

2022 OMSSA Exchange Conference - Life Stabilization Learnings Practical Takeaways from the Prototypes

Unanswered Questions:

1. **With the shift towards focusing on clients in the community vs just OW clients, how have you managed the workload?**

Peel: Not much has changed for us in this regard. We are available to support the community through information sharing, connection to services etc. but our focus is still OW clients. Any non-SARS supports would be locally determined.

Peterborough: On the frontlines this has been challenging at times. We don't get all the ODSP NDA clients all at once so having this spread out does help. Our Client Service Workers (former Case Managers) complete less OW applications to allow time for workload changes.

2. **When you were implementing the prototype, was there any evaluation in place to assess the prototype and see how it could be improved? Could you share?**

Peel: The Ministries are undergoing an evaluation of the prototypes. In our local area, there was no formal evaluation. We tracked our service measures and received outcome updates for accepted EO clients from our Service System Manager (SSM).

3. **Are municipalities able to see what stream a client will be in based on answers to the Common Assessment, or is that determined by the SSM?**

Peel: Yes, the client's stream is determined once the CAT module 2 is completed by EO. CWs can see the determined stream in the CAT and in the linked Employment Action Plan once a client is actively working with EO.

4. **Did any caseworkers lose their jobs?**

Peel: No. However, due to our shift in service delivery, our existing Employment Services Workers transitioned into CW roles.

Peterborough: We did have layoffs in our office when roles were restructured. No Case Manager jobs were eliminated but others affected included a manager, supervisors, employment counsellors, children services case manager, housing clerk and file clerk. Now, 1.5 years into this transition there have been many retirements. We have multiple vacant positions in the office that need to be filled at this time.

5. **As it was mentioned, there were conversations with the Service Managers in all three areas. What data was important to be included to ensure that the Service**

Manager has the understanding of the clients and what has been working in the past.

Peel: Information regarding client barriers, goals, demographics, average time on assistance, and participant counts was shared with our SSM.

6. How do the ongoing eligibility pieces (eg. overpayments etc.) fit into life stabilization?

Peel: Overpayments are still collected and at this time we continue to complete 24 month reviews.

Peterborough: Same as above.

7. Am I understanding that we are also working with Non-Sars? If so, do they need to be set up in SAMS?

Peel: We are available to support the community through information sharing, connection to services etc. but our focus is still OW clients. Any non-SARS supports would be locally determined.

Peterborough: Majority of non-Sars being supported at this time are former OW or ODSP clients who are ineligible due to earnings/income. Individuals who are interested in continued support while in post secondary, started a new job etc. So these individuals are already in SAMS. Otherwise non-Sars would not necessarily need to be set up in SAMS depending on the supports your local office chooses to provide.

8. I'm curious about the volume of applications that are not granted by IBAU. Does the intake team still get a lot of phone calls?

Peel: At this time, we are still completing intakes where needed and have a dedicated team to support.

Peterborough: At this time, we are still completing a high volume of applications. Since office restructuring we have a dedicated team of Intake and Referral workers who complete the majority of these applications. Client Service Workers (former Case Managers) do get "overflow" OW applications as well as all Emergency Assistance applications.

9. What was the process at the local office when the referral was returned by EO?

Peel: The EO provider would notify the CW in advance of the potential return. If connecting/engaging the client was an issue, then the CW would attempt to connect with the client before the EO return. CWs are also expected to discuss returns with the client

to determine next appropriate steps in participation and to update their action plan with potential new goals and activities.

Peterborough: The EO provider will notify the Client Service Worker prior to returning the CAT referral to give the CSW a chance to follow up with clients first.

10. Did you complete a consent for the EO and OW and can you share the information?

Peel: There is a consent component built into the CAT that supports the referral to EO. Any additional details shared with EO would require a separate consent form for OW and be specific to the details that will be shared. We always engage with our privacy advisor before sharing any information or creating consents.

Peterborough: Consent built into CAT is used for information sharing between service providers and appropriate ministries.

11. What caseload ratios have you landed on? Do they still do annual updates, income / address changes or do you have other dedicated staff?

Peel: Yes, we are still supporting financial components including updates. There is currently no standard caseload ratio set locally as it fluctuates.

Peterborough: Caseloads continue to fluctuate. With our restructuring, a new role was created: Program Integrity Workers. That team now completes Form 1 updates, EVP's, file reviews, etc. Client Service Workers continue to process monthly income information and ongoing changes to eligibility in addition to Emergency assistance apps, CAT and Action Plan reviews and overflow OW applications from IBAU and internal intake team.

12. What is MHAUS?

Peel: MHAS= Mental Health Addictions Screener. These questions are part of the CAT module 1.

13. So do we know how many individuals a client will need to work with to move thru the system?

Peel: In theory, the CW and the EO counsellor would be the primary individuals working with a client however their staff and OW staff may change over time, or they may move to a different EO provider.

Peterborough: Clients apply through IBAU, then may be referred to Intake Worker (depending on details of the application). Client is then sent to their ongoing Client Service Worker and if referral ready will also be referred to a worker at an EO service

provider. Currently ODSP NDA clients continue to have their financial worker at ODSP, have an ongoing Client Service worker with the municipality for stabilization supports and, if referral ready, will work simultaneously with a worker at an EO service provider.

- 14. I would be curious to know how each of these sites are supporting their staff with their own mental health given many questions within the CAT can bring about some difficult conversations and the disclosure of some very personal details.. aside from Mental Health First Aid Training, Trauma-Informed Training etc.. how do they support their staff so that it is not carried outside of their "work" life?**

Peel: To date, staff have completed training in Mental Health First Aid and Empathic strain. EFAP is also available to our staff and a number of tools were developed ([Mental Health Debrief Model Toolkit](#)). We are continuing to explore future training opportunities for our staff.

Peterborough: All staff are to complete Mental Health First Aid training. Other optional training provided has included trauma informed practice. Staff are able to informally debrief after difficult situations with colleagues and supervisors. We also have the EAP program through health benefits. There has not been specific support for staff pertaining to their own mental health.

- 15. Previously it was important that the participants didn't have to tell their story to more than one person - how has this changed?**

Peel: This priority has not changed. We endeavor to support the client through the referral and EO can see the CAT module 1 responses to support those initial conversations with the client as well and to mitigate unnecessary 'retelling.'

Peterborough: We believe the client not needing to retell their story is important. Frontline staff are finding that has changed under this model.

- 16. What funding is available to pay for these participation benefits since employment money is gone?**

Peel: The participation benefit funding structure is similar to the previous ERE just with a reduced annual funding amount. Benefits are available to support clients with their Life Stabilization activities as long as they are tied to their Action Plan goals/activities and EO is now accountable for the employment related benefits.

Peterborough: Same as Peel.

- 17. Can we view a copy of the CAT tool?**

Peterborough: Our office had access to a list of CAT questions prior to go-live. This is available through the ministry.

18. Is there a criteria being used when referring to EO?

Peel: Clients do not have to be job ready per say before an EO referral is made as EO will support them to become job ready. Clients need to be able and willing to participate in employment activities. They require a SIN and should not be in a housing or health crisis. It is also important to note that clients can also complete both LS and ES activities concurrently.

Peterborough: Same as Peel.

19. How are offices dealing with addictions? meaning clients are not acknowledging there is substance abuse but are not job ready and not following through on the outcome plan.

Peel: We are meeting the client where they are at, co-designing the action plan together and breaking goals down into small steps, being flexible and celebrating even the smallest gains. We also continue to explore community resources locally for mental health and addictions supports.

Peterborough: This could really vary on a case-by-case basis. If a client is not referral ready for EO, and are in precontemplation with substance use concerns, there are often other goals the client identifies that they are working on. Goals will not always be specific to employment. If referred to EO, but clients are not following through with EO, this can provide an opportunity to have a curious conversation with the client to try to learn more about their barriers and possibly change in declared goals (reconnect with estranged family, attend food banks monthly, etc).

20. How can we best prepare staff for this transition?

Peel: Communication, training in advance of roll out and peer supports post implementation and ongoing support have been critical to our successful roll out.

Peterborough: Training prior to go live with the technical aspects of CAT and AP. Conversations about different ways CAT can be administered utilizing staff style and strengths. Shifting language in the office away from “employment ready” to “referral ready”. Proactive collaboration between frontline EO and SA staff to establish plans for smooth client transition to the new model.