ADVOCATE FOR SERVICE QUALITY

Annual Report: 2023 - 2024

BRITISH COLUMBIA
Ministry of Social Development and Poverty Reduction

TERRITORIAL
ACKNOWLEDGEMENT

We acknowledge that we are uninvited settlers, living and working on the unsurrendered territories of the Lekwungen Peoples, the Kwikwetlem First Nation and the Squamish Peoples. We recognize the historical and ongoing racism and violence happening to Indigenous people as a result of the colonization of this land, residential school denialism and white supremacy. We are committed to working, supporting and advocating for Indigenous people and communities to be able to access the supports and health care needed to heal and thrive.

LETTER TO THE MINISTER

Dear Minister Malcolmson,

For the past 33 years, the Office of the Advocate for Service Quality (OASQ) has supported people with an intellectual or developmental disability (IDD) and their families, as they navigate complicated, often emotional situations involving access to Community Living BC (CLBC), housing, health and other services.

As I complete my second year as the Advocate for Service Quality, I have gained a deeper understanding of the gaps and barriers people eligible for CLBC supports and services experience and the profound challenges that must be addressed in order to overcome them. I sincerely hope that the issues raised in this report, together with the case examples used to illustrate them, paint an informative picture of some of the most compelling problems our office has been asked to review over the last 12 months.

We work behind the scenes to gather information, analyze problems, foster cooperation and dialogue, and assist in developing plans to address individual and systemic issues. The OASQ takes the time to listen, values empathy and neutrality, and has a person-centered approach to problem-solving, which often enables us to find common ground and a positive path forward. This past year, we have taken the lead in finding a resolution to several cases and critical issues facing callers to our office. Problem-solving requires open-mindedness and collaboration, and I want to express my gratitude to all of the organizations who, despite having distinct mandates, have genuinely committed to putting the health and welfare of the people we mutually serve as the overarching goal.

My predecessor, Leanne Dospital, devoted much time reviewing the causes behind IDD individuals with complex care needs receiving inappropriate and insufficient health care. Leanne co-chaired the Reimagining Community Inclusion's Health working group and identified these main gaps:

- Gaps in provincial leadership and data collection;
- The need for specialized and bridging expertise between disability, health, and services;
- The lack of coordination in supporting young adults with multiple complex needs;
- The need to update the Guidelines for Collaborative Service Delivery – which are supposed to provide direction to Health Authorities, CLBC, and service providers.

These gaps remain critical concerns today. Week in, week out, my office reviews cases of inadequate health care to CLBC-eligible people. We continue to try and ensure that people with IDD have access to the same level of health and mental health services as people without IDD, and that health and mental health services are coordinated across systems. Where that is not the case, we commit to fostering collaboration and forging solutions and, where needed, to advocating for system change.

I want to thank each person and family member who has put their faith in our office. I am humbled by their dedication and passion for seeking appropriate supports and fair, equitable treatment. In the next year, I will listen to more stories, help more people and their families, and bring more voices and concerns to your attention and that of government. I look forward to our continued work together.

Sincerely,

Cary Chiu

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:

- 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

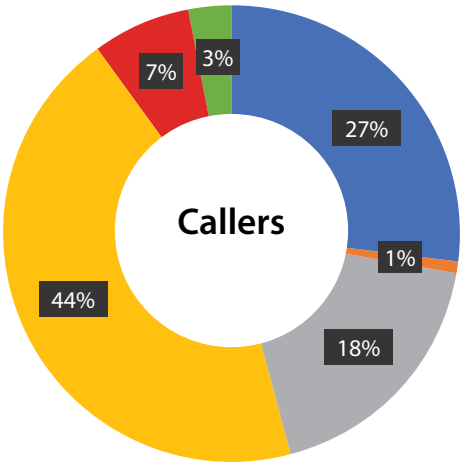
The OASQ may act as an objective and neutral third party to help solve problems and find solutions to concerns and complaints.

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.

IMPACT

Historically, the OASQ has received about 250 requests for help each year. Over 2023/2024, the Office of the Advocate for Service Quality received 308 requests for help.

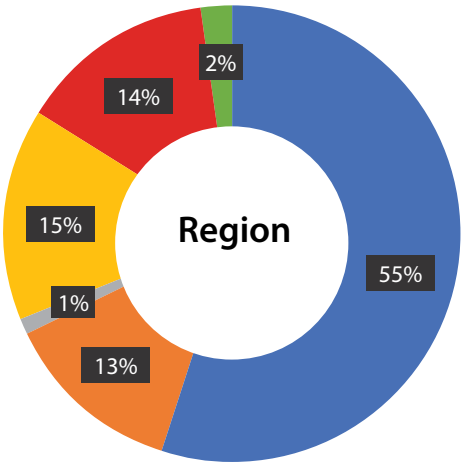
Who contacts the OASQ?



- **27%**—Family
- **1%**—CLBC
- **18%**—Community and service agencies
- **44%**—Person with Disability
- **7%**—Health and Government
- **3%**—Friends and Others

The vast majority of our calls are from people with disabilities and their families.

Where do calls to the OASQ come from?



- **55%**—Island
- **13%**—Fraser
- **1%**—Unknown
- **15%**—VCH
- **14%**—Interior
- **2%**—Northern

Sometimes individuals contact our office but do not leave a message or contact information.

ISSUES

1. Youth transitioning into adulthood: lack of supports

One of the most common and urgent complaints our office receives is still the lack of supports and services for youth transitioning from Ministry of Children and Family Development (MCFD) services to CLBC services. Parents of young people with IDD passionately advocate for improved planning during this transition period. They also stress how vital it is for their CLBC-eligible children to access timely and ongoing mental health supports. This past year, we once again met with teams from CLBC, MCFD, the Representative for Children and Youth (RCY), Foundry and community agencies to leverage advocacy on several cases. Our common goal in those cases has been to ensure critical planning happens before young people move from MCFD supports to CLBC supports.

Our office recently hosted a collaborative session involving MCFD, CLBC, Island Health, RCY, Community Living Victoria and other advocacy agencies, to discuss this and related urgent cross-organizational issues. Thirty participants across Community Living and social sector agencies brainstormed how to better support CLBC-eligible individuals with IDD and their families, as they struggle to access services to support complex care needs, especially through the transition period. The group identified the largest barriers needing to be addressed, and the resounding message was clear. The biggest obstacle preventing better supports to transitioning youth is the inadequate level of program funding and recruitment/training of qualified staff (resulting in staffing shortages and inadequate training for existing staff and clinicians) to support this group. We will hold a follow-up session to strategize how to best address these barriers.

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[1] Names have been changed.

[2] https://newsinteractives.cbc.ca/longform/no-place-called-home/

PJ's story[1]

PJ is a young adult with complex medical needs. PJ lives with their parents and siblings in their family home. Due to PJ's high medical care needs, the family, especially the parents, have had to endure immense stress over the years. PJ requires 24-hour nursing support. However, lack of staffing has added work to these already overworked parents. PJ will turn 19 this summer and will move to CLBC services. Together with MCFD, PJ's parents initiated contact with CLBC when PJ was 16, so planning could start for this transition. After almost three years, PJ has approached their 19th birthday with uncertainty around a transition plan. The family has experienced distress and burnout, and they have repeatedly expressed frustration with the pace of the systems at play. Our office has been working closely with the RCY and a community advocate, over several months. Over the last year, we have been involved in several meetings as we try to ensure various government and service agencies are actively involved and coordinated in the planning for PJ's transition. We have observed slow response times and uncertainty around a definitive transition plan, but one appears to have been developed at the proverbial "eleventh hour". We understand the reasons for delays are complex and include factors such as nursing staff shortages and the lack of guidance on CLBC's and the health authority's respective roles, which the Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities (the "Collaborative Guidelines) do not clarify. However, like many families of youth transitioning to CLBC supports, PJ's family has complained about the lack of planning updates and consistent messaging from CLBC. We recommend that CLBC review the timeliness of its transition planning. We also recommend CLBC administer training and develop policy or practice to ensure timely, transparent and consistent communication with families throughout the transition planning process. This would not only inspire trust and confidence for families advocating for their loved ones, but it would also increase accountability for frontline staff.

[1] All names will be anonymized prior to publication.

Melanie's story

Melanie was a young person receiving supports and services from CLBC. They had an IDD and an extensive history of complex needs. These included issues with mental health, substance use, exploitation and homelessness. These challenges led to Melanie living on the street since the age of 12. They engaged in high-risk behaviours to acquire drugs. Eventually, Melanie was placed in a locked-down, transitional, tertiary facility for mental health care. Melanie's mother felt the health authority didn't understand the limitation of what CLBC could offer. Melanie was on the waitlist to receive support from the health authority's Developmental Disability Mental Health (DDMH) team (a recurring complaint to our office). It's unclear whether they ever did receive any mental health supports. Because of their IDD diagnosis, no other mental health resource was ever offered to them. CLBC had no suitable housing resource for Melanie, either. All that was offered was home share. But this was deemed too passive a support model for them. Due to the lack of appropriate supportive housing, Melanie went straight from the 24-hour, locked-down unit to living back on the street. It was difficult to provide community support to them in those conditions.

Melanie's mother and advocates conclude that "No organization wanted to assume the responsibility or risk associated with providing housing supports to someone like Melanie." As well, Melanie's mother described the feeling of Melanie being "bounced around between hospitals, treatment centers and tertiary care units" but none of these places addressed their particular, complex needs. Melanie's advocate sums things up: "A real opportunity for collaboration between the health authority and CLBC fell apart." Sadly, after years of substance use, Melanie experienced life-threatening health complications. They were living with their mother at the time, even though that living arrangement wasn't suitable for Melanie's complex needs. Melanie was in their 20s when these complications led to their death.

We recommend that DDMH programs receive the funding and support for recruitment, staffing and training needed to help build capacity, clear waitlist backlogs and provide mental health services for more individuals. CLBC has long been engaged in trying to build capacity and better support people with complex needs. We support CLBC in its calls for government support, to help enhance such resources for this most vulnerable group of people it supports.

AUTISM AND CLBC

We have heard stories of people with Autism who have needed wrap-around services to access supports as a youth. Upon turning 19 and being considered an adult under BC law, they have the ability to accept or decline services offered to them by CLBC. Although we acknowledge the dangers of services being imposed on people with disabilities, questions around self-determination need to be navigated with more nuance and delicacy than the current systems allow for. When these young people move from receiving extensive supports and having established connections with people providing those supports, to opting out of any support at all, serious concerns can arise for their wellbeing, particularly their mental health. We echo MCFD's Children and Youth with Support Needs program's recommendations on minimum supports and services that should be provided to youth with Autism transitioning to CLBC supports:

- A point person/case manager should build a relationship with a transitioning youth with complex needs, long before and through their transition
- Wrap-around supports and services should be provided during and following the transition
- Cross-training for current mental health and youth needs should be provided to staff of all organizations directly involved in these young people's care and support
- If a recently-transitioned youth opts out of CLBC supports, there should be some kind of on-the-ground wellness check (an even better option would be connecting the youth to a dedicated outreach worker)

Through their DDMH services, health authorities provide support to adults with IDD "and co-existing mental health issues, challenging behaviours and/or problematic substance use." However, those DDMHS teams do not provide mental health supports to CLBC-eligible people with Autism and Fetal Alcohol Spectrum Disorder who do not have the diagnosis of an Intellectual disability. Given there is no system currently providing mental health resources to this group, and considering the Federal Government has acknowledged there is crisis in the availability of mental health services across the country, we recommend that DDMHS programs provide mental health supports to all people eligible for CLBC services, inclusive of both the personalized supports initiative and developmental disability service streams and be provided the funding and training required to do so.

MCFD SUPPORTS TO YOUTH TRANSITIONING TO CLBC SERVICES

1. SAJE Program

For youth transitioning from government care, supports and services are available through MCFD's new Strengthening Abilities and Journeys of Empowerment (SAJE) program. Last year, we voiced optimism about the enhanced supports the new SAJE program would provide youth transitioning to CLBC supports. Although SAJE was "fully implemented" as of April 2024, the full eligibility and suite of programs and supports, and the hiring of the full staff complement was not completed during 2023-2024. As the program continues to be operationalized around the province, we look forward to next year's data to understand how youth from care transitioning to CLBC supports may be benefiting from the enhanced supports of this new program. Youth who receive Children and Youth with Support Needs (CYSN) Disability Services from MCFD receive youth transition planning support. Where the CYSN worker assesses a youth who is receiving CYSN Disability Services as having transition planning needs that are complex and requiring enhanced planning support, that youth will receive focused transition planning support between aged 16 to 19 from the SAJE program, even though not eligible for the other SAJE program supports.

2. Other Navigational Supports for Youth Transitioning to Adulthood

In addition, the Services to Adults with Developmental Disabilities (STADD) program offers Navigator services for youth transitioning to CLBC supports and for their families in 145 communities across B.C. Navigators act as the primary point of contact for young people aged 16 to 24 who have been assessed as CLBC-eligible, and coordinate planning for the transition to CLBC and access to supports and services through the transition period. Data confirms the STADD program is providing transition planning coordination and support to a significant number of youth transitioning to CLBC supports.

MCFD reports that it has updated the Cross-Ministry Transition Planning Protocol for Youth with Support Needs. The Protocol is a cross-ministry commitment to a collaborative transition planning process for individual youth and their families, which will lead to the development of an individualized transition plan for each youth. It is an agreement between government ministries, organizations, and Indigenous Child and Family Service Agencies in BC. The focus is on young people between the ages of 14 and 25 who require significant additional educational, medical and social support and is not limited to those youth transitioning to CLBC services.

Rachael's story

For years, there has been disagreement over what organization should be entering into contracts for nursing support. In the last year, many families have approached our office seeking clarity about the roles of CLBC and a health authority when registered or licensed practical nursing services are needed for CLBC-eligible loved ones, such as at-home nursing support.

One such case is that of Rachael. They have extremely complex medical needs, including the need for nursing supervision. Shortly after their 19th birthday, Rachael was placed in a house specifically designed for people requiring that kind of supervision. During their time at this home, the responsibility for Rachael's nursing care changed from CLBC-contracted nurses to Health Services for Community Living (HSCL) staff. At the time, this was enough to address Rachael's needs. However, due to declining health last year, Rachael required more nursing support than HSCL could safely offer. When the contract for Rachael's nursing support ended, the only option left for Rachael was her ending up in acute care at the local hospital. Their health care team determined that Rachael needed full-time nursing support to safely return home and live in their community. The home Rachael was living in housed another young woman with similar medical needs as Rachael and who received full-time nursing supervision. However, as no new nursing contract was entered into, returning to the home was not an option. The only option offered to Rachael involved placing them in an assisted living facility. This situation was extremely frustrating to Rachael's mother because Rachael was in acute care for weeks. The feeling of "being bounced" between health authorities and CLBC for services is a common complaint voiced by CLBC-eligible individuals and their families. In Rachael's case, the health authority eventually stepped in to provide nursing support. However, the case prompted the OASQ to lead collaborative discussions on the larger issue of which organization should hold ongoing responsibility for contracting such services.

As a neutral, third party, our office is in the unique position of being able to foster dialogue between organizations that may not have been attempted or to resurrect discussions which may have broken down. Testimonial from CLBC: "I wanted you to know that this meeting is already resulting in an improved and more beneficial relationship... which is resulting in positive impacts on those we jointly serve... You and your office are seen as allies in challenging CLBC, so your ability to bring players together to discuss possible pathways forward to address systemic issues is unique." In addition, a Joint Project Team, led by the Ministry of Health, with health authority and CLBC leadership, is working to resolve roles and responsibilities between CLBC and health authorities regarding registered nursing support services.

3. CLBC Monitoring

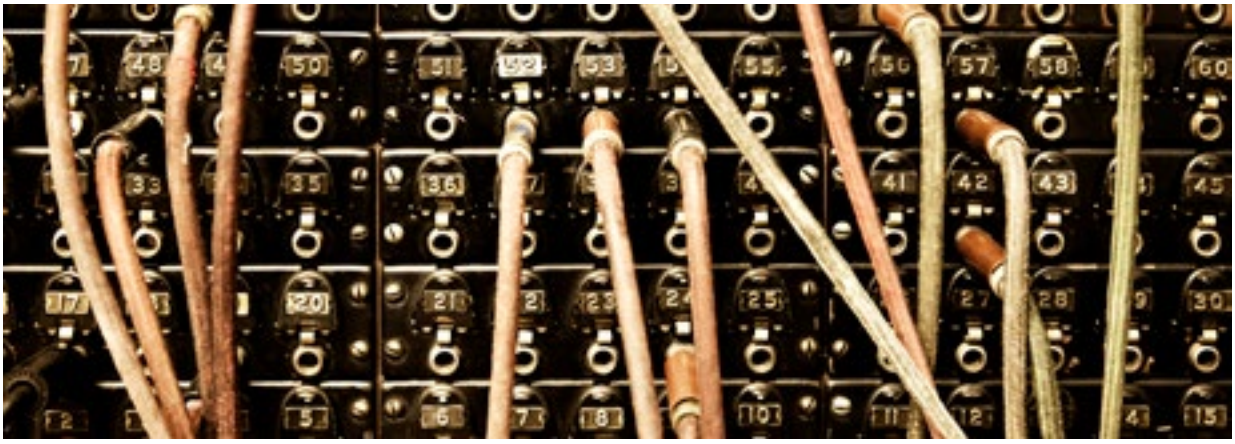
In last year's report we mentioned that two of the most common complaints our office hears about the home share program are:

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

We committed to looking into these issues. We also committed to monitoring:

- The issue of agency compliance with home share standards
- The effectiveness of CLBC's oversight over contracted agencies and home share providers

We asked CLBC how it monitored service agencies coordinating home shares. The response was that CLBC performs "spot reviews" of an agency's monitoring actions.[2] This will only be done in randomly selected agency home share files, with the cooperation of the agency's home share coordinator. Essentially, agencies do not know which of their files will be subject to a spot review. The assumption is that the random file audits will motivate agencies to ensure all of their home share files are complying with applicable standards. On a broader level, we understand that in 2023, CLBC began work to strengthen the process for compliance audits. The Monitoring Policy was updated in 2023 to apply a prioritization process to determine the frequency, mode and type of monitoring activity required for each program. In other words, it is anticipated these changes should give CLBC staff more time to focus on ensuring accountability for issues such as service providers supporting individuals to manage their money.



[2] These actions include monitoring an agency against contractual expectations, including adherence to the Standards for the Coordination of Home Sharing. CLBC reviews a sampling of the agency's home sharing files to verify that the standards are being met and that the agency is meeting expectations for how they are to monitor the individual home sharing placements.

In one home share case we reviewed, we learned of a questionable banking arrangement that had existed for over 10 years. Both CLBC and the service agency itself were unaware of its existence. Clearly, CLBC's spot review system had not had the intended effect on the agency in this case. Following our investigation, CLBC conducted an internal review of this agency's compliance with service provider standards and made several recommendations to ensure that agency's future compliance. The agency accepted those recommendations with commitments to taking remedial action by the summer of 2023. We asked CLBC to confirm those actions had been taken within the stated timeframes. As of the date of this report, CLBC has yet to provide confirmation. CLBC also concluded its review of this home share case with the confirmation that, to ensure this agency's future compliance with home share standards, CLBC would be maintaining its spot review practice.

We recommend that CLBC ensure that corrective measures agencies commit to taking are actually taken within specified timeframes. This would help ensure agency compliance with standards and prevent contraventions. We understand that CLBC has introduced recommendation and deficiency letters which require action plans to be submitted within prescribed timelines. These letters and the service provider response are now tracked in CLBC's contract management and monitoring system. We look forward to reviewing how this new measure and the recent changes to CLBC's monitoring framework translate into stronger, more stringent agency monitoring and agency compliance.

The queries our office receives about the monitoring of service agency compliance with standards do not come just from CLBC-eligible individuals or their families. They also come from health authorities. We received a report that a service agency's staff were not following clinical recommendations a health authority's HSCL staff had provided. These included recommendations on the proper diet, dental care, medical equipment use, nursing care and transportation to health appointments for a home share client. The health authority specifically warned the service agency that the home share client was at high medical risk if their dental care did not improve. The health authority reported that no discernable improvement had taken place. The client ended up in the hospital for an extended stay to treat a collapsed lung, caused by bacteria aspirated from poor dental hygiene. We understand that the health authority is currently working with CLBC on a targeted process to ensure responsiveness from agencies. We applaud the collaboration between this health authority and CLBC, and we acknowledge that since the pandemic, recruitment of qualified staff remains one of the key challenges for agencies. However, this case also illustrates the need for CLBC to take increased, quantifiable measures to improve agency monitoring. This will help ensure the health and safety of the people both organizations serve. We also understand that CLBC's monitoring systems and processes are, in part, challenged by its budgetary constraints. We support CLBC in calls for increases in government support, to help it tackle priorities such as increased agency monitoring measures.

4. Complex care housing

In our Annual Report last year, we committed to monitoring whether and how a Ministry of Mental Health and Addictions (MMHA)-led complex care housing initiative translates into real, positive housing solutions for CLBC-eligible individuals with multiple complex care needs. Recently, MMHA announced more of such supports under the province's "Homes for People Plan".[3] At the time of this report, it does not appear that any organization is tracking the number of CLBC-eligible individuals who have been housed through such initiatives. We understand that there is no specific identifier on BC Housing applications to identify as IDD and individuals may apply independently of working with CLBC or CLBC service providers. Lack of monitoring and data prevents us from knowing how and if people with IDD are benefiting from provincial initiatives such as these ones and how or if people with IDD are factored into the planning for them. A self-advocate eloquently summarized the feeling CLBC-eligible individuals and their families are often left with: "We have been left out of much of the housing development underway because people think we are looked after by someone else."[4] We are pleased to learn that 1) CLBC is working on a forecasting project that will identify individuals in formal arrangements that CLBC has collaborated on for complex care housing, and 2) CLBC is on the working group with the Ministries of Housing and Mental Health and Addictions to advocate for housing models to augment current supports and services to CLBC-eligible individuals.

In so many cases, the housing resources which are available and proposed simply do not meet the particular, complex and intense needs of a person with IDDs. This lack of dedicated and individualized resources means people are being placed in housing arrangements that are, at best, inappropriate for them and, at worst, unsafe. In the most extreme cases, we continue to see the acute care system and long-term care as a last resort for some individuals. These are people for whom there simply is no other housing resource available that can address their complex supports and needed health care services. The issue of affordable housing and housing resources for vulnerable populations is complex. We understand that the complex care housing resources CLBC can access as options are severely limited. Recent outside-of-the-box collaboration between CLBC and health authorities have been welcome, providing a short-term solution in a number of cases. However, to address the lack of appropriate housing supply, we support CLBC in its calls for government support, to help access, acquire and/or create appropriate resources or to otherwise meaningfully and practically address the lack of housing resources for CLBC-eligible people with complex needs. We are pleased to learn that CLBC is working with nonprofit housing providers and BC Housing to create partnership agreements to support housing for all.

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[3] https://news.gov.bc.ca/releases/2024MMHA0021-000556

[4] Tami Pedersen, member of the Speaking Up Self-Advocacy Awareness Group (SUSA) and the Thompson Cariboo Community Council

Kelly's story

At the time of our last annual report, CLBC and the health authority had collaborated and agreed to temporarily house Kelly in a health authority facility. CLBC funded community inclusion supports. When the stay at that facility ended, Kelly began living independently in a rented apartment. Unfortunately, it was challenging to get all parties back to the table to plan for this next chapter in Kelly's housing. Once again, there was a mad scramble to ensure planning took place before the end of Kelly's stay with the health authority. Kelly's journey towards living a healthy and supported life continues. Given the unprecedented low housing supply across the province, finding a housing resource for Kelly has not been easy. The current option -an at-market rental that exceeds Kelly's PWD assistance- presents obvious financial challenges in the longer term, even with a rental subsidy. On paper, Kelly seems to be an ideal candidate and meets all of the eligibility criteria for the province's current complex care housing initiative. Beyond the scarcity of housing resources for CLBC-eligible individuals, Kelly's experience underscores the need for coordinated planning. We recommend that this planning should be done before each transition, not just for the original transition from youth services to adult services.

Added Care Funding

We often receive questions about Added Care Funding (ACF), including:

- When is someone eligible for ACF?
- What process is undertaken when this funding is provided?
- What impact, if any, is there to a person's CLBC services when CLBC receives ACF?
- What does "added care" actually refer to?

All this confusion is understandable as the term "added care funding" itself seems to be misleading. CLBC explains that a health authority is responsible for determining whether a person has a High Intensity Health Care Need (HIHCN), which leads to the determination of ACF. But unless additional health care services are required by a CLBC-eligible individual, receiving ACF may not, in and of itself, result in additional services. If additional health care services are not required, ACF is simply a transfer of funding for services required of one's high intensity health care needs (i.e. the health authority now pays, instead of CLBC).[5] The funds provided by a health authority are a cost recovery for CLBC and reflect a long-standing agreement that Health Authorities have a role in providing services or funding for CLBC-eligible individuals with high intensity health care needs.

[5] The health authority pays for a portion of a person's HIHCN; CLBC is still contributing funding. In some situations, ACF is a cost recovery for services CLBC is already providing. In other cases, ACF may support an increase in services; for example, when a person already receiving CLBC services has a health change that makes them eligible for ACF.

We asked CLBC to confirm whether it had a core policy on ACF to ensure a coordinated understanding and response to CLBC clients and their families. We were advised it did not but has been working on a Question and Answer document for internal purposes. We look forward to reviewing this. We hope it will provide clarity on:

- CLBC's official position on ACF
- The process by which health authorities determine and provide ACF across regions
- How ACF impacts CLBC-eligible individuals
- How CLBC is ensuring consistency in ACF practice among CLBC staff

Appendix 6 of the Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities (the "Guidelines") define ACF as "a term used exclusively to describe the funding transfer between a Health Authority and CLBC pursuant to which the Health Authority will provide funding for health care services, to CLBC, to augment the support and services provided by CLBC." It appears much of the uncertainty around ACF results from this language. We understand that a Joint Project Team, consisting of CLBC and health authorities and led by the Ministry of Health, is reviewing the process described in Appendix 6, as a whole. We call upon these parties to amend the wording of Appendix 6. Amending this language would help bring basic clarity to the mechanics of ACF. Alternatively, given the years that have passed without any increased certainty around ACF, we call upon the parties to the Guidelines to dismantle them and enter into a new agreement altogether.

HOW THE OASQ ADDS VALUE

As a neutral third party, we're often able to stimulate dialogue with CLBC (and other organizations, such as health authorities) when this may have been unsuccessful.

Testimonial from a health authority:

"I just wanted to thank you and let you know that client has moved to her new home with 24/7 support. I know there is still work to do—and there will be challenges—but I wanted to thank you for your significant help and partnership. I really believe this has the opportunity for developing ways to collaborate around the extremely vulnerable individuals with similar "street entrenched" profiles."

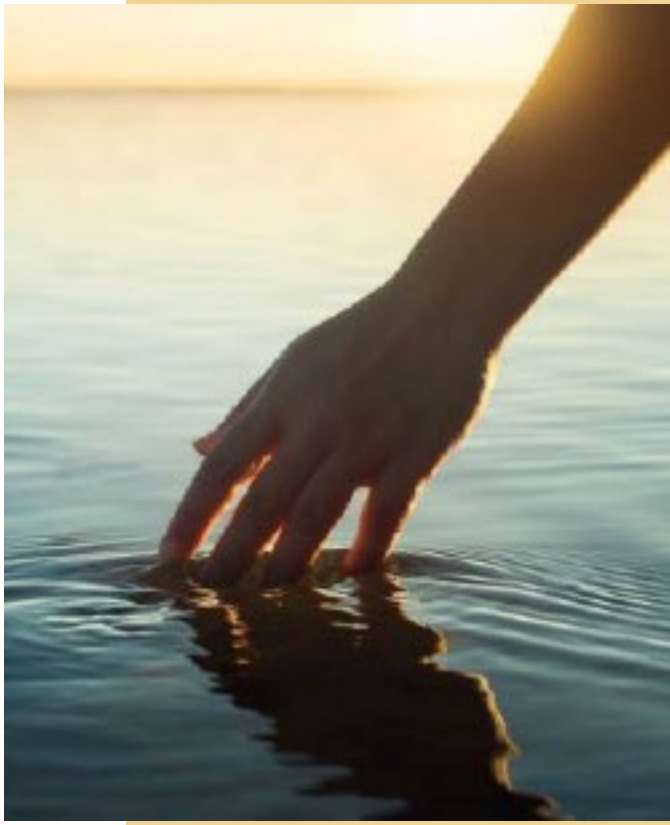
Testimonial from family member of a CLBC-eligible person:

"Dear Cary, sending you a photo of a happy, somewhat healthy mom. I finally got her BC ID, OAS and bank account set up, and she's in better shape than I've seen her in years. Thanks for all your help. Sincerely appreciated."

OPERATIONS

Case management system update

We're delighted that work has begun to replace our antiquated case management system. Our outgoing Advocate Call Management System is a legacy system from MCFD. We have used it since our office's inception in 1991. We look forward to the functionality of a system that will align with our work and processes, and be able to create automated, in-depth reports on caller data and systemic issues.



Budget

Budget Salaries and Benefits	$386,970
Operating costs:	
Travel	$2,368
Office expenses	$2,434
Information systems	$221
Total Budget	**$391,993**

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

Nick Birch *Cary Chiu* *Salima Jamal*

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