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INTRODUCTION

This brief is prepared on behalf of the voluntary rehabilitation agencies in Alberta by a joint committee of the Alberta Council for Crippled Children and Adults, the Calgary Social Planning Council, and the Edmonton Welfare Council. A brief description of these three organizations and their functions follows.

(a) Historically the Alberta Council for Crippled Children and Adults came into being to administer the Easter Seal campaigns. It is now a province-wide voluntary association of many agencies and services coordinating their individual efforts for the purpose of improving Alberta's rehabilitation program for handicapped children and adults.

(b) The Calgary Social Planning Council has as its primary objectives research into, and development of, plans and proposals to fulfill the social needs of the citizens of Calgary. In effecting these objectives the Council is independent, but cooperates with all interested agencies, organizations and individuals in the community.

(c) The Edmonton Welfare Council, as a citizens' planning organization, is vitally concerned that a well-developed and well-patterned system of social services exists. It is equally concerned with services under public and private auspices. By involving citizens in the planning of services, it feels that the patterning will be more effective and the utilization will tend to be optimum.

It is therefore in the role of planning and coordinating bodies that the three Councils make this submission. It must also be made clear that while the two Metropolitan Councils attempt to provide for situations as they exist in the two major urban centres, this statement is presented on behalf of the whole province; and the authority for such presentation, and concern about adequate provision for the needs of the smaller cities and rural areas, is evidenced by the initiative and involvement shown by the Alberta Council for Crippled Children and Adults.

HISTORICAL BACKGROUND

Many of the voluntary agencies in the province have instituted programs for the rehabilitation of handicapped people. In addition, many programs are provided by government agencies. As these programs have developed, it has been realized that intelligent planning and efficient use of the services they endeavour to provide is impossible without detailed, accurate, complete and continuing assessment of individuals requiring rehabilitation. Evidence of concern about proper assessment can be found in previous briefs submitted to Government on the subject, the sympathetic and enlightened interest demonstrated by pilot projects initiated by Government, and the long-standing concern of the Alberta Division of the Canadian Medical Association. This concern, apart from the work done by the three Councils submitting the present statement, extends over a period of years.

What is surprising is that this principle of the prior need for adequate assessment involving a complete analysis of the total needs of an individual, has taken so long to achieve tangible recognition and acceptance in the form of a practical and readily available assessment service.

We believe that many of the resources necessary for adequate assessment are already available in our major communities. However, everyone realizes that these resources need to be coordinated if complete and continuing assessment is to be accomplished. Without adequate assessment the full value of the rehabilitation dollar and effort is not being realized. For lack of a plan to bring all available resources into play in a unified manner, adequate assessment services have not been provided.

THE CONCEPT OF TEAM ASSESSMENT

Integrated assessment, as envisaged by our committee, involves all appropriate professional disciplines necessary for the complete evaluation of the handicapped person. Only in this way can a comprehensive report of the whole person be obtained. Further, this assessment does not constitute an end in itself. It is no more than the preliminary requirement for prescription of a rehabilitation program which will realize the maximum potential of the individual. The assessment services must therefore be able to call upon the resources of physicians and surgeons of all specialties, therapists, psychologists, social workers, vocational counsellors, work assessment personnel, and placement officers.

Equally important is the bringing together of their individual findings in each case into a unified report on the whole person, his handicap and his potential.

It is of importance that the assessment unit be integrated within the total service structure supplying services to handicapped persons. In this sense, integrated assessment provides a central resource for all who need it, as well as the coordination of professional skills.

In summary, a team assessment would:

- (a) provide comprehensive evaluation of a person's disability and potential;
- (b) prescribe necessary measures for fullest possible rehabilitation;
- (c) obtain and supply accurate statistical information on which to base the overall planning for total services to disabled people in this province (i.e. Medical Rehabilitation Units, Sheltered Workshops, Vocational Assessment and Retraining Facilities, Custodial Care Areas, etc.);
- (d) overcome the drawbacks of the uncoordinated findings which result from present practices;
- (e) save time and money per case in both the assessment itself and in the subsequent rehabilitation processes.

A PLAN FOR IMPLEMENTATION

THE STRUCTURE OF THE TEAM

As indicated earlier, most of the resources necessary for adequate assessment are available in both Calgary and Edmonton. Coordination of resources is

necessary if continuing assessment is to be accomplished.

An example of the intake, assessment, and follow-up procedure follows.

Source: A voluntary agency, a public department, a family, a physician, or an interested citizen on his own initiative, would contact the coordinator of assessment services.

Case Assessment: It would then be the responsibility of the coordinator to obtain a medical study of the patient and a thorough case history evaluation by a social worker. Where indicated, as a result of these basic medical and social studies, further specialized evaluation by medical specialists, speech therapists, prosthetists, vocational and academic assessors, etc. would then be obtained as required.

Coordinating the Assessment: Once all specialized services required have been utilized, it would be the responsibility of the coordinator to arrange a conference on the individual patient. At this conference, a synthesis of all the material on the patient would be developed. On the basis of the synthesis the referring agency or individual would be appropriately advised as to the recommended course of action.

Follow-up: The social worker's responsibility would be to ensure that the patient received the recommended appropriate rehabilitation services. However, the team social worker would not be directly involved in the provision of treatment.

A further role of the team through its coordinator would be to determine whether or not the patient has received the recommended services. This might be accomplished through an automatic recall system which would produce further valuable information concerning rehabilitation needs in this province.

We would suggest that the most suitable initial method of providing assessment services to all Albertans would be through a north service facility located in Edmonton and a south service facility located in Calgary.

1. MANAGEMENT

We would suggest that management of the assessment teams in each city be vested in the hands of the local citizens. This could be accomplished by a steering committee establishing boards of directors representative of:

- (a) one-third related professional disciplines
- (b) one-third board representatives of social agencies
- (c) one-third members at large from the area served.

The function of each board would be overall direction of the assessment unit including such things as: hiring of staff, developing intake and referral

procedures, developing budgets, taking social action in conjunction with local planning councils on needs as documented by the assessment team, and having custody of the records of assessment.

Provision should be made in the initial appointment for the development of a rotating board.

2. STAFF

To implement our proposed approach, a small organizational staff is required to coordinate assessment resources.

The following full-time staff is required:

- (a) Director
- (b) Social Worker
- (c) Secretarial assistance

The following part-time staff is required:

- (a) Medical Doctor

Role of the Director ²⁾

The Director would be hired by and be responsible to the board of directors of the Assessment Team. His role would be to establish practical office procedures, methods of conferencing, supervision of staff, documentation of service needs and resources and, in general, be responsible for the overall management of the Assessment Team.

It is recommended that this person have background in the social sciences, with

management experience. This is to be the senior position in the Assessment Team.

Role of the Social Worker 2)

The Social Worker's responsibility would fall in the initial and final phases of the team assessment. The initial phase would consist of preliminary screening of applicants and the development of case histories. The Social Worker would be part of the case conference when all pertinent data was tabled in order to develop a comprehensive picture of the individual and his handicap. It would be the Social Worker's responsibility to oversee the necessary follow-up procedures.

Role of the Secretarial Staff

Secretarial staff would be responsible for the numerous office skills that would facilitate the operation of the team.

Role of the Part-Time Medical Doctor

The part-time Medical Doctor would be responsible for the initial medical assessment. Based upon this assessment and the social history, other professional skills would be utilized as required.

3. FINANCES

It is recommended that the Provincial Government provide an annual grant

2) In the initial stages of organization, and depending on work load, it may be feasible to have the roles of Director and Social Worker played by the same person.

sufficient in size to pay for all of the administrative costs of coordinating assessment. This would include such items as office space, salaries of Director, Social Worker, Medical Doctor and Secretarial help, telephones, transportation, etc. This cost may be shareable with the Federal Government under the terms of the rehabilitation agreement.

The value of this approach commends itself on at least the following points:

- (a) no capital cost is involved;
- (b) operating costs will be met on a fee for service basis, once the initial stage of organization has been completed;
- (c) the experience gained in this initial effort will provide the guidance necessary to plan for future development and expansion.

It is our feeling that the method of implementing provincial assessment services can be accomplished most effectively by pooling both public and private resources.

If an agency, individual, government, department, etc. requested an assessment it would be its responsibility to pay for the medical specialties involved. Again, these costs may be shareable under the Federal-Provincial rehabilitation agreement. Additional financial resources such as M.S.I., the Alberta Hospitals' Plan and the Alberta Blue Cross could also be utilized at this stage. ³⁾

4. PROVINCIAL COORDINATION

In order to assure appropriate provincial coordination of assessment services,

3) See Appendix A

it will be necessary to establish a Provincial Committee to set minimum standards, operational procedures, uniform financial patterns, etc.

RECOMMENDATIONS

1. That the Government of the Province of Alberta accept in principle the concept of coordinated team assessment.
2. That the Government of the Province of Alberta accept the plan contained herein.
3. That in order to establish operational team assessment, the Government of the Province of Alberta appoint a Provincial Steering Committee comprising:
 - (a) representatives of appropriate Provincial Government Departments;
 - (b) representatives of the Alberta Division of the Canadian Medical Association, the Calgary Social Planning Council, the Alberta Council for Crippled Children and Adults, and the Edmonton Welfare Council;

this Steering Committee to be charged with the responsibility of organizing city and provincial groups to implement the operational assessment as indicated in this brief. It is to be understood: that the Provincial Steering Committee shall act as an interim group only, and that upon the completion of its organizational responsibilities it shall transfer its duties to the Permanent Provincial Committee.

SUGGESTED BUDGET

The amounts suggested below are minimum. Additional allowance would be required to cover recruitment and annual increments. The salary of the Medical Doctor is based on part-time regular service to the Assessment Team.

	<u>Edmonton Centre</u>	<u>Calgary Centre</u>
Director	\$10,000.00	\$10,000.00
Social Worker	7,500.00	7,500.00
Secretary	4,000.00	4,000.00
Medical Doctor (part-time)	6,000.00	6,000.00
Rent, Heat, etc.	8,500.00	8,500.00
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Sub-total	\$36,000.00	Sub-total \$36,000.00
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<u>TOTAL</u>	<u>\$72,000.00</u>	

We are recommending a total budget of \$72,000.00 to establish two Assessment Teams to provide service for all citizens of Alberta, which represents less than 5¢ per Albertan per year.

CONCEPT OF THE OPERATIONAL ASSESSMENT TEAM

ASSESSMENT TEAM

SOURCES OF HANDICAPPED PERSONS REQUIRING REHABILITATION

Federal Depts. & Agencies
Provincial Depts. & Agencies
Voluntary Community Agencies
Individuals & Families
Medical Profession
Hospitals
Schools
etc.

intake

REHABILITATION SERVICES

Sheltered Workshops
Homebound Employment
Counselling
Physiotherapy
National Employment Service
Vocational Training
Academic Training
Occupational Therapy
Medical Treatment
Public Welfare
Rehabilitation Workshop
Dept. of Education

output

CONCEPT
OF
OPERATIONAL ASSESSMENT TEAM

