

Improving Services to People with Developmental Disabilities

Deputy Ministers' Review of Community Living British Columbia
December 2011



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Executive Summary

In September 2011, a committee of Deputy Ministers reviewed the operations of Community Living British Columbia (CLBC) and related linkages to relevant government ministries, to consider concerns expressed by individuals with developmental disabilities and their families.

It was essential to begin by situating the current state of the agency in the context of the ongoing evolution of support services. The Government of British Columbia first committed to deinstitutionalization in 1981, following a community-led movement to develop an infrastructure of community boards that championed alternatives to institutional placements and activities. By 1996, a working partnership between government and the community living sector was fully established.

Continued growth in the number of individuals with developmental disabilities served by the government produced a significant stress on the system between 1996 and 2001, prompting the development of a set of aspirational principles for a system of support focused on individuals' needs. To realize these principles, government initiated a shift to a model of individualized funding. CLBC was established in July 2005 to enact a devolution of services to an independent authority. However, individuals with developmental disabilities and their families have recently raised a number of concerns about CLBC, with four common themes emerging: the challenges associated with individuals transitioning to CLBC-funded services at age 18 or 19; closures of staffed residential facilities without sufficient delivery of alternative solutions; the need to engage families in conversations about innovation; and misconceptions about the number of people not receiving services, arising out of the inaccuracy of internal tools for managing requests.

In conducting their review, Deputy Ministers took into account reviews by the CLBC Board, Queenswood Consulting and the Internal Audit report. The insights in these reviews were used to identify key issues, particularly those concerned with the challenge of meeting the needs of an emerging generation of people with developmental disabilities who desire greater independence. This report identifies and elaborates on the following key issues:

- Tensions in the core mandate of CLBC that ask them to pursue distinct and sometimes conflicting goals.
- A lack in service integration for delivery of supports to adults with developmental disabilities.
- The specific difficulties of individuals with developmental disabilities who are transitioning to adulthood, particularly for those individuals who have previously attended school.
- Fundamental flaws in assessment tools and processes, creating challenges in systemic planning and CLBC's ability to identify and assess how adults with comparable levels of severe disability will be served.
- Encouraging a cultural shift towards a focus on individual and family needs, to form partnerships that encourage a shared sense of mission.

- The need for improved communication and collaboration on the part of CLBC with individuals and families, and also amongst government services.

Deputy Ministers concluded that the current service delivery model is sustainable, but requires improvements in a number of areas. This led to the development of recommendations to address concerns about CLBC, to improve government support to individuals with developmental disabilities, and to restore public confidence in CLBC.

Summary of Recommendations:

1. Develop a coherent “one government” policy framework for persons with developmental disabilities.
2. Implement a more consistent assessment platform across the Ministries of Children and Family Development, Health, Education, and Social Development, along with CLBC, to ensure consistency and clarity of needs assessment and planning for individuals and their families.
3. Use a coherent and integrated system to track demand, wait times and service delivery across relevant ministries and CLBC.
4. Improve cross-government planning for individuals who are transitioning through different types of care, to reduce stress on them and on their families.
5. Maintain CLBC as a Crown Agency. Implement changes to address mandate tension created by generational change, and improve approach to and relationship with families and individuals.
6. Implement new government capacity focused on transition supports.
7. Increase employment services planning and supports, as well as alternative day programming options.
8. Support greater utilization of individualized funding.
9. CLBC and Ministry of Health to assess and model needs of the older cohort of individuals with developmental disabilities and develop a three-year plan to meet those needs and ensure early planning with families.
10. Reinforce government’s accountability and responsibility for CLBC through more effective use of legislative authorities.
11. Carefully increase funding to support these changes, and link new funding to clearly identified outcomes.
12. Support ongoing innovation in the sector, and recognize and support the innovations developed, championed and undertaken by families and individuals.

An action team is being established with CLBC, to develop a cross-ministry assessment platform and a one-government funding envelope by Spring 2012. Throughout 2012, work will be undertaken to determine the appropriate method of service delivery for individualized funding. This work will maintain a focus on ongoing engagement of individuals with developmental disabilities, their families and their advocates.

1. Policy and Operational Background of Community Living British Columbia

In their review of Community Living British Columbia, the Deputy Ministers' Committee considered it important to situate the current state of the agency in the context of the ongoing evolution of support services for individuals with developmental disabilities. This history constitutes a substantial portion of the Deputies' report, but it is essential to understanding the current state of the agency.

1.1 Policy Context

Among the key characteristics of the community of and around individuals with developmental disabilities and their families in British Columbia is the clear, visionary and compelling role that has been played by families and advocates over the past several decades. This community spearheaded the movement away from institutionalization and developed an infrastructure of community boards that championed alternatives to institutional placements and activities.

Consideration of the role played by community groups throughout the 1980s and 1990s is essential to understanding the desire of families and advocates to devolve services away from government, as well as to understanding the logic that has driven development of the recommendations in this report.

The Government of British Columbia first committed to deinstitutionalization in 1981. Over the proceeding 15 years, the transition was effected such that by 1996 there was considered to be a fully established working partnership between government and the community living sector.

The number of individuals with developmental disabilities served by government in British Columbia has continued to increase over the past several decades, largely owing to legal decisions that have broadened eligibility criteria. Given that growth, combined with reduced availability of funds, cost impacts from labour accords, changing economic priorities, and evolving expectations of families and communities, the system of supports established and delivered by government in the mid-1990s experienced significant stress between 1996 and 2001. That stress sparked change in government's approach to the provision of supports for individuals with developmental disabilities.

In 2001, over 8,000 adults with developmental disabilities were receiving supports in communities across British Columbia, supported with an annual budget of nearly \$500 million. More than 5,000 of those individuals lived in residential care, at an approximate cost of \$365 million per year.

In the face of significant government deficits and facing profound pressure to provide more services and increase budgets, a key principle that had sustained government's role in this sector for the previous decades remained paramount – that society must provide for its most vulnerable. Individuals were supported with a range of services, including residential programs, professional support services, and training and support programs. The approach, adopted over the preceding decades in partnership with families and advocates, had created new expectations and new aspirations amongst individuals and their families in the community.

Work to elaborate the policy foundation for a new approach to delivering services to individuals with developmental disabilities began in earnest in 2001. The Ministry of Children and Family Development prepared a *Discussion Paper on Community Living Services* to present their "thinking on why change to community living services is necessary." Concepts outlined in the discussion paper – including devolution and flexible supports – were foundational to subsequent, more in-depth and consultative work by the Community Living Transition Steering Committee in their report *A New Vision for Community Living ... a vision of choice and change*.

The Steering Committee, working in partnership with families and individuals in British Columbia, developed aspirational principles that have endured through the formation of CLBC and to the present day. They envisaged a system of supports around people with developmental disabilities and their families that:

- Sees individuals with a disability as full citizens of their communities;
- Honours and encourages their contributions;
- Places trust in the capacity of individuals and families to lead their own lives effectively ... to meet the challenges they face ... and to develop their own support systems;
- Builds the strength of individuals and the resilience of families to move away from dependence on government services;
- Is built upon the premise of respecting the decisions of individuals and families;
- Builds capacity in communities that recognizes and values the contribution of people with disabilities; and,
- Provides support to individuals and families when they need that support.¹

1.2 Operational Context

The Steering Committee developed a framework for the creation of a community-based governance structure for community living and proposed alternative delivery mechanisms to create more options for families and the opportunity for more self-direction for people living with developmental disabilities.

It is important to note the emphasis placed on community capacity as a foundational principle, and the priority attached to working with individuals and families within a framework “where services are just one option.”² Given that the Steering Committee was seized with building a strategy to “meet the needs of those who currently receive no support or not enough support,”³ the concept of individualized funding was fundamental.

The Steering Committee described individualized funding as a system that includes:

- Allocations based on a support plan that identifies disability-related needs developed by the person with disabilities and, where appropriate, their personal network and trusted advisors;
- Supports available to assist individuals and families to use and manage individualized funding;
- Portability throughout the province;
- Straightforward access with transparent, understandable policy and regulation;
- Information to help individuals and families better understand funding limitations and to explore alternative options when resources are subject to waitlist and a requirement that the funding and allocation decisions of the new Authority be defined by and grounded in policy approved by the Authority’s Board;
- An independent problem-solving and dispute resolution process;
- The requirement to address requests by individuals and families to renegotiate funding due to crises or changing needs and circumstances in a timely and responsive manner;

1 A New Vision for Community Living ... a vision for choice and change, page 2

2 A New Vision for Community Living ... a vision for choice and change, page 21

3 A New Vision for Community Living ... a vision for choice and change, page 28

- Equitable access across a range of needs for eligible individuals, subject to limits imposed by the fiscal resources and mandate of the new Authority.⁴

Following the report of the Steering Committee, whose recommendations were largely accepted by government, transition to an independent authority began. In October 2002 came passage of the *Community Services Interim Authorities Act* and appointment of a Board of Directors to oversee planning and implementation for devolution of services to an independent authority. The *Community Living Authority Act* was proclaimed in July 2005 and Community Living BC was established that same month. This can reasonably be described as a fundamental change in government's approach to service provision for those with developmental disabilities.

At that time, the Steering Committee posed important questions that remain central to understanding the concerns that have been expressed in recent months by advocates for individuals with developmental disabilities, and that are in turn central to the work of the Deputy Ministers Committee.

- Is this system sustainable in a world where waitlists for services grew every year for ten years (from 1991 to 2001)?
- Does a system based almost entirely on services make sense?⁵

Individuals and families who have recently expressed concern about CLBC have shared personal accounts of disappointment that are important and insightful, and have been under the close scrutiny of the DM committee. They have also shared many stories of how families are finding solutions to their support needs, and these will form an important basis for moving forward. While sensitive to the individual nature of these recent concerns – and successes – it is possible to summarize them into four general themes:

- There are poorly-managed challenges associated with individuals with developmental disabilities who are turning 18 or 19 and transitioning to CLBC-funded services. In particular, for those individuals who are completing high school, there is no consistent program of day-long engagement that replaces the school system. This has caused considerable uncertainty for many families. Families are working with school districts to overcome these challenges and finding unique solutions to assist their children to form life-long friendships while at school and to connect to the community through employment and activities. Finding ways to more fully support this for more families is critically important.
- Closures of staffed residential living facilities have created severe stress for some individuals. There has not been a consistent balance between the introduction of new and more cost-effective solutions – oriented more to the inclusion aspirations of a younger cohort of individuals with developmental disabilities – and the expectations of families and individuals who have been receiving services from CLBC for some time and who need and desire predictability in the delivery of these services. This has created severe stress for some individuals. Families are working together to find unique new solutions to create more residential options for individuals, such as shared apartments and exploring the potential for new forms of shared ownership for their adult children.
- Managing to a budget is a challenge that has created a perception that it is the singular focus of CLBC. As a result, the work undertaken by CLBC to become more efficient has been portrayed in an almost entirely negative manner and the value of this work to the agency and to individuals and families – both in terms of long-term sustainability and in terms of expanding the reach of available funding to support a wider range of options – has been rejected or lost. Families have indicated they are ready to

4 A New Vision for Community Living ... a vision for choice and change, page 25

5 A New Vision for Community Living ... a vision for choice and change, page 15

engage in conversations about innovation in the face of fiscal challenges, and they need government to listen more closely to their ideas.

- Utilization of internal tools at CLBC developed to manage a wide range of requests for services has created the perception of significant unaddressed need amongst individuals with developmental disabilities. (Current practice using the tools is not based on objective criteria identifying demand or priority for services.) Along with the lack of clarity on the nature of service requests and their related urgency, this leads to easy but misleading shorthand information about perceived numbers of individuals not currently receiving any services. This has further eroded trust in the reliability of CLBC.

These concerns were becoming clearly evident in recent months. They were also well articulated, and their causes and contexts clarified, in the November 2011 Interim Report of the CLBC Board of Directors.

That report was one of several initiatives undertaken since late summer of 2011 to better understand, and in turn respond to, concerns and criticism about CLBC.

The government provided additional financial assistance to CLBC in September 2011 through a one-year budget increase of \$8.9 million. This was followed in the same month by the appointment of a new Minister of Social Development with a clear mandate from the Premier to address growing concerns about the independent agency. Soon after the Minister's appointment, a Client Support Team was established, both as an additional, single point of contact for individuals and families with concerns about CLBC services, and to proactively engage individuals whose concerns may not have not been addressed but who may not be well-known to CLBC.

While these initiatives have had significant public exposure, considerable work has also been under way in the background. This review synthesizes the Internal Audit Review and the CLBC Board Review, along with the *Review of Community Living BC: Efficacy and Progress to 2011* by the Queenswood Consulting Group.

In place since CLBC's inception, British Columbia has an independent advocate working on behalf of adults with developmental disabilities who access services from CLBC. No other province in Canada has legal provision for such an advocate, and she works on behalf of adults with developmental disabilities and their families to access appropriate supports and service.

The Advocate for Service Quality does not just serve people from CLBC. She can also assist individuals receiving services from the Ministry of Social Development and other ministries, or from service agencies in the community. The Advocate is an Order-in-Council appointment and reports to the Minister of Social Development. She has received some 4,300 requests for assistance over a five-year span.

1.3 Key Questions Arising From Policy and Operational Context

The questions that drove the thinking behind the establishment of a new agency in the early 2000s remain relevant today:

- Given the growing and ageing nature of the group of individuals and families currently receiving services, and service pressures since deinstitutionalization, is the current service delivery model sustainable?
- Does a system based almost entirely on services make sense?

Given recent developments, the expectations of individuals and their families, and the tendency to raise concerns about funding to the political level, a further question emerges:

- Does the arm's length relationship between CLBC and government best serve the needs of individuals and their families?

As Deputy Ministers worked through the concerns of individuals and their families, the policy issues that they provoke, and the funding pressures presented, answers to these questions have emerged.

2. Review of Reports and Analysis

Throughout the fall and early winter of 2011 two substantial reviews of CLBC – each from a unique perspective – were initiated and completed. A third review, initiated earlier in the year, was also completed.

2.1 CLBC Board Report

At the request of the Minister of Social Development, the Board of Directors of CLBC submitted an Interim Report on November 2. They acknowledged that, on some occasions, CLBC has “lost sight of its core values and created stress and anxiety”⁶ amongst individuals that it serves.

The Board of Directors renewed its commitment to thorough consultation and inclusive decision-making.

And, the Board stated clearly that demands for supports and services have been exceeding increases in funding within the existing service delivery model. This is linked to a further key conclusion of the Board – their recognition of the ongoing need for accountability to taxpayers.

The Interim Report is an important tool for understanding the current service delivery model and how efforts to change it have created concerns amongst some in the advocacy community. The challenges generated by adherence to this service delivery model were also clearly articulated in the *Review of the CLBC Service Delivery Model* report by Queenswood Consulting Group in 2008. They are of two general varieties – on the one hand the current model is based on a system of global contracts that are expensive and whose outcomes can be achieved in a much more cost-effective manner, and on the other hand CLBC itself has two service streams whose lack of integration can result in an unhelpful separation between family and individual engagement and funding realities.

Worth considering is the possibility that there are fundamentally different assumptions regarding the role and mandate of CLBC, and that they evolved as a result of the policy planning for a new agency and since its inception.

CLBC is built on a service delivery model that relies on a deliberate transition to more individualized supports. There has been recognition that some of this change could only be achieved over the long term, but also a commitment to its rapid implementation in order for fiscal sustainability to be a possibility. As noted by the Board in their Interim Report:

“... most young adults qualifying for CLBC supports and services are not looking for the same things that were provided to older individuals with developmental disabilities when they turned 19 or left an institutional setting. In the not-too-distant past, the assumption was that the best place for people with developmental disabilities was a staffed residential setting (and before that, a large institution). Staffed residential settings are still appropriate for many individuals, but today's young adults with developmental disabilities have grown

6 Interim Report, CLBC Board of Directors, November 2011, page 3

up being included in the public school system. They don't want group homes. They want jobs, friends in the community and a place they can call their own. They will require supports and services to make those things happen, but the costs are substantially less than the cost of housing an individual in a staffed residential setting.

The challenge before CLBC is balancing the desires of older adults who may not want a change in how they are supported and younger families who want a completely different approach for their sons and daughters. The existing services consume too much of the budget.”⁷

Over the past several years, CLBC has indicated to government that planned, increasing funding from government was sufficient to meet service demands. The agency believed this was possible if they continued to implement service delivery changes and a new cultural approach. Essentially, the agency has been laboring under two mandates. The one – flexible supports characterized by individual funding – relies on capturing and utilizing savings from the other. But individuals with developmental disabilities and their families need stability and predictability. Some perceived the agency's work to find efficiencies simply as a cost-cutting measure to be resisted, and not as a way to expand supports in order to meet the aspirations of a larger group of individuals.

In fully acknowledging their limited success in transitioning to the flexible supports mandate, the Board identified several key issues in their November report to the Minister. They acknowledged that changes to staffed residential living facilities have not been managed well, and that there have been occasions when managing closures did not result in a positive experience for the individual or their family.

CLBC also acknowledged that the transition of youth from the government's children's services system to CLBC has been very stressful for some families as they find differences in the levels of support provided. Children with developmental disabilities receive a bundle of supports that are channeled through the Ministry of Children and Family Services. When they transition to adulthood, there is no consistent replacement for a school system that has, for many, been an important daily part of their regime. While moderately high per individual compared to other jurisdictions,⁸ financial and other supports are no longer provided through a single focal point and have varying degrees of transparency to the individual. Individuals receive the Persons with Disabilities support payment of \$10,877/year, necessary health services, transportation supports, and qualifying CLBC services. But they are received from different sources and the parts are frequently indiscernible from the whole.

CLBC found that the number of individuals requesting either new or incremental supports is growing. Those requests are maintained on a Request for Services List (RFSL), which has been the subject of particular discussion.

The RFSL is an inventory of requests. There is minimal if any assessment applied to requests for service prior to their addition to the list, and in many instances they are anticipatory needs rather than current – in other words, the list includes tracking of the future expected needs of some adults with developmental disabilities. It therefore cannot be relied upon as a measure of current budgetary pressure, as will be explored further below.

CLBC acknowledged in their board report that their decision to review older, expensive contracts was right but the process was too aggressive. The board also stated that the agency had implemented decisions to cancel or conclude contractual arrangements without sufficient, meaningful consultation. These missteps have affected trust in the agency and are a key area of focus in re-establishing relationships between government and individuals with developmental disabilities.

⁷ Interim Report, CLBC Board of Directors, November 2011, page 9.

⁸ Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 82.

Two areas of managerial accountability were also highlighted as problematic by the board.

The Board acknowledged questions that have been raised about the appropriateness of the compensation package for executives, which includes an at-risk element of pay. Although in fact a hold-back, this compensation regime has been described in media reports as a bonus, and there have been suggestions that it has been tied to executives' ability to find efficiencies in CLBC operations.

The Board explained that the hold-back portion of executive pay is tied to comprehensive performance plans involving all elements of CLBC's operations and strategy.⁹ A process had already been initiated to end this practice and a new approach is being developed for submission to the Public Sector Employers Council.

And to respond to concerns about CLBC staff providing home-share services, CLBC requested and Internal Audit agreed, as part of their work, to conduct an independent review of the current conflict of interest policy and practice regarding this issue. This is therefore addressed as part of the Internal Audit Review discussed herein and attached as an appendix.

The CLBC Board of Directors provided a comprehensive set of next steps to address the issues identified in their report.

- CLBC will continue to review contracts with families and service providers to ensure that services are aligned with the individual's disability-related needs – focus is on providing appropriate services.
- Better consultation with individuals and families with a view to reducing uncertainty about what supports and services will be available based on needs.
- Group home closures identified through closer collaboration and consultation.
- Work with the Ministries of Social Development, Children and Family Development, Health and Education on areas of shared interest to ensure better coordination of supports.
- Continue to move towards models of supports and funded services that improve outcomes and contribute to sustainability.¹⁰

The Board also proposed a three-year strategic plan for CLBC, to address four primary areas:

Inclusion – supports and services that emphasize relationships, community presence, and participation in valued roles such as employee, friend and neighbour;

Employment – to enhance community inclusion and promote better quality of life outcomes while increasing personal and financial independence;

Innovation – intensifying the focus on incubating and promoting innovative ideas; and

Outcome-focused metrics – to ensure access to supports and services is fair and aligned with the current needs of individuals, while ensuring efficient use of public funding.¹¹

In responding to the Board's report, the Minister of Social Development asked that CLBC await further direction before investing effort into the preparation of a strategic plan. Given the policy and audit work under way – through the Deputy Minister's review, the Internal Audit Review and the Queenswood report – the strategic plan will need to reflect the broader government policy and direction provided by Deputy Ministers and Cabinet.

9 Interim Report, CLBC Board of Directors, November 2011, page 8.

10 Interim Report, CLBC Board of Directors, November 2011, pages 12 – 13.

11 Interim Report, CLBC Board of Directors, November 2011, pages 14 – 16.

The Minister's response was largely an endorsement of the other elements of the Report. Beyond improved communications with individuals and families, the Minister asked that the board commit to returning individuals with developmental disabilities to the centre of decision-making about the supports they require. She expressed support for a more consultative approach to staffed residential living facilities, and for CLBC's renewed commitment to no forced moves. As the Minister wrote, closures of staffed residential living facilities should be undertaken "only upon the consideration of all other alternatives; and after engaging in sincere consultation and careful preparation for such a move."¹²

The Minister of Social Development also agreed with the need for better and more open and transparent information about timeliness of service and degrees of need or urgency. She noted that the RFSL is not suitable as a tracking system and that there is a need for standards in this area. And, she agreed that there must be better planning in place for children with developmental disabilities as they prepare to transition to adulthood and to a new set of supports and delivery agents.¹³

2.2 Queenswood Consulting Review of Community Living BC: Efficacy and Progress to 2011

The Minister's position with and direction to CLBC and its Board of Directors is consistent with analysis undertaken by Queenswood Consulting Group in their *Review of Community Living BC: Efficacy and Progress to 2011*.

Queenswood provides an overview of CLBC reviews since 2005 and notes that the 27 recommendations in their 2008 review of the service delivery system have largely been acted upon. They recognize the efforts undertaken by CLBC to develop and introduce efficiencies in their operations, and the development of supporting policies and procedures to ensure appropriateness, consistency and transparency.

In looking more specifically at the efficacy of the agency, Queenswood notes the caseload growth and cost projection challenges faced by CLBC. Consistent with the CLBC Board of Directors report – and underlined as well in the Internal Audit Review discussed below – the RFSL is described by the consultants as an unreliable indicator of service pressure. They further note that efficiencies have been realized by the agency, with more anticipated, and that performance metrics are being implemented or are in development.

The Queenswood report includes a survey of the many assessment tools being used across ministries in British Columbia and notes that these inefficient practices are inhibiting standardized comparisons and therefore limiting understanding of individuals' needs. Acknowledging work already underway at CLBC to identify options for assessment tools that would have a wider application, the authors write:

"Going forward, this work must consider the challenges not only of assessing needs in a standardized and appropriate way, but also resource allocations to needs assessment. This is challenging, particularly when funding comes from different sources, which may have different focuses and desired outcomes. The costs of assessment options must also be considered..."¹⁴

Queenswood endeavors in their report to unpack a set of complex issues regarding needs and expectations of, and supports for, individuals with developmental disabilities. These are difficult issues to discuss, but unless they can be brought to the fore as a basis for engagement in the elaboration of public policy, it may be very difficult to craft approaches that both provide necessary and appropriate supports and reflect the fiscal realities of the province and the overall ability of British Columbians to support the vulnerable among us.

12 Letter to CLBC Chair and A/CEO from Minister Stephanie Cadieux, November 18, 2011.

13 Letter to CLBC Chair and A/CEO from Minister Stephanie Cadieux, November 18, 2011.

14 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 92.

The report discusses possible mechanisms for introducing greater predictability into the envelope of supports provided by government for individuals with developmental disabilities:

"A different option would be to work towards a system that provides much more predictability and stability, perhaps through the automatic granting of set levels of funding. Different funding levels could be based on key factors such as the individual's age and broad level of need ... This would approach developmental disabilities in a manner akin to the seniors' policy, with a guaranteed supplement, a reduced level of government intervention, and an increase in the autonomy and decision making of families to decide their own priorities and needs. Such an approach could provide a predictable course of supports throughout an individual's life, allowing them to more fully plan for their futures."¹⁵

Again, these are difficult issues to discuss. And yet they are essential to the development of policy that yokes government supports to individuals' needs. This can only be accomplished by understanding of and a balanced approach between the specific needs of individuals with developmental disabilities, the needs of a complex society with different and evolving vulnerabilities, and the ability of society as a whole to affordably sustain public services.

From the perspective of the Deputy Ministers' review, a further notable aspect of the Queenswood report is their cross-jurisdictional comparison of CLBC supports. Service delivery systems and specific levels of supports for people with developmental disabilities in British Columbia are compared with those in Alberta, Ontario, Manitoba, Western Australia and New Zealand. A further comparison was undertaken between British Columbia and Washington State regarding employment programs.

Queenswood found that, overall, BC provides a comparable range of individual and family support services, with a moderately high degree of funding per client served.¹⁶ An important note about individualized funding is made in this context, and relates directly to findings of the Deputy Ministers' committee. According to Queenswood, "BC also provides greater flexibility for a growing number of families through individualized funding models. In this way, BC is a leader in meeting the demands of families of people with developmental disabilities."¹⁷

What does this mean?

In establishing CLBC as an arm's-length agency in 2005, there was a sense that such an organization could provide services and accomplish goals that might otherwise be elusive to government. The challenge to CLBC was to bring change through the adoption of individualized funding. That change relied upon efficiencies being found in existing approaches to contracting and to staffed residential facilities. As the CLBC Board acknowledged in their Interim Report, these changes were too aggressive and not undertaken with effective change management tools. However, without the benefits of these changes, the transition is not possible without increased funding to CLBC. CLBC, and government, are now at this point.

15 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 93.

16 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 82.

17 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 82.

2.3 Internal Audit Review of Community Living British Columbia

Internal Audit was asked to review CLBC starting in September 2011. The focus of the review was expanded later in the fall, after concerns were expressed about potential conflict of interest of individuals employed as CLBC staff while also providing funded services to agency clients. Hence, the review timeframe was expanded somewhat and the final report is provided here with the Deputy Ministers' report.

Overall, Internal Audit has found that CLBC funds are well managed – 93 per cent of funding is spent on services for individuals, and the agency looks for cost-effective and innovative ways to manage taxpayer funds appropriately.

Internal Audit also noted that contract reviews have realized approximately \$57 million in annual savings for the agency to invest in other services for individuals with developmental disabilities.

Despite this work – and notwithstanding the concerns provoked as a result of efforts to find efficiencies – Internal Audit confirmed that CLBC faces demands for supports and services that exceed the funding provided to it by the provincial government. However, the auditors also found that the tools used to measure these demands cannot be relied upon to produce an accurate accounting of actual demand and pressure.

Auditors examined the information management system – the Request for Services List (RFSL) – in detail and found that:

“While the RFSL was never intended to be a waiting list, it is perceived as such by many stakeholders ... [it is] unreliable for the purpose of service and budget forecasting due to data errors. This has resulted in concerns that there is a large unmet demand for services.

Services required to address a client's health and safety needs are CLBC's highest priority, and are provided to those clients on the RFSL within 24 hours to two weeks depending on the severity of those needs. Funds that are not required for meeting immediate health and safety needs are used to provide services that help prevent health and safety issues from arising followed by other services.”¹⁸

Setting aside the challenges associated with accurate calculation of budgetary pressures, the auditors found that CLBC's caseload has increased by approximately five per cent annually for the past five years, a trend that is expected to continue.¹⁹

Approximately two-thirds of CLBC's caseload growth is generated by youth with developmental disabilities turning 19, with the remaining one-third generated by adults not yet registered with CLBC because they have not indicated a need to receive supports. These individuals live independently, receive supports from community organizations not funded by CLBC, and/or are cared for by family members. However, given circumstances, they may eventually find themselves in need of support even after a lifetime of independence from government assistance.

Youth in transition comprise the bulk of caseload pressure facing the agency, and the complications associated with the transition of individuals from one envelope of services, provided by one government agency, to another envelope of services provided by several agencies across government drives much of the criticism of CLBC and government.

18 Review of Community Living British Columbia, Internal Audit and Advisory Services, Ministry of Finance, January 2012, page 21.

19 Review of Community Living British Columbia, Internal Audit and Advisory Services, Ministry of Finance, January 2012, page 12.

The auditors closely reviewed youth in transition, finding:

“Services such as residential, respite, health and various other supports for individuals with developmental disabilities are similar in the child and adult systems, however, many of these supports and services are reduced for adults in both service levels and availability. In BC and other jurisdictions, changes in service levels between children and adult systems is not uncommon, however, effective transitioning is required to mitigate the impact of changes in services. This is a result of different organizational mandates and philosophies towards the care of children and adults, different tools for determining eligibility or assessing individual needs and fewer resources in the adult systems. The government’s intent to improve collaboration and coordination among public agencies has been difficult to fully realize, due primarily to different interpretations of roles and responsibilities for providing certain services and legislation. Additionally, transition into adulthood coincides with graduation from school, and unless youth find employment, the adult system cannot always fill the gap in services left by the absence of educational programs, as some parents expect.

In British Columbia, youth become adults when they reach the legal age of majority at 19 years. The delivery of services to individuals with developmental disabilities requires MCFD, CLBC, and other government agencies to collaborate effectively to facilitate a smooth transition for youth entering adulthood. This calls for all relevant government organizations to share information, and for the preparation of a transition plan . . .”²⁰

A key point for the Deputy Ministers’ work was recognition of the gap created when youth with developmental disabilities leave school.

As noted by the auditors, families with children who have been attending all-day school programs can experience hardship with the absence of educational programs. However, the larger public policy context both in Canada and in many other jurisdictions is that governments typically invest more in direct services for children with special needs. While Deputy Ministers found that government agencies in British Columbia can do better in supporting life transitions for individuals with development disabilities, they are not suggesting a change to this large public policy context, nor are they suggesting that such a change is implicit in their advice.

That being said, auditors also found challenges associated with obtaining services for youth in transition, stemming from the multitude of organizations involved in providing services to adults with developmental disabilities. Although CLBC was established as a key agency of support for these individuals, many believe it is the sole service provider. This misperception exacerbates the frustration associated with having to interface so broadly across government for required supports.

Auditors also commented on the different assessment methods used by the various agencies and organizations, noting that “CLBC uses more formalized assessment tools to objectively assess disability related needs, whereas MCFD determines services needs, largely through social workers applying professional judgment. As MCFD’s service determination is more subjective, the allocation of services may not be consistently applied.”²¹

Moving beyond issues specifically associated with youth in transition and caseload pressures, the auditors found that potential conflicts of interest are not well managed within CLBC. Although the policy is comprehensive, its implementation is poor, with insufficient oversight and documentation. They note that 13 employees are known to have contracts to provide CLBC funded services to clients – employees occupying director, manager and unionized positions, some of them providing the services in partnership with their spouse. The value of these home sharing contracts ranges from approximately \$15,000 to \$59,000.

20 Review of Community Living British Columbia, Internal Audit and Advisory Services, Ministry of Finance, January 2012, page 15.

21 Review of Community Living British Columbia, Internal Audit and Advisory Services, Ministry of Finance, January 2012, page 20.

Internal Audit noted the actions already under way by CLBC to address concerns over these potential conflicts of interest, and identified additional opportunities to further strengthen and clarify controls.

More generally, Internal Audit noted that CLBC engages with multiple stakeholders who hold diverse opinions and expectations. Auditors noted the challenges associated with managing advocacy group concerns due to client privacy limitations.

Deputy Ministers concur with the recommendations of Internal Audit, listed below:

1. We recommend that the ministry and CLBC finalize the Accountability Framework and that it be reviewed regularly.
2. We recommend that the ministry more effectively monitor CLBC's performance and service delivery.
3. We recommend that the ministries responsible for providing services to individuals with developmental disabilities work together to harmonize the transition from youth to adult services to lessen the impact on clients and their families.
4. We recommend that CLBC enhance its information system and business processes to:
 - a. Provide more useful and reliable information to clearly identify current versus future service needs;
 - b. Distinguish between assessed needs and client/family requests; and
 - c. Link service needs to funding requirements.
5. We recommend that CLBC needs to manage their conflict of interest management practices effectively by strengthening, enforcing, and monitoring their policies and procedures.²²

3. Key Issues to be Resolved

In their analysis of these recent, detailed and analytical reports of and about CLBC, and of concerns expressed by individuals with developmental disabilities and their friends and family, and of advocates, Deputy Ministers have identified a number of key issues requiring attention. Although each is distinct, the key issues to be resolved are generally related to the need for cultural change in CLBC and in the government more broadly. This is change that will bring service providers more consistently in step with the emerging generation of people with developmental disabilities who wish to live like any other young person, with a job, their own place to live, and their own circle of friends. The challenge noted by Deputy Ministers is to effect a significant change in focus from a service-dependent world to a world focused more on individuals and their families, and on their own abilities to identify and address their own needs with more targeted supports from government.

One challenge in the past has been that in its service delivery practices, CLBC has encouraged individuals with developmental disabilities and their families to plan for their futures based on menus of services without strong enough association to how or what they may qualify for, or to the availability of the supports. Government's support for individuals with developmental disabilities and their families must be rooted both in the families' and individuals' needs and in the reality of what is affordable even in a well-funded system. Too frequently, the debate about social services has occurred in the absence of an acknowledgement or understanding of finite budgets. It must also be balanced with what government can provide to persons with other severe disabilities, facing similar challenges as those persons with developmental disabilities.

22 Review of Community Living British Columbia, Internal Audit and Advisory Services, Ministry of Finance, January 2012, pages 10, 21, 24 and 37.

This is not simply a call to do more with less. There are new and more effective ways of supporting families and individuals with developmental disabilities. There is evidence of this in other jurisdictions, and if not evidence then strong suggestion here in British Columbia. Continuing the debate simply about whether there is sufficient funding at CLBC will mask the real issue but, even more concerning, it has the potential to prevent the change required to move to a system oriented more to individualized funding, supports for employment, and supports for informal and community systems of care. Such a debate may limit opportunities to provide not only better services for more individuals, but more assurance that they can continue, improve and broaden into the foreseeable future. And it may create challenges in providing very important supports for the family and community innovation that is so critically important in this sector.

Essentially, the goal set out for CLBC at the outset remains the goal today: to implement a spectrum of supports from no- to low-impact to significant support, depending on the needs of the family and individual. This means there can be savings achieved from more targeted approaches at the no- to low-impact end. This will allow for more significant investments for those individuals who cannot lead more independent lives. Moving to this approach may continue to be painful at times, but it can and will be done better and more compassionately.

These issues affect CLBC specifically, but Deputies have also focused on cross-government issues, beyond but associated with CLBC.

3.1 Mandate Challenges

A theme that runs through much of the recent analysis of CLBC, and has been an important focus in the work of the Deputy Ministers' review, is the tension in the core mandate of CLBC.

CLBC has been focused largely on managing global contracts for an existing cohort of individuals and families. The agency has made progress in improving its procurement and contracting processes, having inherited a system based on block funding to service providers rather than contracts for services for specific individuals.

The Queenswood report notes that "the unbundling of service contracts for residential programs, which is now largely complete, means that CLBC can identify, monitor, and assess the outcomes of the contract for each individual's housing service ... contracts are now individual-based, allowing for better tracking, monitoring and outcomes assessment."²³

The authors of that report also note that "Contracts are now also based on a standardized amount for each particular service. Consistent and fixed funding rates for the inputs required to deliver services are based on industry standards and data, introducing standardization and encouraging service provide to operate as efficiently as possible to realize the best value for their funding."²⁴

This work has been beneficial to the organization, allowing it to reduce the amount of time required for contract development with service providers, and to better identify individuals.

The work has primarily benefited management practices around services for existing clients of CLBC, however, insufficient work has been invested in developing approaches to implement initiatives including individualized funding, which are of benefit to individuals transitioning from children's services.

Deputy Ministers consider this a mandate challenge in acknowledging that CLBC has been asked to pursue distinct and sometimes conflicting goals. The agency has been asked to pursue significant changes in supports for those individuals already receiving support, and to use the savings achieved from those changes to support

23 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 19.

24 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 20.

a new approach for those individuals who aspire to more independence in their lives. According to the Queenswood Report:

“While the opportunities to capitalize on individual funding have not been fully realized by CLBC, this is partly due to the considerable operational challenges it has faced in introducing a payment mechanism attached to a new model and approach to the province. Efforts have also been hampered by a general resistance to individual funding amongst CLBC’s front-line staff, whom many feel have failed to appropriately promote the option with the families they work with. There has also been a reluctance among families to assume the role of employer, which CLBC has attempted to mitigate by providing the ability for host agencies to take on this role. In addition, efforts have also suffered from a lack of leadership and support at the governance and political levels to strongly move families toward this option.

Individual funding is playing a larger role in jurisdictions such as Australia, where the federal government along with the states of Western Australia and Victoria appear to have put significant effort into promoting, developing and implementing its wider use. The United Kingdom also places a growing emphasis on individual funding, with a decreasing role for government being the arbitrator of what services and supports will and will not be funded. These models should be more fully examined and reviewed for approaches that could apply to CLBC to help move towards a greater adoption of individualized funding.”²⁵

Deputy Ministers concluded that CLBC has not put sufficient focus on the particular supports required during life transitions, and particularly those supports required by youth who are transitioning to adulthood. There is also a need for more focused attention to development of the community capacity required to fully implement individualized funding.

3.2 Service Integration

The Internal Audit and Queenswood reports both noted the lack of service integration for delivery of supports to adults with developmental disabilities. Service delivery practices in CLBC have naturally focused on supports provided by the agency and while it may be reasonable to expect that individuals working in this sector would have an understanding of broader government supports, it is challenging to achieve organizationally.

In essence, the reality of service delivery is that CLBC’s position as an arm’s length agency from government creates the impression that the only supports provided for individuals with developmental disabilities are those provided by the agency. Internally, CLBC staff sometimes lack understanding and awareness of the broader availability of government supports and there is insufficient utilization of what CLBC sometimes refers to as generic services – often, services funded and/or provided by another part of the provincial government.

More profoundly, adults with developmental disabilities and their friends and family do not have a single window into the broader support system and are asked to navigate what can, to anyone, seem a complicated web of service delivery systems. This is a particular challenge associated with youth transitioning into adulthood.

The result is that, even while several types of government supports kick in automatically at the age of 19 – including, among others, disability support benefits of \$10,877 per annum and a wide range of supplements including for transportation – there can be a lack of connectivity between the reason for the support and its utilization, as well as a lack of transparency for supports – primarily health supports – that are available on the basis of need.

25 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 90.

3.3 Transitioning to adulthood

Related to the lack of service integration – and exacerbated by it – are the challenges associated with families and individuals with developmental disabilities who are transitioning out of the children's system of support. For children with developmental disabilities, supports are provided through the Ministry of Children and Family Development and the Ministry of Education. For adults, the system is more diversified, as noted above.

Beyond the challenges associated with lack of integration, however, are the more profound issues associated with the discontinuation of some supports at age 19. Most significantly, for those children with developmental disabilities who have attended school, the system of support that continues beyond the end of high school can be less structured and more difficult to access.

A driving principle of CLBC's mandate is to support independent living and, as discussed above, the agency has worked with a dual mandate of preserving a system of supports for an existing generation of families and individuals with developmental disabilities while also working to expand, deepen and diversify the supports available for those adults who aspire to employment and independence. The latter have grown up attending school and have similar expectations to any other high school graduate. They want a place of their own, their own paycheque, and the freedom to cultivate a circle of friends and family. They may need support to pursue these dreams, but with their friends and family they are able to identify their specific needs and are frequently able to procure such for themselves, given adequate infrastructure and targeted funding. Many of the innovations in the community living sector support these shifts and must themselves be supported and lauded – innovations that include representation agreements, circles of support, trusts and RDSPs. Government is grateful to this sector for these innovations, and will continue to support their work.

Although mandated to do so, CLBC has been unable to evolve quickly enough between generations of expectations, and so has not been positioned to provide these more flexible supports – which would include, for example, better vocation and practical life skills training and the resulting, improved employment prospects. Evolution of the service delivery system to accommodate for more systematic provision of day programs has also been insufficient.

As noted in the Queenswood report, other jurisdictions may provide instruction on achieving a more diversified system of supports:

“Over the past few years, CLBC has been placing a greater emphasis on employment supports and services as part of its community inclusion programming. This is an important shift away from the more traditional, custodial and somewhat patronizing approach of day programs that focus on recreation and socializing activities.

While this is a positive shift that should be encouraged by government, it is also only part of what could be a more rationalized and integrated focus on employment readiness and skills development, to allow individuals to find and maintain work when they become adults. The approach of other jurisdictions such as Washington is to not only emphasize employment supports in the developmental disabilities service sector, but also to work with the education system to include this emphasis as part of individuals' schooling.”²⁶

Queenswood authors also note that “CLBC estimates (very roughly) that about 50% of its current clientele is employable, but have grown up in a system that assumes they will not work, and fails them by not teaching relevant skills and abilities.”²⁷

26 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 90.

27 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 26.

Deputy Ministers noted that individuals with developmental disabilities have different needs and not everyone can or will aspire to independent living. But it is clear from individuals that many do, and that CLBC and government more broadly must be more nimble and flexible in responding to different types of individual needs.

Fundamentally, there is a lack of integration among government agencies to support individuals with developmental disabilities who are transitioning to adulthood. As noted by the Internal Audit:

“... access to services and service levels change when an individual transitions from youth to adulthood, and many 19 year olds face delays in obtaining services or experience a reduction in services. For example:

- Extensive health services provided by MCFD for individuals with complex medical needs decrease when adult services are provided by the Health Authorities and CLBC.
- The loss of daily attendance at school leaves a gap of approximately 30 hours a week in services that many parents expect will be filled by CLBC. However, most clients must wait for these services to be provided and, for many, the level of service (hours) may still not fill the gap.
- There is a gap in the mental health system, because of an inconsistency in the delivery of on-going treatment for adults with development disabilities due to a lack of clarity over roles and responsibilities, and limited funding. However, they are generally well supported for assessment, consultations and short-term in-patient care.
- CLBC’s behavioural and psychological supports are provided for a limited time and are difficult to access in some parts of the province.”²⁸

3.4 Assessment tools and processes

The theory of assessment can seem academic and impersonal. But the impacts of its practice are real and human. Consider the experience of an individual who is told on the one hand that they do not qualify for a particular support and on the other hand, with a different agency or government official, that they do. This can be the result of the subjective processes that are in place in CLBC and across the government. It can create confusion, frustration, and even anger.

The Queenswood reports – both from 2008 and from 2011 – comment on the challenges associated with the service delivery system at CLBC. These are, at least in part, related to the assessment toolkit. In their 2008 report, Queenswood noted the “lack of clarity and communication between the roles of facilitators and analysts”²⁹ that had created a situation where planning for supports and services for individuals with developmental disabilities was taking place outside of the context of and information about available budgets and qualifying characteristics.

While new work flows and practices have now been implemented, it remains a problem that the planning process encouraged for individuals with developmental disabilities can create expectations that are impossible for government to meet.

Part of this challenge is the wide range of tools and processes currently used to assess eligibility and allocate resources, noted both by the Internal Audit and by the Queenswood report. According to Internal Audit:

“There are different assessment methods used by the various agencies and organizations involved in providing service to children and adults with developmental disabilities; this is most apparent when children are transitioning from MCFD to CLBC.

28 Review of Community Living British Columbia, Internal Audit and Advisory Services, Ministry of Finance, January 2012, page 17.

29 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 36.

Although both organizations have tools to determine the urgency of a family's request for services, CLBC uses a more formalized assessment tool to objectively assess disability related needs, whereas MCFD determines service needs, largely through social workers applying professional judgment. As MCFD's service determination is more subjective, the allocation of services may not be consistently applied.³⁰

Added to the complications of the RFSL as a fundamentally flawed tool for assessing current demand, the range of assessment tools make systemic planning challenging. A key issue to be resolved is therefore the ability to fully identify and assess how adults with comparable levels of severe disabilities are served.

3.5 Cultural Challenges

Perhaps the most sensitive topic for discussion in this report is the issue of cultural challenges. Throughout this report are references to the need for change, in CLBC and government, and amongst the broader service sector.

Deputy Ministers have found divergence in opinion about the appropriate next steps on the path to independence for individuals with developmental disabilities. It is too easy to simply disguise this cultural challenge as a debate about resources. While there is no doubt that funding for services for individuals with developmental disabilities is a key issue requiring government's attention, there is a more significant question of what services are appropriate, what approaches will meet the expectations of these individuals, and what are the appropriate service delivery processes.

For CLBC and government, there is a need to more firmly fix the focus on individual and family needs. Government agencies do not always have the best answer for what will best support an individual with developmental disabilities. But it is clear in British Columbia and across the world that more and more, individuals and their families want increased independence. They have attended school, they have graduated. Like other graduates, they now want a job and a paycheque. Many of course cannot or do not aspire to such a level of independence, but government must be sufficiently nimble to respond to this spectrum of need, while remaining financially sound. Individuals and their families also aspire to be part of their communities, and to participate in community programs rather than, for example, attend day programs.

Perhaps the best way to describe the broader cultural challenge is to pose it as a question – can government better work with families and friends of individuals with developmental disabilities to deepen understanding of and commitment to what “the system” can provide?

There will always be incidents in a service-delivery system that leave individuals dissatisfied, even after best efforts of all involved. But these disagreements can be more easily addressed when there is a shared sense of mission, which partnerships can help to entrench.

3.6 Collaboration and Communication

Such a renewed sense of shared mission can only be achieved through improved communication on a number of levels.

CLBC has been criticized for speaking of its need to improve communications. But the agency indicated in their Interim Response to the Minister that it, “places a high value on the advice and input it receives from individuals with developmental disabilities and their families and other caregivers.”³¹ They acknowledged the need to improve this interaction:

30 Review of Community Living British Columbia, Internal Audit and Advisory Services, Ministry of Finance, January 2012, page 20.

31 Interim Report, CLBC Board of Directors, November 2011, page 11.

“CLBC will strive to plan, consult and make decisions with individuals and families as early as possible to reduce uncertainty about what supports and services will be available based on the individual's disability-related needs.”³²

Government must also address the need for improved communications and collaboration. There is a need for better linkages between CLBC and other service providers in government, to improve understanding of the wider availability of services provided to individuals with developmental disabilities.

And perhaps there is a need for all involved to renew their commitment to collaborative work in support of individuals with developmental disabilities. Deputy Ministers believe that everyone involved in the sector wants the best supports, the best approaches, and the best way to meet the hopes and aspirations of individuals with developmental disabilities and their families.

4. Results of Deputy Ministers' Working Group: An Action Plan to Restore Confidence

Deputy Ministers have undertaken a cross-government analysis of the range of supports provided to individuals with developmental disabilities in order to better understand the totality of government's efforts and investments. Deputies also closely analyzed the evolution and policy foundation of CLBC to better understand concerns now being expressed about the mandate and more specifically the practices of the agency. And, they were informed by the work of Internal Audit and Queenswood Consulting, as well as by input from the Client Support Team.

This work has been led by the Deputy Minister to the Premier and supported by the Deputy Ministers of Social Development, Children and Family Development, Health and Finance.

Three questions were posed at the beginning of this report:

1. Given the growing and ageing nature of the individuals and families served, and service pressures since deinstitutionalization, is the current service delivery model sustainable?
2. Does a system based almost entirely on services make sense?
3. Does the arm's-length relationship between CLBC and government best serve the needs of individuals and families?

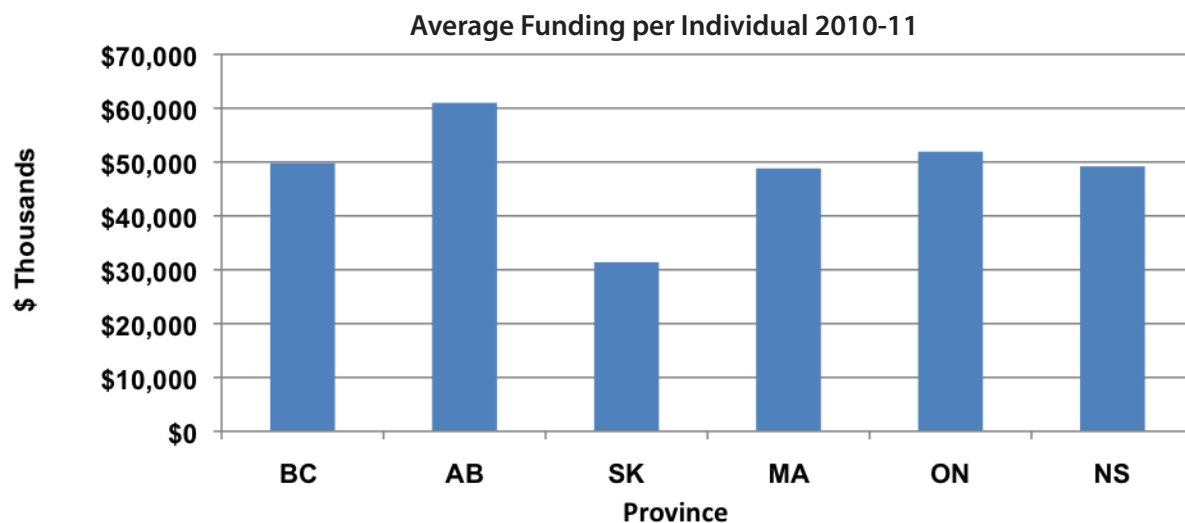
As the conclusions below suggest, Deputies concluded that the current service delivery model is sustainable but requires targeted improvements, including improvements to delivery of services for transitioning youth. A system based almost entirely on services does not make sense, as it lacks flexibility and is not sufficiently responsive to individual needs. And the relationship between CLBC and government as currently organized can serve the needs of individuals and families, but it needs improvement.

32 Interim Report, CLBC Board of Directors, November 2011, page 12.

4.1 Key Conclusions

Deputy Ministers concur with the work of Internal Audit. They agree with the conclusion that CLBC funds are well managed but that service pressures are poorly understood. The latter is the result of a Request for Services List that has poor standards for inputs and is poorly understood outside of CLBC.

Deputy Ministers were encouraged by work indicating that British Columbia is among the more generous of Canadian jurisdictions in funding services for people with developmental disabilities. They noted that all jurisdictions are facing similar issues, motivated in part by finite budgets but underscored by generational shifts in expectations, and that all appear to be at various stages of implementing service delivery changes. The DMs also recognized the innovation and accomplishments of the families in the community living movement in British Columbia, which has led development of initiatives including representation agreements, circles of support, trusts, and RDSPs.



Despite recent criticism, Deputy Ministers found that British Columbia continues to be seen as a leader in services to people with developmental disabilities in Canada. The challenge now is to maintain that leadership position by striking the appropriate balance between certainty and change, and finding a new, more nimble approach to service delivery for individuals with developmental disabilities.

Deputies also noted that CLBC has made improvements to the service system they inherited in 2005. This is discussed in detail in the Queenswood report, where the authors note that:

“CLBC has completed implementation of the vast majority of the 27 recommendations that were made in the 2008 review of its service delivery system, policy framework and tools, guardianship policies and procedures, and sustainability. Twenty-five of 27 recommendations are assessed as either complete (if the recommendation contemplated an action that was finite) or ongoing (if the recommendation was for more ongoing, systemic action).

Summary of Key Characteristics, British Columbia and Comparator Jurisdictions

Jurisdiction	Agency or program focused on DD?	Eligibility (criteria including age)	Supports Delivery (listing and agency that provides them)	Costs (average costs of each support)	Assessments (tools used)
BRITISH COLUMBIA	Yes - CLBC	Age: Adults only DD criteria: DSM IV Mental retardation (IQ 70 or below) & adaptive functioning 3 standard deviations below the norm PSI criteria: FASD or ASD and significant limitations in adaptive functioning.	Facilitation: CLBC Residential: CLBC, non-profit housing providers Individual/family: CLBC Income: Ministry of Social Development Employment: CLBC, Ministry of Social Development	Facilitation: \$1,256 Residential: \$75,202 Individual/family: \$27,445 Income: \$10,872 Employment: \$4,563	Guide to Supports allocation (GSA)
ALBERTA	Yes - Persons with Developmental Disabilities Program	Age: Adults only DD criteria: 2 standard deviations below the norm and the inability to perform 6 or more adaptive skills without the assistance of another person, and at a level comparable to a peer without a disability. FASD or ASD also eligible with significant limitations in adaptive functioning.	Facilitation: PDD (Client Service Coordinators) Residential: PDD Individual/family: PDD Income: Ministry of Seniors and Community Employment: PDD	Facilitation: \$3,340 Residential: \$51,750 Individual/family: \$20,380 Income: \$8,475 Employment: \$14,256	Supports Intensity Scale (SIS)
ONTARIO	Yes - Developmental Services Ontario	Age: Adults only DD criteria: Overall score of 2 or more standard deviations (SDs) below the mean on standardized IQ test. Significant limitations in cognitive functioning based on a clinical determination by a psychologist or psychological associate and a history of rehabilitative support needs.	Facilitation: Residential: DSO Individual/family: DSO Income: Ministry of Community and Social Services Employment: Ministry of Community and Social Services	Facilitation: Residential: \$61,888 Individual/family: \$24,000 Income: \$3,981 Employment: \$12,528	Supports Intensity Scale (SIS)
MANITOBA	Yes - Community Living disAbilities Program	Age: Adults only DD criteria: A mental disability (significantly impaired intellectual functioning existing concurrently with impaired adaptive behaviour) and in need of assistance to meet basic needs with regard to personal care or management of property. Excludes mental disability due exclusively to a mental disorder as defined in section 1 of The Mental Health	Facilitation: Residential: CLdP, Individual/family: CLdP Income: Ministry of Family Services and Community Affairs Employment: Ministry of Family Services and Community Affairs	Facilitation: Residential: \$47,674 Individual/family: \$45,240 Income: \$9,252 Employment:	unknown
W. AUSTRALIA	No - but Disability Services Commission serves people with all forms of disabilities	More than two standard deviations below the mean on a recent (within 3 years) intellectual functioning assessment and below the mean adaptive functioning.	Facilitation: DSC Residential: DSC Individual/family: DSC Income: Ministry of Human Services Employment: DSC	Facilitation: \$2,614 Residential: \$82,673 Individual/family: \$7,800 Income: \$10,545 Employment: \$15,159	Estimate of Requirement for Staff Support Instrument (ERSSI) & Inventory for Client and Agency Planning (ICAP)
NEW ZEALAND	No - Disability Support Services serves people with all forms of disabilities	unknown	Facilitation: DSS Residential: DSS, Office for Disability Issues Individual/family: Office for Disability Issues Income: Disability Support Services Employment: Ministry of Social Development	Facilitation: Residential: Individual/family: \$12,907 Employment: \$7,657	Support Allocation Tool (SPA tool)

"Two recommendations still require attention or clarification ..."³³

Of note is the work CLBC has undertaken to improve its contracting processes, moving to a system that more readily acknowledges individuals and reduces the time required to prepare contracts. The agency has also worked to bridge the gap between facilitators and analysts, so that assessment results and budget realities are more meaningful in the context of individual planning.

As indicated frequently above, however, much work remains.

Deputy Ministers expressed considerable concern about the poor recognition of multi-ministry service supports. They found that, outside of CLBC services, individuals with developmental disabilities receive supports from across government that are frequently either misunderstood or completely overlooked.

Deputy Ministers found that, in addition to the persons with disabilities benefit of \$906.42/month and an earnings exemption of \$500/month, adults with developmental disabilities may be eligible for the following (but not exhaustive) list of services supplements funded by the Ministry of Social Development:

- General Supplements
 - » Bus Pass
 - » Camp Fees
 - » Christmas Supplement
 - » Confirmed Job Supplement
 - » Crisis Grants
 - » Funeral Costs
 - » Guide Animal Supplement
 - » Identification Supplement
 - » Moving, Transportation, and Living Costs
 - » Pre-natal Shelter Supplement
 - » School Start-up
 - » Security Deposits
 - » Special Transportation Subsidy
 - » Training Initiative Supplement
 - » Transportation to Alcohol and Drug Facilities
 - » Travel Supplement
 - » Utility Security Deposit

33 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page iii.

- Health Supplements and Programs
 - » Dental and Orthodontic Services
 - » Diet Supplements
 - » Extended Medical Therapies
 - » Medical Equipment and Devices
 - » Medical Equipment - Hearing Aids
 - » Medical Equipment - Orthoses
 - » Medical Supplies
 - » Infant Formula
 - » Medical Transportation
 - » Monthly Nutritional Supplement (MNS)
 - » Natal Supplement
 - » Nutritional Supplements
 - » Optical Services
 - » Supplement for Alcohol and Drug Treatment
 - » Tube Feed Supplement
- CLBC provides individual planning and service coordination, as well as residential, community and family support services for eligible adults with developmental disabilities. On referral from CLBC, health services are provided through regional health authorities at a community level. In addition to the specialized health services outlined below, adults with developmental disabilities access services from family physicians, pharmacy and hospitals on the same basis as any other British Columbian.
 - » Specialized health services outlined below may be provided in the individual client's home, day program, home care or group home environment.
 - » Premium-free medical coverage through Ministry of Health's Medical Services Plan
 - » No deductible PharmaCare through Ministry of Health
 - » Health Services for Community Living (HSCL)
 - » Nutrition and Specialized Dysphagia Services
 - » Dental Health Services
 - » Developmental Disabilities Mental Health Services (DDMHS)

- » High Intensity Care Needs—Added Care
- » In Hospital Services
- » Medical and Clinical Consultant Services
- » End of Life Care
- Family Independence Fund (delivered through the Vancouver Foundation from grant funding from the provincial government).
 - » The Family Independence Fund helps families throughout the province who have children or adults with developmental disabilities living at home. Grants from the Family Independence Fund help with the ongoing care of the relative by providing support for projects such as home renovations – including lifts, elevators, ramps, flooring, door widening or vehicle modifications – that enable the individual with the developmental disability to live in the family home and access their community.
- EATI (Employment Assistive Technology Initiative) of the Ministry of Social Development.
 - » Using Labour Market Agreement funding of \$4 million per year, the Equipment and Assistive Technology Initiative provides equipment and assistive technology, and related services such as assessment, repair and training, to support eligible persons with disabilities to achieve their employment goals. The Equipment and Assistive Technology Initiative is delivered and managed through a partnership between government and the Personal Supports Network, a group of community organizations that are working together to assist persons with disabilities to access the services and supports they need. Since its launch in October 2009, the Equipment and Assistive Technology Initiative has served over 600 individuals, including many with developmental disabilities, with assistive technology and related services.

What is also clear from this list is that the service delivery system is fragmented. A variety of ministries provide different supports. Complicating this situation are the different eligibility and assessment processes between ministries and CLBC, even while they serve the same families.³⁴

Work undertaken by the Ministry of Social Development in response to a request by the Deputy Ministers' Review Committee provided a clearer picture of typical scenarios of funding for individuals with developmental disabilities. This was also illuminating.

³⁴ See Appendix 1 for explanatory notes on these supplements.

Improving Services to People with Developmental Disabilities

Sample Scenario	At-Home Respite	Other Supports ¹	Education Supports	Residential	Health Costs ²	PWD Funding	Totals
Scenario 1: 18 year old – Low Support Needs <ul style="list-style-type: none"> • Living at Home • Family Respite & Other Supports 	\$ 2,800	\$ 2,300	\$21,570		\$17,281	\$ 10,870	\$ 54,821
Scenario 2: 18 year old – Moderate Support Needs <ul style="list-style-type: none"> • Housing Support (MCFD) • Transitional Support 		\$1,500	\$21,570	\$ 35,360	\$17,281	\$ 10,870	\$86,581
Scenario 3: 18 year old – High Support Needs <ul style="list-style-type: none"> • Living at Home • Highly Complex Health Care Needs (MCFD) 	\$ 2,800	\$ 156,000	\$21,570		\$ 17,281	\$ 10,870	\$208,521
Scenario 4: CLBC Eligible – Low Support Needs <ul style="list-style-type: none"> • Living at Home with Family Respite • Receiving Employment Services 	\$2,800	\$14,000			\$17,281	\$ 10,870	\$ 44,951
Scenario 5: CLBC Eligible – Moderate Support Needs <ul style="list-style-type: none"> • Living in Home Share • Community Inclusion Activities (CLBC) • Health Supports 		\$26,000		\$ 32,000	\$32,807	\$ 10,870	\$101,677
Scenario 6: CLBC Eligible – High Support Needs <ul style="list-style-type: none"> • Living in staffed residential • Home Based Supports (CLBC) • Health Supports 		\$40,000		\$ 109,000	\$67,470	\$ 10,870	\$227,340

1 Other supports include family support (including Regional Respite) through MCFD (scenarios 1 and 3); and NSS delegated and direct care (scenarios 2 & 3) through CLBC employment services (scenario 4); community based services (scenario 5); and home based services (scenario 6). It should be noted that Other Supports in Scenario 3 are the few outlier cases which should be considered cost avoidance to government as they allow the youth to remain in the home and for the family to receive respite from NSS direct care and/or Regional Respite. Scenario 3 cases would represent the most complicated, health challenged youth, many of whom require 24-7 awake care and only a small number of these clients would transition to CLBC each year. However, in the absence of these in-home support and services these youth would come into the care of the ministry or occupy a full-time bed in an acute care facility in the province.

2 Both MCFD and Health have indicated that providing a costing figure for medical supports can be misleading. Actual services to be provided and related costs depend entirely on what the client specific needs are. Health costs are funded by MCFD for children and youth and through the Ministry of Health for adults. However, when a youth turns 18, MCFD is only responsible for medical supports involving individuals with high medical support needs receiving direct client care from the NSS program which represents a very small number of individuals (see note 3 below).

The Ministry of Health has provided estimates of the medical support for the remaining scenarios with the following two cautions:

- (1) Information is provided as an estimate and has not been fully vetted and
- (2) Not all clients access all health services (i.e. 2,541 clients accessing MSP services but only 1,637 clients accessing Acute Care services).

The table above provides a breakdown of estimated annual average health costs provided by Health on a per client basis (note: Home and Community Care pertains to 19+ only)

Deputy Ministers agreed with Internal Audit and the Interim Report of the CLBC Board of Directors that planning for the transition of youth from the Ministry of Children and Family Services to CLBC is not working well for many individuals and their families.

A key issue here is the service gap created when individuals graduate. Schools funding for children with developmental disabilities is \$21,570/year but the degrees of day-long supports following graduation can vary. This can create challenges for families and friends who have relied upon the school system, and more importantly can leave adults with developmental disabilities and their families in a state of unpreparedness.

Existing service delivery silos also complicate this situation. Planning for individuals is frequently undertaken in the absence of assessment and budget "goalposts," which can create high expectations amongst families and individuals that CLBC and government ultimately fail to meet. Families are innovating to better address life transitions of individuals with developmental disabilities, and government recognizes these innovations need more support.

CLBC has faced the challenge of maintaining supports for existing families and individuals while striving to make changes that accommodate for new and more nimble approaches to younger individuals with different life aspirations. CLBC is undertaking valid best practice shifts to services like home-sharing and the replacement of day programs with inclusion and employment programs, but their change management has not been effective. The result has been that some families, friends and advocates for adults with developmental disabilities consider the Board, senior managers and staff at CLBC to be aloof and unresponsive.

Deputy Ministers acknowledged that the needs of adults with developmental disabilities can be complex. The work of CLBC to implement more tailored approaches, including individualized funding, must be accelerated and supported.

Deputy Ministers concur with Internal Audit that caseload pressure at CLBC is real. But they equally acknowledge that the tools to measure this pressure are ineffective and misleading. The RFSL creates severe distortion, resulting in profoundly inaccurate assessment of need. Internal Audit found that 42 per cent of the high priority files it tested from the RFSL were in error.³⁵

As Queenswood consultants wrote:

"The RFSL is often referred to as a waitlist, although this is not accurate because the list does not track specific individuals who are waiting for specific services. Rather, it simply indicates the number of people who have requested a service, and the relative need of that person. Being on the RFSL does not mean the individual is waiting for a specific service; it includes individuals who have requested services that may not necessarily be provided as an appropriate response to the individual's needs..."³⁶

Finally, Deputy Ministers found that adjustments to the mandate and governance not just of CLBC but for the broader system of supports for individuals with developmental disabilities are required. However, they underlined the need for stability and predictability in the provision of supports.

The principles that formed the foundation of CLBC are strong and relevant today – they are part of the reason why British Columbia continues to be a leader in this area. But CLBC has lost its way in a number of areas.

In transitioning from global contracts to service-delivery contracts, the focus has been on cost-effectiveness.

35 Review of Community Living British Columbia, Internal Audit and Advisory Services, Ministry of Finance, January 2012, page 1.

36 Review of Community Living BC: Efficacy and Progress to 2011, Queenswood Consulting Group, November 2011, page 15.

While this is important and essential, the need for such change in the broader context of cultural change has been lost. Hence the lack of progress on implementing initiatives including individualized funding, which are core to developing a system of services that is better able to put individuals at the centre and let their needs guide supports.

An important element in this context is the broader understanding of CLBC. For a variety of reasons, the agency is conceived by many as an advocacy organization. It is not and cannot be an advocacy organization. Rather, it is a funding agency of government that, like every other agency of every government, has a finite budget and must provide appropriate services to the largest number possible of individuals with developmental disabilities.

4.2 Going Forward

Deputy Ministers have developed the following recommendations to address concerns about CLBC and improve governments support to individuals with developmental disabilities.

1. ***Develop a coherent “one government” policy framework for persons with developmental disabilities.***

In acknowledging the key gap created when families and individuals with developmental disabilities transition to adulthood, Deputy Ministers recommend that support levels across the transition be better addressed. Unless there is a dramatic change in assessment, individuals can expect more consistent levels of support, albeit made up of a different envelope of services. This would be implemented in a holistic manner that accounts for the varying needs of individuals and the range of supports provided across government, as well as the work of families and individuals in planning to access community and other resources to supplement government supports.

This one-government approach requires moving to total government per case funding as a baseline for ongoing analysis and decision-making, and improvements to overall management of information across government.

2. ***Implement a more consistent assessment platform across the Ministries of Children and Family Development, Education, Social Development and CLBC to ensure consistency and clarity of needs assessment and planning for individuals and families.***

Government should implement an initial eligibility screen using a more common assessment platform across ministries and programs. This will allow for more appropriate identification of individual needs based on disability and therefore provide a better, more informed context for individual planning.

There should also be implementation – and consistent use – of assessment for higher needs individuals who cannot remain at home or for whom remaining at home requires intensive support.

3. ***Use a coherent system to track demand, wait times and service delivery across relevant ministries and CLBC.***

Characterization of the RFSL as a “wait list” is inaccurate and has undermined confidence in the ability of CLBC to provide supports.

A better system needs to be developed and implemented that more clearly identifies actual, real-time need for services. It should be supported by improved training of and support for facilitators.

4. *Improve cross-government planning for individuals transitioning through different stages of life and different types and levels of care to reduce stress on individuals with developmental disabilities and their friends and families, and support individuals and families to work more effectively with community resources.*

An improved system will result from earlier engagement with individuals who are transitioning to adulthood – starting at age 14 or 15 – when the young person is likely already receiving services from MCFD, Ministry of Education, and Ministry of Health. Better attention must be paid by CLBC to those individuals already receiving support from the crown corporation who may be experiencing other life transitions.

5. *Maintain CLBC as a Crown Agency and implement changes to address mandate tension created by generational change, and improve the approach to and relationship with families and individuals.*

Government recognizes the distinct focus required to support individuals in residential services, including group homes. CLBC should continue as a funding agency with a clarified mandate, focused on those individuals who are already receiving services from the agency.

6. *Implement new government capacity focused on transition supports.*

To recognize and address the gap created when individuals complete high school, new capacity is being identified and resourced in government to focus on the transition to adulthood, to support families and individuals to plan more effectively around this transition.

The Client Support Team, implemented in fall of 2011, should be re-constituted under a new name and with a strengthened and permanent mandate to review concerns and ensure a one-government approach to supporting individuals with developmental disabilities. A robust review mechanism that is founded upon problem solving and resourcing solutions to case-related problems on a cross-ministry basis is an integral component of the go-forward solutions.

7. *Increase employment services planning and supports, as well as alternative day programming options.*

Government needs to build employment-related training through school supports and increased opportunities through vocational programs.

8. *Support greater utilization of individualized funding.*

Individualized funding, as well as approaches including individualized payment and/or tax credit monthly payments and/or the greater use of the tax system and RDSP, should be considered as part of the broader disability assistance policy reform. This would support an approach that builds on the foundation of per case funding.

9. *CLBC and Ministry of Health to assess and model needs of older cohort of individuals with developmental disabilities and develop a three-year plan to meet those needs and ensure early planning with families.*

10. *Reinforce government's accountability and responsibility for CLBC through more effective use of legislative authorities.*

- Government should require the development of standards for tracking and prioritizing service requests and for identification of assessment tools, and should establish a link to cross-ministry assessment processes.

- Government should direct CLBC to move to integrated case management.
- An appeal mechanism should be established based on the experience from the current Client Support Team.
- Steps should be taken to improve communications between the Board of Directors of CLBC and government, related to CLBC and Board business.
- The Office of the Advocate for Quality Service provides valuable support and to families and individuals in the community living sector. This work should continue. And, where the Representative for Children and Youth has become involved with a young person before the age of 19, the Representative should have the capacity to continue supporting that young person through his or her transitioning years.

11. Carefully increase support and funding for innovations that support these changes.

CLBC's primary caseload drivers are two-fold. On the one, they are youth transitioning from the children's service system. On the other hand, they are adults who have been cared for by parents with little or minimal supports and who now must be cared for outside of the parents' home. These latter individuals will also experience life transitions.

There is little turn-over in CLBC's caseload – individuals are generally provided with supports throughout their lifetime.

And, there is a clear need for better and more vocational support and day programs.

Recognizing the nature and growth of caseload, and the need to provide different types of programs for a new generation of individuals with developmental disabilities, funding to services for individuals with developmental disabilities should be increased.

In fiscal year 2011/12, the Government of British Columbia recognized the need to increase funding to Community Living British Columbia and, on September 14, 2011, committed an additional \$8.9 million to the agency. This funding is being utilized to provide new and additional services to approximately 540 people, and priority is being given to those who have urgent health and safety needs. This includes transitioning youth and others who are eligible but not yet receiving services.

Deputy Ministers recommend that this funding increase be annualized as a permanent funding increase to CLBC. That means annual funding for CLBC will increase by \$18 million.

Recognizing the need to provide dedicated funds for the development of improved supports to youth transitions, Deputy Ministers recommend funding of \$10 million/year be provided to the Ministry of Social Development. This funding would support development of new approaches to day and employment programs, improve transitioning planning for youth with developmental disabilities, facilitate transition to individualized funding, and support innovations in the sector. The Ministry of Social Development will work with CLBC and other ministries in pursuing these initiatives.

Recognizing that the Request for Services List is fundamentally flawed as a tool to measure demand, Deputy Ministers recommend \$12 million be tagged annually from contingencies to support anticipated caseload increases, notwithstanding the deficiencies in the RFSL, and provide resources to a 'go forward' review mechanism for reconsidering and adjusting service plans consistent with the recent experience of the Client/Care Support Team.

Over time, the budget of CLBC and that of the Ministry of Social Development should be aligned with changes to the composition of individuals and families receiving supports, and aligned to clearly identified outcomes.

12. *Support ongoing innovation in the sector, and recognize and support the innovations developed, championed and undertaken by families and individuals.*

Innovations have consistently emerged from the families, friends and allies of individuals with developmental disabilities, and the individuals themselves. These range from Representation Agreements to RDSPs to micro-boards and social networking tools. Government should continue support these innovations, and help keep British Columbia at the leading edge in this sector.

4.3 Timelines for Action

A cross-ministry action team is being established with CLBC in January 2012 with the expectation of developing a cross-ministry assessment platform and a one-government funding envelope by Spring.

The Deputy Ministers recommendations regarding funding will be considered by Treasury Board and through the Budget process.

Throughout 2012, work will be undertaken to determine the appropriate method of service delivery for individualized funding and transition to new governance. New capacity will be implemented on an ongoing basis, and there will be regular reports provided to Cabinet.

Throughout this work, there will be a focus on ongoing consultation and engagement with individuals with developmental disabilities and their families and advocates.

4.4 Restoring Confidence

Deputy Ministers have concluded that the most profound concern to address – even more so than the very real service pressures – is the erosion in trust among the community of individuals with developmental disabilities.

This erosion has resulted from service delivery fragmentation. But it is also the consequence – albeit unintended – of a lack of systemic assessment tools, ongoing policy elaboration, and poor communication about service demands.

The government is committed to restoring citizens' confidence in CLBC.

British Columbia has pioneered new and creative approaches to support individuals with developmental disabilities. It is time to re-establish that leading position.

We will do so with strategic and targeted actions, focused on the key gaps in service delivery and committed to stability and predictability. This process will be closely managed to ensure results, and to demonstrate – every day – government's commitment to individuals with developmental disabilities.

Appendix 1

General Supplements

Bus Pass

An annual bus pass for provincial transit systems is subsidized by Ministry of Social Development and made available to eligible individuals at a cost of \$45 per year.

Camp Fees

A supplement of up to \$200 may be provided to fully or partially cover the cost of attending a recognized camp for children of families on assistance and adults with developmental disabilities who are living in a residential care facility.

Christmas Supplement

A supplement is provided to recipients of income assistance or disability assistance as part of the cheque issued for December, to assist with extra expenses at Christmas. The ministry provides \$35 for singles and \$70 for couples/families, with an additional \$10 for each dependent child.

Confirmed Job Supplement

This supplement provides recipients who have a confirmed job with the actual costs of essential transportation and work-related items they need to start working.

Crisis Supplement

This supplement provides monetary assistance for food, clothing or shelter to clients who are in an emergency situation and all other resources have been exhausted. The maximum amounts are:

- food - up to \$20 per person
- clothing - up to \$100 per person/per year or \$400 per family of four or more/per year
- shelter - restricted to the actual cost up to the maximum shelter allowance.

The cumulative amount of crisis supplements over 12 consecutive months must not exceed twice the maximum amount of support and shelter that would be available to the family at the time the request is made.

Funeral Costs

The ministry covers the basic funeral costs for any person who dies in BC when no other resources are available. The supplement pays for the lowest reasonable cost for burial or cremation (including costs for a casket or urn) and an amount for services to a maximum of \$2,100. Costs are recovered whenever possible.

Guide Animal Supplement

A guide animal supplement of \$95 per month is provided to assist with the monthly maintenance of a certified guide animal.

Identification Supplement

The identification supplement is provided to recipients of hardship assistance to cover the cost of obtaining identification for a member of the family unit when required for the family unit to be eligible for income assistance or disability assistance.

Moving, Transportation and Living Costs

To cover the actual costs of moving, transportation, and living expenses in certain situations when no other resources are available. Reasons for issuing the supplement include a confirmed job, threats to physical safety, and child protection hearing.

Pre-natal Shelter Supplement

Assists single pregnant recipients in meeting extra costs associated with securing or maintaining stable accommodation prior to the birth of their child. Where the client's shelter costs are above \$375, the ministry provides up to \$195 per month for up to 8 months.

School Start-up

A school start-up supplement is provided to recipients of income assistance and disability assistance to assist with extra costs associated with a dependent child's schooling. The amounts provided are:

- \$84 for children 5-11, and
- \$116 for children age 12 and over

Security Deposits

This is a repayable supplement of up to 50% of one month's rent for the residential accommodation to assist in securing rental accommodation.

Special Transportation Subsidy

The Special Transportation Subsidy (STS) of \$790.56 may be provided once annually to cover the costs of transportation for those who would otherwise be eligible for a Bus Pass but are unable to take public transit due to their disability. STS is accessible to disability assistance recipients who reside in an area where the bus pass program is available.

Training Initiative Supplement

The training initiative supplement (TIS) provides opportunities for recipients with the Persons with Disabilities designation and their dependants to participate in a volunteer work experience in order to develop or enhance employment-related or socialization skills. A TIS provides clients with \$50 per month for up to 6 months.

Transportation to Alcohol and Drug Facilities

This supplement covers the actual cost of transportation to and from an approved special care facility for residential alcohol and drug treatment in BC when no other resources or alternative travel options are available.

Travel Supplement

This supplement provides up to \$46 per month to attend a self-help skill program or supported work-placement program approved by Community Living British Columbia.

Utility Security Deposit

This repayable supplement assists with the cost of securing service for electricity or natural gas. The amount provided is the minimum amount necessary to obtain service.

Health Supplements and Programs

Dental and Orthodontic Supplements

These supplements provide assistance with the cost of dental treatment. All ministry clients can receive emergency dental coverage. Basic dental services are covered for eligible clients and children of low-income British Columbians through the Healthy Kids program. An extensive range of dental supplements are paid according to a regulated Fee Schedule.

Orthodontic services are available to dependent children of income and disability assistance clients and Persons with Disabilities clients with severe skeletal dysplasia.

Diet Supplements

Diet supplements provide assistance with the cost of unusually expensive therapeutic diets required as a result of a defined medical condition or a special dietary need. Amounts range from \$10 to \$50 per month. Examples of conditions that require additional diet supplements include cystic fibrosis and diabetes, as well as gluten-free and high protein diet requirements.

Extended Medical Therapies

The Medical Services Plan (MSP) through Ministry of Health covers acupuncture, physiotherapy, massage therapy, naturopathy, chiropractic and non-surgical podiatry treatments to a combined limit of 10 visits per calendar year. The ministry may provide up to an additional 12 combined visits to meet an acute need after the 10 MSP visits have been exhausted. The ministry covers \$23 per visit.

Medical Equipment and Devices

Through this in-kind supplement, the ministry provides basic medically essential equipment and devices to eligible clients. Items covered include canes, crutches, walkers, manual and power wheelchairs, scooters, wheelchair seating systems, ceiling and floor lifts, bathing and toileting devices, hospital beds and pressure relief mattresses, positive airway pressure devices, percussors, and suction units. Some items have maximum amounts and replacement timeframes established in regulation.

Medical Equipment - Hearing Aids

The ministry provides in-kind coverage for hearing aids and associated repairs and supplies to eligible clients.

Medical – Equipment - Orthoses

Through this in-kind supplement, the ministry provides eligible clients with coverage for medically essential orthotics and bracing devices to assist with basic functionality. Examples of items covered include foot orthotics, custom-made footwear, off-the-shelf orthopaedic footwear, off-the-shelf footwear, permanent modifications to footwear, ankle braces, ankle-foot orthosis, wrist splints, hip braces, knee braces, upper extremity braces, cranial helmets and torso or spine braces. Some items have maximum amounts and replacement timeframes established in regulation.

Medical Supplies

This in-kind supplement provides eligible clients with coverage for essential medical supplies in order to avoid an imminent and substantial danger to health. This includes supplies for the following: wound care, bowel care, catheterization, incontinence, skin parasite care, limb circulation, food thickeners, and lancets.

Infant Formula

Regular infant formula may be provided in-kind to children during the first 12 months when there is a medically confirmed risk of disease transmittal from the mother's breast milk; and specialized infant formula may be provided to children who have a medical condition that requires the specialized formula.

Medical Transportation

Through this supplement, eligible clients may receive assistance with the actual costs of meeting extraordinary transportation, accommodation, meals, and other costs associated with essential medical treatment.

Monthly Nutritional Supplement

This supplement provides funding to Persons with Disabilities clients who require nutritional intervention to avoid an imminent danger to their life. The Monthly Nutritional Supplement may include:

1. nutritional items (up to \$165/month);
2. vitamin & mineral supplements (up to \$40/month).

Natal Supplement

A supplement of \$45 per month is provided to pregnant clients for single births, and to family units in which there is a child under the age of seven months, to assist with meeting the extra costs associated with prenatal and postnatal periods. For multiple pregnancies or multiple births, the supplement may be increased to \$90.

Nutritional Supplements

This in-kind supplement provides clients with nutritional supplements (e.g., Ensure, Boost, etc.) required for a short-term supplementation to regular dietary intake to aid in recovery from surgery, severe injury, serious disease or the side effects of medical treatment. Nutritional supplement products are limited to three months.

Optical Supplements

The ministry provides direct pay coverage for prescription eyeglasses (frames, lenses) and repairs for all ministry clients (children and adults) and also children in low-income families through the Healthy Kids Program. Optical supplements are paid according to a regulated Fee Schedule.

The ministry also covers routine eye examinations once every two years for eligible adults aged 19 to 64. The ministry pays \$44.83 for optometrists and \$48.90 for ophthalmologists. Routine eye examinations for children and seniors are covered under the Medical Services Plan, as are medically necessary eye exams, regardless of age.

Supplement for Alcohol and Drug Treatment

The ministry provides a supplement of up to \$500 per year for alcohol and drug counselling services available to eligible recipients and their dependent children.

Tube Feed Supplement

This in-kind supplement provides liquid nutritional product and the related medical equipment and supplies to eligible clients who are unable to take food orally or process it through the gastrointestinal system.

Access to Ministry of Health Programs

Medical Services Plan (MSP)

The ministry applies on behalf of clients and their families for Ministry of Health's premium free medical coverage through the MSP.

PharmaCare

The ministry applies on behalf clients and their families for Ministry of Health's no deductible PharmaCare coverage.

Health Services for Community Living (HSCL)

HSCL provides specialized nursing and rehabilitation supports at the community level to eligible CLBC clients, including assessment, training, referral and planning of supports and services for ongoing, acute and complex health issues. Consultation is focused on the development of individualized health care plans, and specific training of individuals, caregivers and families to manage the care needs of the client. HSCL also assists with liaison with other health professionals as needed to ensure appropriate coordination between health services, when required.

Nutrition and Specialized Dysphagia Services

Adults with developmental disability whose health and well-being are at high risk because of complex nutrition and swallowing issues are provided with nutrition and specialized dysphasia services as indicated by clinical assessment by speech and language pathologists, occupational therapists and/or physiotherapists, registered dietician or nutritionist.

Dental Health Services

Those individual with developmental disabilities who are unable to access dental health services in their community may be provided with support and consultation, including problem solving and coordination with local dental professional services. The service also provides familiarization to adults with developmental disabilities to generate greater comfort in accessing community dental services appropriate to their needs, and may include dental hygiene where appropriate.

Developmental Disabilities Mental Health Services (DDMHS)

DDMHS provides services to individuals with co-existing developmental disabilities and mental illness, substance use or severe behavioural problems which are associated with an emotional, psychological or psychiatric condition. This program serves adults through to young people aged 14 and older (12 in Greater Vancouver), due to the highly specialized focus of this service.

Multi-disciplinary teams (including psychiatry, nursing, psychology, social work, behavioural therapists, speech and language therapists and occupational therapists) provide assessment and diagnosis, based on the individual's physical health, emotional needs, mental health/psychological symptoms and behavioural patterns as well as past history. The team may recommend a plan for treatment of the mental illness, addictions and/or behavioural issues. Treatment recommendations are initiated by DDMHS and may be implemented by the person's family physician and primary service providers. The team may also provide time-limited treatment support to assist the care giving team as appropriate.

High Intensity Care Needs - Added Care

Where an adult with developmental disabilities also presents with high intensity care needs that place them at a very high risk for institutionalization, and a need for supplemental services directly related to a medical or functional condition is identified by the health authority, CLBC and health authority staff work collaboratively to develop an individual care plan, and identify the appropriate supplemental health services, such as home support or access to a residential care facility.

In many instances, a funding contribution by the health authority to augment personal supports provided by CLBC in the client's residential setting may be identified as the most appropriate way to meet the client's needs.

Individuals appropriate for added care for high intensity care needs would be those identified through a standardized assessment (interRAI Clinical Assessment) as having needs relating to high clinical complexity, rehabilitation or supports for physically reduced function, special care, such as tube feeding, multiple sclerosis, central or peripheral IV, or extensive care such as tracheotomy or respirator treatments.

In-Hospital Services

Health authorities fund additional services which may be required to support an adult with a developmental disability in a hospital setting where necessary, unless such one-to-one support is specifically included within a service provider's contract with CLBC. These services are provided to assist with communication, feeding, unstable or unusual presentations or difficult behaviours during a hospital stay.

Medical and Clinical Consultant Services

A consultant team of a qualified physician and clinical nurse specialist provides province-wide consultation to community level staff in both CLBC and Health regarding complex health issues, health care consent and ethical decision making. In addition, the consultant team reviews unexpected deaths and serious hospitalizations of adults with developmental disabilities, and provides debriefing support to family members and care giving team members as appropriate.

End of Life Care

Adults with developmental disabilities are provided with a coordinated approach to care at the end-of-life, in collaboration with CLBC, caregivers and families. Health authorities ensure that an appropriate plan of care is maintained, supervised and monitored, and that health care supports are provided as needed to assist the individual to die in their own home environment, with the highest quality of life possible. Health authorities also provide education to families and caregivers, and liaise with physicians, health care services and community support services as appropriate to ensure quality end of life care.

Home and Community Care Services Utilization – Adults with Developmental Disabilities*

Service Type	# Clients with Developmental Disabilities Receiving Services		% Increase
	2005/2006	2009/2010	
Comm. Nursing	688	1193	73%
Comm. Rehab	693	1060	53%
Home Support	411	513	25%
CSIL	103	106	3%
Adult Day Service	87	80	-8%
Residential Care	266	387	45%

- Ministry of Health CERTS data 2011-0206 HSCL and DD Client Counts

High Intensity Care Needs - Added Care Funding Provision by Health Authorities *

Funding Type	2005/2006		2010/2011	
	# Clients	Funding Amount	# Clients	Funding Amount
FHA	59	\$1,883,630.00	111	\$3,353,650.00
IHA	30	\$877,736.96	57	\$2,062,124.48
NHA	0	\$0.00	34	\$1,800,000.00
VCH	42	\$1,554,207.00	68	\$2,646,298.00
VIHA	37	\$928,678.00	104	\$3,101,811.00
HA Totals	168	\$5,244,251.96	374	\$12,963,883.48

- These services are in addition to services noted above - As reported by health authorities

Improving Services to People with Developmental Disabilities

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December 2011

