



Cross-Jurisdictional Issues Affecting Services for Individuals with Developmental Disabilities

Recommendations to address identified cross-jurisdictional issues that continue to impact the health, safety and wellbeing of individuals with developmental disabilities served through CLBC

April 2016

About the CEO Network

Since 2008, the BC CEO Network has provided a forum for leaders in community services agencies across BC to collaborate together to provide a collective voice on common concerns and issues, promote leadership and mutual support, promote effective and efficient business practices, and support our health and wellness as leaders. In addition to hosting regular general meetings and professional development days, we use a working group model focused on promising practices in our various sectors where members can explore themes and issues with the goal of developing collective solutions that can support best practice. We are pleased with the many resources we have developed to support our members. This paper promoting improved cross-jurisdictional collaboration is an example of the ways we bring our collective voice forward to help guide service practices across the province.

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Introduction

The BC CEO Network has developed this paper to support ongoing collaboration among all parties involved in contributing to the lives of individuals with developmental disabilities. As service providers in community, we often play a pivotal role in helping link individuals and their families to the resources and supports they need through the various service agencies and ministries including CLBC, and the Ministries of Health, Children and Family Development, Justice, Education, and Social Development and Social Innovation. We also find ourselves navigating these same systems when delivering services to these individuals through many of their expected and unexpected life changes. Through these direct experiences, we are familiar with some of the 'bumps' along the way that are often encountered by individuals, families, contracted caregivers, and service providers when seeking support through these ministries especially when costs or resources are shared among them. We know there is considerable work underway to address cross-jurisdictional issues and want to lend our support by offering our insights, perspectives, and recommendations.

As part of their strategic plan for 2015/16 – 2018/19, the BC Government has committed to streamlining services and to improving access through a variety of initiatives outlined in each of the respective Ministry service plans. Increased collaboration is called for among all ministries and there are a variety of projects underway. The STADD (Services to Adults with Development Disabilities) Navigator Initiative designed to assist individuals and their families to locate and access the range of services available to them across government departments is set to continue. *Collaborate*, the new electronic system recently introduced also holds considerable promise as an on line tool to enable individuals, families, professional practitioners, and government staff to actively communicate information to support coordinated planning. We applaud these efforts and are keen to see how they translate to overall satisfaction among individuals and families through the indicator CLBC is tracking in their service plan, "Performance Indicator 6 - Percentage of individuals and families who feel they were provided with useful referrals and resources".

As practitioners providing direct services to individuals, their families and caregivers, we are noting that, despite the efforts mentioned above to develop resources as well as cross-jurisdictional agreements and protocols at the senior management level, practices among the various oversight bodies in communities across BC continue to pose challenges for individuals served through CLBC services. This paper outlines the concerns noted along with some recommendations that we offer as a starting place for continued discussion. The intention of these discussions is to be proactive in addressing service provision and funding concerns through the promotion of best practice solutions that can be applied consistently across multiple regions.

Scope of Our Review

This review focuses specifically on the cross-jurisdictional issues experienced by adults with developmental disabilities including young and middle aged adults, youth in transition, and seniors dealing with age related issues.

Because of the current emphasis on *individualized living arrangements*' (where not more than 2 people live together) outlined in both CLBC's *Strategic Plan 2012-16* and CLBC's 2015/16 – 2017/18 Service Plan, we have also taken into consideration some of the issues experienced by

contracted caregivers when seeking services across ministries on behalf of individuals in their care and the impact this is having on the stability of home share placements.

Finally, we have also looked at issues related to agencies delivering services across BC who are contracted with multiple ministries and some of the cross-jurisdictional issues they face in providing consistent, high quality services.

Background

In response to the Deputy Minister's Review of Community Living BC, *Improving Services to People with Developmental Disabilities (December 2011)*, the BC government and CLBC have introduced a number of initiatives to facilitate the development of a "a coherent "one government" policy framework for persons with developmental disabilities" which was one of 12 recommendations outlined in this review.

At that time, the ministers cited a lack of integration among government agencies that needed to be addressed:

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

Deputy Ministers' Review of Community Living British Columbia • December 2011

It is interesting that many of these same or parallel issues were identified in the 2015 survey the CEO network conducted with member agencies. It is timely, as we begin the second year of the CLBC 2015/16 to 2017/18 Service Plan to explore how improvements can be made to better support quality care across the service agencies.

Key Findings

Themes

Our research among services providers did not identify any specific ministry or ministries as the common denominator. Instead, we noted common themes that appear to cross all jurisdictions that contributed to the challenges experienced:

Budget Protection

The default position among all parties typically involves referring costs or the deployment of specific resources to the other.

- It appears that the focus in all government service plans to increase operational efficiencies poses challenges for ministry field staff when they are faced with demands for specialized resources for individuals whose primary service is through another government funded authority. The tug of war is an inevitable outcome with each party trying to preserve their respective budgets seeking payment from the other.

Unclear Mandates

Staff in local offices are unfamiliar with and/or unprepared to follow through with Agreements or MOUs that have been negotiated provincially

- In many cases, CEO network service providers and homeshare contractors are being instructed to seek out eligible services/supports outlined through a protocol or MOU only to discover local staff within the authority are not familiar with or clear about how it applies.

Proficiencies working with this Population

Generic services offered through the identified authority are often insufficient or lack the specialized knowledge necessary to deliver needed services efficiently and effectively

- Our experience shows that generic systems cannot always offer the level of expertise or depth of understanding to provide the type of support needed. This situation can compromise the care and can often result in increased costs over the long term.

Disparities in levels of funding

Parallel services offered by different authorities cause challenges for transitions between services and for joint funding arrangements

- Differences in how services are funded across different authorities can pose major barriers for service providers trying to negotiate and deliver services.

Limited Engagement with Service Providers

Very often input from service providers is excluded from any discussions or negotiations despite the fact that they are responsible for current service delivery

- The focus on client self-determination sometimes means that valuable insights from service providers and/or home share contractors about an individual are not leveraged. In many cases, they are expected to continue care without the ability to contribute to or prepare for next steps in level of care with the individual.

Sample Scenarios and Recommendations

1/ Children in Care Transitioning to Adult Services- MCFD & CLBC

We are pleased that CLBC continues to prioritize children in care to make sure they have access to residential care when they turn 19 and can no longer be served through MCFD. However, our experiences across BC suggest that the transition supports in place are often inadequate based on three of the themes identified above:

CLBC and MCFD

Unclear Mandates

Despite the transitioning protocols in place (Cross Ministry Transition Planning Protocol for Youth with Special Needs-2009), timelines and leadership of the transition seem to vary across the province for children in care who do not have families advocating for them. This often leads to last minute planning and poor preparation for all involved.

Disparities in Funding Levels

CLBC Home Share Rates are substantially lower than MCFD Foster Care Rates. This situation reduces the potential for foster parents to transfer over to a home share contract to support the stability of a young person through their transition years when everything else is changing for them. These rates are also problematic for recruitment in small towns where rate variations and the high needs of these youth are known.

Additional costs such as vehicle maintenance costs for specialized vehicles previously funded through MCFD are not covered by CLBC and become the home share provider responsibility.

Limited Engagement with Service Providers

The focus on self-determination that CLBC and MCFD uphold can impact good planning when service providers are not engaged in the planning for youth who have been and/or are likely to be served by them. This is especially true for youth in care who may not have active family involvement. Service providers or foster care providers may be important advocates but are sometimes perceived as 'in a conflict of interest' if they may be being considered as future service providers.

Recommendations:

1. a) Develop a standardized, written process specific to planning for children in care who are transitioning to CLBC that includes timelines, process and information that should be shared.
 - i. Ensure that the development of this process involves the input from community agencies.
 - ii. Provide detailed training and support for Resource Social Workers in this new planning process along with the *Cross Ministry Transition Planning Protocol for Youth with Special Needs-2009* to clarify their role in early planning.b) Build specific time into their workload for this important function as part of their case management responsibilities.
c) Identify if and how the new on line “*Collaborate*” tools can be utilized to support more effective collaboration among all parties including service providers and foster care providers early in the transition process.
2. Explore ways to enhance the CLBC rates for Homeshare providers to better align with the MCFD Foster Care rates and/or explore other incentives that help to offset the reduction in rates from one system to the next so that:
 - i. Foster Care Providers who have developed a strong and committed relationship with a youth feel they can remain in place as a support for the youth through the transition without financial hardship and/or
 - ii. Newly recruited home share providers can be adequately compensated through these important transition years when school no longer provides regular, structured support during the day.
3. When additional equipment such as vehicles is required as part of the Homeshare support, build in funds to cover these additional expenses so providers are not out of pocket for these added items.

2/ Emerging Health Issues/Changing Needs– CLBC and Ministry of Health and Health Authorities

A/ Age Related Needs

CLBC has been working extensively to build partnerships with the Ministry of Health particularly around aging issues. In their 2013 publication, *CLBC Strategy on Aging* and their recently updated, *Community Living BC and Ministry of Health Three-Year Action Plan: A Collaborative Approach to Supporting Aging Adults with Developmental Disabilities(2014-15)*, these partner authorities have identified some important strategies to ensure quality of life for adults with developmental disabilities who are growing older in our communities. They have also hosted aging forums across the province to gather more input.

We know that these efforts are underway to improve coordination and early planning. However, in our communities across BC, we are concerned that there are limited signs of this engagement at the local level. Planning often remains reactive rather than proactive and lengthy negotiations leave individuals vulnerable to the use of acute care solutions at the expense of planned care in their long term placements in their group homes or with their home share providers.

B/ Acute Medical Care

When individuals with developmental disabilities require hospitalization for surgery or other treatments, their unique needs and ways of communicating are not readily addressed by hospital staff who have limited time and are not trained in or familiar with the best ways to support an individual. Very often, hospital staff will request additional support and/or service agency staff will recognize the need especially when the individual is showing signs of distress that could compromise their ability to manage the treatment being provided and/or their capacity to make the type of recovery expected. As service providers, we are often turned to for this extra staffing when families or others are not able to provide the level of support needed. However, these requests are often 'unfunded' with CLBC reporting that this is a health issue and funded through health and health pointing to CLBC as the funding source.

Similarly, post-operative care often requires higher levels of support. In some cases, individuals are returned to their placements without funds for the extra staffing needed for this support. In cases, where they may live in a home share arrangement, the additional demands are left unmet and often leave both the provider and individual highly vulnerable causing placement breakdowns. In still others, a decision is made to extend the hospital stay at higher costs or a placement made in a generic facility where the individual's health care needs are addressed at the expense of other aspects of the quality of their lives. Funding seems to be the driving operator for these decisions and much time can be wasted trying to negotiate the best scenario for an individual that is both cost efficient and life valuing.

C/ Mental Health Care

In their Service Plan 2015-16/2017-18, the Ministry of Health references their vision for addressing the complexities of mental illness and substance abuse and is monitoring the number of readmissions to hospital to help them assess the impact of various community mental health interventions introduced. Similarly, in their strategic plan, CLBC has identified "individuals with complex needs, in particular those who may have behavioural challenges or issues with alcohol or drug abuse" as an emergent group. They further cite, "Often these individuals are known to the police, have been charged or incarcerated. Appropriate services and housing are difficult to find and individuals may require supports from non CLBC services such as mental health services", (*January 2015 review and update CLBC's Strategic Plan 2012-16 - p9.*).

Our research highlighted examples where delays in access to appropriate mental health care supports were precipitated by debates over the funding arrangements and/or by community practitioners who felt unprepared to deal with the cognitive issues that preclude some of the more typical interventions modes available. Lack of resourcing and/or additional supports to help address the acute issues related to a mental health condition was common.

When these individuals have a home share arrangement in place or have limited or no family involvement, it is especially critical to support the individual in a timely way. However, all too often, delays in accessing appropriate resources precipitate the breakdown of the home share placement or other living situation leaving the individual without this stable environment when they need it the most.

CLBC and Ministry of Health

Budget protection

Lengthy delays appear to be the 'norm' in responding to the needs of a person.

Representatives from CLBC and Ministry of Health are often caught up in a debate over who is responsible for coordinating, funding and delivering the support or equipment required (i.e. support in the hospital or psychiatric ward for those who are unable to manage in an unfamiliar environment or who are unable to speak for themselves, post-operative care, mental health services).

Unclear Mandate

Despite the 2010 ,
Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities

between

Community Living BC, Regional and Provincial Health Authorities, Ministry of Health & Ministry of Housing and Social Development,

there continues to be a lack of clarity regarding who should take the lead and how to implement a collaborative decision making and resource sharing process.

Disparities in Levels of Funding

Funding formulas across ministries differ considerably. CLBC funds in service hours while Ministry of Health pays an hourly rate. Neither typically cover the full cost incurred by the agency to deliver additional supports to the individual in his/her place of residence. This lack of a consistent currency confuses negotiations when services are cost shared often leaving the provider 'out of pocket'.

Recommendations

1. Review and update the written agreement, *Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities* between Community Living BC, Regional and Provincial Health Authorities, Ministry of Health & Ministry of Housing and Social Development (2010) to specify the need for not only a regional protocol but also protocols within each community in the region.
 - i. These protocols should be co-developed by local staff and include input from individuals and families, service providers, home share contractors and regional managers.
 - ii. These protocols should provide practical information to guide each party that clarifies their respective roles, responsibilities, and timelines regarding the care, support and funding for adults with a developmental disability.
2. Ensure that these protocols form part of training for all local staff.
3. Include a review of these protocols on an annual basis with input from all stakeholders.

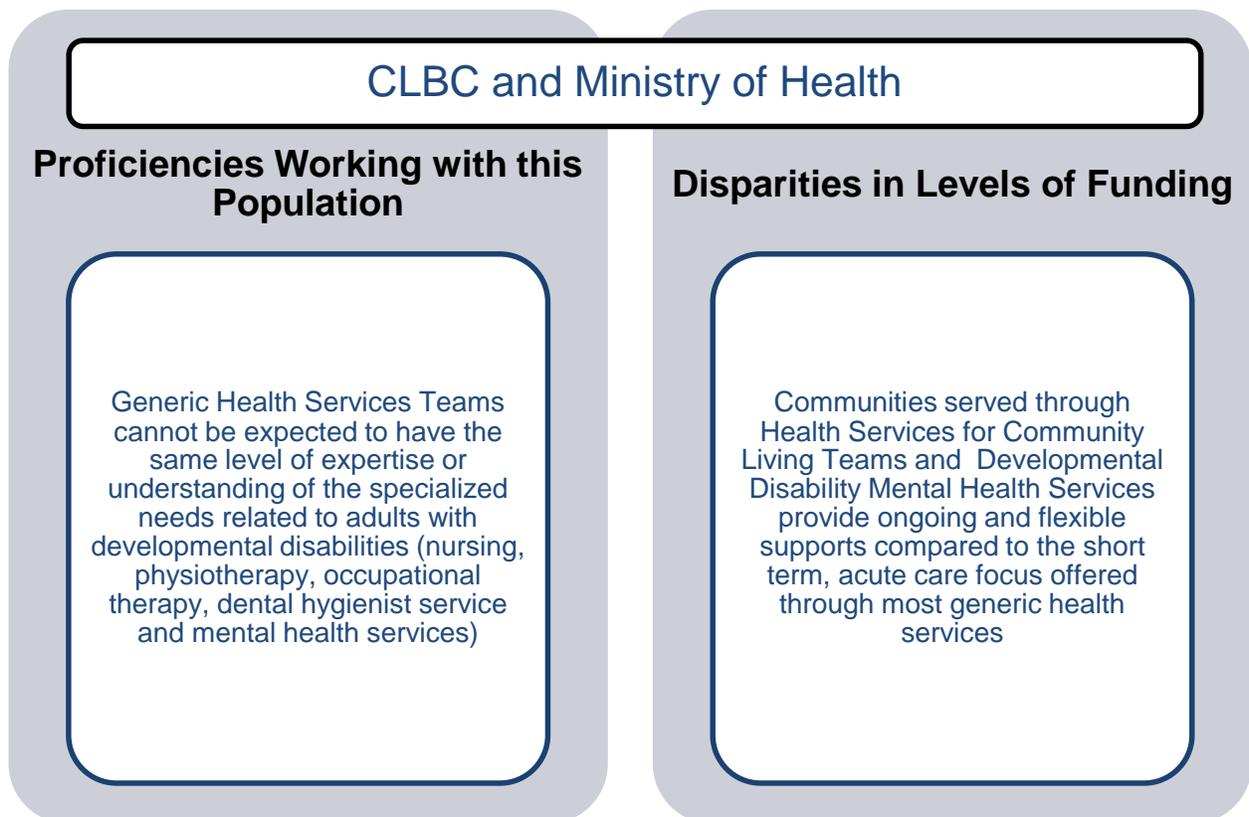
4. Establish a common currency for cost sharing services that ensures the full costs of purchasing services are covered and not left to the provider to offset.
5. Ensure a proactive approach that anticipates and plans for the needs of aging individuals by following through on the action step identified in the CLBC/Ministry of Health 3 year action plan:

Based on the collaborative service delivery model, develop an annualized process to determine required resources to meet the needs of aging adults with developmental disabilities.

Priority #3, "Forecast Future Demands For Services and Supports", in the Community Living BC and Ministry of Health Three-Year Action Plan: A Collaborative Approach to Supporting Aging Adults with Developmental Disabilities (2014-15)

3/ Ongoing Health Needs – CLBC and Ministry of Health/ Health Authorities

Health Authorities in each region in BC are encouraged to develop their community services to respond to local needs. While this approach has merit, we have noted that, where regions have opted for a generic service model for all populations, problems can ensue in terms of continuity of care and limited expertise in working with this population.



Recommendations

1. Provide community based health care services for adults with a developmental disability through a dedicated service like Health Service for Community Living in all regions. Ensure this service is funded adequately to meet the demands.
2. Conduct a review of mental health services including the community based and the specialized development disabilities mental health services to determine the most appropriate model for individuals with developmental disabilities and fund accordingly.

4/ Involvement with the Criminal Justice System – CLBC and Ministry of Justice

As cited previously, adults with developmental disabilities who are known to the police and have been charged or incarcerated are an emergent group. To support these individuals with their more complex needs, it is critical that supports are in place when involvement with criminal justice occurs. Home Share Providers and Families need to know they have access to timely support both for themselves and the individual. Again, as with other cross-jurisdictional collaborations at the local level, timely support is often impeded by lack of clarity around who funds this support.

CLBC and Ministry of Justice

Unclear Mandate

It is often unclear as to who is responsible for coordinating and funding the support that is related to the person's involvement in a crime (e.g. attendance at court, probation orders, parole orders, court orders, etc.). Frequently, lengthy delays occur in responding to the needs of a person while representatives from CLBC and the Ministry of Justice debate over who is responsible for coordinating, funding and delivering the support required.

Recommendation:

1. Develop a written agreement between CLBC and the Ministry of Justice that clarifies the role and responsibility of the respective government agencies regarding the care, support and funding for adults with a developmental disability. Ensure that this agreement is shared with CLBC staff, Ministry of Justice staff and community agencies that support adults with a developmental disability in local communities.

Implementation of Collective Agreements across All Ministries

Many service providers across the province are funded through multiple ministries to offer an array of services to individuals with developmental disabilities across the life span. As required by legislation, CSSEA, the Community Social Services Employers Association of BC, bargains on our behalf according to the mandate approved by cabinet and provided to them through PSEC, the Public Sector Employers' Council. Agreements are costed and submitted for approval from PSEC before they are signed off and sent to service providers for ratification. Service providers ratify an agreement with the understanding that the staffing related costs are covered.

However, service providers are noting substantial changes in how costs are actually funded by each ministry when they are provided with the agreement. This has led to major gaps in the types of positions and how they are funded leaving agencies vulnerable to substantial budget shortfalls. Additionally, each ministry uses a different interpretation of the collective agreement leading to disparities in how the same positions might be funded across ministries.

Service Providers and Multiple Ministries

Disparities in Levels of Funding

Allowing each ministry to interpret the same collective agreement and come up with their own unique funding formulas and allowing them to make their own determination about which positions will be excluded from funding creates major challenges for service agencies. They entered into contractual relationships with a different understanding about the interpretation of the agreement based on costings provided by CSSEA. Most agencies have had to bear considerable shortfalls as a result of these interpretations especially when positions they rely on to ensure quality services are removed from the costing or similar positions are funded at different levels by each ministry.

Recommendation:

1. As part of the sign off of the collective agreement, assign 1 oversight body, CSSEA, to interpret the funding formula and scope to be applied to all positions. Ensure that the funding envelope for each ministry for each year of the collective agreement is calculated based on this universal formula and scope.

Additional Recommendations

In its service plan previously referenced, CLBC has identified some clear and measurable indicators to help assess the impact of the strategies they are testing in their key priority areas. To help measure the impact of their efforts towards cross-jurisdictional collaboration within each community, we would like to suggest some additional indicators that would focus on their effectiveness and efficiency in supporting shared living/home share as an individualized living arrangement.

Our experience confirms that shared living/home share arrangements are a great option for many CLBC eligible adults if placements are stable and home share contractors feel well supported. However, our experience also confirms that when issues arise involving multiple ministries, home share contractors along with service providers with whom they contract, are often caught in the middle and expected to ‘carry on’ while negotiations may drag on. In these situations, a stable home share arrangement can suddenly become untenable for the contractor precipitating a decision to end the arrangement at a time when the individual served may be most vulnerable. Because CLBC is actively encouraging this living arrangement, we believe it would be helpful to track the following measures to better understand where to pinpoint efforts:

1/ In addition to tracking the “*Percentage of individuals and families who feel they were provided with useful referrals and resources*”

6. (b) *Percentage of Home Share Providers who feel they were provided with useful referrals and resources to support their placements*”

2/ In addition to tracking the *Percentage of adults who choose to receive individualized living arrangements (where no more than 2 people live together)*

8. (b) *The percentage of Shared Living/Homeshare individualized living arrangements that have proven stable as evidenced by no changes in the placements for 2 years or more.*

(c) *The percentage of Shared Living/Homeshare individualized living arrangements that remain intact during transitions and/or crisis.*

We believe these additional measures could help us all to understand the impact of efforts to provide comprehensive and coordinated support to homeshare providers through cross-jurisdictional collaboration.

Summary and Next Steps

In response to the Deputy Minister’s Review of Community Living BC, *Improving Services to People with Developmental Disabilities (December 2011)*, CLBC has been working extensively with all ministries to develop increased service integration. To date, we are heartened to see efforts and inroads being made at the managerial level across many of the ministries. The intention to support increased collaboration is evident.

Over the coming year, as CLBC continues work on its Service Plan and monitors its performance, we hope to see some of this work starting to be increasingly reflected in regions and communities across BC. We are particularly interested in supporting these efforts among the population of adults served through CLBC who are in or are exploring shared living/home

share arrangements. Our experience shows that the continued challenges experienced in our communities has a significant impact on the stability of shared living/home share arrangements. Increased collaboration and a willingness to engage in early planning, collectively problem solve, identify and secure necessary supports across the various jurisdictions, and ensure appropriate levels of expertise are in place, will make a difference.

We also believe that, based on our direct experience and service to individuals, their families, and their home share contractor need to have a place at the planning table.

We are keen as a network, to continue the dialogue with CLBC to explore how we can contribute to a more seamless and integrated service system that supports the core principles adopted in the Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities (2010):

- *Person centered and fit the needs of those receiving them*
- *Delivered in a coordinated manner that ensures appropriate access to meet the special needs of this population*
- *High quality and safe*
- *Driven by positive outcomes*
- *Efficient, effective, evidence-based and cost-effective*
- *The right service provided at the right time, and in the right place*
- *Inclusive of and accountable to the community*

We are encouraged in our efforts to support improvements in the ways in which government agencies work together by the BC vision articulated in the Province of British Columbia Strategic Plan 2015/16 – 2018/19:

We have set a vision for British Columbia to become the most progressive place in Canada for people with disabilities. This vision will be achieved through the implementation of Accessibility 2024, a 10-year action plan that includes measures for success and cross-government commitments that will help improve accessibility for people with disabilities. (p. 11)