

ADVOCATE FOR SERVICE QUALITY

Annual Report: 2022 - 2023

TERRITORIAL ACKNOWLEDGEMENT

The ongoing discovery of unmarked graves across B.C. is a sad reminder of how inequities can exist in our social support system. The Office of the Advocate for Service Quality (OASQ) would like to recommit to our role in reconciliation.

Each of us in the OASQ acknowledges that we are uninvited settlers, living and working on the unceded, unsurrendered territories of the Lekwungen, Musqueam, Squamish, Tsleil-Waututh, Kwikwetlem, Katzie and Stó:lō Peoples.

We recognize the historical and ongoing violence and racism directed at Indigenous people, as a result of colonization and white supremacy. We're committed to supporting and advocating for Indigenous people and communities to access the supports and health care they need to heal and thrive.

We wish to acknowledge the extensive work Community Living British Columbia (CLBC) has done to provide culturally safe services. Their efforts are an example of genuine and meaningful commitment to reconciliation.



LETTER TO THE MINISTER

Dear Minister Malcolmson,

In 1991, the B.C. government established the Office of the Advocate for Service Quality (OASQ) to support people with intellectual and developmental disabilities (IDD) transition out of institutions and into the community. For the past 32 years, the OASQ has helped these clients, their families and the organizations that support them navigate complicated—often emotional—situations.

I'm honoured to be the fifth person appointed as Advocate for Service Quality. Over the last 12 months, I've seen first-hand the positive impact this office has on individuals and families struggling to understand and work through Community Living British Columbia's (CLBC) processes and decisions.

We work behind the scenes to gather information, analyse issues, promote collaboration and help develop plans to address individual and systemic issues.

Unfortunately, the stories we hear tend to be more negative than positive—people often contact us because they have a problem. But we take the time to listen with empathy and neutrality. Our person-centered approach to problem-solving helps us find common ground and a positive path forward.

Problem-solving requires open-mindedness and collaboration, and I want to express my gratitude to all of the community agencies, organizations and individuals who have worked with me and my team. We're all united by the goal of helping individuals and families.

We continue to try and bring the perspective of people with IDD to committees, working groups and meetings with decision-makers, including:

- ▶ CLBC's Health Advisory Team
- ▶ Youth Transitions Working Group
- ▶ Provincial Collaborative for the Prevention of Abuse and Neglect
- ▶ Seniors with IDD and Dementia Advisory Group

At these tables, the OASQ highlights and reviews:

- ▶ The need for expertise on disability, health and service delivery issues, and the need to bridge these sectors
- ▶ The lack of support for adults with IDD and multiple complex care needs, particularly housing supports
- ▶ The lack of support for young adults with IDD and multiple complex care needs as they transition to adult services, particularly mental health supports
- ▶ The need to update the Collaborative Guidelines providing direction to Health Authorities, CLBC and service providers

COVID-19 has redefined our lives. Even as its impacts and seriousness have lessened, it continues to shape how we interact with each other. It seems that apathy, tension and even hostility are the new normal in so many interactions in our communities, our country and, sadly, the world. It's more important than ever that we support each other, work against unfairness and injustice, and speak out against these when we have the opportunity.

To promote service quality, we must pay attention to intersectionality. We must also question whether the systems and structures in place serve ALL people with IDD. In this respect, I'm grateful to my predecessor, Leanne Dospital, and the extensive work put into the Reimagining Community Inclusion (RCI) Steering Committee.

Leanne co-chaired the RCI's Health and Wellness Working Group. The group identified actions needed to achieve equitable access to quality health and mental health supports and services for people with barriers to inclusion. CLBC coordinated recent discussions that reiterated the group's two overarching priorities: Indigenous cultural safety and a renewed call for collaboration across all organizations.

Our office continues to participate in the evolution of the RCI, striving to ensure its work doesn't lose momentum.

Over the coming year, I will make more connections, listen to more stories, help more people and bring more voices to the attention of government. I look forward to our ongoing work together.

Sincerely,



Cary Chiu

VISION

Bring about positive outcomes and shine a light on systemic issues that impact supports and services for people with intellectual and developmental disabilities.

We value:

- ▶ Independence, neutrality and empathy
- ▶ Person-centred approaches to problem-solving
- ▶ Dialogue to find facts and common ground, and to promote quality service



WHAT WE DO

The Office of the Advocate for Service Quality (OASQ) helps government better support:

- ▶ Adults with intellectual and developmental disabilities
- ▶ Teens with intellectual and developmental disabilities who are transitioning into adult services
- ▶ Family members and others who support a person with intellectual and developmental disabilities

The OASQ may act as an objective and neutral third party to help solve problems and find solutions to concerns and complaints.

We are mindful that we all have our own stories—the challenge is getting people to gather around a common story. Then we can help find a path forward.

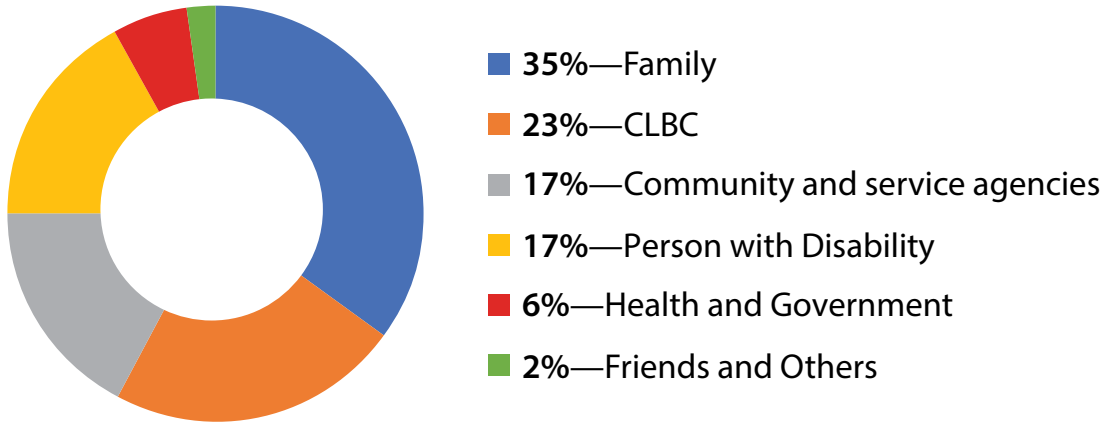
The OASQ:

- ▶ Asks a lot of questions
- ▶ Listens
- ▶ Provides information, advice and referrals
- ▶ Builds relationships
- ▶ Works collaboratively—with CLBC, health authorities, families, people with disabilities, service providers, etc.
- ▶ Finds facts and common ground
- ▶ Helps solve problems
- ▶ Shines a light on systemic issues
- ▶ Makes recommendations to improve or change practices and policies

IMPACT

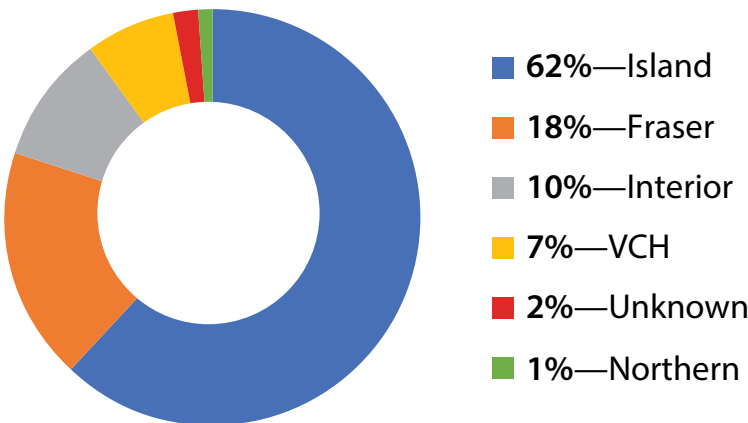
Historically, the OASQ receives about 250 requests for help every year. However, the office received 348 requests for help over 2022/2023.

Who contacts the OASQ?



Of the requests received, 52 per cent were from persons with disabilities or their families. Other callers included CLBC staff, community and service agencies, health authorities, other government ministries and agencies, friends of persons with disabilities, and “others” (typically, these are individuals who inquire about services or supports not provided by CLBC).

Where do calls to the OASQ come from?



ISSUES¹

The need for more multiple complex care supports

The OASQ hears concerns about service and support gaps people with IDD have faced for years. These gaps are particularly stark in cases where families, health authority staff and service providers have reached out, unsure of how to support a person whose decisions are clearly putting them at risk.

We know that some individuals refuse supports, even if those would likely benefit them. We also know that, in some cases, the supports available simply do not meet the particular, intense needs of the person. This lack of dedicated and individualized services has resulted in the acute care system being used as a last resort. It also puts this population at risk of significantly lower quality of life and significantly higher mortality.

Eva's story

In early 2022, CBC wrote an exposé about Eva, a young Indigenous woman with a history of severe trauma and substance use. She had no family, and had the cognitive functioning of a seven-year-old.²


In 2022, CLBC arranged for a number of housing placements for this young woman. However, she rarely used those resources. This was because they were not equipped to adequately deal with her day-to-day needs, mental health problems or personal trauma history. As well, they were not located near her community of identity.

We cannot overstate how complex Eva's healthcare needs are. Her health has been stabilized over the last six months, only by virtue of her having entered the acute care system. But for the critical intervention and proactivity of community agencies and individuals in the acute care system, Eva may not have seen 2023.

Our office participated in meetings with CLBC, the Representative for Children and Youth, Foundry and the Health Authority (whose primary focus has been to effectively house this extremely vulnerable individual, outside of the acute care system). Through extensive collaboration, CLBC has been able to secure a housing resource and 24/7, one-on-one support for Eva's individual needs.

¹ Names have been changed.

² <https://newsinteractives.cbc.ca/longform/no-place-called-home/>



Kelly's story

Since 2019, CLBC has made a number of housing attempts for, Kelly, another young client with complex care needs. None have been successful. Because there hasn't been a housing solution that meets this individual's specific needs, they have been a resident in the hospital system for almost four years. They've spent significant portion of this time in a secured unit.

Over the last six months, our office has attended several meetings with staff from CLBC, the Health Authority, InclusionBC and the Representative for Children and Youth. The purpose has been to explore a possible housing solution that could actually meet Kelly's particular care needs.

As of this report, CLBC and the Health Authority identified an option that uses a health authority facility and is tailored to incorporate those needs. The OASQ is hopeful the collaboration between the Health Authority and CLBC will mean Kelly finally experiences a housing environment that meets their specific health needs and helps them to thrive.

Grosvenor House

An example of a facility able to house CLBC clients with multiple complex-care needs is Grosvenor House.

Grosvenor House is a collaboration between CLBC, the City of Surrey, the Lookout Housing and Health Society, and the Fraser Region Aboriginal Friendship Centre. It's a low-barrier housing pilot project in Surrey that supports individuals who are drug and street-involved, and who have complex needs. It offers these CLBC-eligible adults, who have addictions and mental-health issues, a "step-in/step-out" program.

The preliminary assessment of Grosvenor House indicates that it provides effective, affordable and sustainable services. The target population is CLBC-eligible adults who have multiple complex care needs, and who have been and continue to be difficult to support. The OASQ applauds the collaboration, commitment and courage that allowed Grosvenor House to go from an "outside-the-box" idea to an actual supportive resource. We are optimistic that this success can be replicated and will encourage future collaborations to help meet the diverse and complex support needs of CLBC-eligible adults across the province.

Complex care housing program

A recently-announced provincial program may prove to be another potential resource for this population.

In 2021, the province estimated that 2,200 people lacked complex care housing supports and services. In response, it created a complex care housing program. With \$164 million in funding, the program aims to serve 500 people over the course of three years. It will address the needs of people with overlapping mental health, substance use and other complex health challenges.

As of April 1, 2023, 184 people in the province were receiving complex care housing supports and services.³ We will monitor whether and how this initiative translates into real, positive housing solutions for CLBC clients with multiple complex care needs.



³ <https://www.capitaldaily.ca/news/simon-stubbs-stuck-in-bc-hospital-mental-health-wards>

Youth transitioning into adulthood

Our office has received complaints about the lack of supports and services available to individuals after they have transitioned to adulthood. These complaints specifically cite lack of access to timely and ongoing mental health supports.

In these cases, we meet with teams from CLBC, the Ministry of Children and Family Development (MCFD), the Representative for Children and Youth, Foundry and community agencies. The purpose is to brainstorm potential ways to maintain and secure supports for young adults as they transition to CLBC services.



Seth's story:

Seth is a 21-year-old young man with a mild intellectual disability (MID) who lives on Vancouver Island. Before Seth's MID diagnosis, he was attending weekly counselling sessions, monthly psychiatrist appointments and substance use counselling. He also received assistance on weekends from a respite worker.

Seth received a MID diagnosis shortly before his 19th birthday. The process to transition him to CLBC began, including a search for a home share arrangement.

Immediately after Seth turned 19, his MCFD file was closed. Funding for his respite care was greatly reduced. He was placed on a waitlist (estimated to be a two-year wait) for a Developmental Disability Mental Health Team (DDMHT) through CLBC. Responses to our office from MCFD and health officials essentially stated that neither organization was responsible for Seth's care now that he had a MID diagnosis and had transitioned to CLBC supports.

Seth's case is one of many. Questions persist around support and services, as larger numbers of children and youth with extensive support needs are becoming eligible for CLBC services. According to service providers for youth and young adults with IDD who are transitioning to adulthood, these individuals are seeing a stark difference in services after their transitions. They're going from receiving extensive mental health supports while in MCFD's care, to receiving little to no supports when they transition into adult services.

MCFD recently announced a series of improvements to the Youth Transitions program. The Strengthening Abilities and Journeys of Empowerment (SAJE) program will be fully implemented by April 2024. It will provide enhanced supports to eligible youth and young adults transitioning into adulthood .

MCFD confirmed that the adult mental health supports and services, which may be available when a person turns 19, are outside of the ministry's mandate—unless the young person is eligible for the full range of SAJE services. If the young adult is transitioning from ministry care and eligible for all SAJE benefits, they could access funding for counselling when it's launched later in 2023.

MCFD recognizes that mental health services for youth with support needs who are transitioning to adult and CLBC services has been a longstanding issue. We find this encouraging and understand that significant work is being done to:

- ▶ Update the Cross-Ministry Transition Planning Protocol for Youth with Support Needs
- ▶ Create an interim Child and Youth with Support Needs (CYSN) pilot area Operating Agreement between the MCFD, Indigenous Child and Family Service Agencies and CLBC

We're optimistic that this work will translate into broader, more holistic supports and services for youth—particularly in the area of mental health—as they transition to adult services.

⁴ <https://www2.gov.bc.ca/gov/content/family-social-supports/youth-and-family-services/youth-transitions>



Home share

Our office often hears concerns from home share providers, and from families and advocates of CLBC clients living in a home share arrangement.

Themes and concerns we hear about from home share providers:

- ▶ Funding levels to home share providers
- ▶ The competence of home share agency staff
- ▶ The effectiveness and adequacy of the complaint system open to home share providers
- ▶ Whether the Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities⁵ are being followed

Home share providers have consistently lobbied for increases to home share providers' funding levels. They have pointed out how CLBC home share providers have not received a room and board increase in years.⁶ We understand that CLBC is conducting a review of its Financial Payment Policy: Residential Services. This review is looking at increasing costs experienced by individuals and home share providers. We look forward to the results.

⁵ Agreement between CLBC, Regional and Provincial Health Authorities, the Ministry of Health and the Ministry of Social Development and Poverty Reduction.

⁶ CLBC home share providers receive \$716 monthly for room and board (to be increased to \$841 monthly, effective July 2023).

We have become involved in cases where the level and amount of financial supports, including respite, have been debated extensively. Home share providers often express concerns about the competence of home share agency staff. This, in turn, raises issues around the quality and safety of the care and planning those staff provide.

Themes and concerns we hear about from families and advocates of home share clients:

- ▶ The ability of home share providers to adequately care for a home share client's complex health needs
- ▶ The effectiveness and adequacy of home share agencies' monitoring processes
- ▶ The effectiveness and adequacy of a complaint system for home share clients, their families and advocates
- ▶ CLBC's determination of a home share client's Guide to Support Allocation (GSA) level
- ▶ The uncertainty and lack of transparency about a home share client's GSA level
- ▶ The uncertainty and lack of information about eligibility for Added Care Funding
- ▶ The adequacy and appropriateness of a home share client's financial arrangements

Our office has been involved in cases where home share clients have been caught in the middle of highly stressful situations. In these cases, we have dealt extensively with CLBC. Our aim is to ensure the physical and emotional health and safety of these clients remain a priority.

Two of the most common complaints our office hears about the home share program are:

- ▶ How concerns about contracted agencies are reviewed
- ▶ How CLBC monitors those agencies

We will monitor these questions, the issue of agency compliance with home share standards, and the effectiveness of CLBC's oversight over contracted agencies and home share providers.

OPERATIONS

Database

Since 1991, the OASQ has used the Advocate Call Management System (ACMS) to record and track calls and help to create reports to the minister. This system is a legacy from MCFD.

However, ACMS does not reflect the current work and structure of the OASQ. On its own, it does not provide accurate or complete data to the minister on the OASQ's work. This is why, for every annual report, the office has to use an extremely labour-intensive and cost-ineffective manual compilation and tabulation of data and information.

Over the past six years, the OASQ has been working with the Information Services Division (ISD) at the Ministry of Social Development and Poverty Reduction to explore options to replace ACMS. While the business requirements have been developed for some time, funding for a system renewal is not available.

ISD is currently submitting a Digital Investment Business Case to fund the development of a new application. If that funding is not approved, the OASQ will need to explore a creative solution that meets our minimum requirements, provides data we can trust, and that can be implemented at a minimal cost. We anticipate building of the replacement for ACMS starting in 2023.



Budget

Budget Salaries and Benefits	\$351,678
Operating costs:	
Travel	\$2,766
Office expenses	\$5,965
Information systems	\$755
Total Budget	\$361,524

CONTACT



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Nick Birch and Salima Jamal are the Program Advisors at the OASQ. They are your first point of contact when you phone us or email us at ASQ@gov.bc.ca.



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Ministry of
Social Development
and Poverty Reduction