Ministry of Social Development and Social Innovation

Services to Adults with Developmental Disabilities (STADD)

Evaluation

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Contents

Executive Summary

The impetus and guidance for the STADD initiative arose from the recommendations in the December 2011 Deputy Ministers' Review of Community Living, Improving Services to People with Developmental Disabilities. An integrated service delivery model was launched in December 2013 to create a new service for youth and young adults (ages 16-24) through four Early Implementation Sites.

An initial review of these sites (Interim Status Report 2014) showed early evidence that the Navigators and the integrated service delivery model are starting to fill a gap in the coordination of government service and supports and make a difference for individuals and families.

This report documents an evaluation to measure progress with these four sites as well as the broader STADD initiative; identify further improvement opportunities; and inform decisions on the future expansion of STADD services. It is based on the 16 months of operation from June 2014 to September 2015.

The evaluation is complete and there is evidence of considerable progress in addressing recommendations from the Interim Status Report and making improvements to the STADD program in preparation for expansion. There are three main findings that stand out across all of the results and two overarching recommendations.

- There has been substantial progress toward achieving a 'One Government' approach;
- The Navigator role is helping to bridge the gap between school years and adult services; and
- Expanding access to STADD services across the province will help to address a number of policy and practice issues.

Uptake for all four sites has been successful with a strong proportion of referrals coming from MCFD. Attention is now turning to managing workload, managing service expectations and refining service policy.

There is strong evidence of increased collaboration. Support teams are working together to create more integrated, robust transition plans; resolve issues; and improve service coordination. Partner agreement about improved service coordination has risen to 80% - a positive indicator for future planning. Partners are making progress in working together on a number of cross-government areas of mutual interest: employment, ISST, Added Care and the development of a shared measurement system.   Although there is not unanimous support and comprehension from senior leaders, those on the ground are finding ways to work together to make a difference for the individuals and families.

Most local governance committees are working quite well. Membership is good and participation is strong.

The STADD initiative has provided a good structure for cross-government issues to be raised and worked through. The lack of psycho-educational assessments is an important issue for IMGCs (which is creating problems for individuals as well as the partners trying to ascertain eligibility). IMGC members are taking initiative to collectively raise and explore this cross-government issue. This type of cross-government structure has the potential to make real change in improving system efficiency that will benefit individuals and families as well as all partner organizations.

There is improved information sharing and a greater acceptance of the consent process.

Qualitative feedback from individuals and families, while not collected as a formal part of evaluation, nonetheless demonstrates the uniqueness of each individual situation and how, in order to 'succeed', individuals benefit from the direct engagement with a Navigator, whether that is face-to-face or at a remote location using technology.

There is preliminary evidence that individuals are making progress toward realizing personal goals. The most frequent types of goals include financial security, employment, and education.   Since working with a Navigator, many individuals have been connected to employment services and a number of individuals have achieved employment.

Areas that require attention and further work include communication; executing role clarity; workload; and the Collaborate system.

Partner organizations have made effort to improve communication channels but there is still concern that support and information is not reaching the front line. Generally, staff in partner organizations still request more direct communication from their leadership to support the mandate of working together in the STADD planning model.

Role clarity has improved on transition planning but partners would benefit from continued work on execution in this area.

Workload is a considerable barrier to team planning for all partners and partners face the challenge of implementing policy and practice changes that only apply to a small portion of their operations.

There is strong support for the concept of the Collaborate system and most see the potential value. However, many partners will not use Collaborate because of time and workload and/or a lack of training and experience. As the only operational person-centered transition planning tool approved to share an individual's personal information, it is essential to increase standardized use of the Collaborate system amongst support team partners, navigators, practitioners and individuals and their families.

There is interest to expand access across the province but caution that a provincial expansion model needs to be efficient and effective (i.e. innovative, flexible and incorporates more technology), particularly with rural, remote service.

In light of all that has been learned in this evaluation, there are three overarching recommendations:

1. *Equip leadership with evidence and communication material tailored to their organization to enable them to visibly demonstrate support and promote the STADD initiative and improve communications to front-line staff.*

2. *Enhance engagement with individuals and families to further inform improvements in the design and delivery of the youth and young adult sites model.*

3. *Develop a plan to expand access to STADD services for youth and young adults across the province to provide more individuals and families with a one-government approach to integrated team transition planning with the benefit of Navigator support and a platform for information sharing.*

Introduction

The impetus and guidance for the STADD initiative arose from the recommendations in the December 2011 *Deputy Ministers' Review of Community Living, Improving Services to People with Developmental Disabilities*. In response to these recommendations, an integrated service delivery model was developed to test a new way of serving adults with developmental disabilities in British Columbia. It was launched as a prototype in four Early Implementation Sites (EIS) in December 2013 for youth and young adults and later in July 2014 in one site for older adults.

Taking a collective impact approach is key to how STADD operates. STADD is implementing a one-government approach, using a collective impact framework. This approach focuses on cultivating and strengthening cross-sector commitment to a common agenda through continuous communications, a shared measurement system and mutually reinforcing activities. STADD headquarters staff at the Ministry of Social Development and Social Innovation (SDSI) is providing the backbone organizational support necessary to advance this approach.

An initial review of the youth and young adult sites (Interim Status Report 2014) showed early evidence that the Navigators and the integrated service delivery model are starting to fill a gap in the coordination of government service and supports and make a difference for individuals and families. The report identified a number of improvement ideas and six recommendations centred on change leadership, model design and working together as 'One Government'. Action has been taken to address these recommendations and as of May 2015 this initiative moved from prototype to operational status.

The fifth site (serving older adults) became operational in July 2014. The Older Adult site underwent a separate review process with a resulting decision to deliver navigation support for older adults through CLBC.

The approach for this evaluation was developed by the STADD inter-ministry Performance Monitoring and Evaluation Committee (PMEC).

Purpose of the Report

In early 2015, the PMEC was created with representation from all partner organizations (AVED, MCFD, CLBC, EDUC, MOH, EPBC, and SDSI-STADD) to work as one to monitor performance and evaluate the collective impact of services to adults with developmental disabilities. Among other deliverables, this committee was tasked with the development of the strategy for monitoring performance and evaluating collective impact, and conducting the next performance review by January 2016 (this report).

The Interim Status Report was focussed on very early learnings to help guide improvement changes in the model design and delivery for the four youth and young adult sites. The purpose of this report is to assess progress with these sites as well as the broader STADD initiative; identify further improvement opportunities; and inform decisions on the future expansion of STADD services.

This evaluation is based on the 16 months of operation from June 2014 to September 2015.

To establish focus for this evaluation, the PMEC identified a set of framing questions taking into consideration the timeframe for this evaluation, the focus of the 2014 Interim Status Report, and early indicators that had been previously identified by the committee in the Performance Monitoring Plan.

There are five areas of focus, each with an overarching/framing question:

- **Access and Utilization**: *Who is accessing and utilizing EIS services?*
- **Transition Planning Experience**: *What is the transition planning experience of Individuals and their families?*
- **'One Government' Approach**: *Has a 'One Government' approach been achieved?*
- **Service Delivery Processes**: *Are the service delivery processes supporting integrated transition planning?*
- **Progress toward Outcomes**: *Are there early indicators of progress toward meeting desired outcomes?*

These framing questions were used to generate sub-questions, paying close attention to language used in the Performance Monitoring Plan as well as the specific questions used to collect data for the first Interim Status Report.

The PMEC is thankful to each person who participated in this review for their time and contribution.

Background

The purpose of STADD is to move towards a one-government approach, focus on person-centred solutions and undertake comprehensive and early coordination and planning for individuals with developmental disabilities and their families, when accessing government and community services and supports during time of life transitions.

The success of this new model is highly dependent on partnerships and distributed leadership among ministries and authorities responsible for providing existing services and supports. Partner organizations include the Ministry of Children and Family Development (MCFD), Ministry of Education (EDUC), School Districts, the Ministry of Advanced Education (AVED), Community Living BC (CLBC), Ministry of Social Development and Social Innovation (SDSI), the Ministry of Health (MOH), Health Authorities (HA), the Office of the Public Guardian and Trustee (OPGT), Employment Program of British Columbia (EPBC), Delegated Aboriginal Agencies (DAAs), and health care professionals. Backbone support is provided by SDSI-STADD.

The four youth and young adult STADD sites became operational in December 2013 in Surrey (Fraser Region); Nanaimo/Comox Valley (Vancouver Island Region); Kamloops/Merritt (Interior Region); and Prince George/Haida Gwaii (Northern Region).

The Interim Status Report documented the review of the first six months of operations (December 2013 to May 2014) for the four youth and young adult sites. The results provided early performance indicators that have been utilized to make program improvements and create baseline information in areas where there was previously little to no data. In addition to numerous improvement ideas, the Interim Status Report presented six recommendations focussed on change leadership, model design and working together as 'One Government'.

Significant and focussed work has since been undertaken to respond to these recommendations, and progress is routinely monitored through regularly reporting. This work includes:

- **STADD ADM Steering Committee Terms of Reference** was renewed to reconfirm membership and commitment.
- **Performance Monitoring and Evaluation Committee** (chaired by MCFD) was formed to work as one to monitor performance and evaluate the collective impact of services to adults with developmental disabilities.
- **InterMinistry Communications Committee** (chaired by SDSI-STADD) was formed to jointly develop a communications plan and disseminate messaging through partner and community communication channels.
- **Partner Organization Roles and Responsibilities** was developed by the local IMGC's to design, test, and document respective partners' roles and responsibilities in transition planning.
- **Collaborate Use Strategy** was revised with new training approach to reflect integrated planning amongst partners and Collaborate messaging incorporated into IMCC agenda.

As of May 2015 this initiative moved from prototype to operational status.

The STADD Sites

The four initial site locations were identified largely through self-nomination by communities who could demonstrate readiness, services, and support. Since the Interim Status Report, each of these sites has experienced a differing degree of change. For some sites there has been an increase in the geographic spread to encompass more communities; a change in the population eligibility (an expansion to include a new population eligible for the Navigator service); and/or a change to the staffing complement.

General program changes relating to geography, population and staffing are noted below. This is followed by a more detailed description of changes experienced by each site.

Geography

The four initial site locations allowed for testing in a variety of environments: rural/remote in the North (through Prince George/Haida Gwaii); smaller communities in the Interior (Kamloops/Merritt); urban centres in a larger metropolis (Surrey and Langley) and Vancouver Island (Nanaimo/Courtenay). The Interim Status Report showed that the model is working well in most sites but identified a number of challenges in the Northern region related to geography and resources and recommended that the model be re-examined for rural and remote areas. Work has since been underway to explore a virtual Navigator practice model in rural/remote areas. In areas of sufficient capacity, the geographic eligibility was expanded to include additional communities (such as Parksville/Qualicum). Specific communities for expansion were identified by the IMGC and approved by the ADM Steering Committee.

Population

In the Interim Status Report it was noted that there was interest to expand the model to include other youth populations facing transition. In areas where the population of individuals with developmental disabilities is relatively lower, the population eligibility has been expanded to include Personal Supports Initiative (PSI) populations (aligned with CLBC PSI eligibility criteria). This population expansion applies to three of the four sites (all but Surrey).

Staffing

Work has been underway since the Interim Status Report to realign and strengthen human resources. Specifically, there has been work to refine the job profile of the Directors and Navigators; transfer two Older Adult Site Navigators to a youth site; convert existing Navigators to permanent status; reduce the number of Directors; create a Director role specific to rural and remote service delivery; and test a new Director role with dual operational and corporate business leadership.

All sites have experienced role clarity and evolution (for the Director role as well as the Navigator role) as the STADD initiative is maturing beyond the prototype phase.

Other Notable Changes

Formal referral capability was extended for health partners. Navigators in all sites have reached initial caseload goals with individuals involved in all components of the integrated transition planning process.

Fraser Region

The Fraser Region has experienced a very recent geographic expansion but no population eligibility expansion.

Geography

- The Fraser Region site is based in Surrey, serving the Surrey community. As of September 2015, a second community is in the process of being added (Langley).
- Surrey covers a large geographical region, including six town centers.
- There are a broad range of government and community services and supports available.
- There is 1 school district, 99 elementary schools, 25 secondary schools, 23 independent schools (including religious academies and Montessori schools) and 2 universities.

Population

- This site serves youth and young adults with developmental disabilities.
- 166 individuals were referred between June 2014 and September 2015[1].
- Surrey is the second largest city in BC and the twelfth largest city in Canada with a population of over 468,000, according to the 2011 census. The city of Surrey still has a steady influx in population.
- Surrey's population is young and diverse. Over 27% of Surrey's population is under 19 years old, and over 43% of residents speak a language that is not English at home.

Staffing

- The staffing complement began as one Director and two Navigators. A third Navigator was added in fall 2014 and a fourth Navigator was subsequently added to meet the demand.
- All staff work out of the same physical location in Surrey (SDSI office).
- The Director role has evolved. The Director is spending more time focused on cultivating an effective IMGC (i.e. development of shared work plan and engagement in work plan activities, such as the extensive work on roles and responsibilities) and has an had an opportunity to get more involved in provincial planning and model design (i.e. improvement charter development and implementation).

Other Notable Changes

- The Surrey IMGC has galvanized its leadership over the last year by developing a shared work plan and facilitating an extensive engagement and planning process to clarify roles and responsibilities in transition planning. The work facilitated by the Committee has laid the groundwork for provincial agreements about roles and responsibilities by the Provincial ADM Steering Committee.
- Surrey partners have recognized the early indicators of success in Surrey and are actively identifying opportunities to leverage the role of the Navigator. MCFD is collaborating with the Surrey Site to fund a part-time Navigator position as a part of an expansion to Langley (fall 2015).

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[1] This includes 10 referrals made to the Langley site which, at the time of this report, is just getting established.

Vancouver Island Region

The Vancouver Island Region has experienced both geography and population eligibility expansion.

Geography

- The Vancouver Island Region site has always been physically based in two separate communities (Nanaimo and Courtenay) serving Nanaimo and the Comox Valley. In January 2015, a third community was added (Parksville/Qualicum).
- The current distance from the south to north ends of the area is over 150 km.
- There are a broad range of government and community services and supports available.
- There are 3 school districts, 52 elementary schools, and 14 secondary schools.

Population

- This site serves youth and young adults with developmental disabilities and the PSI population.
- 129 individuals were referred between June 2014 and September 2015.
- Approximate population estimates using School District catchment areas are 113,570 for Nanaimo, 63,540 for the Comox Valley and 45,205 for Parksville/Qualicum, according to the 2011 census.
- All areas have significant numbers of youth and young adults who are potentially eligible for the services of a Navigator.

Staffing

- The staffing complement began as one Director and two Navigators. There is now one Director, two Navigators and a Coordinator (the Coordinator position was added as part of testing a new human resource strategy).
- Staff work out of two separate physical locations: Nanaimo and Courtenay.
- The Director role has had a shift in focus since the Interim Status Report. There has been a significant increased focus on larger, 'provincial' projects (e.g. the PWD Improvement Charter – set up to assist in improving the PWD application process for all applicants). Less time is spent working with local community partners.

Other Notable Changes

- The Director is seeing a change in how partners are seeing STADD: the partners are seeing more of the value add.

Interior Region

The Interior Region has experienced both geography and population eligibility expansion.

Geography

- The Interior Region site has always been based in Kamloops, serving the Merritt community. Beginning in January 2015, additional communities were added and this site now serves Kamloops, Merritt, Clearwater, Barriere and several other smaller communities in the surrounding areas (i.e. Lillooet).
- This region is quite diverse in terms of the geography. The site serves both urban and rural areas. Clearwater is a rural community setting that has good inter-agency cooperation. Winter travel can present challenges when travelling to the communities north and west of Kamloops.
- There are a broad range of government and community services and supports available in Kamloops, however communities outside of urban centres lack resources.
- There are 3 school districts, 45 elementary schools, 18 secondary schools, 2 K-12 schools, 17 independent schools, 1 rural one-room schoolhouse and 2 post-secondary schools. In addition, there are 11 on reserve First Nations schools.

Population

- This site serves youth and young adults with developmental disabilities and the PSI population.
- 102 individuals were referred between June 2014 and September 2015.
- The approximate population is 86,000 in Kamloops and 7,000 in Merritt, according to the 2011 census.
- There is a large First Nations population in the region (Kamloops 15%, Merritt 40%, and Lillooet 40%, according to school district websites).

Staffing

- The staffing complement began as one Director and two Navigators. The Director role has undergone significant change.
- Site staff work out of the same physical location in Kamloops, with the Director located in Victoria.
- With the departure of the initial Site Director for this region, it was taken as an opportunity to test a new leadership structure. This site now is overseen by a corporate Director who provides a strategic leadership role as well as HR oversight and problem solving/conflict resolution and IMGC leadership.
- The Northern Region Site Director provides practice support to the Interior Navigators.

Other Notable Changes

- Significant change has occurred in terms of acceptance and engagement with STADD. The IMGC structure is currently contemplating a regional variation that would see a core/active group meet more frequently, while the interested/passive tier reflects a group that is actively referring, values STADD's presence but sees the mode as moving into operational and therefore would meet less frequently, as required for updates, bilateral problem solving etc.
- The Director has heard from partner organizations who don't have STADD say 'we wish we had that here': they see the benefit and say the hardest part of their role is transition planning.

Northern Region

The Northern Region has experienced both geography and population eligibility expansion.

Geography

- The Northern Region site is based in Prince George and has always served both Prince George and Haida Gwaii. In January 2015, a third area was added (Nechako Lakes, including the communities of Vanderhoof, Fort St. James and Fraser Lake).
- Prince George and Haida Gwaii are distinctly different communities. Prince George is an urban area with a relative richness of resources and is a regional centre for many services while Haida Gwaii is a remote area with limited services. Some services are provided by travelling clinics/practitioners.
- The site has experienced some of the common challenges associated with more remote locations such as reliable internet and other communications. Winter weather can also present challenges.
- There are 3 school districts, 40 elementary schools, 15 secondary schools, 5 independent schools and 3 post-secondary schools (NW Community College, College of New Caledonia, and UNBC). In addition, there are First Nation run elementary schools.

Population

- This site serves youth and young adults with developmental disabilities and the PSI population.
- 100 individuals were referred between June 2014 and September 2015.
- The approximate population is 84,000 for Prince George, 6,000 for Nechako Lakes, and 4,400 for Haida Gwaii, according to the 2011 census.
- There is a large First Nations population in the region (Prince George approximately 10.6% and Haida Gwaii approximately 45%) – both off and on-reserve.

Staffing

- The staffing complement continues to be one Director and two Navigators.
- All staff work out of the same physical location in Prince George (Youth Around Prince (YAP) office).
- With changes to the Director position in the Interior, the Northern Region Site Director assumed responsibility for practice supervision with the Interior staff. This required adjustments for sharing supervision with the interim Director and the new Corporate Director.

Other Notable Changes

- There has been ongoing community education and training around Collaborate, STADD and collaborative planning which included more on-reserve work than previously.
- There have been some minor changes to the composition of the Haida Gwaii leadership Committee. With staffing changes within several Prince George organizations, there have been some changes to Prince George Leadership Committee (IMGC) members as well as the addition of a school district representative from Nechako Lakes.
- Acceptance of STADD Navigator services have been well received in most communities and collaborative planning between partners is strengthening.

Methodology

The five overarching/framing questions were used to generate sub-questions, paying close attention to language used in the Performance Monitoring Plan as well as the specific questions used to collect data for the first Interim Status Report.

The next step was to determine the best source of data to answer each question and the mechanism to collect the data. This resulted in a data collection plan that considered the use of surveys, focus groups, interviews.

As the timing for data collection coincided with other government surveys with the same population, there was concern about 'survey exhaustion' and the potential for creating confusion. As such, a decision was made to not conduct a STADD-specific survey with individuals and families for the purpose of this evaluation. It is recognized that this lack of individual and family data creates a substantive limitation for assessing the transition planning experience. To mitigate this, this evaluation includes qualitative data from personal experience stories (that had been captured for quality improvement purposes) as well as a descriptive case study that illustrates the role of Navigators and support team partners and in the breadth of transition planning.

Additional information was gathered from STADD's online system (Collaborate) and data from the Integrated Services Support Team (ISST) which is a regional team working together to resolve issues raised by families or a person with a disability related to CLBC supports and services in conjunction with other government services.

The mechanics of the evaluation has been carried out by SDSI-STADD (the backbone support for the overall STADD initiative): data mapping, data collection, data analysis and an initial interpretation of results, and documenting findings.

Members of the Performance Monitoring and Evaluation Committee reviewed the draft report and provided advice on the interpretation of findings and overarching recommendations.

Data Collection

Data was collected from September to October 2015. Data from Collaborate was gathered as of the end of September 2015, to formulate reports regarding the utilization of the Navigator services and the sites.

The following table indicates the data collection methods and number of responses used in the report.

Stakeholder group	Data Collection Method	Potential Respondents	Responses Received
Individuals/Families	Personal Stories	n/a	11
Service Partners	Survey	214	62
Governance Committee Members	Focus Group	61	38
Navigators	Focus Group	10	10
Site Directors	Interview	4	4
Senior Executive (ADMs, DMs)	Interview	9	7

Personal Stories

Personal stories are collected as part of an ongoing cycle of improvement and qualitative monitoring and measurement for the STADD initiative. These stories are an opportunity to understand the personal impact and experience of individuals and families (as well as partners) with the STADD initiative: to understand what specifically has changed as a result of being connected to this service.

These stories are collected through the sites with the necessary consent to utilize the stories for program monitoring purposes. Personal stories are both requested by the Navigator as well as unsolicited (prompted by the individual, family member or partner).

Surveys

One survey was developed for the Service Partners (members of support teams). This survey was delivered via an email containing a link to an online survey tool. The survey was developed to meet the Ministry's privacy requirements for both the data collection and the storage using the online survey tool.

Survey questions were a combination of styles; allowing respondents to select from choices related to key questions on the program's functioning, as well as open ended questions. Most questions were on a Likert scale, requesting agreement or disagreement with a statement regarding the program.

Focus Groups

Two focus groups were held separately: one for all members of the regional Inter-Ministry Governance Committees and one for all Navigators. The results of each focus group were coded and organized into thematic areas, noting emphasis where appropriate.

The IMGC focus group was held on September 29th. It was a three hour session and made use of technology to allow for both a regional dialogue and a provincial dialogue. Each regional location had a facilitator and a scribe and was asked to work locally to discuss a few broad questions. These regional groups then came together virtually and, with the help of a facilitator, shared thoughts and ideas on these topics.

The IMGC focus group dialogue was centred on the following areas:

- IMGC's key accomplishments
- Integrated and collaborative service delivery
- Collaboration and shared responsibility

The Navigator focus group was held on September 2nd. It was a three hour session and made use of the University of British Columbia's Faculty of Medicine videoconferencing technology to bring together the Navigators across all four sites. The session was facilitated out of the Nanaimo location and a Navigator for the STADD Older Adult Site in Burnaby (and without previous or current involvement in the youth STADD sites) acted as recorder, based at the Surrey Memorial Hospital. One Navigator was unable to attend, but had the opportunity to provide input by email.

The Navigator focus group dialogue was centred on the following areas:

- Support teams working together
- Key accomplishments
- Reaching those less connected to services
- Information sharing

Interviews

Interviews were conducted by phone for three audiences: Site Directors, Assistant Deputy Ministers, and Deputy Ministers. The Director interviews were approximately one hour and the senior executive interviews were approximately 30 minutes in length.

Four Assistant Deputy Ministers participated in this interview process (CLBC, MCFD, SDSI (STADD), and AVED) and three Deputy Ministers/CEO participated in this interview process (CLBC, MCFD, and SDSI).

Data Analysis

This evaluation presents an assessment of progress since the first Interim Status Report and ongoing evidence of areas that are working and areas that could benefit from renewed focus and rigour. The evaluation was constructed to be as robust as possible but with the small numbers the results cannot be interpreted as being statistically significant. Nonetheless, the information gained by this evaluation does provide meaningful insight into the strengths of the current implementation and opportunities for improvement.

A substantial amount of data collected was qualitative in nature. The Evaluation Team reviewed all the qualitative responses for each audience and data collection method and categorized the responses into key ideas (noting the frequency of comment). This information was then organized into the five theme areas.

The Results

The results of this evaluation have been organized, across all data collection sources, into the following themes: Access and Utilization; Transition Planning Experience; 'One Government' Approach; Service Delivery Processes; and Progress toward Outcomes. Where possible, these results are compared to what was learned in the Interim Status Report (also referred to as the 'six month check-in').

1 – Access and Utilization
Who is accessing and utilizing EIS services?

Background

With the introduction of the four STADD sites, SDSI-STADD staff set out to work alongside partner agencies to help individuals with developmental disabilities make a smoother transition into adulthood.   A key to this is early planning with youth (i.e. starting at 16, or 17 rather than closer to age 19). STADD site eligibility is dependent on partner organization assessment for eligibility determination: for individuals under 19 years it is schools or MCFD; and 19 years and over is CLBC. As with any new program in the early days, there is an emphasis on promoting awareness and ensuring that eligible individuals are finding their way to the new service. Referrals are a proxy measure for access and early indicators of outcomes.

At the six month check-in, it was learned that the overall total number of referrals to the four youth EIS was less than initial expectations and self-referrals were one of the greatest sources of referrals. It was also learned that the great majority of referrals were under 19 years which showed promise for early planning. There was some early indication that the system was reaching those less connected to services and there was interest in expanding the model to include other youth populations facing transition.

Action has since been taken to address the three improvement ideas from the Interim Status Report for access and utilization: leverage leadership support from partners to increase referral numbers; work with partners to identify and remove any barriers to establishing eligibility at an earlier age; and consider expansion to new populations in areas where the population of adults with developmental disabilities is lower.

Work has since been underway to address the recommendation that Navigator services and supports be re-examined for rural, remote areas, considering the application of technology and potential impact of geographic expansion and population eligibility expansion to include Personal Supports Initiative.

What We Learned

1. Uptake has been successful and all four sites have reached initial goals.
2. MCFD has been the greatest source of referrals.
3. There has been a slight decrease in the proportion of younger individuals (under 19 years).
4. A greater proportion of individuals appear to be 'less connected'.
5. Just over half of pending referrals are the result of assessment issues.
6. There is interest to expand access across the province but caution that a full-scale provincial model needs to be efficient and effective, particularly with rural, remote service.

1.1. Uptake has been successful and all four sites have reached initial goals.

- ✓ In the 16 months from June 2014 to September 2015, there have been 497 referrals across all sites.
- ✓ This brings the total number of individuals referred since launch to 676 and total caseload to 504.
- ✓ At the six month check-in, total referrals were lower than initial expectations. Since then all sites have made concerted efforts to create awareness and promote referrals to this new service. Eligibility has also expanded for each site: to include additional communities and/or the PSI population.
- ✓ The average monthly referral rate rose slightly (from 30/month in the first 6 months to 31/month over the past 16 months).
- ✓ There have been noticeable spikes and drops in monthly referrals related to expansion activity and the school strike (June 2014 to September 2014).
- ✓ In the past 16 months, the Fraser Region has had the most referrals (166); followed by the Vancouver Island Region (129); the Interior Region (100); and the Northern Region (100).
- ✓ Across the sites, 63 referrals are Self-Identified Aboriginal individuals. These are mostly in the Interior Region (33) and the Northern Region (17).
- ✓ There are 23 cases for the PSI population, with just over half of these in the Vancouver Island Region (12).
- ✓ With an initial staffing complement of two Navigators, each EIS (as a prototype) was expected to test a workload of 120 individuals (60 per Navigator). This has been achieved and the focus of all four sites has shifted from promotion to dedicated, comprehensive planning.
- ✓ Site Directors are now also focussed on managing workload and managing expectations of families and staff in terms of level of service. This work includes understanding how to triage and prioritize referrals (establishing criteria and timelines); learning what site staff can and cannot do; and establishing when to stop being involved with a family or change the status to 'inactive'.
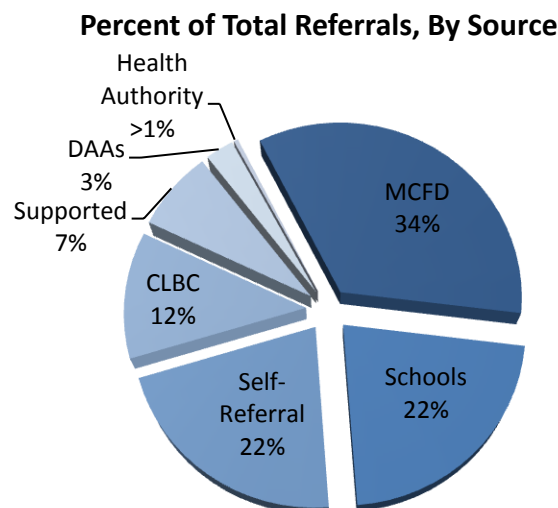
Number of Total Referrals
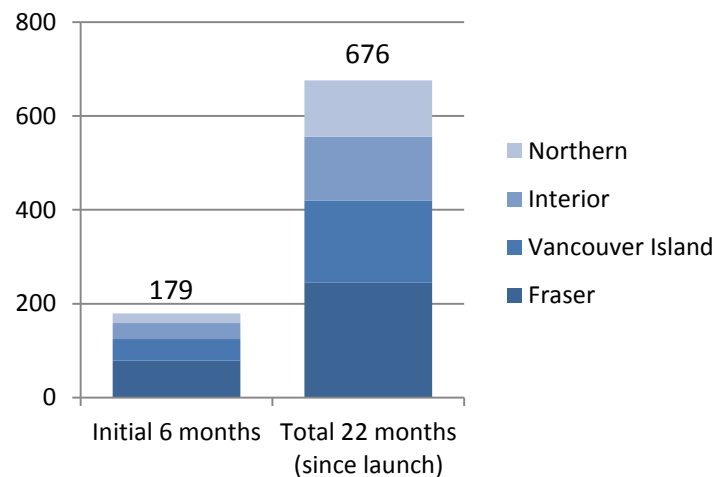
**Number of Monthly Referrals, By Region**
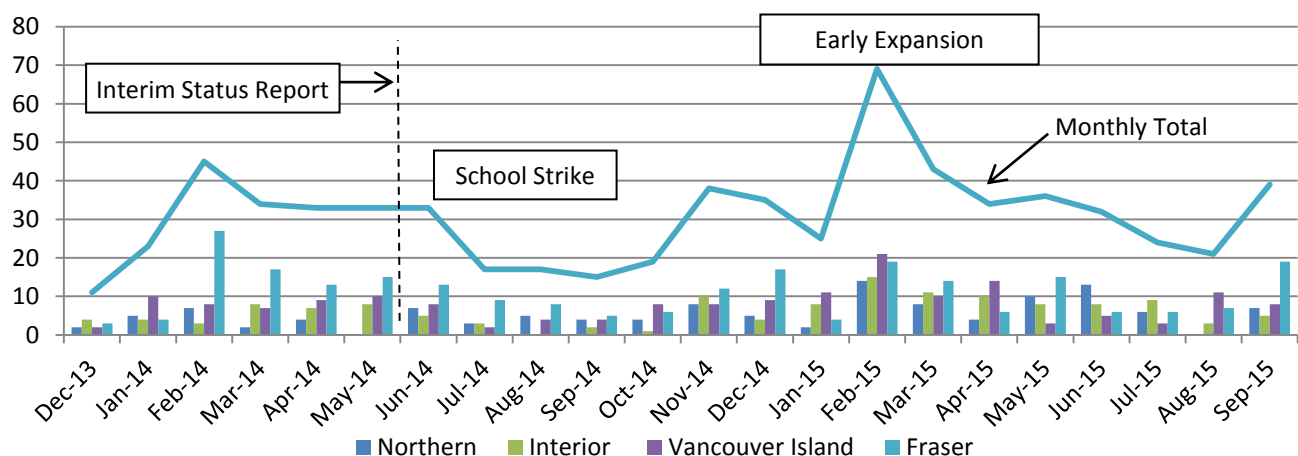
1.2. MCFD has been the greatest source of referrals.

- ✓ More than one third of total referrals (34%) have come through MCFD (an increase from 31%).
- ✓ Accounting for 22% each of total referrals, the next highest source is from schools (no change) and self-referrals (a decrease from 28%).
- ✓ CLBC referrals accounted for 12% of total referrals (a decrease from 16%).
- ✓ Supported referrals are a new classification of referrals since the 2014 Interim Status Report.
- ✓ A referral is coded as a 'Supported Referral' when the Navigator manages any referral that is not a self-referral. This occurs when an organization (other than a formal partner) initiates contact with STADD or when STADD initiates contact with an individual using 'Consent to Contact' (consent may originate from either a referring or non-referring partner).
- ✓ Supported referrals accounted for 7% of referrals.
- ✓ Referrals from DAA's are the same at 3%.
- ✓ Health Authorities began referring in June 2015. To date there have been 2 referrals.

Percent of Total Referrals, By Source

Percent of Total Referrals, By Region and Source
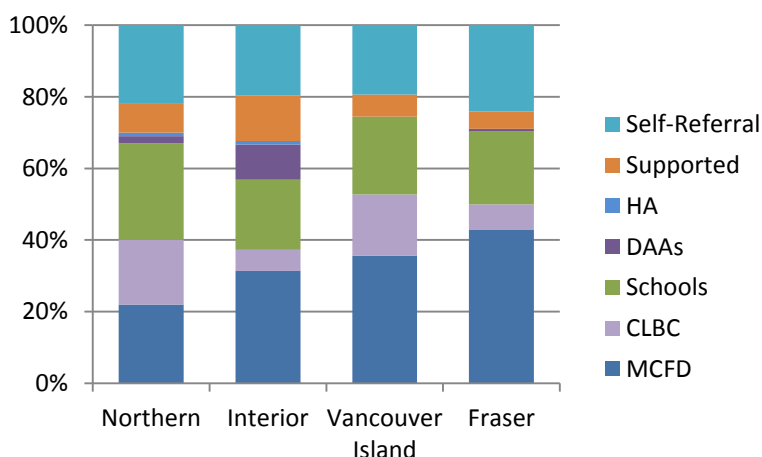
- ✓ In the Fraser Region, the greatest number of referrals has come from MCFD (71) and self-referrals (40).
- ✓ In the Vancouver Island Region, the greatest number of referrals has come from MCFD (46) and schools (28).
- ✓ In the Interior Region, the greatest number of referrals has come from MCFD (32) and then schools and self-referrals (20 each).
- ✓ In the Northern Region, the greatest number of referrals has come from schools (27) and then MCFD and self-referrals (22 each).
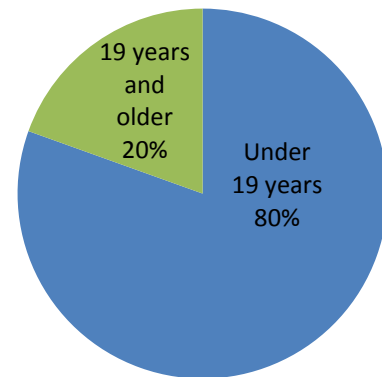
Number of Referrals, By Region and Source (June 2014 to Sept 2015)

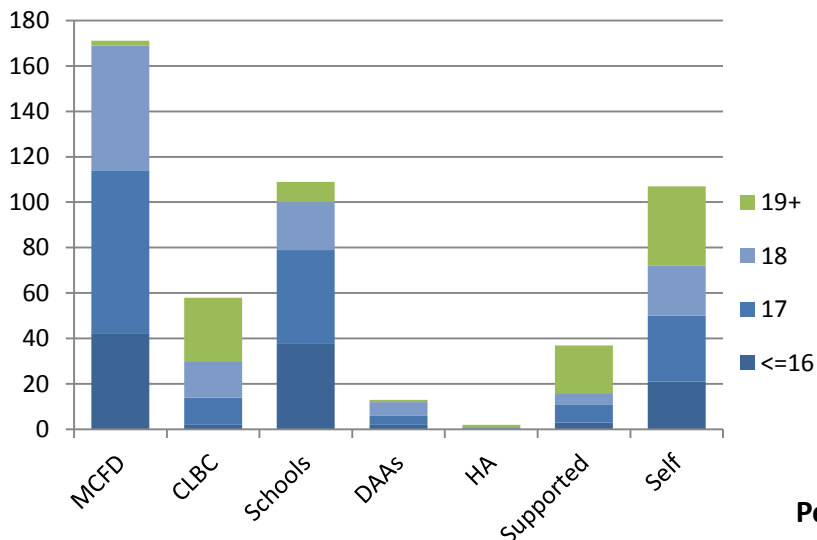|	MCFD	CLBC	Schools	DAAs	HA	Supported	Self	Total
Northern	22	18	27	2	1	8	22	100
Interior	32	6	20	10	1	13	20	102
Vancouver Island	46	22	28	0	0	8	25	129
Fraser	71	12	34	1	0	8	40	166
All Regions	171	58	109	13	2	37	107	497

1.3. There has been a slight decrease in the proportion of younger individuals (under 19 years).

- ✓ The great majority of individuals referred are under the age of 19 years (400 individuals out of 497, reflecting 80% of total referrals) but as a proportion of the total referred this is less than was seen in the first six months (84%).
- ✓ The oldest individual is 25 years and the youngest individual is 14 years.
- ✓ The older individuals are mostly coming from self-referrals (35), CLBC (28) and supported referrals (21).
- ✓ Referrals for individuals 19 years and over account for one third of all self-referrals (33%); almost half of CLBC referrals (48%); and an even greater percent of all supported referrals (57%).

**Percent of Referrals
Under 19 Years of Age**

- ✓ Within the region, the Northern Region has the largest proportion of referrals for individuals 19 years and older (28%) with most coming from self-referrals (11 referrals) or supported referrals (8 referrals).
- ✓ The region with the next highest proportion of referrals for individuals 19 years and older is the Vancouver Island Region (24%) with most coming from CLBC (15 referrals) or self-referrals (8 referrals).

Number of Referrals, By Source and Age

- ✓ This is followed by the Interior Region (20%) with most coming from self-referrals (8 referrals) or supported referrals (7).
- ✓ The Fraser Region has the lowest proportion of referrals for individuals 19 years and older (11%) with most coming from self-referrals (8) or CLBC (4).
- ✓ 22% of the PSI population are 19 years or older (5 individuals).
- ✓ 57% of self-identified aboriginal individuals are 19 years or older (36 individuals).

Percent of Referrals, By Region and Age
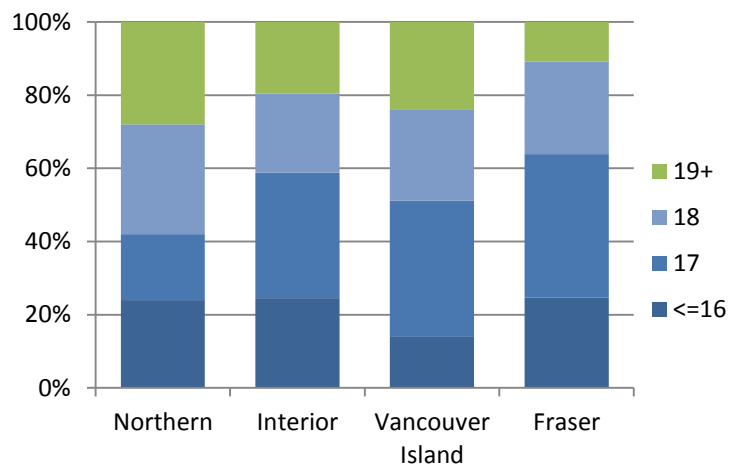
1.4. A greater proportion of individuals appear to be 'less connected'.

- ✓ All four sites have continued to make concerted efforts to reach out and connect with individuals and families in the community.
- ✓ Community education is often taking place through conversations with service providers and organizations, both traditional and non-traditional.
- ✓ Site Directors specifically referenced the conversations that are taking place with WorkBC service providers in all communities. Directors are planning to reach out and coordinate more systematically with WorkBC in the coming year.
- ✓ In urban communities, non-traditional partners include foodbanks, private schools and shelters. In rural, remote communities this includes First Nations.

Number of Self-Referrals with no School, CLBC or MCFD involvement
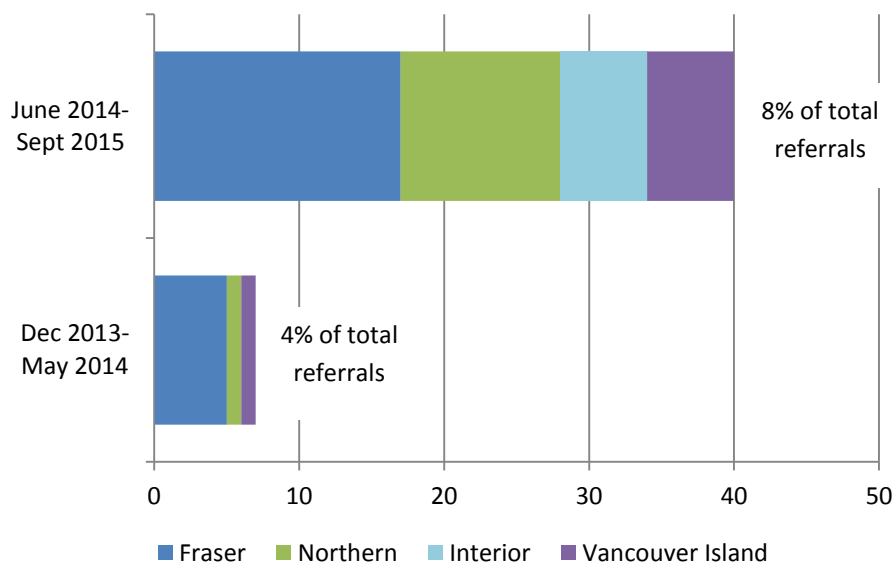
- ✓ Community outreach and education have become a large part of the Navigators role and Navigators report that there is a high need for the community connections they make for the Fetal Alcohol Spectrum Disorder youth, as there are no services for them as adults.
- ✓ Site Directors see that the 'Consent to Contact' form is very helpful as it gives permission for site staff to contact and talk to individuals/families. This is used a lot by teachers that know little about the STADD staff.

1.5. Just over half of pending referrals are the result of assessment issues.
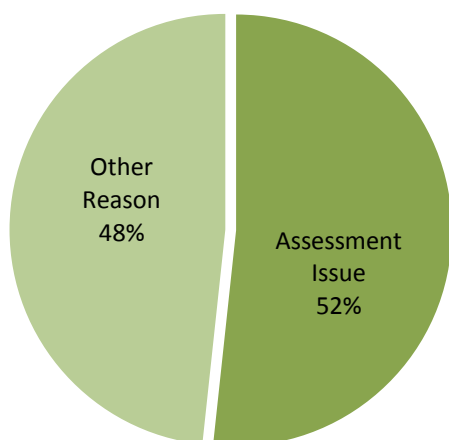
- ✓ A referral may have a status of 'pending' if it is a new referral waiting for assignment to a Navigator or if there is incomplete or missing information that is required to determine eligibility.
- ✓ The majority of the 497 total referrals have been accepted (330).
- ✓ The acceptance rate across all sites is 66%. The highest acceptance rate is in the Vancouver Island Region (72%); followed by the Fraser Region (70%); the Interior Region (63%); and the Northern Region (56%).
- ✓ Very few referrals were rejected (18 referrals): an average of 4% of total referrals across all sites.
- ✓ A large number of referrals are in pending status (149 referrals). This is an average of 30% of total referrals across all sites.
- ✓ The highest pending rate is in the Northern Region (40%); followed by the Interior Region (34%). The Fraser Region and Vancouver Island Region have the same rate (25%).
- ✓ At time of writing this report, Site Directors had recently conducted a review of all pending referrals.
- ✓ Their review shows that 52% of all current pending referrals are related to an issue with accessing a current and appropriate assessment. (See Section 4.3 for more detail on the challenges related to assessments).

Number of Referrals, By Region and Status

- ✓ This is mostly an issue for the Interior Region: 68% of all pending referrals are related to assessment issues.
- ✓ The Northern Region also has a high rate of pending referrals being due to assessment issues (63%).
- ✓ The Fraser Region has about half of pending referrals being due to assessment issues (48%).
- ✓ It is a different situation for the Vancouver Island Region where only 21% of pending referrals are related to assessment.
- ✓ In that region, no referrals are received from partners prior to the assessment being complete and correct.

Percent of Pending Referrals, By Reason

1.6. There is interest to expand access across the province but caution that a full-scale provincial model needs to be efficient and effective, particularly with rural, remote service.

✓ From the outset, the intention for the STADD initiative has been to test, evaluate and refine the integrated service delivery model prior to provincial expansion.

✓ The four early implementation sites were initially selected to act as prototypes.

✓ Continuous improvement processes were built into the STADD initiative and have helped inform progress in the delivery of services and supports and ensure the initiative provides value for individuals, families and partners.

✓ Much refinement has taken place since the launch of the four sites and as of May 2015 this initiative moved from prototype to operational status.

✓ There is interest to expand access provincially.

✓ The IMGC noted that the initiative is not covering all communities.

✓ Site Directors report that families from other communities keep asking about expanding geographically.

✓ One Senior Executive notes that the current system has created 'have' and 'have not' communities and another states that there is a need to "…figure out how to improve and accelerate".

> **Comments from Senior Executive Interviews**
>
> "*People often find budget and other reasons to not do more but STADD is alive and need to figure out how to improve and accelerate.*"
>
> "*…if the initiative is going to continue and we understand it will, it needs to scale. We can't make the argument that it is valuable and only provide to a small population.*"
>
> "*We need to be more flexible and innovative to do this provincially.*"

✓ Senior Executive provided advice on how to approach provincial expansion.

✓ Senior Executive would like to see innovation, a greater use of technology and flexibility in the service delivery model to ensure support comes together quickly to help individuals and their families.   One noted that "bricks and mortar is not what this is about" and another would like to see less focus on the Navigator role and more focus on preparing youth and families for what comes after school.

✓ One Senior Executive cautions not expanding too fast as "…we haven't learned all that we need to learn…" and highlights the importance of getting the individual's perspective to ensure this is making a difference for them.

✓ It was also noted that it will be a challenge to ensure that the model grows in a cost-effective way and there needs to be innovation in how resources are employed.

✓ Senior Executive stated that government needs to be clear that service will look differently in rural and remote areas and highlighted that rural and remote is a service delivery problem for all ministries and suggested that this needs to be resolved provincially.

What This Means

As a result of promotion, expansion, and support from partner organizations, all four sites are now working at full capacity. Attention has been turned from promotion to ensuring comprehensive planning. Site Directors are now focussed on managing workload and expectations of family and staff in terms of level of service. There is an opportunity to further refine policy around the planning cycle, so that it is clear when to consider a case 'closed' or 'inactive' and how to manage this.

The slight increase in the age distribution toward more 19 years and over is not of great concern. Most of these individuals are coming from self-referrals, CLBC, and supported referrals.

Each site has put serious effort into outreach and community education. This has resulted in raising community awareness of STADD and developmental disabilities in general. It also has likely resulted in connecting some of the 'less connected' individuals and families to appropriate government and community services and supports.

Just over half of pending referrals are the result of assessment issues. This is a challenge both for individuals in terms of accessing services as well as support team members who need to track down current, appropriate assessments. Service access becomes more of an issue for older individuals as the younger individuals may have time to work through any assessment issues.

Geographic and population eligibility expansion efforts have increased access. However, the approach to prototyping and incremental expansion has created differing levels of access to service across the province. There is interest to expand access to this program throughout the province.

When it comes to considering provincial expansion, Senior Executive would like to see innovation, a greater use of technology and flexibility in the service delivery model to ensure support comes together quickly to help individuals and their families.   It is seen as a challenge to cost-effectively grow this model.

Work is already underway to test and innovate with technology use to expand reach on several fronts and a work plan is being developed for testing a virtual practice model in Prince George.

Improvement Ideas

Based on the 'Access and Utilization' findings, the following ideas could support improvement:

1. Further refine policy for STADD sites around the planning cycle, managing case closures and future access to the data collected to support the individual.
2. Continue to identify and remove barriers to establishing eligibility.

2 – Transition Planning Experience

What is the transition planning experience of Individuals and their families?

Background

The new model was created to help those individuals and their families interface with government services and supports. The intention was to go beyond the idea of having a service that is client-centred (an organization based view) and create a service that is truly person-centred.

The main stages of transition planning include building a 'picture' (a holistic picture of the individual that includes interests, goals, priorities, assessment documentation, and documentation on current services and supports); planning; and managing the plan.

At the six month check-in, it was learned that the Navigator is accessible and responsive, providing understandable information, and creating a positive planning experience for individuals and their families.

Action has since been taken to address the three improvement ideas from the Interim Status Report for service experience: commend Navigators on their efforts to date and encourage them to continue to foster such a positive environment for individuals and families, explore how to make material more user-friendly for different languages, and explore how the key themes related to the individual and family experience could be leveraged to create further momentum in increasing access to and use of STADD.

The PMEC has defined one desired state that relates to this area of results:

> *"Individuals and families are satisfied with their experience of transition planning."*

What We Learned

1. Stories and comments illustrate some individual, family and partner experiences.

2.1. Stories and comments illustrate some individual, family and partner experiences.

- ✓ The number of active cases (not new or closed) is 384.
- ✓ Of these, just over a third are building a 'picture' (139), a few more are planning (155); and the others are either managing the plan (86) or coded as 'Adult Support' (4).
- ✓ Adult Support is a category that includes individuals who are 19 or older and transitioned to adult services and see the Navigator as a primary point of contact.
- ✓ Individuals, families and partners have shared some of their experiences in transition planning through stories.
- ✓ 11 individual/family stories and four partner stories have been reviewed and each story shows how very individual and personal each situation is and how the Navigator service helped these individuals and families plan for and achieve personal goals.
- ✓ Individual and family needs range from needing help with general transition planning to very specific help accessing a particular government service or support, or achieving a specific goal such as employment or community connection.
- ✓ Navigators are receiving lots of good feedback on 'picture' and 'planning' tools being used and families are happy with the way it's working.
- ✓ Site Directors see that many community partners and support team members have asked for blank picture documents to use.

Number of Active Cases, By Planning Status
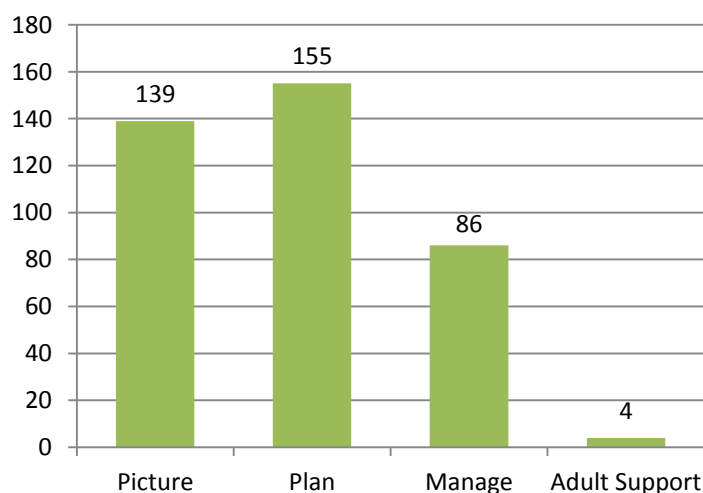
Quotes from Individual/Family Stories

"I do not know what our family would have done without the support of STADD over the last two years. They were there for us and addressed the gap in support."

"It has been wonderful to have Navigator support. The Navigators are very resourceful and can provide us with information or resources that we didn't know about before. I hope the government will hear about how much this service helps, because I feel every family with a special needs child should have access to a Navigator."

"When A's dad found out that he was accepted into the Heavy Equipment Operator course he was driving on the highway and had to pull his truck over to the side of the road, as he couldn't see because of the tears in his eyes. A's parents are so proud of him and the success he is having. They see a huge change in him and feel that his life has completely changed since being involved."

"Right from the first meeting the Navigator answered many questions and provided us with necessary direction. We noticed that the Navigator is very experienced with the system and provided us with support, advices and plans. When our daughter needed a quick replacement part for crutches, the Navigator's actions made sure that our daughter received the part in few days instead of several weeks."

- ✓ Four partners shared their own perspective on the impact of STADD they see for the individuals and families they support. These are all positive and one education partner shares that "…I am struck by the significant difference having a navigator has meant in the lives of my students and their families."
- ✓ Many comments from the IMGC focus group indicated that members have heard from families that they are happy with the new way of service and the changes with the Navigator.
- ✓ In the IMGC focus group, discussion clarified that there is still work to be done regarding gaps in services and in navigation in the system. There was mention of the difficulty with involving families in transition work and meetings—an experience all partners, including Navigators share.
- ✓ One IMGC member reports hearing that families are feeling like they're still not getting what they need and another highlights that "Families are not yet experiencing the service in a process of a smoother transition of 19th birthday and the year that lies ahead. There are discrepancies in health care. This gap has not yet been addressed."

Quotes from Partner Stories

"I really notice the navigator's involvement to be hugely beneficial whenever I am working with an individual/family."

"All of my families are really finding it helpful to have someone that looks at the big picture, not a single lens. They find this makes an excellent complement to working with CLBC. The ability of the Navigator to help look at day programs with clients and families and help support with completion of the PWD application is having a very positive impact on families."

"As I reflect back on what transitioning grads from 3 and 4 years ago (pre-STADD) looked like compared to what it is like now, I am struck by the significant difference having a navigator has meant in the lives of my students and their families. Prior to having access to a navigator, I was doing the best I could to know everything about everything that was involved in preparing a few individuals for a transition out of school while still supporting other youth of a variety of ages and stages in school. Even with having CLBC facilitators come to the table around an individual's 19th birthday; it just wasn't enough time to ease families into preparing for the realities of the adult services and support world. Having access to navigators has changed that."

Comments from IMGC Focus Group

"STADD feels more cohesive. It feels like a godsend – this is what I've been told by some of the parents. It's a blessing – it's all positive."

"STADD is a complementary service. Many families are saying this makes sense, people are working together – feeling more coordinated and supported."

"It has been great to attend planning meetings with the Navigator present. Parents, foster parents, multiple agencies/service providers were present and our nurse left those meetings with the feeling that the various players knew what each of them were doing to contribute to the plan. She had the impression that the families were happy, supported, relieved."

What This Means

Navigators, along with support team partners, are helping to bridge the gap from school years to adult services.

Qualitative feedback from individuals and families, while not collected as a formal part of evaluation, nonetheless demonstrates the uniqueness of each individual situation and how, in order to 'succeed', individuals benefit from the direct engagement with a Navigator, whether that is face-to-face or remote, using technology.

Navigators, IMGC members and partners are all receiving positive feedback from individuals and families on their experience with the Navigator role and transition planning.

Site Directors expressed an interest to formalize the individual/family voice at the local governance table which could help improve the transition planning experience (see Section 3 Improvement Ideas).

Improvement Ideas

Based on the 'Transition Planning Experience' findings, the following ideas could support improvement:

1. Build into practice, a way to capture individual and family experiences to learn what is working and what needs attention from their perspective.

3 – 'One Government' Approach

Has a 'One Government' approach been achieved?

Background

For this new model to be successful there must be a strong sense of team and shared responsibility across all organizations that support individuals with developmental disabilities. In each of the four sites, an Inter-Ministry Governance Committee was put in place to create a local forum for partners to collaboratively work through the implementation of the integrated service delivery model.

At the six month check-in, it was learned that more work is required to reach the full potential of shared responsibility. It was also learned that work was required to clarify not only the role of the Navigator but the roles of partners and where they intersect particularly during planning for transition. The amount of change management required was greatly underestimated. Governance was seen to have the potential to enhance joint decision-making and integrated planning, among government partners.

Action has since been taken to address the ten improvement ideas from the Interim Status Report for 'one government' approach and the four overarching recommendations on change leadership and working together as 'one government'.

The PMEC has defined one desired state that relates to this area of results:

> "*There is collaboration, shared ownership and accountability across all government partners for STADD success.*"

What We Learned

1. There is a high level of collaboration but there is not unanimous support at the senior leadership level for the STADD initiative.
2. Local governance committees have made substantial progress in cultivating shared ownership and accountability.
3. Role clarity has improved on transition planning but needs further attention with execution.
4. Communication is improving but needs further attention.
5. Partners are making progress in working together on employment, ISST and Added Care.
6. Partners are making good progress toward the development of a shared measurement system.

3.1. There is a high level of collaboration but there is not unanimous support at the senior leadership level for the STADD initiative.

✓ Partner organizations are generally committed to working together and there is a great collaboration on the ground and at the management level.

✓ Site Directors and Assistant Deputy Ministers see cooperation at the management level and an even greater amount of cooperation on the front line.

✓ Service Partner responses to the open-ended survey question 'What do you feel is working well with the Navigator and support team?" indicate a high level of collaboration, respect and appreciation amongst support team members. 82 of the 113 comments were complimentary toward the Navigator, the Navigator role and/or the STADD initiative.

✓ Many partners said that they have a great working relationship with the Navigator and a number of partners specifically noted that the Navigator is a great resource, very knowledgeable and helping to make their work easier.

✓ Negative comments from partners mostly related to 'personality fits'; a lack of engagement by some support team members; and a need for the Navigator to share more information earlier with Children & Youth with Special Needs (CYSN).

✓ Navigators are noticing that partners are more collaborative and also "a culture change from a reactive culture to a pro-active one".

> **Comments from Partner Survey**
>
> *"I really like the navigator support with youth who don't have a lot of other formal supports as these youth don't get a lot attention in the transition process."*
>
> *"I cannot say enough about the positive experiences I have found working with the Navigators."*
>
> *"There is shared responsibility and we are accountable to each other."*
>
> *"Decreases barriers, ensures decisions are being made with complete, reliable and relevant information. Keeps the young person at the centre."*
>
> *"I love the collaborative approach."*
>
> *"We are on a great path. This has been highly collaborative and well supported. We are very appreciative of what the Navigator program is doing for our community."*

> **Comments from IMGC Focus Group**
>
> *"Parents rely on us in the school district. It was hard not to be able to give answers. Being part of IMGC has given me answers to give to them."*
>
> *"There were tensions at the beginning but we found that to be a good thing because it showed that people were engaged and wanted the families to have the best supports. Now people are working together."*

✓ IMGC members see better communication and information sharing among teams and an increased knowledge of community resources and partner services. They report that their own ability to answer families' questions has improved.

✓ In the IMGC focus group, school district partners stated that the increased collaboration has had a notable impact for them.

✓ The senior leadership commitment to working together is very high across all organizations but the commitment to the STADD initiative is mixed.

- ✓ Senior Executive referred to their own organization commitment from 'very serious' to 'completely committed to working together but not the Navigator role'.
- ✓ Senior Executive see progress in how well partners are working together: specifically, partner organizations are working together to engage individuals (and families) at a much earlier age; and to align processes (such as assessment criteria) to ensure a common government approach for supporting this population.
- ✓ One Senior Executive noted the complexity of this initiative and that it takes time and growing awareness.
- ✓ Senior Executive have made effort to improve the level of understanding of the STADD vision within their organization and increase participation, particularly noting increased participation in the local governance committees and the evaluation process.
- ✓ There are examples of strong leadership as one senior executive highlighted the work done between the organizations in developing a collaborative approach around employment.
- ✓ However, a need for more leadership support was raised by a Service Partner, "In [my organization], I see that we need more support as this is a small portion of our work and there is no involvement in STADD at higher levels of our organization."
- ✓ Senior Executive were asked about their organization's level of commitment to taking a collective impact approach. There is general support and a lot of experience in different organizations using a collective impact approach.

> **Comments from Senior Executive Interviews**
>
> *"Our organization is completely committed to working with other organizations."*
>
> *"This type of issue isn't solved and then you move on – it takes growing awareness."*
>
> *"Everyone is busy and it is more a case of moving on it and keep trying to do it. The more we can let each other know what is going on that helps."*

3.2. Local governance committees have made substantial progress in cultivating shared ownership and accountability.

✓ Local governance committees have experienced increased participation, stronger relationships and are working together to solve problems.

✓ A number of comments made in the IMGC focus group illustrate that the local committees are important, members feel involved and valued over the past months for their engagement.

✓ One IMGC member commented on how IMGC comes together to deal with difficult or confusing situations.

✓ IMGC members see that people are more open about where the issues are in the system. There seem to be less closed door 'silo' problem solving and more committee problem solving, collaborative government or partner problem solving. There is a sense that "It's okay if your area isn't perfect".

✓ Site Directors have seen increased participation and believe that there is better representation of partners on the committee who represent what is happening on the ground.

✓ For at least one committee, most organizations send more than one representative, including CLBC, MCFD, Health, and the school district.

✓ For one committee, membership is considered to be 'patchy' with some partners.

✓ For the most part, Site Directors see the IMGC table as the biggest shift that has occurred in the past 16 months. Site Directors see that people at the governance table are champions, with the "right attitude".

✓ There is intention to have meaningful working meetings and make good use of everyone's time.

✓ The agenda has become more focussed and a workplan is being used to guide the meetings.

✓ IMGC members suggested that there needs to be more engagement with First Nations communities and the Vancouver Island group suggested having a DAA representative on the IMGC.

✓ Site Directors also suggested that the membership be assessed and consideration given to adding First Nations representation. They also suggested consideration be given to adding members who would represent individuals/families and the employment field.

✓ Site Directors expressed an interest in developing an IMGC co-chair role.

> **Comments from IMGC Focus Group**
>
> *"When STADD found out there were difficult meetings about policy or when something is confusing around a certain individual the IMGC comes together."*
>
> *"People are more open about where the issues are in the system. There seem to be less closed door 'silo' problem solving and more committee problem solving, collaborative government or partner problem solving. It's okay if your area isn't perfect."*

> **Comments from Site Director Interviews**
>
> *"Full attendance to me is at least one rep for each organization. We've had that. People have done well at sending someone. Most organizations send more than one rep, including CLBC, MCFD, health, and school district."*
>
> *"Agenda has become more focused – more clear and using workplan to guide meetings."*

3.3. Role clarity has improved on transition planning but needs further attention with execution.

✓ Since the Interim Status Report, local IMGCs led a project to clarify roles and responsibilities for partners in the transition planning process. They developed the Partner Organization Roles and Responsibilities for Youth and Young Adults with Developmental Disabilities document which was endorsed by the ADM Steering Committee in October 2015.

✓ Site Directors believe that the work the IMGCs did on roles and responsibilities was instrumental in re-grounding partners in the core philosophies of STADD and helped to create a greater awareness of the added value of the Navigator role.

✓ IMGC members noted that as a result of the work on roles and responsibilities each organization seems to be more flexible in their roles and they see "more openness to working together". However, they see the clarification of roles as an ongoing challenge.

✓ Slightly more than half of partner respondents (56%) agree that it is clear who is responsible for each activity on the support team when we are working together during transition planning. 26% disagree and 18% are unsure.

Percent of Partner Responses:
It's clear who is responsible for each activity on the support team when working together during transition planning

Strongly Disagree 8%
Strongly Agree 14%
Disagree 18%
Agree 42%
Don't Know 2%
Neither Agree or Disagree 16%

✓ Although this is a moderate level of agreement, this is a positive shift from the first six months.

✓ In the Interim Status Report, 36% of support team members agreed that it is clear who is responsible for each activity on the support team. The percent who disagree has essentially not changed (28% to 26%) while the percent who are neutral or unsure has reduced (from 36% to 18%).
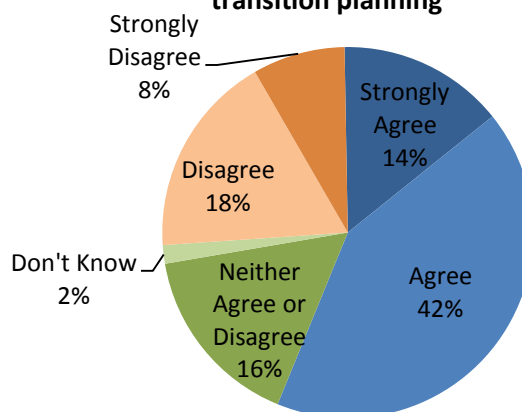
Percent of Partner Responses, By Region:
It's clear who is responsible for each activity on the support team when working together during transition planning

■ Agree ■ Neutral ■ Disagree
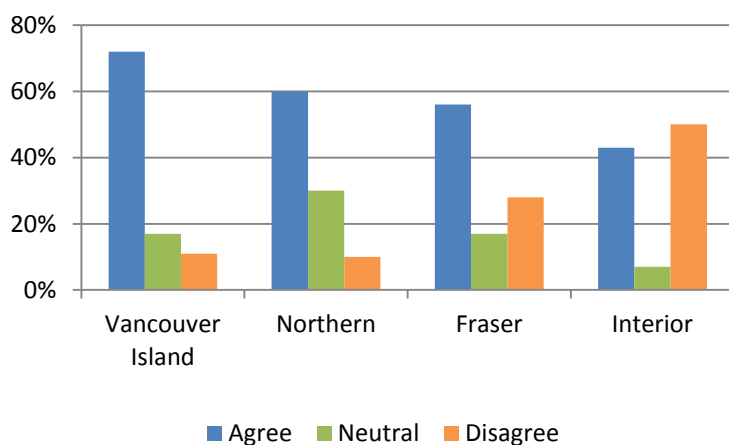
✓ Partners who did not agree that there is role clarity provided explanatory comments. The primary reason cited is role duplication between the Navigator and a partner (namely CLBC Facilitator or CYSN). Other reasons include: role variation by case; overlapping tasks; limited experience working with a Navigator; and some Navigators provide more clarity than others.

✓ The results for this question are distinguishable by region. The Vancouver Island Region had the highest proportion of agreement (72%); followed by the Northern Region (60%); the Fraser Region (56%); and the Interior Region (43%).

3.4. Communication is improving but needs further attention.

- ✓ Partner organizations have taken action to increase communication.
- ✓ A STADD InterMinistry Communications Committee was established November 2014 and has recently developed a communication plan and a brochure that will serve as a tool for communities that will help inform people about STADD.
- ✓ One Senior Executive reports having made effort to establish internal communication channels with managers and promote two-way communication.
- ✓ Another Senior Executive reports making efforts to "…talk more about STADD – what is working and what is not" and "…understand the issues and appreciating what STADD can do and can't do – what it is responsible for."
- ✓ It appears that there is still a communication disconnection between Senior Executive, Managers and front line staff.
- ✓ Many staff commented on the need for better communication within partner organizations, particularly 'from the top'.
- ✓ Navigators state that the staff they work with are not communicated with explicitly enough about working with STADD. In some locations, MCFD workers (CYSN) are not clear on working together with Navigator or support teams. The word 'territorial' was used.
- ✓ IMGC highlighted communications as an area to focus on, particularly with respect to within partner teams, IMGCs and with families.
- ✓ Site Directors see that there are pockets of staff in some regions who are still challenged in working together and communicating effectively.
- ✓ Generally, staff in partner organizations still request more direct communication from their leadership to support the mandate of working together in the STADD planning model.

> **Comments from IMGC Focus Group**
>
> *"Information is not filtering from the top – needs to be better to be successful."*
>
> *"People are not talking in the ministries at the senior level – across ministries – and messages are not being filtered down properly."*
>
> *"High level staff are not engaged. Frontline staff need support and encouragement."*

3.5. Partners are making progress in working together on employment, ISST and Added Care.

- ✓ STADD partners have been working together to resolve a systems approach to employment, managing CLBC-related cross-government enquiries and issues (ISST), and Added Care.
- ✓ A CLBC-EPBC-STADD (C-E-S) Employment Services Governance Committee was established in September, 2014 with a mandate to provide strategic guidance, vision and oversight to C-E-S Employment Services.
- ✓ The focus of the Committee is on collaboration around employment services for people with developmental disabilities to ensure individual and family experiences are positive, navigation is clear and employment is achieved in a cost effective and sustainable model.
- ✓ There has been much progress to date, which includes: cross government collaboration and engagement in the committee; specific collaboration with the Ministry of Education on an omnibus youth with disabilities submission focussing on youth with disabilities skills development and work experience programs; sectorial competency & capacity building strategies; the Employment Services Performance Monitoring Plan; and agreement to participate on a research proposal (with Centre for Inclusion & Citizenship) aimed at creating a partnership of stakeholders to work together to develop and implement a program of research to increase labour market participation for transitioning youth (ages 14-25) with intellectual disability or autism spectrum disorder.
- ✓ An Integrated Services Support Team was established in June 2012 with a mandate to resolve issues raised by families or a person with a disability related to CLBC supports and services in conjunction with other government   services. Five regional teams (reporting through to a central STADD coordinator) work together to resolve these issues.

Number of ISST Cases, By Status (June 2012 to October 2015)

Legend:
- No Consent
- Closed
- On Hold
- In Progress
- Resolved
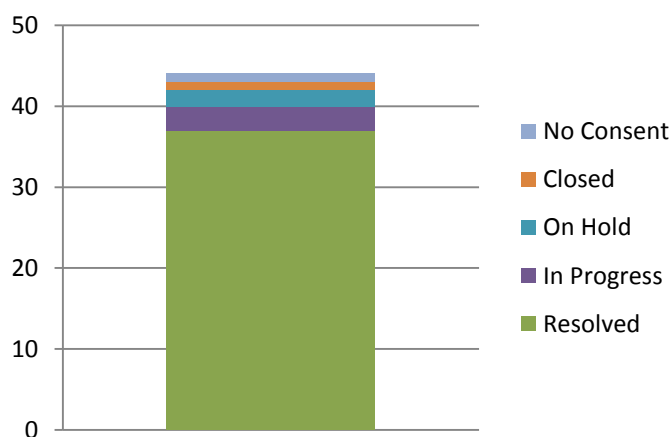
- ✓ Between June 2012 and October 2015 (inclusive), the ISST has received 122 enquiries from the community, including requests for support, information, and raising complaints about government services to people with developmental disabilities.
- ✓ 44 enquiries met the mandate of ISST and resulted in the creation of a case. The great majority of these 44 cases have been resolved: 37 resolved, 1 closed, 2 on hold, 3 in progress and 1 where consent has not been provided.
- ✓ Most of these 44 cases involved CLBC and a health authority. The primary issue being a disagreement related to funding mandates.

- ✓ Any enquiry for support that does not meet the ISST mandate is referred to appropriate government supports if required.
- ✓ In relation to past years, 2015 shows a decline in ISST activity both in general enquires and in circumstances meeting the mandate.   From June 2014 to Sept 2015 the ISST received 19 enquiries resulting in 8 ISST cases (all involving CLBC and a Health Authority; one of eight involved CLBC, MCFD and a health authority). 5 of these cases have been resolved, 3 are in progress.

✓ An Added Care Working Committee was established in fiscal 2013/14 by STADD ADM Steering Committee in response to Deputy Ministers' 2012 CLBC Review recommendations to improve cross-government collaboration between CLBC and relevant ministries.

✓ The committee's mandate was to develop a collaborative approach between CLBC and Health Authorities for adults with developmental disabilities who have complex health care requirements and require both community-based health supports and personalized supports. 'Added Care' has been the term used to describe this work.

✓ The Committee was able to provide some clarity to Appendix 6 of the *Guidelines for Collaborative Service Delivery* but did not believe they had authority to apply consistent application across Health Authorities or make funding allocation decisions.

✓ In August 2014, the Ministry of Health hired an external contractor to clarify issues specific to the inconsistent application of Appendix 6 of the *Guidelines for Collaborative Service Delivery* and determine how MOH policy should be revised.

✓ In December 2014, a Policy Report & Framework was produced. MOH has indicated that a work plan to implement this framework is in progress; timelines for implementation have yet to be determined and are dependent upon resource availability.

✓ While some progress has been made on Added Care, the ultimate objective is to establish consistent policy and a collaborative implementation plan as reflected in the Deputies' Review that addresses commitment and responsibility to a coherent, multi-partner approach.

✓ An internal review of Added Care Funding commissioned by the Ministry of Health on behalf of that ministry, health authorities, CLBC and STADD will be tabled with the STADD ADM Steering Committee. It is anticipated that the results of the review and its recommendations will serve as a foundation for next steps towards resolution of outstanding challenges.

3.6. Partners are making good progress toward the development of a shared measurement system.

- ✓ The STADD Performance Monitoring and Evaluation Committee was established in April 2015 with the mandate to work as one to monitor performance and evaluate the collective impact of services to adults with developmental disabilities.
- ✓ The PMEC is chaired by the Ministry of Children and Family Development.
- ✓ The committee has full representation and a very high level of participation from partner organizations.
- ✓ This committee has developed an Evaluation Framework, a Performance Monitoring Plan and is working on the development of a shared measurement system.
- ✓ In the Performance Monitoring Plan, this group has identified what 'success' looks like for the STADD initiative and how to measure it: desired outcomes, indicators, potential data sources and data collection requirements.
- ✓ A data subgroup has been established to work through the details of developing the shared measurement system which includes identifying where information sharing agreements are required and creating a plan for implementation.

What This Means

There has been substantial progress toward achieving a 'One Government' approach.

There is strong evidence of increased collaboration, which is particularly true on the front line. Although there is not unanimous support and comprehension from senior leaders, those on the ground are finding ways to work together to make a difference for the individuals and families.

Great work is taking place on the ground but there appears to be a gap between leadership and practice. Large scale change requires a clear commitment from senior leaders and relies on strong leadership for changes to policies, processes, structures and systems.   There needs to be visible and pragmatic leadership support for the STADD initiative and all staff involved in supporting these individuals and families.

It is recognized that, with the current system of limited geographical access to STADD services, partner organizations are faced with implementing policy and practice changes that only apply to a small portion of their operations.

A key factor in the progress toward achieving a 'One Government' approach is the STADD infrastructure and operational support.

Most local governance committees are working quite well. Membership is good and participation is strong. A structured approach to the committees (agenda, work plans and regular meeting schedules) and positive attitudes (collaborative and flexible) are helping to build stronger relationships and create a venue for relevant and meaningful conversations. There is an opportunity to assess membership and give consideration to adding members who would provide representation for First Nations, individuals/families and the employment field.

The work on role clarity has had good success. It has increased role clarity for most partners involved in transition planning. However, some partners still feel duplication with respect to transition planning and there is a need to continue working on clarifying roles and responsibilities (particularly as it relates to the Navigator, the Facilitator and CYSN). The process itself to clarify roles and responsibilities has helped to increase partner understanding of the initiative and increase awareness of the added value of the Navigator role.

There is room for improvement with communications. Partner organizations have made effort to improve communication channels but there is still concern that support and information is not reaching the front line. Generally, staff in partner organizations still request more direct communication from their leadership to support the mandate of working together in the STADD planning model.

Partners are making progress in working together on a number of cross-government areas of mutual interest: employment, ISST, Added Care and the development of a shared measurement system.   While some progress has been made with Added Care, there is further work required to reach the ultimate objective: to establish consistent policy and a collaborative implementation plan as reflected in the Deputies' Review that addresses commitment and responsibility to a coherent, multi-partner approach.

Improvement Ideas

Based on the ''One Government' Approach' findings, the following ideas could support improvement:

1. Encourage leadership within each organization to promote the 'One Government' approach to the members of that organization.
2. Local governance committees consider the addition of members to represent individuals/families, First Nations and employment.
3. Continue to work through role clarity with the implementation of, and performance monitoring against, the Partner Organization Roles and Responsibilities for Youth and Young Adults with Developmental Disabilities document.
4. With the support of the IMCC, each organization to identify and rectify any gaps in communication.
5. Increase awareness and coordination of activities across organizations where there are linkages to STADD.
6. Continue action toward resolving a systems approach to employment.
7. Strengthen action toward establishing consistent policy and a collaborative implementation plan for Added Care.
8. Further assess ISST to understand the effectiveness and the relation to other complaint systems.

4 – Service Delivery Processes

Are the service delivery processes supporting integrated transition planning?

Background

The service delivery processes were designed to support the smooth functioning of the integrated service delivery model. They were set up in a way to create flexibility and allow the sites to learn and make iterative enhancements.

At the six month check-in, it was learned that EIS offices are running smoothly and most business processes are working well and aspects of the eligibility process may be creating service delays. There is still work to be done on supporting individuals and families to tell their story only once. It was also learned that Collaborate is greatly underutilized; the consent process is good for families; and a cross-organizational consent process is challenging for organizations as it is a new concept.

Action has since been taken to address the six improvement ideas from the Interim Status Report for 'business processes and systems supports' and the four improvement ideas for 'consent process' as well as the overarching recommendation for leadership to promote Collaborate use and contribution and support for the consent process.

The PMEC has defined four desired states that relate to this area of results:

> *"High quality practice of shared planning that accommodates the changing needs of individuals"*

> *"Individuals and families have access to quality supports and services that are culturally relevant"*

> *"Navigators provide high quality, consistent practice"*

> *"Individuals, families and those engaged in transitions have the tools and knowledge necessary to support successful outcomes"*

What We Learned

1. Support teams are creating more integrated and robust transition plans.
2. Support teams are improving service coordination.
3. STADD partners are improving system efficiency by collectively identifying and working together to address system-wide issues such as psycho-educational assessments.
4. There has been increased information sharing and a greater acceptance of the consent process.
5. Many partners will not use Collaborate because of time and workload and/or a lack of training and experience.
6. Workload is an identified barrier to team planning for all partners.

4.1. Support teams are creating more integrated and robust transition plans.

- ✓ Partners are working together to create integrated, robust transition plans for individuals.
- ✓ Of the 384 active cases (those that are neither closed nor new), 67% (258 cases) have two or more partners on the team. 12 of these cases have more than five partners working together and there is 1 case with eight partners.
- ✓ IMGC members feel that there is improved collaboration around planning and provided many comments that express that transition plans are better, more robust.
- ✓ Navigators spoke about more collaboration and an easier time getting partners involved and planning. They see that there is a better understanding of the planning process for transition and planning is holistic, based on the individual's needs rather than an agency's mandate.
- ✓ From the perspective of the Site Directors, business processes are working reasonably well to support shared planning.
- ✓ IMGC members caution that shared planning is not yet 'figured out' and more work is needed to establish appropriate turnaround times and figuring out what exactly is needed for when an individual turns 19 years of age.
- ✓ Some suggestions for improvements from Site Directors include more training with partners about what shared planning actually is and strengthening everyone's comfort level with technology for planning purposes (e.g. Live meeting, taking computer in and putting plan on the wall and type in to the plan).
- ✓ Areas of improvement identified by Navigators include: more/better practice supervision; more training/guidelines in planning and practice; recognition of the complexity of their role (including the amount of community education that they do and the extent of it) and concern that their capacity to do the good work they've been doing will be impacted by higher caseload requirements.

> **Comments from IMGC Focus Group**
>
> *"Now plans are being made more easily and have more parental involvement. There are better plans."*
>
> *"We at CLBC have good relationships with Navigators. Transition plans are more robust, more complex, more comprehensive. We did have a good relationship with the school but not at the same level."*

> **Comments from Navigator Focus Group**
>
> *"We are developing a more evolved sense of what transition planning means. Before STADD everyone thought planning was the transition from MCFD to CLBC. Now planning is more integrated and robust."*
>
> *"There's a better understanding of what info is important to share with other agencies; better sharing of pertinent info. For example, sharing info about mobility aids that a partner would need to know about ..."*

4.2. Support teams are improving service coordination.

- ✓ A strong majority (80%) of partners surveyed either agree or strongly agree that the Navigator and the support team improves service coordination for individuals and families as they plan for transition. 16% are neutral and 4% either disagree or strongly disagree.

- ✓ Service Partner responses to the open-ended survey question 'What do you feel is working well with the Navigator and support team?" included a number of comments that point to improvements in service coordination.

- ✓ Partners see that the Navigator helps individuals connect to and work through a variety of services including CLBC services and PWD.

- ✓ Providing support with the PWD application process has been seen as an important success.

- ✓ Many partners pointed out that having a manageable workload is key to the success of the Navigator. They see that much of what makes the Navigator practice successful is having sufficient time to work through some of the more time intensive processes.

**Percent of Partner Responses:
The Navigator and the support team improves service coordination for individuals and families as they plan for transition**

- ✓ A similar survey question was posed to partners in 2014 (The Navigator and STADD office fills a gap in service coordination to The Navigator and the support team improves service coordination for individuals and families as they plan for transition) and a comparison of the results shows that there has been a shift to more agreement that service coordination has been improved.
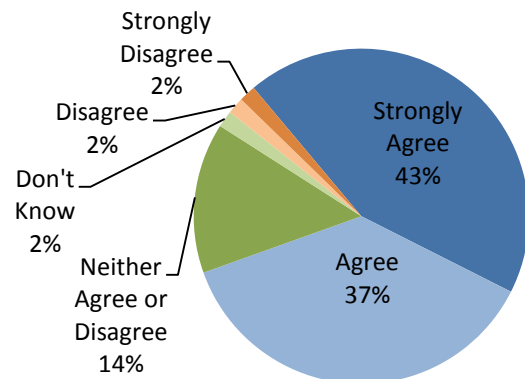
Comment from Partner Survey

"I think Navigators have been incredibly successful in helping families apply for PWD and helping resolve issues around PWD. This has been a huge area of success."

- ✓ Partner agreement about improved service coordination has risen from 56% of respondents to 80%.

Percent of Partner Agreement that there is Improved Service Coordination, Compared to 2014
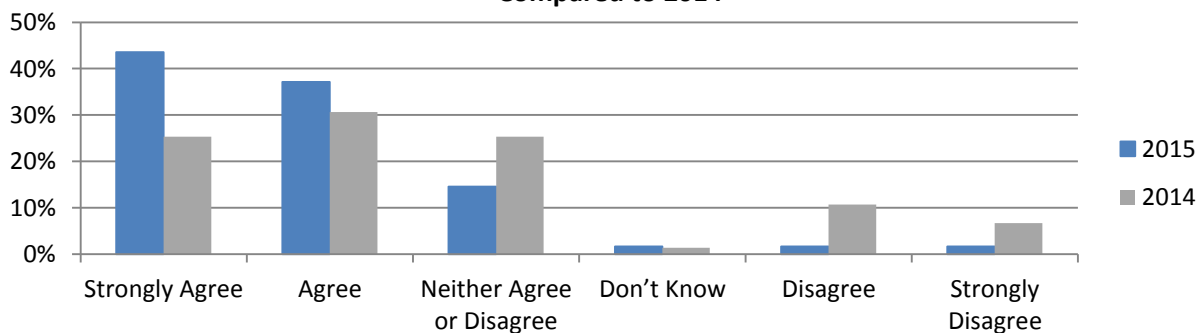
4.3. STADD partners are improving system efficiency by collectively identifying and working together to address system-wide issues such as psycho-educational assessments.

✓ STADD partners are collectively improving efficiencies in the system.

✓ Support teams and IMGC members are discovering gaps in the system that are creating challenges for individuals to access to government services and supports, most notably with eligibility processes.

✓ One such example is the lack of psycho-educational assessments. This is an issue for determining eligibility for a number of government services including CLBC, and subsequently STADD services and PWD.

✓ The issue of assessments—and the ability to have them to ensure that youth receive services—is a large concern for the IMGC members and was raised by all sub-groups in the focus group.

✓ The lack of current and readily available assessments creates problems for individuals as well as the partners trying to ascertain eligibility.

✓ Individuals may experience a service delay before finding out if eligible or not.

✓ Partners, including Navigators, spend time tracking down the assessment (which may not exist). They are discovering that assessments may be lost, outdated, have older language that is not acceptable to determine eligibility, or be limited in purpose/scope if written to determine eligibility within a particular system (i.e. WorkBC, Education).

✓ IMGC members are taking the initiative to fully understand the problem and jointly develop solutions.

✓ Specifically, the Vancouver Island IMGC is working together to figure out a way for psychologists to do assessments so that it is efficient. They plan on bringing together key staff from area school districts, school psychologists, other involved psychologists, key MCFD and STADD staff, CLBC staff who determine CLBC eligibility, DDMHT, CLBC Policy lead, and possibly a rep from one of the Colleges representing psychologists (to assist with discussion around ethics).

✓ The STADD initiative has provided a good structure for these types of issues to be raised and worked through.

✓ In the IMGC focus group school partners expressed that the STADD program and the connection to the larger system was having an impact on improving this gap in some initial ways.

> **Comments from Site Director Interviews**
>
> *"The biggest problem this creates is the time delay in order to determine eligibility."*
>
> *"Referring back to one government approach, some assessments are written to determine eligibility within a particular system (i.e. WorkBC, Education) but may not have provided the information required for eligibility to another system."*

> **Comment from IMGC Focus Group**
>
> *"About psychological assessments – our rationale prior to STADD was, if we need it we do it, if we don't….Now we are part of a bigger picture …As part of IMGC we are able to keep reiterating the message that assessments are needed."*
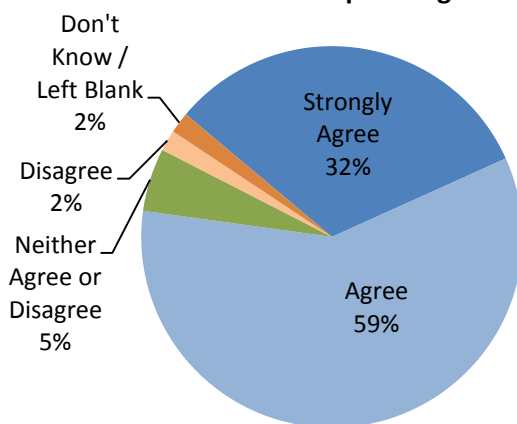
4.4. There has been increased information sharing and a greater acceptance of the consent process.

- ✓ There is a high level of agreement across partners that information sharing has improved.
- ✓ 70% of partners surveyed either agree or strongly agree that being on a support team with a Navigator has improved their access to information to support an individual's planning. 19% are neutral and 11% either disagree or strongly disagree.
- ✓ 74% of partners surveyed either agree or strongly agree that they are enabled to share more information. 21% are neutral and 5% either disagree or strongly disagree.
- ✓ These responses do not vary much by site or organization.
- ✓ Site Directors report that the consent process is 'working pretty well', 'not a big problem' and even been 'a good thing' but that it is still a lot of work to ensure that everyone who is involved understands, and is comfortable with, the consent process.
- ✓ Navigators see that some partners are now using the consent form but that there is still a need for more training to provide clarification and understanding of the consent process.

**Percent of Partner Responses:
Being part of a support team with a Navigator has improved my access to information to support an individual's planning**

- Strongly Disagree 3%
- Disagree 8%
- Neither Agree or Disagree 19%
- Strongly Agree 28%
- Agree 42%
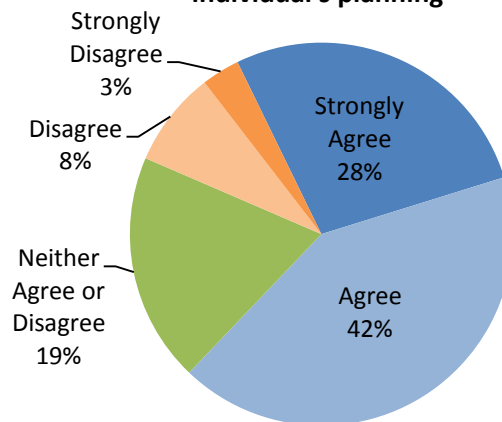
**Percent of Partner Responses:
The STADD consent form and process supports sharing of information among organizations for transition planning**

- Don't Know / Left Blank 2%
- Disagree 2%
- Neither Agree or Disagree 5%
- Strongly Agree 32%
- Agree 59%

- ✓ A large majority of partners (81%) agree or strongly agree that the consent form and process supports information sharing for transition planning. Another 16% are neutral and 3% disagree.
- ✓ The small number of partners who did not agree provided explanatory comments: consent timelines during the intake process are cumbersome (this is expected to improve with new intake process); it is a long, cumbersome form; and the family does not understand what they are signing.
- ✓ 72% of partners believe there is strong support from their organization to use the consent form and processes in place for STADD. Another 23% are neutral and 5% disagree or strongly

disagree. Some of the reasons provided for disagreement included: workload, a general lack of communication from management, and the existence of other consent processes. One person also pointed that it is their choice and organizational support was not a factor.

4.5. Many partners will not use Collaborate because of time and workload and/or a lack of training and experience.

✓ There is strong support for the concept of the Collaborate system – having one place for all partners to share information on an individual – but usage remains low.

✓ Comparing use over a two month period (May and June 2015; May and June 2014) shows that the number of total users has dropped slightly (83 users in 2014; 80 users in 2015) and the total number of logins has increased (139 logins in 2014; 277 logins in 2015).

✓ There was a slight increase in the number of users from CLBC, MCFD, DAAs and EPBC partners.

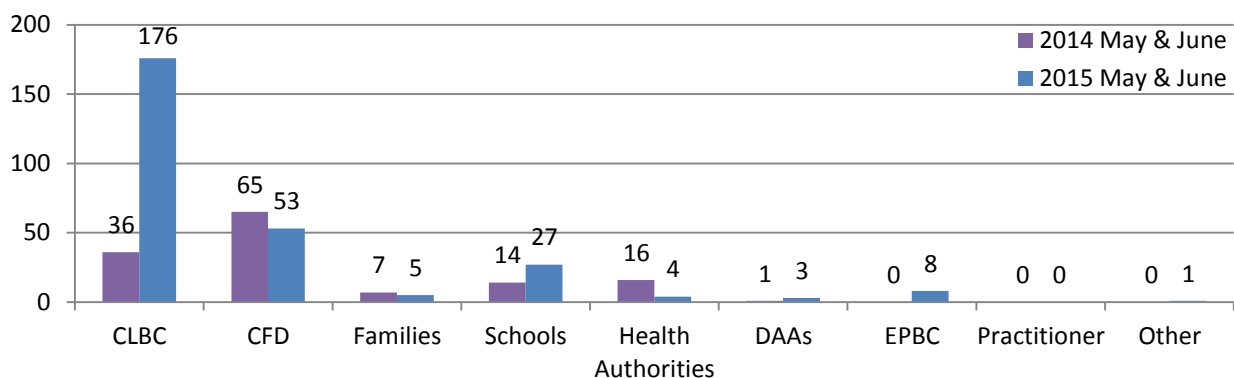✓ As an organization, CLBC partners accounted for the greatest increase in logins.

Number of Collaborate Users and Logins (May & June 2015, compared to 2014)
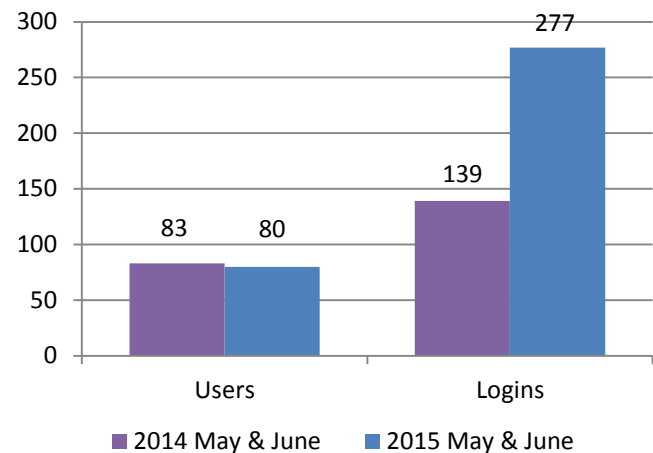
**Number of Collaborate Users, By Partner (May & June)**
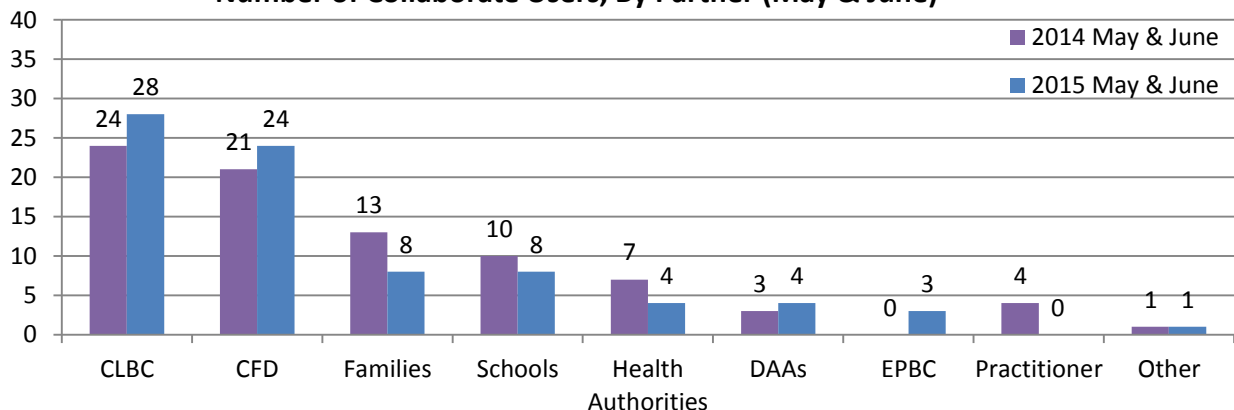
Number of Collaborate Logins, By Partner (May & June)

- ✓ While seeing the potential of Collaborate, some Senior Executive indicated that they do not promote its use and will not promote its use while they see it as duplicating work.
- ✓ Each organization has its own mandatory system (such as the Integrated Case Management system) and Collaborate is perceived by many partners as a standalone tool that creates additional workload.
- ✓ The IMGC also voiced challenges with work duplication and noted it is a challenge to use new software while staff have been using another system for a long time. The IMGC identified additional challenges with Collaborate including: system glitches; access issues related to passwords; limited information in the system; and a lack of clarity on the use of Collaborate in crisis situations.
- ✓ Only 30% of partners agree that using Collaborate has helped their ability to assist individuals. A large percent (42%) was unsure, or didn't know. Comments from those who did not agree show that this is largely due to time/workload and not enough training and experience with Collaborate.
- ✓ Navigators have felt a two-fold pressure relating to the low uptake by partner organizations: pressure by partners to enter referrals (using consent to contact form), upload all documents and do all data entry; and pressure to 'push' or 'sell' partners to use the system.
- ✓ Site Directors and the IMGC shared experiences where Collaborate was considered helpful to partner organizations in developing plans.
- ✓ Site Directors are interested in exploring how the contracted community could have access (read only access would be good but being able to contribute would be better). An example provided was of a planning meeting with 7 support people and only 2 could access Collaborate.
- ✓ Senior Executive and IMGC members see success as having a one-stop shop where there is not additional work for staff. One recommendation was to connect Collaborate to the Integrated Case Management system.

Frequncy of Partner Comments, By Theme
Why using Collaborate does not make it easier to assist individuals in transition planning
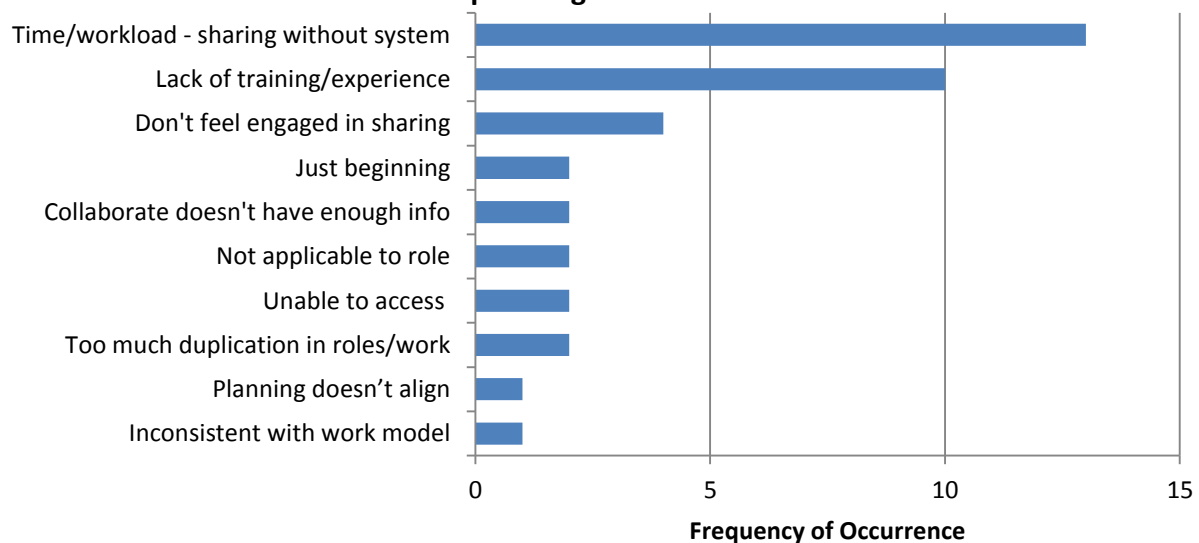
4.6. Workload is an identified barrier to team planning for all partners.

- ✓ Beyond the STADD initiative, partner organizations are experiencing very significant practical workload issues which are creating barriers across multiple aspects of team planning.
- ✓ Although there are other considerations, workload is cited as one of the top reasons staff are not fully investing in the Collaborate system. It takes time to learn the system and make changes so that information sharing through Collaborate becomes a standard practice in team planning.
- ✓ In addition to system use, there are many time intensive processes that support team members are facing including: eligibility processes (particularly when there is a missing or incomplete assessment); service or support application processes (e.g. PWD); and community education.
- ✓ For many of these situations, Navigators have been picking up extra workload to assist with the process (e.g. pre-Navigation work to help track down or line up assessments, entering information in Collaborate on behalf of a partner, working through the PWD application process, and providing community education for developmental disabilities).
- ✓ Many partners pointed out that having a manageable workload is key to the success of the Navigator. They see that much of what makes the Navigator practice successful is having sufficient time to work through some of the more time intensive processes.

What This Means

Support teams are working together and creating more integrated, robust transition plans. There are opportunities to improve shared planning: develop guidelines and conduct training for shared planning; strengthening everyone's comfort level with technology for planning purposes; and improve the practice supervision for Navigators.

Support teams are collectively improving service coordination and much of this is attributed to the role of the Navigator. Many partners see that much of what makes the Navigator practice successful is having sufficient time to work through some of the more time intensive processes. Navigators also expressed a concern that their capacity to do the good work they've been doing will be impacted by higher caseload requirements.

The lack of psycho-educational assessments is an important issue for IMGCs. The lack of current and readily available assessments is creating problems for individuals as well as the partners trying to ascertain eligibility. IMGC members are taking action to fully understand this issue and jointly develop solutions. There is potential for the local governance committees to make real change in improving system efficiency that will benefit individuals and families as well as all partner organizations.

Individual, family and support team experiences with the PWD application process indicate that this is another area that would benefit from a system solution to improve efficiencies.

Information sharing has increased and many partners believe that the consent form and consent process supports sharing of information among organizations for transition planning. Some people are still cautious. There is a need for ongoing education around privacy and an opportunity to better explain consent and the consent process.

There is strong support for the concept of the Collaborate system and most see the potential value. However, many partners will not use Collaborate and senior leaders are not promoting its use as it is seen as a duplicate, standalone system. It is not seen to be sufficiently integrated with existing 'mandatory' systems nor is it returning 'value' for effort (lack of information in it). Partner organizations are experiencing very significant practical workload and efficiency issues. Until they believe there is more value in using Collaborate than the work effort, they will not use it and, in turn, without their contributions and use of the system, there will be limited value to all, especially the youth and young adults.

Collaborate is not a standalone system. It is the only operational person-centered transition planning tool approved to share an individual's personal information. To realize the full potential of Collaborate for all involved in shared planning (particularly individuals and families) it is essential to increase standardized use amongst support team partners, navigators, practitioners and individuals and their families.

Workload is a considerable barrier to team planning for all partners. Partners face the challenge of implementing policy and practice changes that only apply to a small portion of their operations. Expanding access to STADD services across the province will help to address a number of policy and practice issues.

Improvement Ideas

Based on the 'Service Delivery Processes' findings, the following ideas could support improvement:

1. Take action to improve the practice of shared planning, including information sharing and the use of the Collaborate system.
2. Seek out effective and efficient Navigator support, including consideration of the virtual navigator practice.
3. Continue to promote education and communication on the consent process.
4. To support provincial expansion, each partner organization to consider what changes will be needed within their organization to improve the use of Collaborate.
5. Continue to provide and improve methods for training and adoption for Collaborate.

5 – Progress toward Outcomes

Are there early indicators of progress toward meeting desired outcomes?

Background

At the six month check-in, it was too early to assess attributable outcomes. It is still early to be able to identify long-term impact that can be attributed to the integrated service delivery model but it is possible to look at progress individuals are making against their own defined goals. It is also possible to check in on early progress toward the broader system-defined outcomes.

Since the Interim Status Report, the Performance Monitoring and Evaluation Committee was formed and this group came together to develop a Performance Monitoring Plan. The plan documents the desired outcomes for youth and young adults with developmental disabilities.

The PMEC has defined five desired states that relate to this area of results:

> *"Individuals maintain appropriate housing during times of transition"*

> *"Individuals have a family physician/dentist to help respond to their specific health care needs"*

> *"An increasing number of individuals are getting involved in education and training"*

> *"Individuals are pursuing and maintaining employment"*

> *"Individuals are more connected to the community and have greater (unpaid) support network"*

The PMEC is actively developing a shared measurement system that will enable STADD partners to bring together data across the many different partner systems in order to monitor and report out on progress for this population.

What We Learned

1. Individuals are making progress toward achieving their own defined goals.
2. Youth and young adults are getting connected to employment services and employment.
3. Full partnership holds the key to measuring progress toward outcomes.

5.1. Individuals are making progress toward achieving their own defined goals.

- ✓ As part of the transition planning process, youth and young adults (and/or families of youth and young adults) work with the Navigator to identify future goals and create a plan to achieve those goals, including specific milestones and action items.
- ✓ The frequency in which these goals appear in transition plans provides some indication as to the type of personal outcome sought by individuals and their families.
- ✓ The most frequently identified goal across all transition plans is financial security (137). Financial security includes financial independence, financial security, debt, budgets, Registered Disability Saving Plans (RDSP) and Persons with Disabilities (PWD) benefits.
- ✓ The next most frequently identified goal is employment (103) which includes full-time work, part-time work, volunteer work and work experience.
- ✓ This is closely followed by education (95) which includes high-school, post-secondary education, WEST, work-related training and education options.
- ✓ There may be multiple action items supporting the achievement of a goal. Currently about 26% of all action items are considered complete (just over 330).
- ✓ Most of the completed action items are related to financial security (70), health/fitness (42), employment (40) and housing (30).
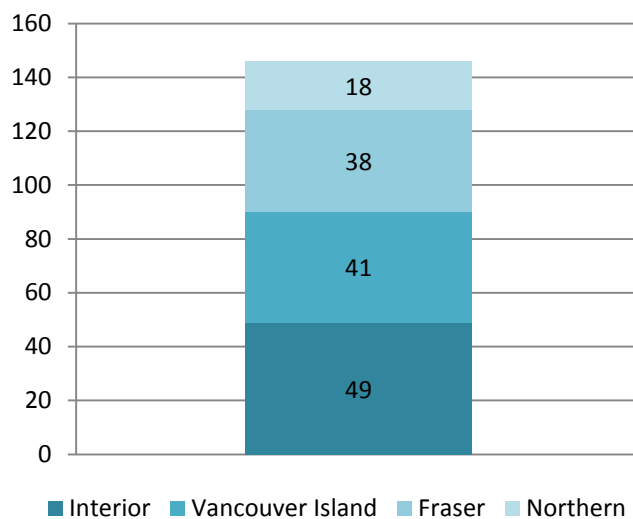
Frequency of Goals in Transition Plans
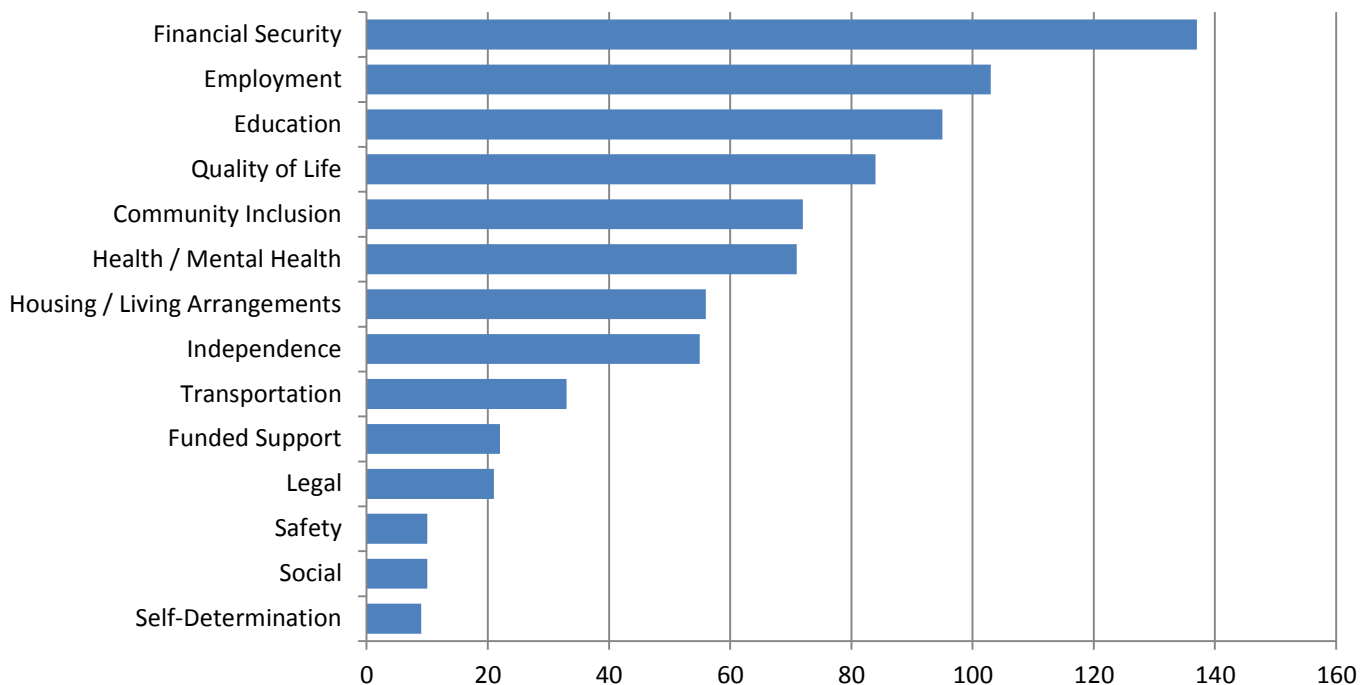
5.2. Youth and young adults are getting connected to employment services and employment.

✓ The PMEC has defined the desired state for employment as '*Individuals are pursuing and maintaining employment*'. There are four indicators to measure this outcome.

✓ Although there is not sufficient data at the time of this report to measure progress against all four indicators there is preliminary data that provides an indication of activity toward the desired employment outcome.

Employment Indicators

☐ *Number of youth requesting employment supports*

☐ *Number of individuals who have paid employment experiences*

☐ *Number of youth who have paid employment experiences prior to adulthood (age 19)*

☐ *Proportion of individuals who maintain employment*

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146 Individuals have been Connected to Employment Services

Region	Value
Northern	18
Fraser	38
Vancouver Island	41
Interior	49

Legend: ■ Interior ■ Vancouver Island ■ Fraser ■ Northern

✓ 103 individuals identified employment in their transition plan (this is not limited to paid employment and may include volunteer or work experience).

✓ There has been a lot of focussed work by STADD partners to develop relationships with WorkBC case managers and create employment linkages for individuals.
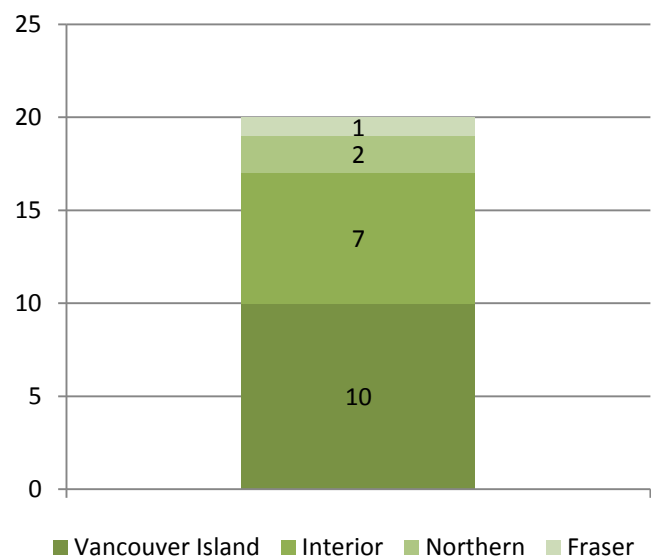
✓ Data from the Collaborate system shows that 146 individuals have been connected by the Navigator to employment services (which includes Work BC, CLBC funded employment services, federal employment programs, college-based employment programs, high school employment-focused programs, and MCFD funded employment programs).

✓ Most of these individuals are in the Interior Region (49). The remaining individuals are in the Vancouver Island Region (41); the Fraser Region (38); and the Northern Region (18).

✓ Data from Collaborate also shows that 20 individuals have achieved employment. Most of these individuals are in the Vancouver Island Region (10) and the Interior Region (7).

20 Individuals Achieved Employment

Region	Value
Fraser	1
Northern	2
Interior	7
Vancouver Island	10

Legend: ■ Vancouver Island ■ Interior ■ Northern ■ Fraser

- ✓ Most of the individuals who were connected to employment services are older: 20+ years (42); 19 years (43); 18 years (18); and 17 years (8).
- ✓ Most of the individuals who achieved employment are also older: 20+ years (9); 19 years (7); 18 years (3); and 16 years (1).

Number of Employment Outcomes, By Age
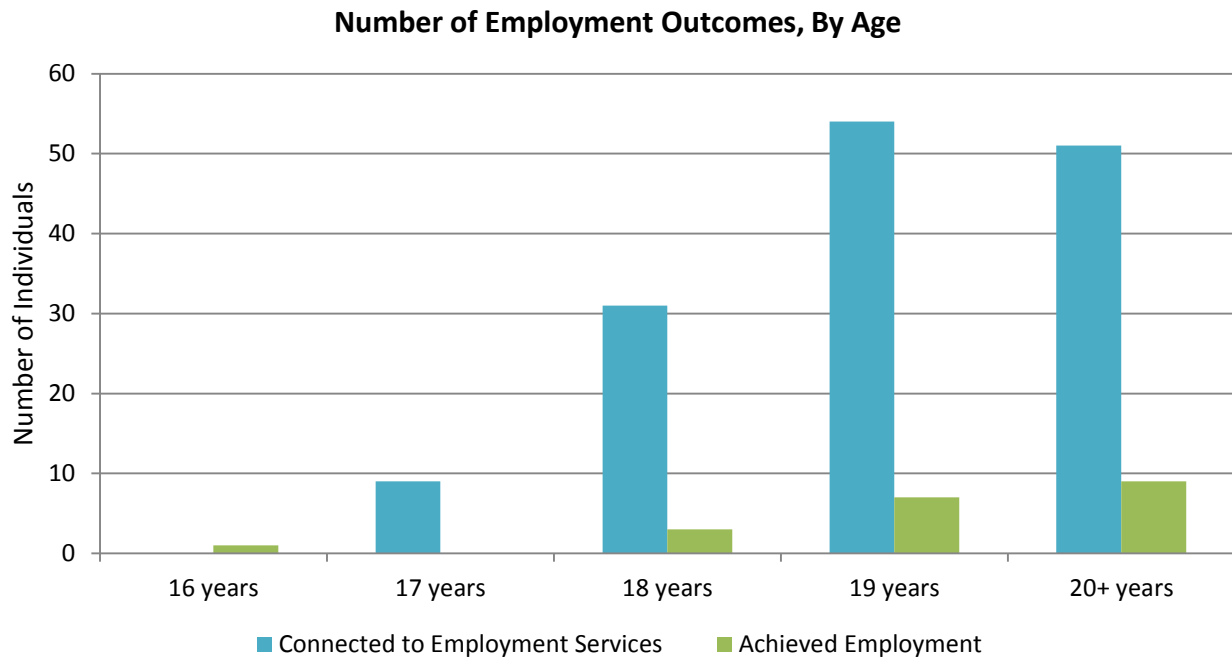
5.3. Full partnership holds the key to measuring progress toward outcomes.

- ✓ As part of the shared measurement system, STADD partners are planning to measure and monitor progress against desired outcomes for community connections, education, health, and housing as well as employment.
- ✓ The PMEC has defined the desired state for each of these areas, along with indicators to provide a way of measuring progress for these outcomes.
- ✓ **Community Connections**: *'Individuals are more connected to the community and have greater (unpaid) support network'.*
- ✓ **Education**: '*An increasing number of individuals are getting involved in education and training*'. There are three indicators to measure progress for this desired outcome.
- ✓ **Health**: '*Individuals have a family physician/dentist to help respond to their specific health care need*'. There are two indicators to measure progress for this desired outcome.
- ✓ **Housing**: '*Individuals maintain appropriate housing during times of transition*'. There are four indicators to measure progress for this desired outcome.
- ✓ Most of the measures require data matching across different partner systems. Where early indicators could be readily measured, data was collected and included in this evaluation.
- ✓ There is more work to be done to build the shared measurement system which will help with routine monitoring against the indicators in the Performance Plan.
- ✓ Work is underway, under the direction of the PMEC, to identify data collection requirements and get the necessary Information Sharing Agreements in place to support any cross-organization data matches.

Community Connections Indicators

- ☐ *Increased number of individuals who participate in volunteer or work experience*
- ☐ *Proportion of individuals who have unpaid support team members in transition planning*
- ☐ *Percentage of individuals who meet planning goals for community involvement /inclusion*

Education Indicators

- ☐ *Number of individuals enrolled in post-secondary education*
- ☐ *Number of individuals enrolled in other trainings*
- ☐ *School completion rates*

Health Indicators

- ☐ *Percent of individuals with a plan who are connected to family physician*
- ☐ *Percent of individuals with a plan who are connected to dental services*

Housing Indicators

- ☐ *Decrease in the number of crisis placements*
- ☐ *Decrease in homelessness*
- ☐ *Percent of individuals where housing supports or plans are in place*
- ☐ *Individuals feel they have control over housing choices*

What This Means

There is preliminary evidence that individuals are making progress toward realizing personal goals. The most frequent types of goals include financial security, employment, and education.

There has been a lot of focussed work by STADD partners to develop relationships with WorkBC case managers and create employment linkages for individuals. Preliminary data shows that 146 individuals who are working with a Navigator have been connected to employment services and 20 individuals have achieved employment.

The Performance Management Plan outcomes are in line with the most frequent needs showing up in transition plans with one exception, financial security.

There is an opportunity to enhance the quality of data that is necessary for measuring progress against desired outcomes. For example, standardizing certain fields such as goal classification (which is now a manual process) and the classification of employment to be able to differentiate paid employment or volunteer or work experience.

Full partnership holds the key to measuring progress toward outcomes for employment, community connections, education, health and housing require data matching across different partner systems.

Improvement Ideas

Based on the 'Progress toward Outcomes' findings, the following ideas could support improvement:

1. Review data fields required for measuring progress against the PMEC Performance Plan and create a plan to improve quality of data, where needed.
2. Seek data that will allow for comparative analysis between populations who are served/not served by STADD sites.
3. Each partner organization to continue providing the capacity required to actively support the development of the shared measurement system.
4. Identify opportunities for alignment with other cross-government initiatives to support shared measurement system (e.g. collection of person experience data).

Key Accomplishments

Considering all result areas as well as specific responses from those who provided input into this evaluation, there are many STADD accomplishments worth noting.

- ✓ The STADD initiative has put a highlight on focused transition planning for youth and young adults with developmental disabilities.
- ✓ People are using this service and finding it helpful.
- ✓ Individuals and families are experiencing positive change. This includes:
  - o having a plan that supports a smoother transition to adulthood;
  - o greater independence (e.g. bus transportation, ability to do own online reporting);
  - o greater awareness and connection to community services (e.g. foodbank, exercise);
  - o improved access to government services and supports (e.g. CLBC, employment services);
  - o improved financial situation (e.g. RDSP and PWD benefits);
  - o improved health support (e.g. access to a doctor);
  - o employment; and
  - o improved housing situation.
- ✓ Partner organizations are reaching individuals at a much earlier age (e.g. youth who have yet to get out of the school system) and are helping to put a plan in place.
- ✓ The system appears to be reaching more individuals who would otherwise not be connected to appropriate government and community services and supports.
- ✓ The Integrated Services Support Team has helped to resolve issues and provide clarity about supports and services available to them.
- ✓ There is an earlier focus on employment and community engagement.
- ✓ There is improved collaboration and team work on the ground in transition planning.
- ✓ Governance process is helping to build relationships and identify opportunities for collaboration.
- ✓ Government partners are aligning processes to support person-centred service for this population.
- ✓ Progress has been made toward clarifying roles and responsibilities.
- ✓ Use of data and evidence to support program improvement and decision making.
- ✓ There has been good progress toward a shared measurement system.
- ✓ The communications work being done across partner organizations, as supported by the IMCC.
- ✓ The employment work undertaken by the CLBC, EPBC and STADD Employment Committee.

Summary of Findings, with Recommendations

This evaluation provided an opportunity to check in on progress since the 2014 Interim Status Report and learn what areas need further attention. Much of the data for this evaluation was qualitative in nature which is somewhat different from the Interim Status Report review. This evaluation also 'checked in' with Senior Executive from the partner organizations in the form of interviews to gather their perspective.

The results are based on the information provided by partners, IMGC members, Site Directors, Navigators, Individuals and Families, Senior Executive and supported by additional data from the Collaborate system. Overall, there was very good participation across all partner organizations and across the various levels within each organization (e.g. front-line staff, managers, and Senior Executive). This level of participation has helped to provide a balanced representation of perspectives.

All in all, there has been considerable progress in addressing recommendations from the Interim Status Report and making improvements to the STADD program in preparation for expansion.

The 'One Government' approach and the use of a Navigator role to support integrated transition planning are making a difference in the system and in the quality of transition planning for individuals and families.

The current system of limited geographical access creates 'have' and 'have not' communities. It also makes it difficult for partner organizations as they are faced with implementing policy and practice changes that only apply to a small portion of their operations. Expanding access to STADD services across the province will help to address both of these issues.

In consideration of the phase of the program and the purpose of the evaluation, there are three main findings that stand out across all of the results:

- There has been substantial progress toward achieving a 'One Government' approach;
- The Navigator role is helping to bridge the gap between school years and adult services; and
- Expanding access to STADD services across the province will help to address a number of policy and practice issues.

There are three recommendations (Appendix A) and a number of suggested improvement ideas (Appendix B) put forward for all partners' consideration and action.

Working Together as 'One Government'

In order to be an effective partner in a 'One Government' approach it requires flexibility, long term commitment to the agenda, and a willingness to share power, data and decision-making with others. There has been substantial progress toward achieving a 'One Government' approach.

There is strong evidence of increased collaboration. Support teams are working together to create more integrated, robust transition plans; resolve issues; and improve service coordination. Partner agreement about improved service coordination has risen to 80% - a positive indicator for future planning. Partners are making progress in working together on a number of cross-government areas of mutual interest: employment, ISST, Added Care and the development of a shared measurement system.

Great work is taking place on the ground but there appears to be a gap between leadership and practice. There needs to be visible and pragmatic leadership support for the STADD initiative and all staff involved in supporting these individuals and families.

A key factor in the progress toward achieving a 'One Government' approach is the STADD infrastructure and operational support. Most local governance committees are working quite well. Membership is good and participation is strong.

The STADD initiative has provided a good structure for cross-government issues to be raised and worked through. The lack of psycho-educational assessments is an important issue for IMGCs (which is creating problems for individuals as well as the partners trying to ascertain eligibility). IMGC members are taking initiative to collectively raise and explore this cross-government issue. There is potential for the local governance committees to make real change in improving system efficiency that will benefit individuals and families as well as all partner organizations.

Role clarity has improved on transition planning but partners would benefit from continued work on execution in this area.

There is improved information sharing and a greater acceptance of the consent process. Many partners believe that the consent form and consent process supports sharing of information among organizations for transition planning.

Partner organizations have made effort to improve communication channels but there is still concern that support and information is not reaching the front line. Generally, staff in partner organizations still request more direct communication from their leadership to support the mandate of working together in the STADD planning model.

There is an opportunity to strengthen leadership and improve communications.

Recommendation #1:

> *Equip leadership with evidence and communication material tailored to their organization to enable them to visibly demonstrate support and promote the STADD initiative and improve communications to front-line staff.*

Bridging the Gap for Youth Transition

Navigators, along with support team partners, are helping to bridge the gap from school years to adult services for youth and young adults.

Support teams are working together to create more integrated, robust transition plans; resolve issues; and improve service coordination. Partner agreement about improved service coordination has risen to 80% - a positive indicator for future planning.

Qualitative feedback from individuals and families, while not collected as a formal part of evaluation, nonetheless demonstrates the uniqueness of each individual situation and how, in order to 'succeed', individuals benefit from the direct engagement with a Navigator, whether that is face-to-face or at a remove using technology.

Individuals are making progress toward achieving their own personally defined goals and since working with a Navigator, many individuals have been connected to employment services and a number of individuals have achieved employment.

There is an opportunity to continue to capture individual and family experiences to learn what is working and what needs attention from their perspective.

Recommendation #2:

> *Enhance engagement with individuals and families to further inform improvements in the design and delivery of the youth and young adult sites model.*

Provincial Expansion

Large scale change requires a clear commitment from senior leaders and relies on strong leadership for changes to policies, processes, structures and systems. The current system of limited geographical access creates 'have' and 'have not' communities. It also makes it difficult for partner organizations as they are faced with implementing policy and practice changes that only apply to a small portion of their operations.

There is strong support for the concept of the Collaborate system and most see the potential value. However, many partners will not use Collaborate because of time and workload and/or a lack of training and experience. As the only operational person-centered transition planning tool approved to share an individual's personal information, it is essential to increase standardized use of the Collaborate system amongst support team partners, navigators, practitioners and individuals and their families.

Government needs to be clear that service will look differently in rural and remote areas. Rural and remote communities need to be served through an alternative less resource-intensive virtual navigation practice model where there is not the critical mass in terms of population and resources. Testing the virtual model should start out on a small scale to allow for learning and improvement opportunities.

Full partnership holds the key to measuring progress toward outcomes for employment, community connections, education, health and housing require data matching across different partner systems. This will require each partner organization to continue providing the capacity required to actively support the development of the shared measurement system.

STADD is a collective cross-ministry responsibility and all partners must be willing and have the capacity to help lead this large scale system change. Expanding access to STADD services across the province will help to address a number of policy and practice issues.

There is interest to expand access across the province but caution that a provincial expansion model needs to be efficient and effective (i.e. innovative, flexible and incorporates more technology), particularly with rural, remote service.

Recommendation #3:

> _Develop a plan to expand access to STADD services for youth and young adults across the province to provide more individuals and families with a one-government approach to integrated team transition planning with the benefit of Navigator support and a platform for information sharing._

Appendix A: Recommendations

1. *Equip leadership with evidence and communication material tailored to their organization to enable them to visibly demonstrate support and promote the STADD initiative and improve communications to front-line staff.*

2. *Enhance engagement with individuals and families to further inform improvements in the design and delivery of the youth and young adult sites model.*

3. *Develop a plan to expand access to STADD services for youth and young adults across the province to provide more individuals and families with a one-government approach to integrated team transition planning with the benefit of Navigator support and a platform for information sharing.*

Appendix B: Improvement Ideas

Theme	Evaluation Improvement Ideas
Access and Utilization	1. Further refine policy for STADD sites around the planning cycle, managing case closures and future access to the data collected to support the individual. 2. Continue to identify and remove barriers to establishing eligibility.
Transition Planning Experience	3. Build into practice, a way to capture individual and family experiences to learn what is working and what needs attention from their perspective.
'One Government' Approach	4. Encourage leadership within each organization to promote the 'One Government' approach to the members of that organization. 5. Local governance committees consider the addition of members to represent individuals/families, First Nations and employment. 6. Continue to work through role clarity with the implementation of, and performance monitoring against, the Partner Organization Roles and Responsibilities for Youth and Young Adults with Developmental Disabilities document. 7. With the support of the IMCC, each organization to identify and rectify any gaps in communication. 8. Increase awareness and coordination of activities across organizations where there are linkages to STADD. 9. Continue action toward resolving a systems approach to employment. 10. Strengthen action toward establishing consistent policy and a collaborative implementation plan for Added Care. 11. Further assess ISST to understand the effectiveness and the relation to other complaint systems.
Service Delivery Processes	12. Take action to improve the practice of shared planning, including information sharing and the use of the Collaborate system. 13. Seek out effective and efficient Navigator support, including consideration of the virtual navigator practice. 14. Continue to promote education and communication on the consent process. 15. To support provincial expansion, each partner organization to consider what changes will be needed within their organization to improve the use of Collaborate. 16. Continue to provide and improve methods for training and adoption for Collaborate.
Progress toward Outcomes	17. Review data fields required for measuring progress against the PMEC Performance Plan and create a plan to improve quality of data, where needed. 18. Seek data that will allow for comparative analysis between populations who are served/not served by STADD sites. 19. Each partner organization to continue providing the capacity required to actively support the development of the shared measurement system. 20. Identify opportunities for alignment with other cross-government initiatives to support shared measurement system (e.g. collection of person experience data).

Appendix C: Case Study (Surrey Youth Site)

The following case study works to describe, to the extent possible, the practice of the navigator on the ground for the purpose of understanding the role and potential added value of the role. It aims to 1) describe work activities, organized by practice flows, 2) provide a brief analysis of the factors supporting effective practice and 3) provide a brief summary of impact/results.

The names of all involved (the individual, family and partners) have been changed to protect privacy and ensure confidentiality.

Background

Violet is a young woman who moved with her family to Surrey from Vancouver in December 2014, shortly after her 18th birthday.

Violet has a developmental disability, as well as complex medical needs as a result of a terminal neurodegenerative disorder. She did not receive early intervention until she was two years of age when her family started to observe changes in her movements. At that point, she underwent extensive assessment and received medical care from BC Children's Hospital and Sunny Hill Health Centre for Children.

She spent her childhood in Vancouver with her parents and her brother. Her family describes her as social and outgoing as a toddler. They remember that as a young child, Violet showed a great sense of humour, liked to joke around, and could get along with everybody. Today, her parents describe that she enjoys age-appropriate teen activities such as being around her peers at school, reading teen novels and watching teen shows, and they incorporate these interests into her daily life.

The impacts of Violet's neurodegenerative disorder have become more pronounced over time, with declining cognition and loss of speech. By the time she moved to Surrey, there were no longer reliable ways to test her abilities, such as related to sight, hearing and cognition, as well as assess her level of pain, though those around her recognize that she can experience high levels of pain. Violet has no voluntary movement in her arms and legs, and she has had release surgery on the tendons of her arms and wrists to reduce pain and ease of care. She has frequent seizures and has been admitted to Surrey Memorial Hospital several times recently due to a variety of complications. Violet relies on her nursing team to monitor her very closely to ensure that her nursing and medical administration needs are met, as well as to accompany her while she attends school and social programs in her neighbourhood.

The family re-located to Surrey to be closer to her father's place of employment. The move to a new community, and the resulting change in staff contacts with geographically located government services, occurred as the family also began to anticipate Violet's transition to adulthood. The 'pass-off' to Surrey resources was minimal in that there was no person-to-person contact between staff from government offices in Vancouver to counterpart offices in Surrey. Violet registered with Surrey School District; however, her entry to Johnston Heights Secondary was delayed by approximately two months because the district needed to make accommodations for the school facilities to be accessible for Violet. Violet's mom, Kim, heard about the Navigator service from the school-based occupational therapist. Kim directly contacted STADD in February 2015 to refer themselves to Navigator services.

Rationale for Seeking Access to STADD Initiative

In this case example, the Navigator served as the key point of contact and lead transition coordinator based on the following factors:

- The family itself identified a gap in transition planning. The family expressed confusion about the various government processes that they needed to learn about and navigate, as well as concerns about the timelines and potential delays in completing necessary assessment and eligibility processes.
- There was not another government partner, such as an MCFD CYSN social worker, working to support the family in a key planning and coordination role.
- The complexity of planning given the number and variety of organizational partners that would be convened to assure an integrated and coordinated approach to addressing Violet's intensive support needs.

The parents were aware that the current levels of services for their daughter were scheduled to end or be drastically reduced in November 2015. There was no transition planning in place to ensure a level of continuity of support. The Navigator's role was: 1) to work with the family and government partners to identify options to provide the needed levels of support and 2) to manage expectations that the configuration of services and resources may look different from what they had experienced while Violet was under 19 years of age.

Effective, Efficient, Quality Transition Planning Practice

This case example describes indicators of good Navigator practice, focused on describing key steps taken in integrated planning: first to build a comprehensive picture, and then to build and manage an integrated transition plan. This case describes the approach the Navigator employed to encourage and facilitate effective implementation of cross-ministry roles and responsibilities.

BUILD A PICTURE

Step 1: Gather information and perspective of family

The Navigator received the call from Violet's mom and scheduled time shortly thereafter to meet with the family. Through the phone call and the initial in-person meetings, the Navigator began to gather various pieces of information from the family. Information gathered included documentation on current services and supports, connections to their community, and what they viewed as urgent needs as well as priority goals as they looked ahead to Violet's transition to adulthood.

The information shared by the family helped Megan to develop an initial understanding of the key factors driving the family's concerns and stress level, including:

- Violet's eligibility for CLBC-funded adult services was pending due to a delay by the school district to complete a psycho-educational assessment. The parents' understanding was that the school district could not provide a timeline for completion of the assessment, and this uncertainty exacerbated their fears about the potential for last minute planning.
- Some of Violet's needed medical supplies and equipment had not transferred from the Ministry of Children and Family Development's (MCFD) At Home Program available to youth below 19 to the Ministry of Social Development's People with Disabilities medical benefits for young adults. The parents had not been able to figure out how to fix this issue, and as such, the family was running low on medical supplies integral to Violet's health and wellbeing. In addition, some needed equipment was faulty and needed replacement.
- Lack of knowledge about what options were available for Violet's care after she turns 19. The parents shared that they preferred helping Violet move into a staffed residential facility but did not know how to go about requesting supports.
- Lack of confidence that her complex needs would be met by government funded services and supports for adults. The family described the intensive level of support provided to Violet, including 56 hours a week of in-home care from registered nurses and 35 hours a week of in-school care by registered nurses, as well as enhanced respite funding from MCFD and additional respite and medical supports from Canuck Place Children's Hospice. Without these supports, the parents were worried about the extent to which Violet would be monitored to ensure that her specialized medical and nursing care needs would be met. They were also concerned about whether she would be able to participate in community and social programs.

Step 2: Identify transition team members

The Navigator explained to the family that the consent they were providing to STADD partners meant that they were directing cross-ministry staff to share information and coordinate planning activities for the purpose of supporting a smooth transition for Violet. Based on the consent of the parents to initiate collaborative planning, the Navigator reached out to team members who were involved in supporting Violet as a youth as well as identified those who needed to be involved in planning for her as an adult, including:

- Surrey School District
- Community Living BC
- Fraser Health, Health Services for Community Living (HSCL)
- Nursing Support Services
- Surrey Centre for Child Development
- Canuck Place Hospice for Children
- Ministry of Children and Family Development
- Ministry of Social Development and Social Innovation

The work to identify transition team members included a second layer of complexity as a result of the family's move from Vancouver to Surrey and the assignment of Violet's file to new offices and staff. For example, upon moving to Surrey, the process of transferring the family's file from the Vancouver MCFD CYSN team to the Surrey team resulted in no immediate engagement with a CYSN social worker. After Violet's mom self-referred to STADD, the Navigator promptly reached out to MCFD to update the assigned social worker, who, at that point, had scheduled a first meeting with the family. Similarly, the Navigator proactively reached out to CLBC to assure close tracking of Violet's eligibility status while the file transferred to the Surrey office and to coordinate planning activities. A core task of the Navigator was to identify the staff contacts with each organization, gather accurate contact information, and enter the information into Collaborate so that the family as well as partners had access to current information about the transition planning team.

Step 3: Coordinate cross-ministry information sharing

Once the appropriate staff contacts were made, the Navigator began the process of gathering information relevant to transition planning. This included gathering information about:

- Services and supports already in place, such as respite provided by Canuck Place
- Assessments completion such as a consult provided by the BC Children's Hospital
- Supplies and equipment needs, such as Violet's tube feeding supplies
- Summaries of information collected by transition team members about Violet, such as notes recorded by registered nurse about Violet's communication in an assessment report.

While she was gathering information from partners, the Navigator also inquired about what they would need to plan forward. The Navigator served as a central hub for information sharing by streamlining requests for information and proactively linking information collected by one government partner to inform the work of another partner or required for a specific government eligibility process. For example, communicating closely with CLBC, the Navigator proactively sought out and gathered documentation on Collaborate that would support the Facilitator's planning for services, such as nursing assessments.

BUILD & MANAGE A TRANSITION PLAN

Step 1: Developing goals

After working with the family and partners to identify key concerns, support needs, and goals, the Navigator began an accelerated process of transition planning. Violet's key goals focused on well-being, including:

- Financial security
- Adequate support for health care needs
- Optimal quality of life and community engagement

With her 19th birthday quickly approaching and given her fragile health status, it was critical that the Navigator worked quickly to mobilize the transition team to plan key activities in the identified goal areas. The key goals, action items, and milestones to track progress were entered into Collaborate.

Step 2: Joint problem solving and consultation

There were specific process tangles identified as urgent by Violet's family that needed to be addressed for the longer term planning to move forward, and the Navigator assisted with agency-to-agency coordination to address these. For example:

- Completion of a new psycho-educational assessment that would meet CLBC eligibility requirements for adult-funded services. The Navigator reached out to the teaching staff to better understand the reasons for the delay in completing the assessment. The Navigator shared information about the urgency of Violet's situation and explained the potential consequences of further delay, highlighting the number of processes that were dependent on completion of the psycho-educational assessment. Through this dialogue, the teaching staff recognized the risks of last minute planning for Violet and her family, and they, in turn, effectively communicated the complexity of Violet's situation to school leaders. The school district helped expedite testing for Violet, and the teaching staff maintained regular communication with the Navigator about the status of the testing.
- This cooperation with the School District helped alleviate the uncertainty about timelines for completion of the psycho-educational assessment, thereby addressing one of the factors contributing to the family's stress level. The School District completed Violet's psycho-educational assessment by the end of the school year. The Navigator then made an expedited delivery to CLBC, who, as a result of regular communication between the partners, was already prepared to receive and quickly process Violet's eligibility.

Step 3: Collaborative planning

The Navigator leveraged government roles through several collaborative strategies.

The Navigator engaged directly with individual organizations, for example:

- Coordination with CLBC to gather as much information as possible for completion of CLBC's needs assessment and service planning processes. This meant helping the Facilitator to easily access

information gathered by partners, hear from the family about their needs and experiences, and develop a comprehensive picture of Violet's level of support needs.

- Connecting the Canuck Place pediatric palliative care team to the adult care team at Violet's new residential home in Surrey. The Navigator identified Canuck Place as a major hub of information regarding Violet's support needs and established a strong working relationship with Violet's assigned counsellor. By including staff from Canuck Place on the team, they were able to transfer experience, knowledge, and understanding about Violet with the adult team residential facility.
- Navigating the necessary channels with MSDSI's Health Assistance Branch to address urgent as well as longer term medical support and equipment needs. The Navigator worked closely with the EAW, who serves as a liaison to the Surrey CLBC office, to gather the necessary documentation to expedite approval of a replacement feeding pump. The EAW, understanding the urgency of Violet's situation, consulted and problem solved with her supervisor to streamline efficiencies in MSDSI processes. The Navigator also worked with Violet's parents and staff at the Centre for Child Development to complete a more complex process of securing MSDSI support for necessary wheelchair adjustments.
- Proactively consulting with Fraser Health to seek guidance about the referral process to HSCL and a palliative home care team. The Navigator shared information to assist with eligibility decisions and engaged the HSCL manager and his team on Violet's transition planning team.

The Navigator facilitated collaboration across partner agencies by convening a number of transition team meetings. The Navigator encouraged cross-government participation by highlighting the need to minimize the number of times the family would need to share the same information and repeat their story, which was taking increasing time and an emotional toll.

Example 1: *Streamlining intake process for CLBC and HSCL*

- Attendees: HSCL community care professional, CLBC facilitator, HSCL case manager, Violet, Violet's mom, nursing support nurse, Navigator.
- Process: Following outreach to CLBC and Fraser Health, the Navigator requested a joint meeting with both organizations and the family in order to streamline introductions and the processes of gathering information.
- Outcomes: Both organizations successfully gathered the information they needed to build Violet's profile and complete their required assessment processes in order to submit service requests. This was significant because typical practice is to conduct each step separately. This meeting helped to streamline three processes, including two within HSCL planning and one for CLBC planning. Partners had an opportunity to build relationship and trust about each other's processes as well as work from a similar comprehensive picture of Violet and her family.

Example 2: *Integrated planning meeting*

- Participants: Violet's mom, CLBC Facilitator, MCFD CYSN Social Worker, Nursing Support Services Manager, Bayshore Nursing Manager of Clinical Practice, Bayshore Nursing Case Manager, Fraser Health HSCL Case Manager, Fraser Health HSCL Team Lead, Centre for Child Development

Occupational Therapist, Centre for Child Development Physiotherapist, Canuck Place Coordinator of Counselling and Bereavement Services and School District Teacher (was ill but provided Navigator with an update to share regarding Violet's school based programming and current support needs).

- Outcomes: All organizational partners provided updates to develop shared understanding about progress made in planning for Violet's transition. Violet's mom brought forward the family's key questions and provided an update on Violet's well-being and changes observed since last meeting. Two partner decisions were confirmed: 1) Fraser health confirmed eligibility and funding decisions made about HSCL services, 2) CLBC confirmed the identification of an available housing resource. The team engaged in joint planning about the supports needed to assure a smooth transition, and partners identified key action steps and partner responsibilities to support the family.

Step 4: Managing the plan

According to team members from Fraser Health, the recommended timeline for completion of the many processes required for the transition of a medically fragile person is at least one year. The transition team mobilized by the Navigator effectively moved through the steps within four months.

Violet will begin her move to her new home when she turns 19, and she will continue to receive support from the nursing team for the remainder of her last year of high school, supporting a gradual transition for Violet. The Navigator's on-going role in managing the plan will focus on:

- Sustaining the linkages between her child-based support team and her on-coming adult-based team.
- Initiating connections to the adult health care systems, specifically working towards a "warm pass off" by the physician at Canuck Place when Violet turns 20 to a family or adult care physician who can provide primary care and consultation for end of life care.
- Supporting the family to secure Violet's financial benefits.
- Supporting partners to share information through the use of Collaborate and participation in transition team meetings.
- Collaborating with partners to closely monitor and adjust planning activities as needed.
- Looking ahead to assist with end of life planning.

One Government Approach: Facilitating Factors

There are a number of facilitating factors about the Navigator's practice that contributed to implementation of a 'one government' approach to Violet's transition planning.

✓ **Timely coordination and creating urgency**

The Navigator took a lead role in tracking the multiple processes in motion and communicating to the partners about the interdependencies across the various processes in order to prevent last minute planning. The value of providing timely, consistent coordination is noted by the CLBC Facilitator involved on the transition team:

> *I worked closely with the STADD Navigator during Violet's transition to adult Community Living BC (CLBC) services. This particular scenario is by far the most positive experience I have had of working with a Navigator. The Navigator was involved during the CLBC eligibility determination process and helped gather the documentation required in order to confirm eligibility. This was very useful because, unfortunately, there were delays in the completion of Violet's psycho-educational assessment, which caused her eligibility to be determined quite late. Due to the Navigator's knowledge of the family's situation, she was able to provide beneficial background information regarding Violet's needs, and she flagged Violet's situation to CLBC as an urgent priority for planning.*

The added value of coordination across the family and multiple partners is also highlighted by the Occupational Therapist involved on the transition team:

> *The Navigator has met with Violet's mum who is very busy which I haven't had the chance to do. She seems to have a good understanding of what the family want for Violet as she transitions to adulthood. The Navigator has set up a team meeting for all the team players. If I had to guess, there were approximately 20 people at that table representing a wide variety of community resources. I don't think anyone else could have pulled all those people together for that very important meeting.*

✓ **Early and proactive engagement**

A key practice of the Navigator was to seek early involvement and consultation with key government partners. The value of this practice is noted by the Fraser Health HSCL Manager who participated in planning:

> *Reaching out was crucial to have a proper transition plan in place in a timely manner. It did alleviate anxiety for the family. The Navigator also reached out to the right people to be involved, including the case manager, registered nurse, and occupational therapist. We don't always get to know about these individuals on time, and it becomes a crisis driven response with often the wrong and inappropriate resources involved.*

✓ **Information-sharing hub**

A key practice of the Navigator was to facilitate effective sharing of information across partners, clarifying what information each partner had and what information each needed. The Navigator was able to quickly locate the information needed for the various government processes underway, as well as keep transition team members updated about overall progress in planning. As described by the CLBC Facilitator on the transition team:

There was a very tight timeline in which planning, transition, and the coordination of support occurred for Violet, and there was a considerable amount of variables to consider-the major one being Violet's complex health care needs coupled with her parents' request for her to receive residential care by her 19th birthday. The Navigator played a central role in coordinating and liaising with all of the various professionals involved in Violet's care, and she was always well informed about the "bigger picture" as well as the details, which proved to be very helpful when it came to information gathering and planning for Violet's supports. The Navigator also invited me to important meetings with our partners in Fraser Health, which allowed me to gather detailed information regarding Violet's health that I needed in order to arrange appropriate supports.

The Navigator coordinated the exchange of information to plan for Violet's complex medical needs, as well as for longer term planning for quality of life, such as connecting information about Violet's school experiences to planning for activities and structure in her new home as an adult.

✓ **Identification of systemic barriers**

Based on transition team members' past experiences, families may experience barriers when they submit requests for medical equipment, such as wheelchairs, to MSDSI's Health Assistance Branch. Key issues flagged include potential for significant delays, confusion about document requirements, denials based on seeming technicalities, and complex re-consideration procedures. The Navigator followed regular channels to request wheelchair seating adjustments recommended by Violet's physiotherapist, running into these very barriers. For example, there was significant back and forth to clarify whether the request could be accepted by the Branch. Once it was confirmed that it could, the family was then advised that the processing time of the request would be at least three to four months. Violet was in a high degree of pain and very close to "ageing out" prior to processing time for approvals. If approval was delayed until after she turned 19, the family would need to complete an additional referral process to access an adult-based service to make the needed wheelchair adjustments. The Navigator then worked with the family to gather documentation from Sunny Hill Hospital to make a case for the urgency of the situation and prepare an extensive statement to outline their situation. The Branch denied the request on the technicality that only repairs could be escalated as urgent, not requests identified as 'adjustments'. Because this was not a legislative procedure but a working practice to triage request, no further recourse could be taken by the family. At that point, the Navigator escalated the issue to leadership, who took it to a joint STADD-RSD working group. The working group was able to re-direct the request for re-assessment, finally resulting in an expedited approval based on need. A key practice of the Navigator to support Violet's family to access government supports was to identify and escalate the barriers they were experiencing to access the needed and allowable benefit.

✓ **Violet in the centre**

For Violet and her family, her transition to adulthood is within the context of a bigger transition to end of life that the family is experiencing. While the planning involved completion of many operational processes, following rules and meeting deadlines, the Navigator maintained a heightened awareness that the family's underlying concern was not about Violet staying at home due to delays in service or waitlists, but instead, their very real fear was the potential death of their child as a result of insufficient planning for Violet's complex

needs. This context cannot be understated in understanding the sensitivity, urgency, and compassion that the Navigator brought to the planning process and sought to cultivate across the government partners.

The Navigator also maintained attention on Violet as a young woman who, like many of her peers, enjoys being out in the community and seeing people her own age. Planning addressed her complex medical needs, as well as Violet's community connections and interests, such as going to movies or shopping mall, and the Navigator brought a neutral perspective by not be linked to government service funding. The value of the Navigator's person-centered approach is recognized by Violet's family:

> *We are so grateful to have been linked with the Navigator. She has tirelessly coordinated information, planned meetings and helped our family understand and navigate through the many systems to ensure Violet receives the best possible care. Without the Navigator's help, I don't know how we would have coordinated Violet's transition to adult care. Her work and knowledge is invaluable. She made a stressful process seamless.*

Challenges Overcome

- Time pressure to plan quickly for a complex transition
- Partners' lack of use of Collaborate to share information; inability to register all transition team members as Collaborate users, particularly adult service providers.
- Technical rules in government systems that prevented access to needed supports.
- Humanizing Violet and keeping her family in the centre, rather than reducing the planning process to a series of check boxes.

Impacts and Outcomes

As a result of an integrated approach to planning:

- Violet received the psycho-educational assessment from the School District, and received confirmation of her eligibility for CLBC-adult funded services early enough to allow planning to occur prior to her 19th birthday.
- Violet and her family are prepared to move to a staffed residential home facility chosen by her family and equipped to support her housing and nursing support needs. Fraser Health and CLBC played leading roles in planning for adult services and reaching agreements about funding.
- Violet's child support teams are linking with her adult care systems to assure a smooth transition of care. The new adult care team at the residential facility is linked both to the nursing services support staff and to the pediatric palliative care team at Canuck Place.   The team have a history with Violet and her family and is developing algorithms for her nursing care needs and proactively planning for end of life.
- Violet's parents have concrete information and increased confidence about government partner responsibilities, decisions about levels of support and services, timelines for changes, and resources available to them.
- Violet's transition team members have increased clarity about individual partner roles and responsibilities, and are able to effectively focus and leverage their individual contributions.

- Violet's transition team are working together to develop a person-centred transition plan that builds from what routines and activities are working well in her school and community environments to plan for her new home as an adult.

The Occupational Therapist from the Surrey Centre for Child Development who participates on the transition team describes the impact of the clarity of roles on her work as follows:

I have not, up until now, been super involved with this young woman mainly because we have a Navigator. The Navigator's role has freed me up to do the actual role of an occupational therapist, providing equipment for home and school. I don't have to run around trying to find information on stuff I don't really know about such as Violet's options for living arrangements and connecting her with the right people to address these needs.

Definitely by having the Navigator on board, I feel confident that as Violet graduates and moves on to adulthood, her needs will be addressed and that the family and Violet are prepared for this big step. I couldn't have said that about most of my kids graduating prior to the Navigators coming on board.

The Fraser Health HSCL team who participates on the transition team describes Violet's situation and the role of the Navigator as follows:

Very complex client with multiple players involved. Due to having a Navigator involved, the workload for our team was significantly reduced. The Navigator was able to coordinate clear and timely responses. The meeting, called by the Navigator, regarding roles and expectations was civilized and well-coordinated. At the end of the meeting there was a clear plan with achievable deadlines.

Reflecting on the outcomes of the team planning process, the Fraser Health HSCL team reported that "due to the participation of the Navigator, this transition was smooth and services were in place before the individual turned 19".

The CLBC Facilitator who participates on the transition team describes Violet's situation and the role of the Navigator as follows:

To me, this particular case was a shining example of what I believe the Navigator role was truly intended for. In my opinion, a Navigator is not meant to be someone occupying another seat around the table, rather the Navigator is the one who helps organize, coordinate, and gather all those at the table. In Violet's transition, I feel the Navigator embodied this approach of leadership and initiative, and that is one of the key factors that allowed this particular CLBC and STADD interface to be positive and successful.

Navigator:

An important learning in this case for me is my role as a neutral convener, as someone who needs to help get the right people to the table and help the family to make sense of their options. I could see that Violet's situation was heading towards crisis planning. I worked to build trust with the family and quickly mobilize a transition team. Ultimately, it was a team effort, and each partner did their part to

help positively change Violet's trajectory. From my perspective, Violet's transition provides a window into both the significant risks associated with a lack of planning and coordination for transition, and the high impact of a multidisciplinary team working together towards common goals.