual reviews are very important because we all need to get together then we all know what’s happening.
- Governing board – have lots of checks and balances. The pendulum is swinging too far. PDD and other regulating bodies are so focused on filling in their forms – intimidating process. Not negative about the organization - the same for all service providing agencies. Accountability is important because it brings safety, but must be reasonable. Good systems and supports in place but need to be flexible to address the individual’s needs.
- Families don’t need to meet annually with service provider. They should only meet when changes occur in their family member’s case
- The annual review is very important, and I would like to think all the stakeholders. It gives us opportunity to sit down and really capture what is happening. Sometimes the exercise is very beneficial in realizing the gains that have been made and how well things are going. It is a very positive experience.
- We need to figure out how to combine the best of the old individual service plan and the Individual Service Agreement.
- The outcomes are more important overall.
- Flexibility is important. Such as aging – need to look at different options for living arrangements to accommodate that. Flexibility is required and as such the things that are changing the contract need to change with our needs.
- Service organizations are not setting goals for the individual or assuming what they want or pushing their goals on to the individual. An individual’s self-esteem should not be attached to a dollar figure. It’s important to be flexible!
- Families need to know the hours of support; however, if needs change, be open to adjusting to meet the individual needs at that time. So if there are factors such as health – it’s very important to be flexible to meet the individual needs at that time.
- Service providers spend too much energy fighting for dollars. Work out something more consistent for service providers; there are smarter things they could do.
- Suggestion: How to provide supports for aging individuals (partnership with Alberta Health Authority and PDD) – how to improve relationship.
- As any organization – Who is running it? Makes a big difference.
- Most people are very reticent to change as they view it to mean “cuts” and unfortunately this has been reinforced in the last year. These individuals need to be involved in process and brought along to buy in to new ideas.

- If PDD wants service providers to be more flexible and innovative they need to provide planning dollars to allow for this visioning. Last year's move towards "efficiencies" has resulted in a very lean service delivery. Some of the funded projects were changed from full time to part time. Staff can't live on part-time positions. It's not giving people a warm fuzzy feeling.
- Less paperwork (statistical paperwork) would leave more time for individuals. Understand the need for the paperwork but feel that agencies could do less of it, and less often.

## **PDD Calgary**

### ***SERVICE PROVIDERS***

#### **Q: What does increased flexibility mean?**

- Allowing service providers to use resources in a more flexible way to support decision-making that is closest to the individual in order to more effectively support their needs and changes in their life.
- Reducing the current administrative burdens to ensure the resources and staff are utilized as much as possible to serving adults with developmental disabilities.
- Increasing the capacity of service providers to be more efficient, effective and innovative within the current resources available in the PDD system to ensure sustainability in to the future.
- Shifting to a system that emphasizes performance accountability (outputs/outcomes) at the individual level and systems level.
- Increased communication, building towards mutual trust and increased collaboration (between agencies and PDD and, between agencies in the region).

#### **Q: What do service providers see as the main benefits of increased flexibility to them?**

- Reduction of the current day to day administrative processes necessary to ensure accountability will create opportunities to enhance the service provider agencies management of the provision of services to individuals in a way that is more responsive and timely.
- Increased effectiveness and efficiency.
- Will generate a desire and willingness to be more creative and innovative.
- Will give them the ability to reinvest in their organization (administration) to build sustainability.
- Increased ability to create capacity with existing resources.
- Moving to a system that focuses accountability on the measurement of outcomes will enhance relationships between the service sector and PDD.
- More effective deployment of staff and increased staff retention.
- Enhanced ability to respond to crisis situations.
- Improved relationship and desire to increase collaboration with PDD.
- Free up of organizational resources to be more innovative and creative.
- Portability of service becomes a non-issue amongst and between service providers.

#### **Q: What do services providers see as the benefits of increased flexibility for individuals who are receiving supports and service funded by PDD?**

Adults with Developmental Disabilities:

- Service and support needs will be enhanced through the agencies increased flexibility to make adjustments that will lead to better outcomes.

- Increased responsiveness and choice is available to receive the right service at the right time.
- Reduction of stress and fear that currently exist due to the systems current constraints to be responsive.
- Improvement in response times for service need requests will minimize stress for individuals awaiting service.
- Responding to the immediate needs of individuals will support better outcomes.

**Q: What do service providers see as the benefits of increased flexibility for families?**

Families/Guardians:

- Family relationships with the service provider will be improved due to increased responsiveness to individual's needs and a greater focus on service quality and outcomes.
- Reduction of stress on families that currently exists due the PDD system's current constraints to be responsive.
- Improved system confidence and removal of fear that currently exists.
- Families will feel empowered by increased flexibility and there will be an increase in confidence of the system.
- Increased response time for families awaiting approval of services for their loved one.

**Q: What do service providers believe is the best way to balance increased flexibility with accountability, while ensuring quality outcomes for individuals?**

- Re-balance the focus of the current heavily focused financial accountability to a greater emphasis on service accountability (quality of life, quality of service, outputs, outcomes).
- Satisfaction surveys.
- A common needs assessment tool (Supports Intensity Scale as an example).
- Quarterly "reconciliation" meetings that are one to one and focus on discussions about financial and service requirements.
- Monthly reconciliation of agency invoices and tracker document.
- Exploration of frameworks to support accountability requirements such as Logic Models/Report Card Approaches.
- Looking at other contracting approaches (i.e. Multi-year contracting linked to accreditation, performance based contracting, trust based contracting).
- Looking at accreditation standards to ensure they are still relevant and robust enough to support accountability requirements.
- Stronger linkage between accreditation and other legislation requirements.
- Random audits.
- Increased collaboration between PDD and service providers in the planning process and development and determination of outcomes.
- Greater involvement of service providers in the intake process.
- A clear policy framework and accountability framework that would increase clarity, consistency, communication and trust.
- Open communication and trust.
- PDD staff having a deeper understanding of service providers and visa versa.
- Service provision meetings.
- Ongoing use of some of the tools such as annual reviews of Individual Service Plans, monthly submission of tracker invoice documents.
- Investment in the PDD approved service providers to ensure sustainability.

**Q: What strategies do service providers suggest as ways to achieve greater flexibility? Are these strategies short, medium or long-term?**

Approaches and strategies identified to increase flexibility centered around four broad themes.

I. Contracting Processes

- Clarify what goes in to each major category and provide a lump sum.
- Performance based multi-year contracts.
- Merge multiple contracts attached to one agency into one larger contract.
- Defining and measuring outcomes.
- Flexibility around service design and determining outcomes.

II. Coding of Services (movement of resources)

- Service code flexibility within individual programs.
- Elimination or collapse code structure.
- Category flexibility for individuals within a service code (moving between individuals).
- Category and service code flexibility (moving between multiple codes and multiple individuals).
- Create flexibility by reducing administrative burden through removing or streamlining current forms and processes (i.e. change request forms, trackers, individual service plans/individual service agreements).

III. Funding and Capacity

- Sufficient agency investment to ensure sustainability.
- Movement of resources between the three major expenditure categories (administration, service delivery, direct services).
- Service delivery and administration – to ensure agencies are sustainable.
- Shifting of staffing ratios as required.
- Create a funding contingency within the contract to respond to service adjustments.
- Create flexibility around underutilization of resources provided as an incentive and to re-invest.
- Create flexibility around utilization of surpluses – also to allow for incentive and to re-invest.
- Establish an average cost for a particular service then focus on measurement of the quality of the service and outcomes.
- Enable portability of funding between agencies (funds follow the individual).

IV. Innovation

- Increase innovation. Examples: social return on investment, reward incentives, networking, partnerships and joint ventures (cross-ministry and, cross-agency), streamlining services (bundling perhaps) along a continuum amongst and between service providers, re-invest surpluses, shared resources model, funding agency administration costs only and creating a voucher system to fund individual supports, license agencies, adequately plan for aging population, create networks amongst service providers, allow bulk purchasing with Government.
- Develop integration of system (i.e. cross-ministry, technology, training).
- Create a centralized intake within the Calgary Region such as intake occurring by city quadrants, and PDD would present the intakes to the agencies in that quadrant. Have more active participation of the agencies in reviewing the intakes.
- Reward service providers for acknowledging and responding to capacity/need.
- Transfer capacity between service providers.
- If agency demonstrates efficiency, they should be able to create a “profit” sustainability fund.
- Create multi-cultural workforce initiatives.
- Enhance skill development mentorship/training programs.

**Q: What do service providers see as barriers to having the flexibility they need?**

- Lack of a shared vision for the PDD program.
- Lack of a clear road map.
- Lack of resources to create a sustainable program.
- Loss of confidence in the sector due to issues that can't be resolved and the issues in the media that have become so public.
- Lack of an accountability, policy and performance management framework.
- Communication, trust, transparency and clarity issues between agencies and PDD and amongst agencies themselves.
- Lack of true collaboration or a willingness to collaborate.
- A "we/they" mentality.
- Lack of common definitions and terms – everyone defines things from their own perceptions and perspectives (i.e. outcomes, accountability, sustainability, innovation, system issues versus process issues).
- Still confusion about roles and responsibilities.
- Vision and passion has subsided.
- Many agencies believe that they are unique in the services they provide and therefore unwilling to collaborate to the degree needed and resistant to change.

***INDIVIDUALS AND FAMILIES***

**Q: Of the ideas provided by service providers, which ones were well received by individuals and families and why?**

- An increased level of flexibility for service providers is acknowledged and generally understood (clarifying coding, perhaps reducing complexity of coding, adjusting supports to address the needs of an individual as they change, adjusting supports between individuals to address the needs in a more responsive manner, shift reporting to outcomes, reducing reporting/paperwork burdens). Moving in that direction however, came with many caveats and cautions, which are covered in other sections within the report.
- Clarification of roles and responsibilities as long as this suggestion also encompasses the role of families/guardians.
- Enhancing flexibility could reduce the stress and fear that individuals, families and guardians often feel and, enhance overall communication in the system.
- If increased flexibility helps to stabilize the workforce and results in more qualified, trained and skilled staff, this would be extremely valuable.

**Q: Which ideas were the top three most important ideas among individuals and families?**

- Trust - enhancing flexibility is dependent upon service providers demonstrating to individuals, families and guardians that quality services and programs to PDD funded individuals is their organization's prime concern and responsibility.
- Service providers need to enhance their connection to families/guardians in the decision making process regarding supports and services their individuals are being funded to receive.
- Accountability measures (the right program and monitoring checks and balances) exist in the system to ensure quality services are being provided.
- Improving outcomes: quality programs that result in enhancing inclusion and quality of life are extremely important.

**Q: What ideas did individuals and families feel uncertain about or reject, and why?**

- Uncertainty about how increased flexibility in the service provider contract would increase efficiency and innovation. A question was raised as to what is stopping service providers from doing this now.
- Uncertainty about shift to reporting on outcomes. Quality programs that result in enhancing inclusion and quality of life are extremely important.
  - What is the definition of success?
  - Outcomes should not dictate process.
  - That “uniformity” in determining outcomes does not put people into boxes or add to the labelling of individuals.
  - Maintain the uniqueness of each individual’s goals and dreams and support them, no matter how long it may take, to support them.
- Rejection of completely removing coding structures.
- Rejection of providing “blanket” grant funding to service providers and allowing them to use the funds as they choose.
- Concern that if flexibility is taken too far, it may result in service providers moving staff around too much, which would impact the continuity of programming for an individual.
- Concern that too much flexibility may result in deterioration of program standards and blending of supports and services to individuals.
- Concern about maintaining necessary service provider accountability. Caution that checks, balances and monitoring structures need to be clearly defined to maintain the right level of accountability.

**Q: What other ideas did individuals and/or families have for how service providers could have increased flexibility?**

Families/Guardians expressed the following ideas that they believed would be necessary to create building of trust that would enable them to support service providers having greater flexibility:

- Having an increased focus on evaluation and program quality and satisfaction.
- Demonstrating a greater willingness to have stronger connections to families/guardians.
- Having mechanisms in place that would enhance service provider accountability to families/guardians directly (i.e. is their individual receiving the services the agencies promised to delivery and is the program providing meaningful services that contribute to enhanced quality of life).
- Hearing more from service providers about what they are doing to be more flexible to “help the system” – not just what they think PDD needs to change.
- Demonstrating more collaboration amongst them to increase flexibility within the system and meet the portability needs of individuals.
- Demonstrating more flexibility to serve individuals whose families have chosen Family Managed Services.
- Demonstrating a shift in attitude to a more “family friendly” philosophy within their organizations.

## **PDD South**

### ***SERVICE PROVIDERS***

**Q: What does increased flexibility mean?**

- Agencies will no longer have to track separately for actual costs and for invoicing purposes (agencies tracking twice to capture staffing hours versus support hours).

**Q: What do service providers see as the main benefits of increased flexibility to them?**

- Less administrative work.
- More accurate accountability.
- More reflective/consistent hours of service.
- Increased flexibility demonstrates an increased level of trust.
- Ability to apply PDD dollars in a multitude of ways to accomplish creative ways of supporting individuals, leading to more independence and less cost to serve people.

**Q: What do services providers see as the benefits of increased flexibility for individuals who are receiving supports and service funded by PDD?**

- Better services to individuals.
- More responsive to individuals needs.
- Better outcomes for individuals.
- Decreased costs in administration and overhead.
- Sustainability for the PDD system.

**Q: What do service providers see as the benefits of increased flexibility for families?**

- Less worry for guardians/families.

**Q: What do service providers believe is the best way to balance increased flexibility with accountability, while ensuring quality outcomes for individuals?**

- Changes to Creating Excellence Together (CET) standards to get at issues - decrease the monitoring needed by PDD due to trust in Accreditation standing.
- Increased flexibility means more accountability.
- Clearly defining what PDD will fund - re-evaluate and update the PDD program's policy (former) Community Inclusion Framework with costs being able to be charged to appropriate area, (direct services versus administration).
- Use of nominal roll to track attendance versus units of service per individual.
- To be accountable - pool funding to program for certain people for certain outcomes
- Identify core items around accountability that apply to all services providers, then identify unique accountabilities to reflect uniqueness of each service provider.
- Be transparent, clear and consistent with requirements for contract negotiations - agencies are being told different things are acceptable by different PDD regions/staff.

**Q: What strategies do service providers suggest as ways to achieve greater flexibility? Are these strategies short, medium or long-term?**

- Stand-alone service delivery/administration contract for one year and direct staffing invoice on monthly basis (pilot). This would result in efficiencies.
- Revert back to granting process that involved quarterly advances – long term.
- Use of average unit cost - based on maximum units of services identified (apply this to day programs).
- Ability to 'pool' staff resources to serve more than one individual with the same objectives/goals. These circumstances make it unrealistic to identify 'individual costs'.

- Review PDD Program (former) Community Inclusion Support Framework - provide clarity around what PDD funds.
- Greater consistency in the interpretation of contract policies by PDD staff.
- Define what is in a unit cost (short term).
- Flexibility of what is allowed in direct care (short term).
- Ability to allocate to direct care as per uniqueness of each agency (mid-term).
- Ability to identify instances that have an individual cost and those that have an interdependent cost.
- Fund non-traditional support models with objective of long-term savings.
- Ability to use PDD funding for items that are not typically in policy, on a short term basis to achieve better outcomes.

**Q: What do service providers see as barriers to having the flexibility they need?**

- Costing and tracking unit of service per individual not flexible.
- Move units to another person more easily.
- Contract doesn't allow easy movement between service codes without a lot of work administratively - easier to track information.
- Use of resources as service providers deem necessary.
- Invoicing doesn't match actual services being delivered (i.e. invoicing within budget projections rather than true fluctuations in services).
- No options for subcontracting because there are a lot of policy requirements and Creating Excellence Together standards. Contract management and program delivery policies not flexible to allow for creative ways of getting specialized support (i.e. to teach Japanese cooking to individuals).
- Latitude to get to personal outcomes - fixed amounts to achieve personal outcomes without differentiation of funding categories.
- Individual unit service (moving funding and units to others).
- Current components of what constitutes unit cost (fixed costs versus utilization).
- Prescriptive 80% direct service – 20% administration/service delivery.
- Quarterly invoice is preferred.
- Interpretation of contract and program policy.
- PDD not recognizing realities of service providers' actual costs of doing business.
- Language used leads to misinterpretations.
- The “program” mentality (everyone has to have the same done onto them) is a barrier.

***INDIVIDUALS AND FAMILIES***

**Q: Of the ideas provided by service providers, which ones were well received by individuals and families and why?**

- Need for “policy” flexibility (i.e. musical therapist not allowed in vocational program because not considered to be vocational).
- Families sharing unused hours for another individual in crisis.

**Q: Which ideas were the top three most important ideas among individuals and families?**

- Policy flexibility allowing service providers to operate outside the established parameters (i.e. having a family contract music therapist support family member during “vocational hours”).
- Need for families, service providers and where possible PDD to meet and discuss what flexibility means and looks like on an individual basis.

**Q: What ideas did individuals and families feel uncertain about or reject, and why?**

- Some families were hesitant about sharing unused hours.

**Q: What other ideas did individuals and/or families have for how service providers could have increased flexibility?**

- Flexibility from ministry to ministry – fluid in supports.
- Allow sick individuals to be supported at home and not have to go to day program.
- Getting agencies to work together during day program (Partnering).
- Community access doesn't have to be day program.