

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** January 11, 2012

**PREPARED FOR:** Honourable Stephanie Cadieux, Minister

**MEETING DETAILS:** Request for Minister to speak at the Federation of Community and Social Services of BC annual general meeting – February 23-24, 2012

**BACKGROUND:**

- The Federation of Community and Social Services of BC (FCSS) was established in 1982 to create a province-wide network of community agencies providing services to children, youth and families.
- FCSS provides opportunities for support, information exchange, service consultation and collaboration between agencies providing family and children's services. They are also a lead organization of quality control in the area of family and children's services as well as public policy advocacy on behalf of member agencies and their clientele.
- FCSS includes 117 member organizations throughout the province, ranging from small to large multi-million dollar umbrella organizations. Members provide a wide variety of programs that assist people in their communities, including the needs of children and youth, women and people with disabilities and families.

**DISCUSSION:**

- The FCSS has a long standing relationship with the Ministry of Children and Family Development (MCFD). In June 2011, FCSS and MCFD released a Findings Report as Phase One of a Residential Review and Redesign Project they are jointly undertaking. The purpose of the project is to improve the experience and outcomes for children and youth placed in a residential care setting.
- As well, in 2009, FCSS and MCFD issued a joint communiqué outlining a collaborative approach to address recent budgetary challenges. The collaborative approach as presented emphasizes the need to find efficiencies and explore new ways to deliver services.
- Most of the FCSS involvement with the Ministry of Social Development is quite dated, such as their role on the Labour Market Partnership Advisory Committee,

OWFF: 173931

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

providing guidance on the use and development of a \$5 million B.C. employment program providing financial assistance to non-profit organizations to support labour force adjustments and human resource planning.

- Most recently, in November 2011, the FCSS and its partner agency BoardVoice issued an editorial opinion encouraging the Province not to lose sight of improving supports for at-risk children and youth and for those youth with non-developmental disabilities who are aging out of care. This was in response to the increased media attention that was being given to transition issues related to Community Living BC (CLBC) and youth with developmental disabilities at the time.
- At the FCSS Annual General Meeting in September 2010, MSD hosted a courtyard cafe table about the Family Youth Partnership (FYP). The FYP is a pilot project that uses a "key worker" model to: create individual case plans; help individuals access needed supports and services; and follow-up to ensure that these young families and youth are well prepared for success. The FCSS was very enthusiastic about the key worker concept and many individuals were interested in how their agency could support/participate.
- MSD also consulted with Dr. Jennifer Charlesworth, Executive Director of the Federation in 2009 when developing the improved eligibility criteria for CLBC, resulting in the Personalized Support Initiative. Dr. Charlesworth's understanding of the social service sector capacity for service provision to a new cohort was instructive for CLBC in their implementation of services.
- Dr. Charlesworth is a member of the Advisory Council for Social Entrepreneurship and participated in the November 25, 2011 Social Innovation Summit.
- As well, the FCSS was a key participant in the Government Non-Profit Initiative (GNPI) at its inception. GNPI was formed in 2007 to develop partnership mechanisms to strengthen the working relationships between the two sectors to support stronger communities and better outcomes for British Columbians.
- FCSS is in the process of hiring a new Executive Director as Dr. Charlesworth is moving to head up CoreBC, also known as the Centre for Dialogue and Learning on Community Practice. CoreBC is an initiative of the FCSS.
- The FCSS and CoreBC will be interested in how BC's new employment program was developed and how it will make it easier for people to find work and provide stability for their families through integrated supports and services.
- The new program was developed with considerable consultation from stakeholders from across BC, including FCSS.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- It is being delivered through 73 contracts, resulting in reduced administration and enhanced efficiency, while allowing more program dollars to be spent on direct services to British Columbians.
- Through this new model, no unemployed British Columbian will be left behind – including clients with specialized needs – because service providers must ensure that job seekers have access to the same services, regardless of where they live in BC.
- For purposes of the employment program specialized populations include people with disabilities, persons with multiple barriers, youth, Francophones, Aboriginal people, immigrants and rural and remote populations.
- From a high level overview using the members listed on the FCSS website (135 members as of today) some members are impacted by the implementation of BC's employment program. Staff are preparing an assessment of which FCSS members and their partners/associations may be impacted by the new program and developing key messages for responding to potential questions that may arise. This material will be provided to the Minister prior to the meeting.
- The FCSS 2012 Annual General Meeting is being held on the two days immediately following the day the 2012 Budget is presented in the legislature.

### **RECOMMENDATION**

- The FCSS has much closer ties to MCFD than it does to MSD, undertaking joint projects and working collaboratively on that ministry's budget issues.
- Nevertheless, MSD has also worked with the FCSS on several initiatives, including the GNPI and the Labour Market Partnership Advisory Committee.
- In order to further demonstrate MSD's commitment to community engagement, it would be appropriate for the Minister to attend and given their closer working relationship with MCFD, it may also be appropriate to also extend the invitation to Minister McNeil.
- Any response to the Federation should note that Budget 2012 is being presented to the Legislature the day before the Meeting commences which could impact the ability for the Minister to attend.

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**PREPARED BY:**

Tim Cottrell  
Director  
Disability Services Branch  
250-356-2249

**REVIEWED BY (pls initial):**

Harb Sihota \_\_\_\_\_  
Executive Director  
Disability Services Branch

Molly Harrington \_\_\_\_\_  
Assistant Deputy Minister  
Policy Research Division

Mark Sieben \_\_\_\_\_  
Deputy Minister

**DATE:**

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**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

**DATE:** January 13, 2012

**PREPARED FOR:** Honourable Stephanie Cadieux, Minister

**ISSUE:** Client, s.22, not willing to accept the tribunal decision and ministry legislation regarding lifetime sanction after fraud conviction

**BACKGROUND:**

Effective s.22, client is ineligible for single PWD benefits due to a lifetime sanction since client and his ex-wife were convicted of s.22 under Section s.22 of the Criminal Code of Canada on ( s.22). The fraud took place over a period of two years and total amount owing to ministry is s.22. There is a criminal restitution order on the client's file dated s.22, for the full amount. As a result, the client will have a repayment amount deducted from ministry's future hardship assistance, should he be eligible. Lifetime sanction applied due to the criminal code conviction as per the *Employment and Assistance for Persons with Disabilities (EAPWD) Act* section 14.

The client was previously offered and continued with the right to reconsideration process on the ministry's decision. The Reconsideration Branch upheld the ministry decision, determining that the client is not eligible for regular disability assistance due to lifetime sanctions, as per legislation. The client had then proceeded to Employment and Assistance Appeal Tribunal (EAAT) hearing, which was scheduled for s.22. EAAT rendered their decision on s.22 confirming the Ministry's decision.

Under Section 42.1 of the *EAPWD Regulations*, the ministry may provide the client with Hardship Assistance for family units with criminal code convictions and convictions under this Act. Hardship assistance is available to meet the essential needs of persons who are not eligible for disability assistance. The determination of the undue hardship and imminent danger to physical health criteria is to be made by a Manager. This is based on documentation provided by the client verifying that their physical health would be in imminent danger if they do not receive hardship assistance. Hardship assistance is provided on a month-to-month basis, upon eligibility. A person with acute or short-term needs to prevent imminent danger to health will have a different review period than a person with long term or chronic needs. When the client has access to other resources, the client would no longer meet the undue hardship eligibility criteria.

Since s.22, the client has been receiving benefits under appeal (which are also repayable if the appeal is unsuccessful). The client may be eligible for hardship assistance only. For a single PWD client with no dependents, maximum Hardship Support is \$531.42 and maximum Hardship Shelter Allowance is \$375. There are no earnings exemptions with Hardship Support, should the client choose to work part time, as he has indicated his ability to do so in previous letters to the ministry. Please refer to

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the backgrounder on additional details on the client, including health concerns. The client will not be eligible for Schedule C benefits; any medical needs requests will be reviewed under life threatening criteria.

### DISCUSSION:

The client was charged and convicted of *s.22* therefore, as a single applicant with no dependents, the client is ineligible for regular disability benefits due to the lifetime sanction. If/when he has dependents the sanction would result in a reduction in assistance instead of full ineligibility. Please refer to section 14 of the *EAPWD Act* and 31 of the *EAPWD Regulations* (attachment).

As per Section 42.1 of the *EAPWD Regulations*, hardship assistance can be provided to meet the essential needs of client who is not eligible for disability assistance. All hardship assistance is by manager approval and provided on a temporary basis for one month at a time, and eligibility must be re-established for each month it is requested. Please refer to Section 42 and 42.1 of the *EAPWD Regulations* (attachment).

Criteria for hardship are as follows:

- (a) the family unit will experience undue hardship, and
- (b) the physical health of a person in the family unit will be in imminent danger.

### CONCLUSION:

The client was convicted of fraud *s.22* under Section *s.22* of the Criminal Code of Canada on *s.22*. Therefore, effective *s.22*, this client is not eligible for regular disability benefits due to the lifetime sanction, as per ministry legislation.

The client may consider discussing his future eligibility for hardship assistance with the local office.

### **Attachments**

*EAPWD Act* section 14, Regulations sections 31, 42, 42.1

- Extract of *Sections 42 and 42.1 of the Employment and Assistance for Persons with Disabilities Regulation*
- Backgrounder on client concerns

**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

<b><u>Prepared by:</u></b>	<b><u>Reviewed by:</u></b>	<b><u>Initial:</u></b>	<b><u>Date:</u></b>
Harleen Price Mgr., Community Relations and Service Quality Interior – Region 4 (250) 828-4714	Allen Gray Director, Service Delivery Interior Region 4	_____	_____
	Bruce Smith Executive Director Interior Region Regional Services Division	_____	_____
	Sharon Moysey Assistant Deputy Minister Regional Services Division	_____	_____
	Mark Sieben Deputy Minister	_____	_____

**174184**

## Lifetime Sanction

### EAPWD Act section 14 and Regulations section 31

#### **Consequences for conviction or judgment in relation to Act**

**14** (1) A family unit that includes a person who is convicted of an offence under the *Criminal Code* in relation to obtaining money, under this Act or the *Employment and Assistance Act*, by fraud or false or misleading representation is subject to the consequence described in subsection (5) for a family unit that matches the person's family unit for the lifetime of the person beginning with the first calendar month following the date of the conviction.

(2) A family unit that includes a person who is convicted of an offence under this Act or the *Employment and Assistance Act* is subject to the consequence described in subsection (5) for a family unit that matches the person's family unit, beginning with the first calendar month following the date of conviction,

- (a) after a first conviction, for a period of 12 consecutive months,
- (b) after a second conviction, for a period of 24 consecutive months, and
- (c) after a third conviction, for the lifetime of the person.

(3) If

(a) Repealed (B.C. Reg. 193/2006)

(b) a court has given judgment in favour of the government in an action for debt against a person for obtaining disability assistance, hardship assistance or a supplement under this Act, or income assistance, hardship assistance or a supplement under the *Employment and Assistance Act*, for which he or she was not eligible,

unless the disability assistance, hardship assistance, income assistance or supplement was provided to or for the person in error, the minister may declare that the person's family unit is subject to the consequence described in subsection (5) for a family unit that matches the person's family unit for the prescribed period, beginning with the first calendar month following the date of the judgment.

(4) The periods prescribed for the purpose of subsection (3) may vary with the number of applicable judgments.

(5) If a family unit includes

(a) only persons described in subsection (1) or (2), or subsection (3) if the minister has made a declaration under that subsection, the family unit is not eligible for disability assistance for the applicable period, and

(b) one or more persons described in subsection (1) or (2), or subsection (3) if the minister has made a declaration under that subsection, and at least one other person, the amount of disability assistance, hardship assistance or a supplement provided to or for the family unit must be reduced by the prescribed amount for the applicable period.

#### **Criminal Code convictions**

**31** For the purposes of section 14 (5) (b) [*consequences for conviction or judgment*] of the Act, assistance provided for a calendar month to or for a family unit that includes one or more persons who have been convicted under the *Criminal Code* in relation to obtaining money under the Act or the *Employment and Assistance Act* by fraud or false or misleading representation must be reduced

(a) if the family unit includes a sole applicant, or a sole recipient, who has been convicted as described, and one or more dependent children, by \$100,

(b) if the family unit includes two applicants or recipients, only one of whom has been convicted as described, and no dependent children, by \$300,

(c) if the family unit includes two applicants or recipients, only one of whom has been convicted as described, and one or more dependent children, by \$100, and

(d) if the family unit includes two applicants or recipients both of whom have been convicted as described, and one or more dependent children, by \$200.

## Hardship Assistance

### EAPWD Regulations section 42, 42.1

#### **Family units ineligible or declared ineligible under section 34** *[consequences for conviction, etc. under a former Act]*

**42** The minister may provide hardship assistance to a family unit that is ineligible or declared ineligible under section 34 *[consequences for conviction, etc. under a former Act]* if

- (a) the family unit includes one or more dependent children,
- (b) the minister considers that undue hardship will otherwise occur, and
- (c) the applicant provides the type of security specified by the minister for the repayment of the hardship assistance

#### **Family units ineligible or declared ineligible in relation to convictions or judgments**

**42.1** (1) In the circumstances described in subsection (2), the minister may provide hardship assistance to a family unit that under section 14 (5) (a) *[consequences for conviction or judgment in relation to Act]* of the Act is not eligible for disability assistance because it includes only

- (a) persons convicted of an offence under the *Criminal Code*, this Act or the *Employment and Assistance Act* in relation to obtaining money under this Act or the *Employment and Assistance Act* by fraud or false or misleading representation,
- (b) persons convicted of an offence under this Act or the *Employment and Assistance Act*, or
- (c) persons in respect of whom
  - (i) a court has given judgment in favour of the government in an action for debt for obtaining disability assistance, hardship assistance or a supplement under this Act or income assistance, hardship assistance or a supplement under the *Employment and Assistance Act*, for which he or she was not eligible, and
  - (ii) the minister has made a declaration under section 14 (3) of the Act.

(2) The minister may provide hardship assistance to a family unit described in subsection (1) if the minister considers that otherwise

- (a) the family unit will experience undue hardship, and
- (b) the physical health of a person in the family unit will be in imminent danger.

(B.C. Reg. 102/2008)

## SD BACKGROUNDER REQUEST

**Note to individual completing this form:** The Correspondence Branch depends on information provided in this backgrounder request to respond to correspondence received by the Minister and Deputy Minister. Thank you for taking the time to collect and document the facts surrounding this request. Please provide all pertinent details and actions related to the issue(s) in question in point form.

**DATE:** January 3, 2011

**CLIFF Ref.#: 174035**

### PERSONS INVOLVED:

Client Name: s.22

GA file #: s.22

Office: s.22

### ISSUE(S):

- Client requested appeal to reconsideration decision
- Believes that he should not lose benefits because of criminal conviction; does not want to go on hardship and apply every month
- Client has s.22 and can work s.22 sometimes.
- Client states that it is unconstitutional and wrong for him to lose his benefits due to fraud conviction.
- Client wants regulation changed as it is unconstitutional and unfair
- Client claims that his ex-wife made him commit fraud

### BACKGROUND:

- Client was PWD
- Effective s.22, client is now ineligible for disability benefits due to a lifetime sanction as client and his wife were convicted of fraud s.22 under Section s.22 of the Criminal Code of Canada on s.22;
- Client has been receiving benefits under appeal (which are repayable) since he proceeded to reconsideration process since November
- See also related TRR; Log s.22

### MINISTRY ACTIONS TAKEN/RATIONALE:

- Client proceeded to reconsideration for decision.
  - Reconsideration Branch upheld ministry decision; client determined not eligible for disability assistance due to lifetime sanctions
- Client's case proceeded to tribunal hearing scheduled for s.22 at 11am
  - Employment and Assistance Appeal Tribunal (EAAT) hearing s.22 results will not be available until after deliberation (5 days after hearing).

### NEXT STEPS:

- EAAT decision will be available to client and ministry approximately after January 12, 2011
- Client may consider discussing his eligibility for hardship assistance with local office

### RESPONSE POINTS FOR CORRESPONDENCE UNIT:

- Client is ineligible for disability benefits due to a lifetime sanction as client was convicted of fraud s.22 under Section s.22 of the Criminal Code of Canada

## SD BACKGROUNDER REQUEST

- Client is eligible for benefits under appeal currently; however, once decision is rendered client may be eligible for hardship assistance only.
- Under Section 42.1 of the Employment and Assistance for Persons with Disabilities Regulations, the minister may provide Hardship Assistance for family units with criminal code convictions and convictions under this Act.
- Client may consider discussing his eligibility for hardship assistance with local office

**PREPARED BY:**

Name: Harleen Price

Title: Manager of Community Relations and Service Quality

Office Code: 400

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### EAPWD Act section 14 and Regulations section 31

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(2) A family unit that includes a person who is convicted of an offence under this Act or the *Employment and Assistance Act* is subject to the consequence described in subsection (5) for a family unit that matches the person's family unit, beginning with the first calendar month following the date of conviction,

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(B.C. Reg. 102/2008)

**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

**DATE:** January 17, 2012

**PREPARED FOR:** Stephanie Cadieux, Minister of Social Development

**ISSUE:** Terms of Reference for Employment Program of British Columbia  
External Advisory Panels

**BACKGROUND:**

The Employment Program of British Columbia (EPBC) will be implemented on April 2, 2012. A key component of the EPBC oversight structure is the governance framework which includes two external expert advisory panels – one to monitor how the new model works for British Columbians and another to examine how the model is working for the Specialized Populations. Each of the two panels will be comprised of up to 12 members appointed by the Minister, Ministry of Social Development from a slate of candidates proposed by the Board Resourcing and Development Office (BRDO). The panels will be accountable to the ministry and operate within a budget and Terms of Reference (see Attachments) developed by the ministry and agreed to by the panels and ministry.

The Terms of Reference for each of the panels has been reviewed and approved by the ELMSD, Business Transformation Project Steering Committee on January 9, 2012.

**DISCUSSION:**

The ministry has solicited BRDO to undertake the search for suitable panel candidates and will utilize the Terms of Reference as part of a resource package for applicants. BRDO maintains a rigorous and sequential process regarding search requests from agencies. They require assurance that ELMSD has undertaken due diligence regarding review and approval processes for these and other documents used to inform the search.

BRDO is aware of the ministry's timelines for implementation of the panels (see below).

<b>Project Activity</b>	<b>Planned Completion Date</b>
Draft Terms of Reference for Panels presented to Steering Committee	January 9, 2012
BRDO recruitment plan and revised Terms of Reference for Panels presented to Steering Committee	January 16, 2012
<b>Minister Announcement – Appointment</b>	<b>January 31, 2012</b>

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Updated:

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<b>Process</b>	
Recruitment plan completed and slate of panel members recommended to the Minister	March 26, 2011
<b>Minister Announces Advisory Panel members</b>	<b>April 2, 2012</b>
First Panel Meetings	May 2012

**CONCLUSION:**

The Terms of Reference and table above are intended to convey the process required to fulfill the requirements of BRDO in convergence with the timelines established by ELMSD for implementation of the panels.

**Enclosures/Attachments**

Attachment #1: Terms of Reference – Expert Advisory Panel, Special Populations

Attachment # 2: Terms of Reference – External Advisory Panel

**Prepared by:**

Roy Robson  
Sr Governance Advisor  
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**Reviewed By:**

Sandy Rodgers  
Director  
ELMSD

Sergei Bouslov  
Executive Director  
ELMSD

Eugene Johnson  
Director, Engagement &  
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ELMSD

Allison Bond  
Assistant Deputy Minister  
ELMSD

David Haslam  
Manager, Communications  
ELMSD

Mark Sieben  
Deputy Minister  
MSD

Stephanie Cadieux  
Minister  
MSD

**Initial:**

**Date:**

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# Terms of Reference

## Expert Advisory Panel on Specialized Populations

### Role

The Expert Advisory Panel on Specialized Populations will provide advice and recommendations to the Ministry of Social Development regarding the Employment Program of BC (the Program), in support of the Ministry's role of ensuring that the Program meets the employment service needs of Specialized Populations.

For the purposes of the Program, Specialized Populations include People with Disabilities, Immigrants, Francophones, Multi-barriered Clients, Survivors of violence and/or abuse, Aboriginal peoples, rural and remote populations and youth.

### Responsibilities

- Consider how and to what extent the Specialized Populations access the Program;
- Consider the extent to which Program services are appropriate for the needs of the Specialized Populations;
- Consider best practices and recommend innovative changes to enhance or improve Program access, service model or service delivery; and
- Provide advice and/or feedback on matters addressed to the Panel by the Ministry.

### Key Activities

- Develop and maintain an understanding of the mandate and services of the Employment Program of BC;
- Receive and consider reports on Program performance, trends and service outcomes;
- Request reports or analyses from the Program as required to discharge the Panel's responsibilities;
- Provide advice on how the Ministry can best establish dialogue with the Specialized Populations;
- Create sub-committees or work groups as required;
- Request best practice studies or analyses from the Centre for Employment Excellence;
- Engage in an annual planning and reporting process led by the Chair to identify priority focus areas that align with the Program, develop a work plan and produce an annual report; and
- Refer all media inquiries to the Ministry.

## **Scope**

The Advisory Panel focuses on:

- Reviewing the effectiveness of the Program from the perspective and interests of the Specialized Populations as a whole;
- Improving the new service delivery model by recommending modifications that enhance the model, considering and balancing the needs of all Specialized Populations, as well as other Clients accessing the Program;
- Providing advice and recommendations for Ministry's consideration and decision that are aligned with Program objectives, within the Ministry's mandate and accountabilities and that do not duplicate existing available programming.

The Advisory Panel does not:

- Make Program management or policy decisions;
- Advocate for the needs or interests of individuals or specific population groups; or
- Assess or comment on the performance of individual Program contractors or service providers.

## **Accountability**

In carrying out its work, the Advisory Panel is accountable to the Ministry and operates within a budget and Terms of Reference jointly developed and agreed to between the Panel and the Ministry.

Members adhere to the government's Board Resourcing and Development Office's Code of Conduct Guidelines.

## **Membership**

The Expert Advisory Panel on Specialized Populations will be comprised of up to 12 members appointed by the Minister, Ministry of Social Development, from a slate of candidates proposed by the government's Board Resourcing and Development Office.

## **Term of Appointment**

Panel members will be appointed for an initial term of one year and are eligible for two subsequent appointments of two years each, for a maximum of five years.

Appointment terms may be adjusted to stagger appointment dates in the interest of Panel continuity.

## **Meetings**

Panel members will attend three to four one-day meetings per year. Additional meeting may be called at the discretion of the Chair.

## **Travel Expenses**

- Travel to participate in Panel meetings or business will be reimbursed in accordance with the Province of BC's Core Policy and Procedures. This includes ground and air transportation, accommodations, and meals or per diem allowances at Group II rates;
- The Panel must consider alternatives to travel wherever practical. Teleconferencing and other methods are to be used where feasible to achieve cost savings and reduce greenhouse gas emissions; and
- Members are responsible for making their own travel arrangements in accordance with government policy.

## **Secretariat Support**

Secretariat support is provided to the Advisory Panel by the Employment and Labour Market Services Division of the Ministry of Social Development.

The role of the Secretariat will be to:

- ensure appropriate Advisory Panel orientation;
- articulate roles and responsibilities;
- set meeting agendas with the Chair;
- arrange meeting space for Panel meetings;
- arrange for reports and presentations;
- provide administrative support to the Chair and Panel;
- act as liaison between the Program and the Advisory Panel; and
- assist the Board Resourcing and Development Office in recruiting Panel members. The Board Resourcing and Development Office is responsible for:
  - establishing guidelines for all provincial appointments to agencies;
  - ensuring that all provincial appointments are made on the basis of merit following an open, transparent and consistent appointment process; and
  - ensuring that appointees receive appropriate orientation and ongoing professional development.

# Terms of Reference

## External Advisory Panel

### Role

The External Advisory Panel will provide advice and recommendations to the Ministry of Social Development on the operation and enhancement of the Employment Program of BC (the Program). The purpose of the new Program is to support clients to obtain and maintain employment.

### Responsibilities

- Monitor overall Program access and service quality;
- Consider best practices and recommend innovative changes to enhance or improve Program access, service model or service delivery; and
- Provide advice and/or feedback on matters addressed to the Panel by the Ministry.

### Key Activities

- Develop and maintain an understanding of the mandate and services of the Employment Program of BC;
- Receive and consider reports on Program performance, trends and service outcomes;
- Request reports or analyses from the Program as required to discharge the Panel's responsibilities;
- Provide advice on how the Ministry can best establish dialogue with specific groups such as employers and labour market experts;
- Create sub-committees or work groups as required;
- Request best practice studies or analyses from the Centre for Employment Excellence;
- Engage in an annual planning and reporting process led by the Chair to identify priority focus areas that align with the Program, develop a work plan and produce an annual report; and
- Refer all media inquiries to the Ministry.

### Scope

The Advisory Panel focuses on:

- Reviewing the effectiveness of the Program as a whole;
- Improving the new service delivery model by recommending modifications that enhance the model, considering and balancing the needs of all clients accessing the Program;

- Providing advice and recommendations for Ministry's consideration and decision that are aligned with Program objectives, within the Ministry's mandate and accountabilities and that do not duplicate existing available programming.

The Advisory Panel does not:

- Make Program management or policy decisions;
- Advocate for the needs or interests of individuals or specific population groups; or
- Assess or comment on the performance of individual Program contractors or service providers.

## **Accountability**

In carrying out its work, the Advisory Panel is accountable to the Ministry and operates within a budget and Terms of Reference jointly developed and agreed to between the Panel and the Ministry.

Members adhere to the government's Board Resourcing and Development Office's Code of Conduct Guidelines.

## **Membership**

The External Advisory Panel will be comprised of up of 12 members appointed by the Minister, Ministry of Social Development, from a slate of candidates proposed by the government's Board Resourcing and Development Office.

## **Term of Appointment**

Panel members will be appointed for an initial term of one year and are eligible for two subsequent appointments of two years each, for a maximum of five years.

Appointment terms may be adjusted to stagger appointment dates in the interest of Panel continuity.

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- assist the Board Resourcing and Development Office in recruiting Panel members. The Board Resourcing and Development Office is responsible for:
  - establishing guidelines for all provincial appointments to agencies;
  - ensuring that all provincial appointments are made on the basis of merit following an open, transparent and consistent appointment process; and
  - ensuring that appointees receive appropriate orientation and ongoing professional development.

**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

**DATE:** January 23, 2012

**PREPARED FOR:** Stephanie Cadieux, Minister of Social Development

**ISSUE:** The Canadian Radio-television and Telecommunications Commission's (CRTC) Trial Funding for Video Relay-Service (VRS)

**BACKGROUND:**

In 2006, the CRTC announced it would begin proceedings on how to dispose of "deferral accounts" that had built up in telecom companies. The Canadian Association of the Deaf (CAD) and Société Radio-Canada (SRC) insisted that these deferral accounts be used for VRS in Canada.

VRS allows people with impaired hearing to use sign language over the telephone and is much more expansive than text based relay services. To use it, a caller signs in front of a camera. That video is relayed to a call centre where a translator speaks into the telephone to a hearing person at the other end of the conversation. That person's spoken reply is translated into sign language and displayed on the caller's television screen.

CRTC made two very important rulings in 2009-10. They decided that only existing telecom service providers would be eligible for funding to set-up VRS in Canada. They ordered Bell to do a trial VRS in Ontario and Quebec, and Telus to do a trial VRS in BC and Alberta. Bell decided a trial would not be able to gather the information needed to plan for a permanent VRS. Bell requested permission from the CRTC to do a comprehensive feasibility study instead, which began in early 2011 and will be completed in late February 2012.

The trial for VRS in BC has been extended once before and it ended January 15<sup>th</sup>, 2012. The trial in BC was funded entirely out of Telus' own deferral account money.

**DISCUSSION:**

The VRS presents a funding issue as deferral accounts from the CRTC are exhausted and representatives for the Deaf are demanding services as they believe VRS has been quite effective within the Deaf community. Government has been in discussion with Telus about the results of their BC pilot which will be released shortly. From those discussions it is evident that the VRS is of limited utility unless it is available at a national level. MSD will be a part of ongoing discussions through government's Chief Information Officer and Telus regarding support for VRS

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MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE

On January 6, 2012, the Board of Directors of Canadian Association for the Deaf (CAD) asked Deaf Canadians to show their support for the BC-VRS Committee rally on Friday January 13, 2012 to urge Telus to extend its VRS service to Deaf people.

**CONCLUSION:**

The CAD Board of Directors is currently working on strategies and approaches at the policy and advocacy levels of the CRTC. CAD expects CRTC will announce a public hearing this spring after it receives both reports from Telus and Bell Canada by end of this February. CAD will also announce its advocacy plans to Deaf Canadians within the next few weeks to lobby for a national VRS service in Canada.

**PREPARED BY:**

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A/Policy Analyst  
Strategic Policy Branch

**REVIEWED BY (pls initial):**

Harb Sihota \_\_\_\_\_  
Executive Director  
Disability Services Branch

**DATE:**

Molly Harrington \_\_\_\_\_  
Assistant Deputy Minister  
Policy and Research Division

Mark Sieben \_\_\_\_\_  
Deputy Minister  
Ministry of Social Development

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** January 24, 2012

**PREPARED FOR:** Honourable Minister Stephanie Cadieux

**MEETING DETAILS:** Meeting with Norma Strachan, Chief Executive Officer of the Association of Service Providers for Employability Training (ASPECT), to discuss the new Employment Program of BC (EPBC), February 2, 2012

**BACKGROUND:**

The Association of Service Providers for Employability and Career Training (ASPECT) is a non-profit association of community-based trainers that collectively strive to prepare people for work. ASPECT has more than 175 members with approximately 3,000 employees in over 100 communities throughout British Columbia. The Ministry of Social Development (MSD) contracts with a number of ASPECT members to provide employment programs and services.

The ministry has recently procured employment services and supports to help job seekers entitled to work in Canada find, secure, and maintain sustainable employment through the new Employment Program of British Columbia (EPBC). Service delivery for the new EPBC will be provided through a network of external service providers.

Through an extensive consultation processes, the ministry has received and taken into account input from stakeholders in formulating the new program model. One of the ministry's key considerations throughout the consultation process was ensuring that there would be a level playing field between large organizations and smaller community-based service providers. The Request for Information (RFI) process, which included six financial information sessions, enabled the ministry to consult, adjust and validate the Program's financial model based on stakeholders' input.

The ministry specifically worked with ASPECT to address concerns with the RFP, the new Program and the new service delivery model.

In addition to specific work with ASPECT, the ministry instituted other mechanisms to secure a level playing field between large and small service providers, notably:

- The procurement criteria specifically required a demonstration of local experience and expertise, and further required a demonstration of expertise and experience related to serving specialized populations. These criteria valued the experience of the community-based organizations.
- The contract required a minimum of 25% of the value of the contract flow-through to partners of the contractor. This criterion ensured that organizations that developed strong partnerships were best positioned for success.
- As a result of consultation in the Fall 2009, the ministry extended its procurement timeline by a full year and added the release of a draft RFP to best position smaller community-based service providers to bid on the RFP. The draft RFP

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## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

gave service providers an additional six months to develop partnerships and prepare their proposal prior to the posting of the final RFP on March 30, 2011.

Ms. Strachan has subsequently commented several times that her group appreciates the ministry's effort in undertaking a comprehensive process that allowed community agencies to be well prepared to compete in the procurement process.

In October 2011, Ms. Strachan was in direct correspondence with the Assistant Deputy Minister of the Employment and Labour Market Services Division. At that time Ms. Strachan raised the following issues:

- a request for a reciprocal right for Contractors to terminate the contract;
- the contract termination time period should be 180 days for both sides;
- the vague language in the RFP;
- complexities in the financial model; and
- a request to remove client tiers.

The ministry responded by saying that by bidding on the RFP, the proponents agreed to the terms of the RFP. Many items in the RFP are standard to government contracts and when some were changed, it was in response to previous feedback from this group.

On November 3 and 4, 2011, ASPECT held its Provincial Conference. Ministry staff attended the conference to engage with stakeholders, present information on the new Integrated Case Management (ICM) System and answer questions from service providers. Some questions were taken away for further consideration, and answers were then provided to Ms. Strachan as well as posted on the Labour Market Services website. The main concerns were around ICM and privacy.

Service providers were concerned that personal client information in ICM would be widely viewed within government. Further, the service providers were concerned that clients would be hesitant about being involved with a shared case management system, and may choose not to access services at all instead of allowing their information to be tracked in the system. The ministry responded by reiterating that the visibility of client information is restricted to those who have authorized access.

### **ISSUES:**

Ms. Strachan has identified some general topics she wishes to discuss, including procurement for the EPBC and implementation of the new program. In addition, she indicated that she would raise concerns that the flow-through funding is insufficient for the service providers. The concern is that if there aren't enough clients visiting a service provider and/or the flow-through funding is not adequate, the service provider would be unable to provide service and would close.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

### RECOMMENDED RESPONSE:

#### Procurement

- The ministry is confident that it conducted a fair and transparent procurement process.
- The approach was consistent with provincial procurement practices.
- The ministry is currently holding debrief sessions to provide proponents with feedback on their proposals. If the service provider partners are interested in receiving feedback, they should connect with the lead proponents for their bids to ensure that the feedback is shared.

#### Flow-through funding

- The ministry required a minimum flow-through of 25%. We trust that the contractors and services providers negotiated arrangements that met the needs of all parties.
- We recognize that the viability of our contractors and service providers is an important component of a successful program. We have introduced a two-year monitoring period during which we will be able to assess the Program, including the financial model.
- It is important to note that in many cases, a service provider may be attached to more than one contract, and may therefore be receiving flow-through funding from more than one source.
- We expect that service providers may have other businesses run out of their locations to maintain their revenue streams. This is permissible as long as EPBC funding is not being used to subsidize other businesses. Clients of the program cannot be charged fees for any program services, nor would it be appropriate to specifically target clients of the program for marketing of services or products of other businesses at the location. Contractors may be required to demonstrate how they have separated costs between their business lines; how they will ensure that there is a clear segregation between resources and services of the program and other businesses; and that no real, perceived or potential conflicts of interest exist.
- Regarding service providers closing their doors, Contractors were required to identify their partners in their proposals, and these have been listed in the contracts. The ministry will hold the Contractors to their contract and ensure that the partnerships are in place and effective.

#### ICM and Privacy

- Access to the information stored in ICM is governed by roles which are designed in compliance with legislative authorities and based on the need to know.
- The details of clients' histories are not shared more broadly than required for performance of duties and appropriate controls are in place to ensure that the information entrusted to the ministries' custody is appropriately protected.

# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

**Prepared by:**

Liana Foley  
Issues and Stakeholder Analyst

**Reviewed By:**

**Initial:**

**Date:**

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Mark Sieben  
Deputy Minister  
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**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** January 26, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**MEETING DETAILS:** Meeting with MLA Nicholas Simons regarding employment services in Powell River, and the future of the Powell River Community Resource Centre, February 2, 2012

**BACKGROUND:**

Opportunities Career Services Society is a career management organization that provides Community Assistance Program (CAP) services through the Powell River Community Resource Centre (CRC).

The Powell River CRC opened in September 2007 and provides employment programs and services in the Powell River area. Services are available to all members of the community, however their main focus is to assist people who are experiencing low income, social or cultural isolation, and those who are multi-barriered, homeless or at-risk of becoming homeless. They offer a broad range of specialized services, including community linkage, personal counseling and coaching, access to shower and laundry services, referral and navigation, and assistance in locating and acquiring suitable housing.

On November 7, 2011, Rene Quintin of Opportunities Career Services Society wrote to the Executive Director of Employment Program Management to express concern that requirements for specialized services were not well articulated in the Request For Proposals (RFP) for the new Employment Program of BC (EPBC). As a result, he claims that the Lead Proponent<sup>1</sup>, the Powell River Employment Program Society dba Career Link, could not incorporate specialized services into its proposal, which negatively impacted the role of the Powell River CRC in delivering services under the EPBC.

In his letter, Mr. Quintin fully endorsed the Powell River Employment Program Society; however, he requested continued funding for the Powell River CRC after the launch of the new program.

The Employment Program of BC (EPBC) will launch on April 2, 2012. The new program was developed after extensive consultation with stakeholders across the province, and reflects the feedback the ministry received about the need for more integrated services for those trying to find a job.

<sup>1</sup> The terms "Lead Proponent" and "Contractor" refer to the same entity. "Lead Proponent" is used during procurement and "Contractor" is used once procurement is complete.

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## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

The RFP for the delivery of services under the EPBC was posted on March 30, 2011, and closed on May 26, 2011. The new program will be delivered through 73 contracts and each contract covers a catchment area of the province. The successful Lead Proponents for each catchment area were announced on October 20, 2011. Contracts were signed in late 2011, and a full list of sub-contractors for each catchment area was announced on December 9, 2011.

“Specialized populations” refers to those who may require alternative service delivery arrangements to access employment services to meet their unique needs and increase the likelihood of outcomes being achieved. For the purposes of the EPBC, specialized populations include Aboriginal people, Francophones, immigrants, people with a disability, rural and remote populations, multi-barriered individuals, survivors of violence and/or abuse, and youth.

### **ISSUES:**

The following issues were identified by the Powell River CRC:

- specialized services were not addressed in the RFP;
- there will be a cut to employment and specialized services in Powell River under the new program;
- the Powell River CRC will have to close due to changes to employment services; and
- a request for continued funding for the CRC.

### **RECOMMENDED RESPONSE:**

#### Specialized Services were not addressed in the RFP

- During the procurement for the new program service providers, the ministry specifically required Proponents to demonstrate their experience and expertise in serving all clients, including those with specialized needs, in their community.
- Required specialized services were listed in the RFP under Appendix F, Section 3.0, Case Managed Services.
- Examples of these services include:
  - Living supports;
  - Personal grooming and hygiene;
  - Disability management for employment readiness / physical and/or mental health issues;
  - Substance abuse / relapse prevention and/or harm reduction; and
  - Building self-esteem.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- Under the new program, contracts will be monitored to ensure that the Contractors are delivering on their commitments, including quality service delivery to specialized populations. The ministry will develop and implement an expert advisory panel that will be able to assist in reviewing results, monitoring data and ensuring that clients from specialized populations are receiving the services they require.

### There will be a cut to employment and specialized services in Powell River

- Under the new EPBC, employment services will be accessed through a one-stop model. This is not a cut in service. All services, including those for specialized populations, are available through the new program.
- The Contractor is required to provide the full suite of services listed in the RFP.
- Referral services and community resource information will also be available to people who are seeking a job through the Employment Program of BC.
- As services in the new program are "client-centred" if a service was not listed in the RFP, the service provider is expected to meet that unique employment need.
- The following are the approved service providers for Powell River:
  1. Powell River Model for Community for Persons with Disabilities
  2. Community Futures Development Corporation Powell River
  3. West Coast Psychological Services
  4. Powell River Association for Community Living
  5. On Track Physiotherapy and Rehabilitation Powell River
  6. Multilingual Orientation Service Association for Immigrant Communities

### The Powell River CRC will have to close due to changes to employment services

- The Powell River CRC was listed as an itinerant service location by the Contractor.
- Services for Clients who are Multi-Barriered will be delivered at Powell River CRC's Joyce Avenue location.

# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

## Opportunities Career Services Society is requesting funding for the Powell River CRC

- The ministry has dedicated its funding for employment programs and services to the new EPBC.
- The opportunity to access this funding was through the recent RFP for service delivery for the new program.
- We encourage Opportunities Career Services Society to continue to seek other sources of funding.

**Prepared by:**

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Deputy Minister  
Ministry of Social Development

**Initial:**

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**Date:**

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**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** January 26, 2012

**PREPARED FOR:** Honourable Stephanie Cadieux, Minister

**MEETING DETAILS:** Meeting with s.22 about earnings exemption policies and CLBC funding

**BACKGROUND:**

s.22 is the mother of s.22, a recipient of disability assistance and CLBC services. She has inquired about earnings exemption policies on behalf of her s.22. s.22 lives in Maple Ridge in the family home and currently receives funding through a microboard. s.22 receives s.22 per month of direct funded respite.

**Client Disability Assistance background:**

- s.22 PWD designation was approved February 27<sup>th</sup>, 2003
- s.22 is a young woman, s.22
- s.22 is eligible to receive monthly Disability Assistance in the amount of s.22 deduction for an overpayment –incurred February 08, 2011
- s.22 declared employment income in the amount of s.22 in August for September. s.22 was eligible for and was issued s.22 in August for September benefits
- s.22 declared employment income in the amount of s.22 in September for October benefits. s.22 was eligible for and was issued s.22 in September for October benefits
- s.22 declared employment income in the amount of s.22 in October for November. s.22 was eligible for and was issued s.22 in October for November benefits

**CLBC background:**

In Fall 2011 CLBC renewed s.22 microboard contract. s.22 continues to receive s.22 to assist with participation in the community and to support her to learn skills to contribute to living in community successfully, and s.22 per month of direct funded respite. s.22 works s.22 week for a microboard, as a companion for a young man (they read, play cards etc).

Initially s.22 microboard contract was renewed for approximately \$ s.22 a reduction to the previous amount due to reported expenses that were not included in the budget for microboard contract such as conference expenses, consulting, program

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## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

registration fees of more than \$5,000 and administration costs in excess of the 3% rate that was agreed upon.

The reduction was discussed with the family when it was proposed and the contract was signed on October 6, 2011. In November 2011 CLBC's Quality Service Manager for the Simon Fraser area met with s.22 mother s.22 to discuss the contract. s.22 mother provided additional information about the expenses and types of events that s.22 was attending. CLBC subsequently reinstated the funding to the original amount (of s.22). s.22 is planning/hoping that s.22 will no longer require CLBC funding in five years. CLBC will support s.22 and s.22 and adjust the funding as required.

s.22

s.22

### **ISSUE:**

s.22 has earned enough money in recent months to be nearly independent of disability assistance. It is expected that s.22 will advocate for a higher monthly earnings exemption with simpler reporting, and may also raise the issue of her s.22 microboard contract. s.22 also wishes to discuss ministry policy regarding trust disbursements as she feels the rules are too rigid and would like all restrictions removed.

### **RECOMMENDED RESPONSE:**

#### *General*

- s.22 her remarkable progress towards becoming independent from disability assistance through employment.

#### *Microboard Contract*

- s.22 met with CLBC regarding s.22 microboard contract and the issue has been resolved with the original amount being reinstated and with the goal to reduce the funding gradually over a period of approximately 5 years.

#### *Earnings Exemptions*

- The ministry encourages and supports individuals to increase become gainfully employed wherever possible as it supports people's desire to be independent and self reliant.
- The \$500 earnings exemption for individuals with a Persons with Disabilities (PWD) designation is a way of encouraging individuals to maintain their skills, increase their independence, and participate in the workforce to the degree they are able. The exemption is also intended to help offset employment-related costs such as clothing and transportation.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- s.22 can maximize her employment income even though she is earning more than the ministry's earnings exemptions. For example, in the short term, a person with a disability earning \$500 per month or more is eligible for a 21 per cent earnings supplement through the Working Income Tax Benefit. These payments are considered exempt income and do not impact the amount of disability assistance someone receives each month.
- In addition, as s.22 employment income increases, her contributions to Canada Pension Plan increase, which make individuals more secure in their senior years.
- Being an employee, also contributes to s.22 contributing and participating and building relationships in the community.
- Should s.22 decide to work even more, and completely move off of PWD she can receive Medical Service Only coverage. Medical Service Only coverage would allow s.22 to access premium assisted Medical Services Plan coverage and Fair PharmaCare benefits, as well as ministry Health Supplements. s.22 would also retain her PWD designation should she require ministry assistance again.
- Staff are always available to help explain reporting requirements, and guide individuals through the process if need be. (note to DMO: may want to include Monthly Report brochure at <http://www.hsd.gov.bc.ca/publicat/pdf/MonthlyReport.pdf> in the hard copy). We would be interested in learning more about s.22 experience in reporting her changes, so that we can determine what improvements are required.

### *Trusts*

- The ministry is looking at trust disbursement rules as well as the contribution limit for non-discretionary trusts.
- The ministry wants to enable friends and families to help their loved ones on assistance.
- Not all individuals who have a PWD qualify for a Registered Disability Savings Plan (RDSP) nor is the RDSP always the best fit for all families.
- PWD individuals are eligible to place assets in trust for their benefit without impacting eligibility for assistance.
- Trusts can be either discretionary or non-discretionary.
- Discretionary trusts (trusts where the individual has no control over the funds) are not considered an asset by the ministry. There is no asset limit for discretionary trusts.
- Non-discretionary trusts (where the individual client may have some control) have an asset limit of \$100,000 (currently). However, individuals may apply to the ministry for an authorization of a higher lifetime maximum.
- Disbursements from either type of trust do not impact income assistance if the disbursements are used to pay for disability-related costs.
- Disability-related costs consist of:

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- Devices or medical aids related to improving the person's health or well-being
- Caregiver or other services related to the person's disability
- Education or training
- Renovations to the person's place of residence necessary to accommodate the needs resulting from the person's disability
- Necessary maintenance for that place of residence
- Any other item or service to promote the person's independence
- There is an annual limit, currently set at \$5,484, on disbursements for items to promote the person's independence.
- There is no limit on the total expenditures for other disability-related costs.
- Assets held in and paid out of RDSPs do not impact eligibility for assistance. To qualify for a RDSP, Canadians must be under 60 years of age and qualify for the Federal Government's Disability Tax Credit.
- We're hearing similar concerns about trusts and RDSPs from other members of the community, and we're currently considering ways to improve trusts and

s.13

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**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** January 27, <sup>2012</sup>2011

**PREPARED FOR:** Hon. Stephanie Cadieux, Minister

**MEETING DETAILS:**

On February 1<sup>st</sup> 2011, the Minister will be meeting with Dr. Jean Moore, Co-Chair, BC Alliance on Mental Health/Illness and Addiction (the Alliance) regarding the Alliance's response to the government's Ten-Year Plan to Address Mental Health and Substance Use in British Columbia (the 10 Year Plan).

**BACKGROUND:**

The 10 Year Plan (see Appendix A) is a Ministry of Health (MoH) initiative that establishes a decade-long vision for collaborative and integrated action on mental health and psychoactive substance use in British Columbia. The Alliance and its individual members participated actively to provide input to the development of the 10 Year Plan.

The Alliance has met several times since 2007 with Ministers of Health and the former Healthy Living and Sport, and meetings have often included senior representatives from Ministries of Children and Family Development, Education, and Social Development (MSD). The purpose of the meetings has been primarily to discuss the province's priorities for a comprehensive and integrated response to serious mental illness and/or substance use, and opportunities to promote mental health, prevent mental illness and substance use problems, and reduce associated stigma and discrimination for all British Columbians. Minister Coleman and MSD staff last met with the Alliance on July 6<sup>th</sup>, 2010. The majority of the issues discussed at that time were related to housing.

The Alliance is comprised of 21 health, social service, and criminal justice organizations that have developed a partnership to work towards ensuring an evidence based system of care. Their mission is "to ensure that every citizen has timely access to services that are preventative, that reduce harm and that provide the best opportunity to achieve optimum mental and physical health and community inclusion."

MoH is aware of the Alliance's response and has also received a request for a meeting with Minister De Jong. Preliminary information from MoH indicates this meeting is scheduled for early January. MoH staff have also shared background information and suggested responses for this meeting note.

**ISSUES:**

In general the response released on September 2<sup>nd</sup> 2011, titled *Comments on "Healthy Minds, Healthy People" Prepared by the BC Alliance on Mental Health/Illness and*

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## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

*Addiction* (Appendix B) has praise for the 10 Year Plan, its vision and its goals. However it is critical in regard to a lack of specificity in some areas and a lack of detail in how the plan will be implemented.

The BC Alliance views the plan more as a visionary concept and a broad framework rather than a detailed blue print for action. They state that the plan does not address issues such as funding, integration with other plans such as the unreleased 10 Year Aboriginal Mental Health Plan, and governance with regard to linking local, regional and provincial health systems.

The Alliance's recommendations are for regulatory changes, financial commitments, details on who will be accountable for implementation, and details on when the operational plan will be made available.

### **Links to the Ministry of Social Development (MSD)**

Apart from the Homeless Intervention Project (HIP) and the Community Assistance Program which are mentioned in the 10 Year Plan under the heading "*A Decade of Progress*" (page 5), there is no specific reference to MSD or any of its current programs. Employment opportunities for people with mental health problems are referred to as a goal, but more in the context of employers rather than agencies supporting clients to find and engage in employment.

The comments prepared by the Alliance do not mention MSD at any point. Although it is not mentioned in the report or the response, issues about poverty and income assistance rates could also be raised. In the 2010 meeting, the Alliance also raised the issue of addiction being considered a disability by MSD.

### **RECOMMENDED RESPONSE:**

The ministry does provide a range of supplements and supports to clients who have a mental illness or a substance use problem, including:

- Comforts Allowance for those in facilities - \$95 per month
- Medical Transportation Supplement as needed for clients with no other resources to attend medical appointments.
- Transportation to Residential Drug and Alcohol Treatment Facilities – Provided to over 120 clients per month.
- Supplement for alcohol and drug treatment (methadone) up to \$500 per calendar year. MSD issues to an average of 4,000 clients per year.
- Assist vulnerable clients with housing with security deposits, rent direct to landlords.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- Homeless initiatives (e.g. HIP) target the long term homeless with a mental illness or substance use problem for integrated services.
- MSD's Persons with Disabilities definition specifically includes mental illness and assesses it separately.

Outreach for homeless individuals who are often experiencing these problems is ongoing in many regions.

The Ministry has been a champion of integrated service delivery, including partnering with the Ministry of Health and the Health Authorities to deliver mental health services. The Homelessness Intervention Project (HIP) is making a difference to the lives of long term homeless people with mental health or addictions problems in Vancouver, Surrey, Victoria, Prince George and Kelowna by addressing the housing, health, income and support service needs of this target population. The Ministry is extending the new service delivery partnerships established with HIP to help prevent homelessness for inmates leaving provincial correctional facilities and provide better services to vulnerable families and youth via the Family and Youth Partnership.

As referenced in the 10 Year Plan, MSD's Community Assistance Program helped the most vulnerable income assistance clients connect with services in their communities and improve their quality of life. Delivered by contracted service providers in 50 communities throughout the province, the program helped individuals develop positive life skills and connects them with mental health, housing, substance dependence treatment, legal aid and family services. This program will be integrated into the Employment Program of BC in April 2012 and it is expected that similar services will continue to be provided to clients.

As to the issue of treating addiction as a disability, a drug or alcohol condition on its own does not and should not exempt clients from employment related obligations, as many people with addictions who are getting treatment can obtain and maintain employment. Determining eligibility for the Persons with Disabilities designation (PWD) is based on a functional assessment to determine the severity of impairment and limitations on daily living activities and not a specific medical condition or diagnosis. Clients with the most severe addictions usually have other medical conditions, for example mental health issues, Hepatitis C, or HIV. These clients may be eligible for the Persons with Persistent Multiple Barriers category or for the PWD designation due to other medical conditions.

MSD is committed to supporting MoH in implementing the 10 Year Plan and to continuing to provide a range of services to income assistance and disability assistance clients who have mental health or substance abuse needs.

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**Enclosures/Attachments**

Appendix A: Ten-Year Plan to Address Mental Health and Substance Use in British Columbia.

Appendix B: Comments on "Healthy Minds, Healthy People" Prepared by the BC Alliance on Mental Health/Illness and Addiction

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# Healthy Minds, Healthy People

A Ten-Year Plan to Address Mental Health  
and Substance Use in British Columbia



**BRITISH  
COLUMBIA**

The Best Place on Earth

Ministry of Health Services  
Ministry of Children and Family Development

November 1, 2010

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## Introduction

The reality is that many people, indeed most people, living with a mental illness are capable of working. It is essential that we change the attitudes of employers and co-workers who continue to believe that every individual with a mental illness is either dangerous or incapable of being productive.

– *Senator Michael Kirby*

Mental health is essential to physical health, personal well-being, and positive family and interpersonal relationships. The World Health Organization describes mental health as a state of well-being in which the individual realizes his or her own abilities, copes with the normal stresses of life, works productively and contributes to his or her communities. Good mental health is much more than the absence of mental illness – it enables people to experience life as meaningful and to be creative, productive members of society.

The impact of mental health and substance use problems in B.C. is significant. Over any 12-month period, about one in five individuals in the province will experience significant mental health and/or substance use problems leading to personal suffering and interference with life goals.

Mental illness and problematic substance use affect people of all ages from all walks of life. Yet, the majority of people are probably unaware of how many people with a mental illness they know and encounter every day. Stigma and discrimination are very real barriers for many: obstacles to education, employment opportunities, adequate housing and access to basic health and social services are common. Many affected families experience emotional turmoil, diminished quality of life and financial strain.

The costs of ignoring mental health and substance use affect all British Columbians. In 2008/09, the Province spent over \$1.3 billion on services that directly addressed mental health and substance use (a figure which only takes into account spending across three of the six main ministries involved in the delivery of mental health and substance use services). The indirect costs of mental illness and/or substance use are also significant. A recent Canadian study has suggested that mental illness costs the Canadian economy \$51 billion annually in lost productivity – B.C.'s proportional share of this burden would be more than \$6.6 billion each year. Indirect costs of lost productivity related to alcohol use alone are estimated at \$1.1 billion.

In order to ensure sustainability of mental health and substance use supports and services across the continuum, the Province and community partners need to target existing and future funding on whole-population and targeted approaches with a proven track record for success. By focusing resources on evidence-based and best practices, everyone involved in promoting the healthy social and emotional development of British Columbians can maximize their investments and yield long-term positive outcomes and economic gains for individuals, businesses and government.

This plan establishes a decade-long vision for collaborative and integrated action on mental health and psychoactive substance use in British Columbia. The plan aims not only to assist individuals with the most severe challenges, but also to address the needs of all British Columbians and, whenever possible, prevent problems before they start.

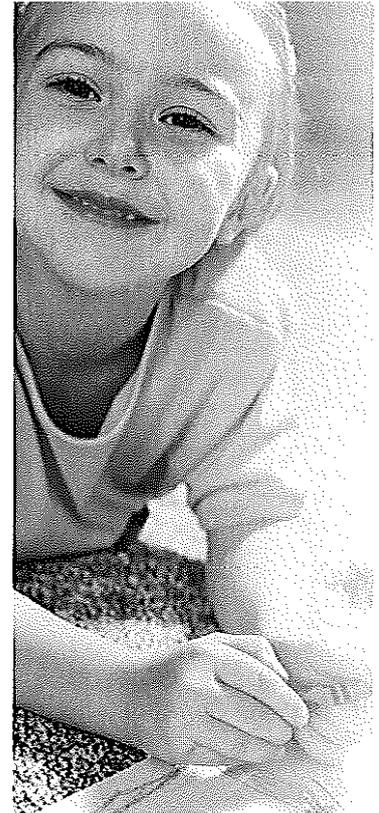
The plan places a strong emphasis on children and families. For the majority, mental health problems originate in childhood, pointing to the need for early intervention to mitigate risk of future illness. Mental health and substance use problems can often be prevented. In other cases, their onset can be delayed and/or their impact lessened. A strong foundation in childhood sets the course for a healthy, fulfilling and productive life, and reduces the need to try to fix problems later on – providing personal, social and economic returns.

In 2003, B.C. led the way in Canada to address children's mental health by implementing the five-year Child and Youth Mental Health Plan for British Columbia. The Plan broadened the continuum of services to include mental health promotion, prevention and reduction of risk for mental health problems, and the introduction of earlier evidence-based interventions to support children and youth with mental disorders.

The Tripartite First Nations Health Plan (2007) recognizes that the mental health and substance use-related needs of B.C.'s Aboriginal people require culturally-specific approaches, and lays out a corresponding commitment to develop an Aboriginal mental health and substance use plan. Using Healthy Minds, Healthy People as a foundation, the Province's tripartite partners will develop a complementary and culturally distinct plan for B.C.'s Aboriginal populations that considers mental health, problematic substance use, as well as young adult suicide.

British Columbia is working closely with the Mental Health Commission of Canada to ensure our national strategy not only emphasizes improved supports and pathways of recovery for those experiencing poor mental health, but also champions the importance of promoting and sustaining good mental health for all Canadians. The Commission's recently released framework affirms that a transformed mental health system must promote mental health and prevent mental illness wherever possible.

We all share responsibility for promoting and supporting positive mental health and addressing problematic substance use. The plan provides a framework of population-centred priorities to enable and support change over the next 10 years using practice-based evidence. Partnerships are integral to the plan's success. It is critical to listen to the experiences of clients, families and care providers to effectively inform our planning. Through collaborative action, the plan will grow and develop over the 10-year period, with the goal of providing British Columbians with the support and tools they need to improve overall mental health, well-being and quality of life.



## A Decade of Progress

Canada's first comprehensive child and youth mental health plan was released in 2003. Through implementation of the five-year plan, annualized funding for children's mental health more than doubled and the continuum of available supports and services was enhanced.

In 2006, the First Nations Health Plan was developed with a vision of improving the health and well being of First Nations and to close the health gap between First Nations and other British Columbians.

The StrongStart BC early learning program builds social skills and enhances the cognitive, physical and emotional development of young children – all strong determinants of good mental health later in life.

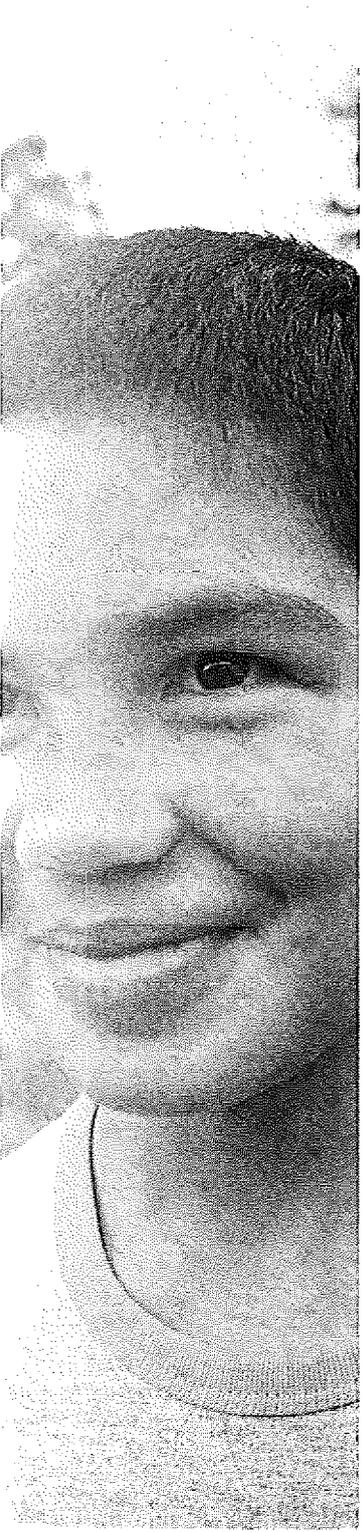
Neighbourhood Learning Centres are building stronger families and have connected communities by locating schools, sports groups, non-profit organizations and social activities together under one roof.

ActNow BC is a globally recognized whole-system approach that supports multi-partner, multi-component health promotion strategies to prevent chronic disease. ActNow BC is achieving its targets for physical activity, healthy eating, healthy choices in pregnancy and living tobacco free.

The province has taken action to reduce harms associated with alcohol use. Measures to reduce impaired driving include escalating roadside suspensions, monetary penalties, the Vehicle Impoundment Program, Responsible Driver Program and Alcohol Ignition Interlock Program. With changes introduced on September 10, 2010, B.C. now has the toughest laws in Canada. The Graduated Licensing Program, which was introduced to reduce crashes among new drivers, places a zero blood alcohol concentration restriction on learner and novice drivers.

B.C. has invested more than \$40 million in building the province's mental health and substance use research and workforce development capacity at University of B.C., University of Victoria, Simon Fraser University (SFU) and University of Northern B.C., as well as specialized centres at the Provincial Health Services Authority, Vancouver Coastal Health and Providence Health. These investments have helped to support:

- The Children's Health Policy Centre, an interdisciplinary research group in the Faculty of Health Sciences at SFU, which focuses on integrating research and policy to improve children's social and emotional well-being or children's mental health;
- The B.C. Leadership Chair in Depression Research at the University of B.C. translating research findings into effective clinical treatments; and
- The B.C. Leadership Chair in Addiction Research at the University of B.C. supporting leading edge research and the development of innovative treatment approaches.



B.C. was the first province in Western Canada to have dedicated youth withdrawal management (detox) beds.

In 2007, a new \$19-million mental health building opened at BC Children's and BC Women's Hospitals, serving children and adolescents with serious mental health and substance use challenges. The facility also houses a women's reproductive mental health program.

The first Assertive Community Treatment team was established in 2007. The teams provide 24/7 outreach and case management, including housing support, to individuals with complex needs who are unable to maintain involvement with the traditional mental health system.

The Burnaby Centre for Mental Health and Addiction, opened in 2008, is a 100-bed facility which provides treatment for persons with severe and complex mental illnesses, substance use disorders, and physical health problems who require specialized care in a residential setting.

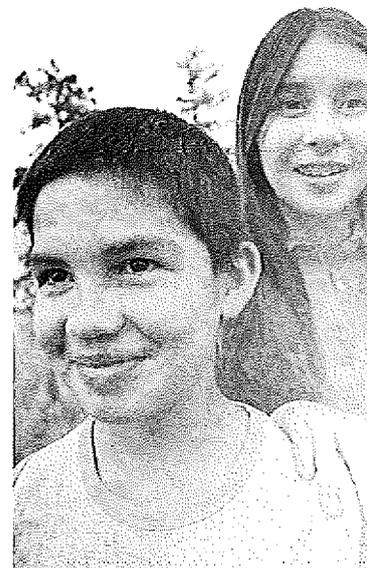
The Riverview Redevelopment Project is creating specialized beds in all regions of the province so that people can be closer to their families and community. As of April 2010, 441 beds have opened across the province.

The number of adult community mental health beds in B.C. has increased by 75 per cent, with 3,722 new beds since 2001. The number of community substance use beds has increased by 182 per cent, with 1,676 new beds since 2003.

Housing Matters BC aims to help those in the greatest need, including those living with mental illness and/or problematic substance use, with access to safe, affordable housing. The Homelessness Intervention Project is making a difference to the lives of the chronically homeless people in Vancouver, Surrey, Victoria, Prince George and Kelowna by addressing the housing, health, income and support service needs of this target population.

The Community Assistance Program helps the most vulnerable income assistance clients improve their quality of life and connect with services in their communities. Delivered by contracted service providers in 50 communities throughout the province, the program helps individuals develop positive life skills and connects them with mental health, housing, substance dependence treatment, legal aid and family services.

InSite, North America's first legal supervised injection facility, is a valuable component of an overall continuum of response to substance use and addiction in Vancouver. Research studies have shown that InSite has provided many benefits to its clients since opening in 2003, including: a reduction in public injection of drugs, a reduction in sharing syringes (which leads to a risk of HIV and Hepatitis C), and an increase in the number of clients seeking substance dependence treatment and consequently ceasing injection.



## Vision

Children, youth and adults from all cultures in British Columbia achieve and maintain sound mental health and well-being, live in communities free of problems associated with substances, access effective support to recover from mental health and/or substance use problems that may develop over the lifespan, and lead fulfilling lives as engaged members of society without discrimination when these conditions persist.

## Goals

Over the next 10 years, the plan aims to:

1. Improve the mental health and well-being of the population.

All people of B.C. will have opportunities to benefit from a society that promotes and protects mental health and prevents mental illness, problematic substance use and associated harms. Existing systems will recognize and respond effectively to promote strengths and mitigate vulnerabilities in childhood and as needed throughout life.

2. Improve the quality and accessibility of services for people with mental health and substance use problems.

Children, youth and adults experiencing mental health and/or substance use problems will be reached by timely and effective interventions and support. Existing systems will work collaboratively to ensure that the necessary treatment and support reaches people with severe or complex mental illnesses and/or substance use disorders.

3. Reduce the economic costs to the public and private sectors resulting from mental health and substance use problems.

A focus on evidence-based practice using a collaborative approach of both public and private sectors will ensure existing resources provide the best outcomes. By working together, entire communities will play a part in achieving positive mental health for all British Columbians.



## Milestones for Achievement

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Milestones will help to mark the plan's progress at various stages over the course of the next 10 years. These milestones will serve as indicators of success and will be a component of the accountability framework to ensure we achieve the goals and targets set out in the plan.

The plan outlines the initial set of milestones, along with detailed actions and targets for specific population groups. Many of these actions are already underway. Further milestones, actions and targets will be developed in collaboration with the key partners.

1. The number of British Columbians who experience positive mental health will increase by 10 per cent by 2018.

In 2008, 68 per cent of British Columbians reported they experienced positive mental health. (Source: Statistics Canada)

Good mental health contributes to improvements in social interactions and effective functioning, and is fundamental to the resilience of individuals, families, communities and businesses.

2. The number of young B.C. children who are vulnerable in terms of social-emotional development will decrease by 15 per cent by 2015.

In 2008, 13 per cent of B.C. kindergarten children demonstrated vulnerability related to social competence and 12 per cent demonstrated vulnerability related to emotional maturity. (Source: Early Development Instrument, Offord Centre for Child Studies, McMaster University).

Healthy social and emotional development builds resilience and significantly decreases risk of mental illness and substance use problems later in life.

3. By 2014, 10 per cent fewer B.C. students will first use alcohol or cannabis before the age of 15

In 2008, of all students who reported ever drinking alcohol, 75 per cent first tried it before age 15. Of students who reported ever using cannabis, 67 per cent first tried it before age 15. (Source: McCreary Centre's B.C. Adolescent Health Survey)

Delaying the onset of use of alcohol and cannabis reduces the risk of future substance dependence and other associated illnesses and problems.

It is estimated that one in five adults in B.C. are affected by mental health or substance use problems over any twelve-month period.

4. The proportion of British Columbians 15 years of age or older who engage in hazardous drinking will be reduced by 10 per cent by 2015.

In 2008, 23.1 per cent of British Columbians, aged 15 or more, reported hazardous consumption of alcohol. (Source: Health Canada)

Reducing hazardous drinking will prevent injuries, chronic disease, social harms and system costs such as hospitalizations, policing and workplace absenteeism.

5. By 2015, the number of British Columbians who receive mental health and substance use assessments and planning interventions by primary care physicians will increase by 20 per cent.

In 2008/09, 51,033 people received these services (Source: General Practice Services Committee Annual Report – as measured by mental health planning and mental health management billings by GPs)

Primary care mental health and substance use assessment and care planning can prevent the development of severe problems and reduce the use of more costly health care services.

6. By 2018, through implementation of integrated primary and mental health and substance use services, there will be a 20 per cent reduction in the number of days mental health and substance use patients occupy inpatient beds while waiting for appropriate community resources.

In 2008/09, there were 75,838 inpatient days for mental health and substance use patients who no longer required acute care, and who were waiting for appropriate community resources. (Source: Ministry of Health Services)

Integrated interventions by primary care and mental health and substance use teams result in better outcomes and decrease the need for emergency and hospital services.

## Consultation Summary

In September 2006, the provincial government launched the year-long Conversation on Health, asking British Columbians to share their ideas on health and B.C.'s public health care system. More than 6,000 British Columbians participated in the forums held across the province and more than 12,000 submissions were received. Change to better support overall health, including addressing mental health and/or substance use, was a key theme.

The common themes which emerged from the Conversation became the foundation of the public and stakeholder engagement on mental health and substance use system improvement – a key component in developing this 10-year plan. In 2008, interest groups across the province helped shape directions in this plan through a series of workshops. The plan was further shaped through a broader consultation process with service providers and affected individuals and families in 2009. This included a consultative reference group established through B.C.'s tripartite process to ensure the plan is congruent with Aboriginal perspectives on mental health and wellbeing, and establishes a foundation for the development of a complementary tripartite Aboriginal plan to address mental health and substance use.

In addition, following the implementation of the five-year Child and Youth Mental Health Plan, an external review was completed in 2008. This review included extensive feedback from youth, families and partner service providers.

The consultation feedback from these processes is summarized below and reflects the commitment and passion participants demonstrated for addressing mental health and substance use issues.

### *Promoting Good Mental Health*

More emphasis needs to be placed on the determinants of good mental health, such as employment and income, education, early childhood development and life skills. Focusing efforts earlier in life was seen as the most effective and sustainable way to move towards achieving a healthier population.

### *Preventing Mental Illness and the Harms related to Substance Use*

The importance of early intervention programs, including those that focus on resiliency building for parents, children and youth was emphasized. The importance of peer mentoring, support and advocacy were highlighted by youth themselves, as was the importance of addressing fundamental needs such as food, shelter and recreational opportunities. There was agreement with establishing the prevention and reduction of harms as a strategic direction for the plan. Reducing the harms associated with alcohol use was considered a priority.





### *Care, Treatment and Support*

Screening and early intervention were identified as crucial to recovery from mild problems. For people with mental health and/or substance use problems, client-centred, community-based and peer support services were flagged as important. The integration and coordination of services was seen as a priority and the need for continuity of care, including transitions from hospital or residential care into supportive environments in the community, was highlighted.

### *Stigma and Discrimination*

Tackling stigma and discrimination is an essential step in creating a system that is inclusive, accessible, and sustainable. The need to change the language of mental illness and to focus on the concept of recovery rather than on the illness and its severity was emphasized. Integrating evidence-based learning approaches in the current school curriculum to reduce the stigma associated with mental ill-health and substance dependence was seen as a priority.

### *Whole Systems Approach*

A whole systems approach recognizes the importance of involving all partners when making decisions for planning, developing and implementing high-quality prevention and care services. Including people who use services in planning and decision-making activities was viewed as a key to success.

### *Lifespan Perspective*

There was strong support for policies and programs that promote good mental health and influence developmental pathways from infancy through adulthood. Early childhood, school-age years and adolescence were seen as critical opportunities for prevention or early intervention. However, prevention approaches for all stages in the lifespan were stressed to help cope with changing life circumstances.

### *Aboriginal People*

The Tripartite First Nations Health Plan, signed by the province, the federal government and the Leadership Council representing the First Nations of B.C., acknowledges the significant and unique burden of mental health and substance use problems experienced by the province's Aboriginal communities. The tripartite partners have committed to the development of a mental health and substance use plan for B.C.'s Aboriginal people.

Aboriginal British Columbians have unique needs. The need for a culturally specific, coherent spectrum of prevention, early intervention and specialized care for Aboriginal people was identified. Culturally appropriate mental health education initiatives are seen as essential and should be created through input and leadership from Aboriginal governments and communities.

## Collective Action

Good mental health does not exist in isolation. We all have a stake in promoting good mental health and preventing mental health and substance use problems. All levels of the public and private sector must work in collaboration with community partners to promote and sustain a mentally healthy population.

The determinants of health need to be acknowledged and addressed through broader public health and social policy. The health system must work with partners outside the health sector to shape policies and decisions that affect large segments of the population (e.g., safe school environments). ActNow BC has demonstrated that the most effective responses to complex health concerns require broad sectoral engagement in order to influence the social and environmental factors that can determine health status.

By working together, more children, youth and adults will experience positive mental health and fewer of them will develop mental health and substance use problems. People who show the initial signs of problems will receive early help to regain their health, and individuals with serious and persistent problems will get the treatment and supports they need to live healthy and productive lives.

Government has recognized that addressing mental health and substance use is a shared responsibility. A \$10-million grant from the provincial government in 2008 established the Community Action Initiative. The initiative is supporting community action to promote mental health, prevent substance use problems and support treatment when problems occur. Major health, social service, and professional organizations, in partnership with Aboriginal groups, are leading this Community Action Initiative as an essential complement to B.C.'s 10-year plan.

In order to provide British Columbians with the tools and services needed to support positive mental health, the Province will continue to work in collaboration with current service delivery systems, such as schools and community centres, to focus our existing resources on evidence-based programs and practice.

Mental illness and substance use problems affect people of all ages from all walks of life. They are your family, your friends and your neighbours.

# Population Health Approach

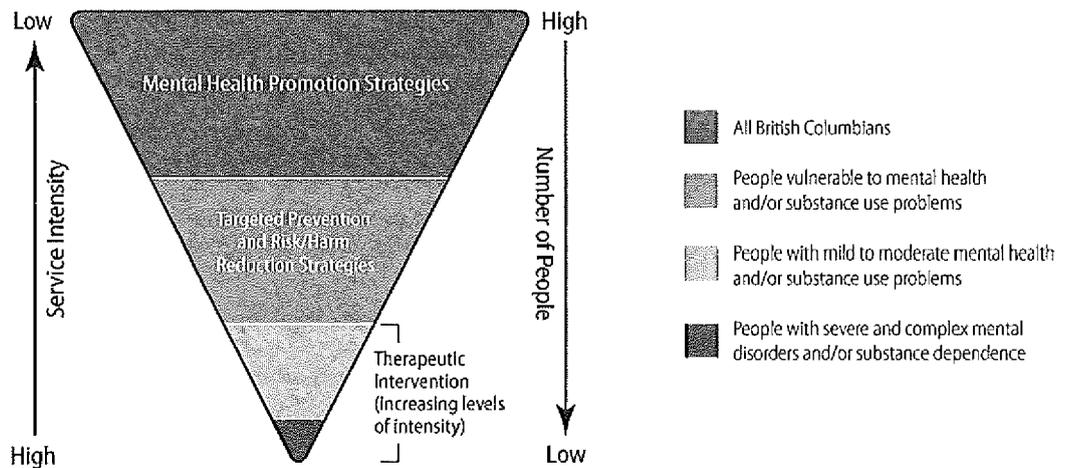
A population health approach addresses the health needs of groups of people, rather than individuals. It considers the entire range of factors that determine health – including factors such as employment and income, social support, education, housing and health services.

The plan addresses the needs of the general population, as well as the increasing levels of services and supports required to meet the needs of specific groups of people within this whole. People’s strengths, vulnerabilities and needs vary throughout their lives as their circumstances change. Although concerned with improving mental health and ensuring safe and healthy use of substances over the entire lifespan, the plan places a strong emphasis on children. Laying the foundation of good mental health in childhood and mitigating problems early on can prevent the onset of many problems in later years.

The plan focuses on opportunities to enhance overall response in four population groups. Each group focuses on increasingly smaller numbers of people for whom the impacts of mental health problems and/or substance use are increasingly greater. Each larger grouping includes the smaller population grouping(s) within.



**Intervention Approaches Across Specific Population Groups**

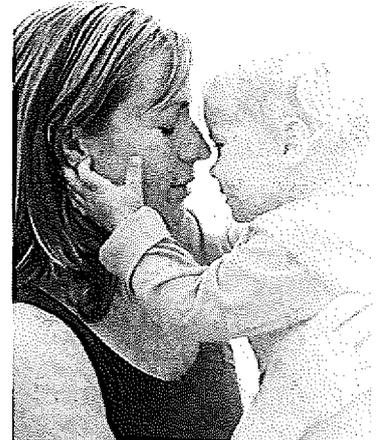


## All People of British Columbia

The goal for all British Columbians is to increase their capacity to achieve and maintain sound mental health, as well as creating environments in which the healthy choice is the easy choice. Building strengths, resilience and enhancing healthy living are key objectives as they equip people to thrive, to cope with adversity, and to make health-promoting decisions.

The four priorities for all British Columbians:

- Promote mental health in early childhood and throughout life
- Reduce harms associated with substance use
- Reduce stigma and discrimination
- Inform the health system and educate the public



## Promote Mental Health Across the Lifespan

Positive mental health and mental fitness are the foundation for optimal overall health and wellbeing. From early childhood on, positive mental health is the springboard for thinking, learning, emotional growth, resilience and self esteem – ingredients that combine to support healthy choices across the lifespan. As a dimension of overall mental health, mental fitness endows individuals with the capacity to plan, act and reflect on decisions that in turn make a positive contribution to their social, emotional, and physical development and their well-being. An emphasis on good mental health and mental fitness should parallel and complement a focus on physical health and physical fitness.

As a key approach to achieving this end, mental health promotion aims to build an individual's strengths and capacities, improve his/her ability to cope with adversity, and create supportive community environments. The focus of mental health promotion is different for each stage of life. Initiatives focusing on children will help set the groundwork for healthy development and healthy lifestyles that can be sustained into adulthood. Additional community support for families facilitates positive development of cognitive, social and self-regulation skills for their children and youth. With regards to youth, it's important to take into account normal risk-taking and to foster cultures and create environments in which the healthy choice for young people is the easy choice. For adults, creating environments that support mental health, such as healthy workplaces, are important. For older adults, strong interpersonal and community connections and opportunities for physical activity are key.

## Actions

Given that early child development lays the foundation for health and wellness, it is increasingly evident that children must be at the centre of a public mental health strategy.

– “Preventing Mental Health Disorders in Children: A Public Health Priority.” *Canadian Journal of Public Health* 98, no.3 (2007): 174-178.

- Enhance programs and services that promote maternal and family health and healthy early childhood development, including:
  - Screen women in the perinatal period for mental health and substance use-related risk factors and provide appropriate follow-up.
  - Enhance universal programs that promote social-emotional, cognitive development and resilience in children, youth and families such as StrongStart BC and FRIENDS.
  - Support full-day kindergarten opportunities for children across the province.
  - Continue to implement Healthy Infant and Child Development – a core public health program.
- Promote mental health within schools and post-secondary institutions through comprehensive school and campus health activities that improve health and educational outcomes, and encourage the development of lifelong skills, attitudes and healthy behaviours.
- Use the Neighbourhood Learning Centre platform and partnerships with local government to promote mental health and wellness for families and strengthen community connections.
- Work with employers to build healthier workplaces through mental health promotion programs such as Guarding Minds@Work.
- Strengthen the mental health of seniors by:
  - Promoting physical activity through initiatives such as ActNow BC Seniors Community Parks and the *Move for Life* DVD resource and educational resources.
  - Leveraging opportunities within the Age-friendly Communities Initiatives to foster cognitive stimulation and community connectedness.
- Continue to implement Mental Health Promotion and Prevention of Mental Disorders – a core public health program.

### *What this will mean:*

- By 2015, the proportion of B.C. women and girls who smoked during pregnancy will have decreased by 20 per cent.
- By 2011, all B.C. families will have the opportunity to benefit from the availability of full-day kindergarten in every school within the province.
- By 2012, over 1000 more B.C. school educators from district and independent schools and 100 more Aboriginal educators from the First Nations Schools Association will be trained to deliver the FRIENDS for Life program to children in Grades 4 to 7.
- By 2012, the province's health authorities and partners will have implemented a broader range of evidence-based programming to promote and support mental health across the lifespan.
- By 2016, over 100 workplaces in B.C. will have taken action to promote mental health among employees.
- By 2013, 20 per cent more B.C. parents will be trained on the FRIENDS program, thus increasing their knowledge about anxiety and social-emotional skill building, and enabling them to support their children by reinforcing the FRIENDS skills at home.

## Reduce Substance-Related Harms

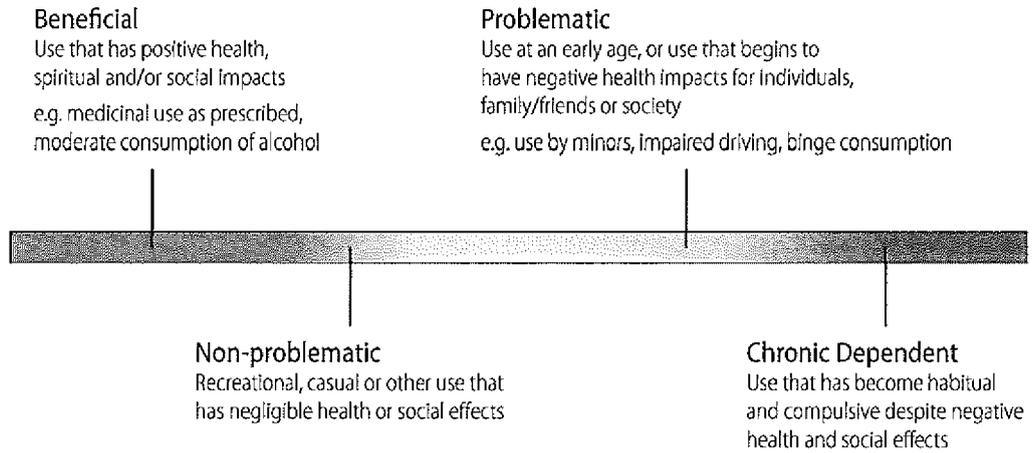
Harm reduction refers to policies, programs and practices that seek to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive substances. Harm reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury associated with higher risk behaviour, while recognizing that the behaviour may continue despite the risks.

Harm reduction is an essential part of a comprehensive response to problematic substance use that complements prevention, treatment and enforcement. A harm-reduction philosophy should inform strategies directed at the whole population, as well as specific programs aimed at sub-populations of vulnerable people. It seeks to lessen the harms associated with substance use while recognizing that many individuals may not be ready or in a position to cease use. Harm reduction does not require, nor does it exclude, abstinence as an ultimate goal.

For most people substance use does not lead to chronic dependence and yet many harms result from non-dependent substance use.



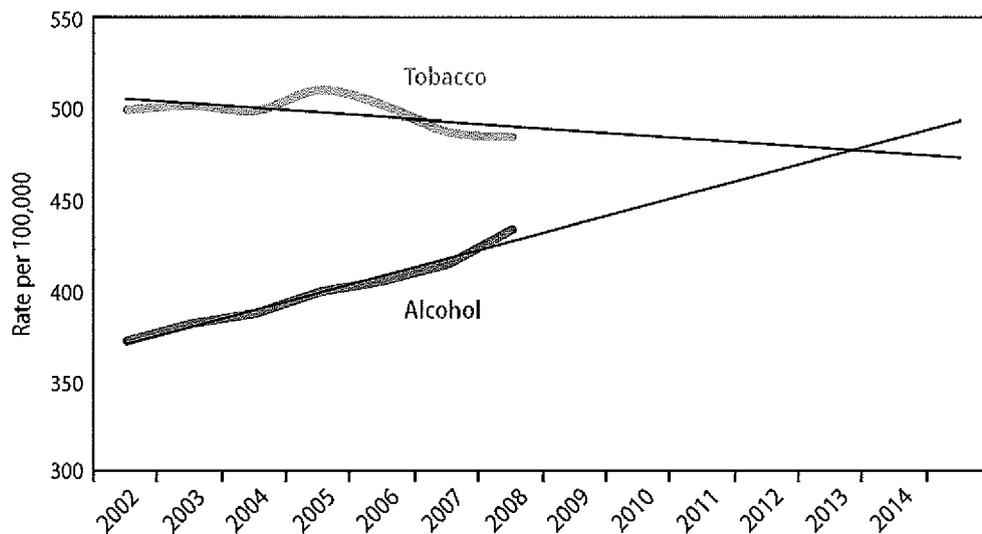
### Spectrum of Psychoactive Substance Use



Recognizing the significant burden of harms caused by tobacco in particular, B.C. has implemented a range of effective tobacco control initiatives, which are starting to reduce illnesses and costs. After tobacco, the greatest harms (and costs) from substance use are from alcohol, including chronic diseases such as cirrhosis of the liver and cancers, injuries and public safety issues.

### B.C. Hospitalization Rates Caused by Alcohol Use vs. Tobacco Use

(BC Centre for Disease Control and University of Victoria, 2010)



Adolescence and young adulthood represents the peak period for risky experimentation with alcohol and other psychoactive substances. The earlier a youth begins experimenting, the greater the likelihood of problematic substance use and substance-related illness in adulthood.

Prevention of harms associated with substance use, including addiction, requires that the health system work in partnership with other public systems in British Columbia, including education, social services, housing, law enforcement, courts and corrections.

The average age of first alcohol use by youth in B.C. is 12.9 years, and the average age of first cannabis use by youth in B.C. is 13.5 years.

### *Actions*

- Take action to prevent and reduce health, social and fiscal costs associated with hazardous alcohol consumption, including:
  - Implement screening for hazardous drinking, with brief intervention and referral programs within primary care settings.
  - Continue implementing a modified approach to impaired drivers that enhances administrative sanctions and increases use of programs such as the Responsible Driver Program and the Ignition Interlock Program.
  - Partner with local governments to target districts and events which have high levels of hazardous drinking in order to reduce injuries, violence, vandalism and other health and social costs.
- Expand the use of the Joint Consortium for School Health's mental health promotion and substance-use toolkits to support B.C.'s overall approach to comprehensive school health.
- Expand QuitNow Services support for primary care providers to address tobacco use as part of a comprehensive approach to addressing mental health and substance use.
- Continue to implement Preventing Harms Associated with Substance Use – a core public health program.

### *What this will mean:*

- By 2015, the proportion of British Columbians aged 15-39 who engage in binge drinking will decrease by 20 per cent.
- By 2015, B.C. children and youth will have decreased risk for future substance dependence through delayed onset of use of tobacco, alcohol and cannabis.
- By 2012, the province's health authorities and partners will have implemented a broader range of evidence-based programming to prevent harms associated with substance use.



## Reduce Stigma and Discrimination

A cultural environment that respects and protects basic civil, political, economic, religious, social and cultural rights is essential to mental health and healthier choices about substance use. The stigma associated with mental health and substance use problems often means that affected individuals and families are marginalized in our society and may experience discrimination in areas of health care, employment, education, justice and housing. Consequently, many do not receive the services they need, live in poverty, and are unstably housed. This affects their ability to access and benefit from needed supports, and to function as healthy, productive members of society.

### *Actions*

- Use the Mental Health Commission of Canada's national anti-stigma initiative as a platform to maximize the reach of local anti-stigma campaigns.

### *What this will mean:*

- By 2015, more people living with mental illness and/or substance dependence will report that they feel a sense of belonging within their communities.

## Inform the Health System and Educate the Public

Mental health literacy is defined as the knowledge, attitudes and beliefs about mental health and/or substance use problems which aid in their recognition, management and prevention. It encompasses the beliefs and attitudes about mental health, mental illness and psychoactive substance use. Mental health literacy can improve how members of society promote good mental health and respond to children, youth and adults with mental health and substance use problems.

Over the past decade, B.C. has invested more than \$40 million in building the province's mental health and substance use research and workforce development capacity at University of B.C., University of Victoria, Simon Fraser University, University of Northern B.C., as well as specialized centres at the Provincial Health Services Authority, Vancouver Coastal Health and Providence Health. This plan will leverage our globally recognized research by making use of evidence-based knowledge in health promotion, prevention and treatment systems in order to improve and sustain the mental health of British Columbians.

### *Actions*

- Continue implementation of B.C.'s Integrated Provincial Strategy to Promote Health Literacy in Mental Health and Addictions.
- Strengthen leadership to increase the rapid application of new knowledge and drive change throughout the prevention and treatment continuum:
  - Apply B.C. Human Early Learning Partnership results to promote healthy child development during preschool years and reduce childhood vulnerability.
  - Renew the province's long-term partnership with the Simon Fraser University's Children's Health Policy Centre and apply new knowledge for improving the mental health and well-being of B.C.'s children and youth.

Suicide is the second leading cause of death for youth aged 15-24 years and male adults aged 25-49 years in Canada.

### *What this will mean:*

- By 2015, 15 per cent more children in B.C. will experience improved school readiness resulting from healthier early childhood development.
- By 2016, the number of British Columbians who have accessed information through web portals such as "Here to Help" and the Kelty Resource Centre will have doubled.
- By 2015, Simon Fraser University's Children's Health Policy Centre will provide B.C. public systems with knowledge to support the use of appropriate children's mental health indicators that will guide policy and practice.

## People Vulnerable to Mental Health and/or Substance Use Problems

Jurisdictions with developed economies need more than all hands on deck – they need all heads on deck too: healthy, well-educated, innovative, creative and productively-employed individuals.

*–15 by 15: A comprehensive policy framework for early human capital investment in British Columbia. UBC, Human Early Learning Partnership, August 2009.*

Certain people within the overall population are more vulnerable to mental health and/or substance use problems at different stages in their lives. Some types of vulnerability may be influenced by family history or genetic predisposition. Others, such as exposure to violence and trauma or lack of social support, can be mitigated through strategic intervention.

Targeted prevention interventions attempt to reduce risk and enhance protective factors. There is emerging research evidence that intervening with certain groups of people – often at key developmental stages or transition points in their lives – can effectively reduce the risk of future problems. This knowledge points to several key areas for strategic focus, with a particular emphasis on vulnerable groups of children and youth. It is especially important that youth with mental health problems experience a supportive and coordinated transition from child to adult serving systems.

Priorities include prevention efforts that enhance protective factors, build resilience and mitigate risk factors for mental health and/or substance use problems targeted at vulnerable people within the following population groups:

- Parents and families
- Children and youth
- Adults
- Seniors
- People with chronic physical disease or compromised health

### Parents and Families

Clear evidence exists to show that the provision of formal supports for parents before, during and after the birth of their children contributes to healthy child development and reduces the likelihood of emotional and behavioural problems later in life. For example, supports focused on encouraging breastfeeding not only improve health, growth and immunity in infants, but also enhance child psychological and intellectual development and strengthen the mother-child bond.

Home visitation programs targeting young, low-income pregnant women during their first pregnancy, with regular post-natal follow ups for two years, have demonstrated lasting positive outcomes for both mother and child.

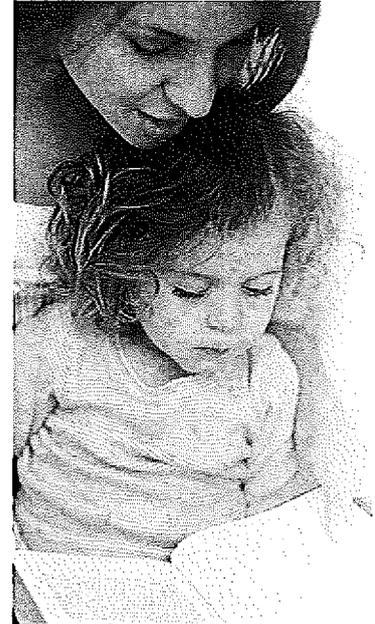
Parenting programs have proven to be effective in improving the short-term psychosocial health of mothers, helping reduce depression, anxiety or stress, and improving self-esteem and relationships.

### *Actions*

- Launch a nurse-led, in-home individual parent training program for first-time, at-risk parents and their infants, provided during pregnancy and up to two years after delivery.
- Implement FASD prevention strategies as outlined in the Fetal Alcohol Spectrum Disorder: Building on Strengths 10 Year Plan for B.C.
- Expand the reach of programs to prevent, identify and respond to perinatal depression as described within Addressing Perinatal Depression: A Framework for B.C.'s Health Authorities.

### *What this will mean:*

- By 2012, a nurse-led, in-home support program for first-time at-risk parents and their infants will have been implemented within most health regions.
- By 2015, the proportion of women who receive counselling regarding alcohol use during pregnancy will have increased by 10 per cent.



## Children and Youth

In addition to universal strategies that attempt to reach the general population of children and youth, targeted measures are required to reach vulnerable groups. Youth at especially high risk are those who are sexually exploited, substance dependent, and those living on the street.

Many Aboriginal British Columbians experience challenges, including cultural dislocation, intergenerational trauma and the lasting impact of residential schools. As a result, Aboriginal children and youth are at higher risk of future mental health and substance use problems than their non-Aboriginal counterparts, as represented by higher rates of incarceration, psychiatric hospitalizations and suicides. Some Aboriginal communities face additional risks of poor health and social outcomes, such as significantly higher rates of poverty, children in care, teenage pregnancy, and low birth weights.

Children and youth of parents with mental illness and/or substance use problems may experience higher rates of emotional, behavioural and learning problems than children in the general population for a variety of reasons including genetics, family stress, and/or parenting challenges.

Research indicates that early identification, intervention and access to targeted supports can reduce negative impacts and contribute to healthier outcomes. For example, children with learning disabilities benefit from earlier access to remedial education and children with attention deficit disorder who receive treatment have fewer substance use problems later in life than their peers who do not.



Children and youth in care are more likely to have higher rates of emotional and behavioural problems, as well as an increased incidence of chronic medical problems. Infants and toddlers in care are especially vulnerable to disrupted development. In addition to removal from their birth families, a large proportion of children-in-care have experienced extreme adversity in the form of neglect, abuse or other traumatic experiences.

According to census data, B.C. has the second highest percentage of foreign-born residents and minorities across all provinces. Children and youth of immigrant and refugee families often face many challenges, including conflicting cultural expectations that may clash with family values, which can lead to stress and emotional difficulties. Some of these children have parents or other close family members who have fled their homeland due to war, conflict, deprivation or trauma, which may have a lasting impact on the family's mental health and well-being.

### *Actions*

- Implement *Strong, Safe and Supported – A Commitment to B.C.'s Children and Youth*.
- Implement supports for families with parents who have mental health and/or substance use problems to facilitate healthy family development.

### *What this will mean:*

- By 2015, 15 per cent more young children will be routinely screened for healthy social and emotional development using the Ages and Stages Questionnaire: Social Emotional.
- By 2011, universal developmental outcomes will be measured for children receiving services through the Ministry of Children and Family Development.
- By 2013, health authorities and key partners will use a cross-sector framework for planning, and children and families with parents who experience mental health and/or substance use problems will receive more coordinated services and supports.

### *Adults*

Occupational stress is a growing public health problem that is largely preventable. Defined as the combination of high job demands and low job control, it predicts physical and mental health problems, particularly depression in women, cardiovascular disease, and increased absenteeism, employee turnover and workers' compensation costs. A recent national survey has revealed that 70 per cent of depressed individuals report significant disruption in their careers as a result of their symptoms. Another recent publication suggested that mental illness is linked to more lost work days than any other chronic condition. Research also indicates that unemployed adults experience higher rates of mental health problems than those who are employed.

A major contributor to poor emotional health of women is violence by an intimate partner. Women who are not able to escape violent relationships or who face inadequate supports when they leave suffer a wide range of potential health, social and economic consequences, including mental health and substance use problems. Alcohol continues to be a contributing factor in domestic violence, with close to half of all spousal assault incidents in B.C. involving alcohol. Given this, a role exists for healthy public policy to reduce harms, including domestic violence related to alcohol consumption.

Another group of vulnerable adults are those who inject substances for non-medical reasons. Sterile syringe distribution and recovery programs offer people who inject substances – who can be highly marginalized – a point of contact with the health system. Research from B.C. and around the world shows that supervised injection sites can reduce fatalities from unintentional overdose, reduce sharing of injecting equipment, reduce public disorder, and increase uptake into detoxification and treatment services.

Suicide is a major public health issue that affects everyone across age, gender, ethnic, socioeconomic and cultural groupings. Mental health problems are strongly associated with suicide and suicidal behaviours, and multiple risk factors intersect to influence a person's risk for suicide. There is no "one size fits all" approach to preventing suicide. To address the varying needs of individuals, it is important to develop comprehensive, multi-strategy approaches based on current research.

Mental health and/or substance use problems are often linked with a number of social issues. Targeted interventions that address income differences and offer safe, adequate housing have positive impacts on mental and physical health, especially if accompanied by psychosocial supports.

### *Actions*

- Collaborate with employers and unions to develop and implement workplace supports such as self-care resources, opportunities for early identification of problems, and linkages to appropriate interventions.
- Implement comprehensive, cross-sectoral initiatives to prevent domestic violence and reduce its impact on children, youth, adults and families.
- Implement gatekeeper training programs as described within the *Strengthening the Safety Net: A Report on the Suicide Prevention, Intervention & Postvention Initiative of B.C.*, to effectively identify and intervene with individuals at risk of suicide across the lifespan.
- Where appropriate, expand the reach and range of harm-reduction services that prevent and reduce the health, social and fiscal impacts of illegal drug use.



### *What this will mean:*

- By 2014, B.C. workplaces will have increased access to resources and tools to prevent mental health and substance use problems among employees, and to support back-to-work strategies for those working towards recovery.
- By 2016, most B.C. health authorities and key partners will have introduced gatekeeper training programs for suicide prevention and intervention.
- By 2011, the Ministry of Children and Family Development will have released new best practice guidelines and training to assist child welfare workers when intervening in situations involving domestic violence.
- By 2011, the *Violence Against Women In Relationships* policy will be released as a guide to police, child welfare workers, victims services workers and Crown Counsel on collaborative practices to support victims of domestic violence.

### Seniors



Aging poses a series of challenges for seniors' mental health. With projected population increases among people over age 65 and particularly in the over-80 age group, B.C. can anticipate a marked increase in older adults living with and managing chronic physical diseases and conditions, as well as those with Alzheimer's disease and other forms of dementia. An appropriately integrated response that addresses the clinical, functional, psychosocial and cultural needs of this population group will require collaborative community action. A corresponding increase in caregiver burden, which presents a significant risk factor for depression, can also be expected. The health, social and economic implications of this are immense.

Seniors may be at risk for isolation and loneliness as a result of losing a spouse or close friends, and/or limited mobility due to health problems. Older adults may also experience mental health deterioration stemming from different forms of abuse. Approximately seven per cent of seniors report experiencing some form of physical, emotional or financial abuse by an adult child, caregiver or spouse.

Seniors with depression are at particularly high risk for problems with alcohol. Older people who are depressed are three to four times more likely to have alcohol-related problems than older people who are not depressed. In the coming decade, adults entering this age group may also have a more liberal attitude towards substance use, which may increase the risk of substance-related harms. Studies have shown that structured brief interventions and advice in frequently accessed health care settings, such as primary care, effectively reduce alcohol consumption in this population.

### *Actions*

- Implement a coordinated provincial initiative to prevent elder abuse so that seniors will be less vulnerable to emotional, psychological and physical abuse.
- Improve routine screening protocols for mental health and substance use problems during primary care interventions with seniors.
- Use the *Seniors in British Columbia: a Healthy Living Framework* platform and partnerships with local government and other organizations to promote opportunities for older adults to remain socially connected and meaningfully engaged in their communities, including workforce, learning and volunteer opportunities.

### *What this will mean:*

- By 2020, a smaller proportion of B.C. seniors will experience instances of elder abuse.
- By 2016, resources to support broadened routine screening of senior citizens for mental health/substance use problems will be in use in all health regions.

## People with Chronic Disease or Compromised Health

Coping with illness and the demands of treatment can affect one's sense of independence, control and mental well-being at any age. Many services which support children, youth and adults with chronic health problems now regularly screen all patients for depression. This is crucial considering that approximately one-third of adults with chronic medical conditions are estimated to have depression. Furthermore, children, including preschoolers and youth with chronic health problems and illnesses are at greater risk for emotional and behavioural problems than their peers without similar health problems.

### *Actions*

- Implement routine screening in primary care settings for mental health and/or substance use problems among children, youth and adults with chronic health problems and illnesses.

### *What this will mean:*

- By 2016, resources to support broadened routine screening for mental health/substance problems of people with chronic disease or compromised health will be in use in all health regions.

## People with Mild to Moderate Mental Health and/or Substance Use Problems

Mental disorders typically begin early in life, with approximately half starting by age 15 and three-quarters by age 24

The majority of children, youth and adults with mental health and/or substance use problems experience mild to moderate symptoms that can be effectively supported or treated through low-intensity community-based services. The number of people with symptoms that do not fully meet diagnostic criteria is unknown. For many, mild to moderate mental health and/or substance use problems significantly interfere with functioning at home, school, work and the community.

A greater service emphasis on mild to moderate mental health and/or substance use problems is critical due to: the numbers of people affected, clear evidence of effective interventions, and the opportunity to prevent the persistence and severity of problems and reduce the need for more intensive and costly services.

The priorities for this group of people are:

- Enhance the role and effectiveness of primary care.
- Enhance the availability of evidence-based therapeutic approaches.
- Enhance the capacity of community-based mental health and substance use services.

### Enhance the Role and Effectiveness of Primary Care

Mental health and substance use have increasingly become a greater focus in primary health care. As the cornerstone of our health care system, family practitioners play a key role in the management of mental health and substance use problems in all communities, particularly those that are rural or remote. Family doctors are typically sought first as a source of help. Evidence demonstrates that having a family doctor reduces unnecessary use of emergency services, including inpatient hospital care.

The Province has moved forward with a new attachment initiative which will ensure that access to, and benefits of, primary care are available to all British Columbians, including those who may be hard to serve in a traditional practice setting.

Supporting family physicians to provide quality mental health and substance use care within their practices is a priority. In order to develop effective individual care plans, B.C. has enabled physicians to have the additional time they need to interact with patients to fully understand their symptoms and develop care plans specific to their needs. In addition, family physicians benefit from evidence-based treatment guidelines that provide direction on assessment and the most appropriate course of action.

Ongoing education and professional development is also necessary to maintain and enhance their skills. New training initiatives underway for GPs have the potential to greatly improve the provision of primary mental health care. This training program equips family physicians with the skills and tools to assess and treat the mental health or substance use problems of their patients, including those at end-of-life.

Quick and easy access to information on available resources within a community or region is a useful tool for physician referrals to other mental health and substance use services. As well, research has shown that family physicians with access to specialists such as psychiatrists and mental health clinicians through a shared care model can significantly enhance their ability to provide ongoing primary mental health and substance use care within their practice. This approach supports the family practitioner to develop a care plan in collaboration with the client and his/her family, while reserving more intensive psychiatric treatment for those with more complex disorders.

### *Actions*

- Develop and implement mental health and substance use training modules and support physicians in the application of the new skills, practices and tools for diagnosis, treatment and follow-up of adults and youth, through the Practice Support Program.
- Continue the development and encourage the use of the Community Health Resource Directory.
- Establish opportunities to support physicians to take the time to establish individual care plans for patients with mental health and/or substance use problems.
- Develop, implement, and evaluate shared care models for services to children, youth and adults experiencing mental health and/or substance use problems.
- Continue to develop guidelines for physicians for assessment and treatment of people with mental health and/or substance use problems.

### *What this will mean:*

- Eight hundred family physicians and their teams will be trained in mental health and/or substance use assessment and treatment modules by 2015.
- By 2012, the number of physicians utilizing the Community Health Resource Directory will increase by 50 per cent from 500 users in the first half of 2010.
- At least 60,000 British Columbians will have access to primary care mental health and substance use assessment and care plans by 2015.



- By 2011, a document identifying core elements and guidance for client-centred integrated care for children, youth and adults will be made available to the health authorities, MCFD and other stakeholders, to facilitate better collaboration with and support to physicians.
- By 2011, a guideline for physicians covering screening, assessment and brief intervention for problem drinking will be available to support physicians to identify problematic alcohol use and provide intervention and support for their patients.

### Enhance the Availability of Evidence-Based Therapy

There is a substantial body of research literature on evidence-based therapies for people with mild to moderate symptoms. While medications are appropriate in some cases, non-medication therapeutic approaches can be equally successful and should be considered first. In some cases, symptom stabilization through medication is required before psychological treatment approaches can be most effective. Any approach needs to be delivered within the context of a comprehensive mental health assessment and treatment plan to determine the right type, intensity and appropriate setting of the required intervention, taking into account the preferences of the individual and/or family being served.

Some disorders, such as eating disorders, might present as mild or moderate but can easily deteriorate into severe forms. Eating disorders are associated with a high mortality rate and can be difficult to treat successfully. In these cases, careful attention must be given to the whole continuum of evidence-based services to ensure coordination as well as effective prevention and treatment at various levels of intensity.

#### *Actions*

- Increase the capacity of clinicians to deliver evidence-based treatment services using various levels of intensity and in a variety of settings.
- Develop and implement an action plan for the delivery of evidence-based Eating Disorders services across the continuum.

#### *What this will mean:*

- By 2013, a guiding document will be available to health authorities outlining recommendations to increase the capacity for evidence-based psychotherapies for people with mental health and substance use problems.
- The provincial Eating Disorders action plan will be completed and actions implemented by 2012.



## Enhance the Capacity of Community-Based Mental Health and Substance Use Services

It is clear that aligning the existing community capacity to identify and address problems earlier is essential to reduce suffering and avoid more costly hospital or residential specialized services later on. Services must be matched to different levels of need so that the least intrusive interventions with the greatest gain are provided prior to more intensive interventions.

Low-intensity interventions for people with mental health problems provide a means of serving a greater number of people. These interventions which include self-help tools and supported self-help programs such as the Bounce Back or First Link programs, offer cost-effective forms of help that can be accessed directly or delivered by personnel who are not necessarily mental health specialists. To support these types of programs, community resources will continue to be developed to meet the needs of people whose first language is not English. In addition, mutual aid or peer support groups are also beneficial for many people with mental illness and problematic substance use.

For people with substance use problems, community counselling centres form the hub of the service system: they provide assessment and counselling services for individuals and groups and facilitate access to other parts of the service system. Other services include day treatment, as well as a range of withdrawal management services. Consultations across B.C., as well as evidence-based research, have revealed the value and effectiveness of focusing on such community programs before more intensive specialized programs are required.

Improved access to training increases a service provider's capacity to respond effectively to each individual's diverse needs. The Province has initiated an online training program for practitioners working with youth and mental health and/or substance use problems that will enhance their capacity to serve youth with concurrent disorders. The Core Addiction Practice Training is expanding with the development of specialized modules and customised learning materials tailored to multiple audiences and will be made available to substance use and mental health practitioners, as well as allied professionals in education, health, justice, and other social service areas. The specialized modules will focus on the needs of specific populations, such as people with experience of violence and trauma and those receiving methadone maintenance treatment.

B.C. is a leader in Knowledge Exchange and has worked closely with Health Canada to support substance use services knowledge exchange to enhance evidence informed practice and linkages and exchanges.

Substance use programs have traditionally built partnerships with other service providers in the health and social service system. Increasing this collaboration with other government and non-government partners will improve the service system by addressing the holistic needs of people and the social determinants of health. The service system will also be improved

Over 50 per cent of youth and adults in contact with the criminal and youth justice system have been diagnosed with a mental illness or substance use problem.



by exploring different ways of delivering services so they are more accessible to people in all regions of the province. In particular, providing outreach services to people in a variety of settings including people's homes, in schools, at jails and on the street, will increase the ability of service providers to reach out to people who might not access services and treatment otherwise.

Enhanced use of technological resources can also increase system capacity. Options such as tele-health and electronic communicator software have been researched and are possible options to improve access to a variety of services and supports, with high client and provider satisfaction rates.

### *Actions*

- Enhance availability of evidence-based community mental health and substance use services for children, youth and adults by improving provider training and supports.
- Improve reach of low-intensity programming including self-management and supported self-management tools such as the Dealing with Depression program for youth; Strongest Families for children, youth and parents; and the Bounce Back program for adults.
- Promote service provision opportunities outside of traditional office-based practice, and enhance the provision of outreach services, and services provided in settings such as homes, schools and jails.
- Enhance the use of tele-mental health services for mental health and substance use problems.

### *What this will mean:*

- By 2013, 400 practitioners serving youth will complete best practices clinical training to enhance their knowledge related to substance use and mental health and facilitate collaborative practice to support youth with mental health and/or substance use problems.
- By 2013, the Core Addiction Training program will be expanded across the province.
- By 2015, over 50,000 British Columbians will have access to Bounce Back, a program designed to help people cope with mild to moderate symptoms of depression through education materials and phone support.
- By 2015, a low-intensity, high-volume program such as Strongest Families will be launched to assist parents in supporting their children with mental health problems.
- By 2013, guidelines will be developed to promote the use of outreach in the provision of substance use services.
- A plan for expanded, integrated use of tele-health services will be completed by 2011.

## People with Severe and Complex Mental Disorders and/or Substance Dependence

A small proportion of people experience severe and complex mental health and/or substance use problems. For children and youth, severity is typically measured in terms of functional impact, such as inability to attend school, difficulties living at home, and involvement in the criminal justice system. Adults with severe mental disorders and/or substance dependence are also more susceptible to chronic health conditions – although they comprise only three per cent of the general population, these individuals are over-represented in emergency department and hospital admissions, among the unemployed, and within correctional facilities.

Approximately 130,000 adults in B.C. have the most severe forms of mental illness and/or substance use problems. While symptoms frequently first appear in childhood or adolescence, the number of children and youth with severe mental illness is currently unknown given limited research with this age group. Severe mental disorders include psychotic disorders, schizophrenia, delusional disorders, major depression, severe eating disorders and substance dependence. These conditions are often highly debilitating, can affect all aspects of daily life, and can lead to potential isolation and, in some cases, homelessness. Individuals who live with concurrent disorders (when both mental illness and substance use disorders co-exist) are at particular risk for developing associated health problems.

Residential or hospital-based care is sometimes necessary. For children and youth, the experience of residential treatment can be extremely disruptive in terms of their emotional connections and sense of security. Adults who are treated in large psychiatric institutions, correctional facilities or residential care for extended periods of time require intensive supports to enable them to re-adapt and function effectively outside these settings.

It is clear that people with severe mental health and substance use disorders must be actively involved in their own recovery process and supported to achieve their individual potential and independence. Successful recovery is facilitated by opportunities for meaningful engagement in society through school, work and leisure pursuits.

Priorities for this group of people are:

- Enhance evidence-based community interventions across the lifespan.
- Enhance housing with supports.
- Strengthen community residential treatment options.
- Ensure appropriate access to hospital and specialized bed-based treatment.
- Develop improved coordinated responses for people with complex challenges.

## Enhance Evidence-Based Community Interventions across the Lifespan

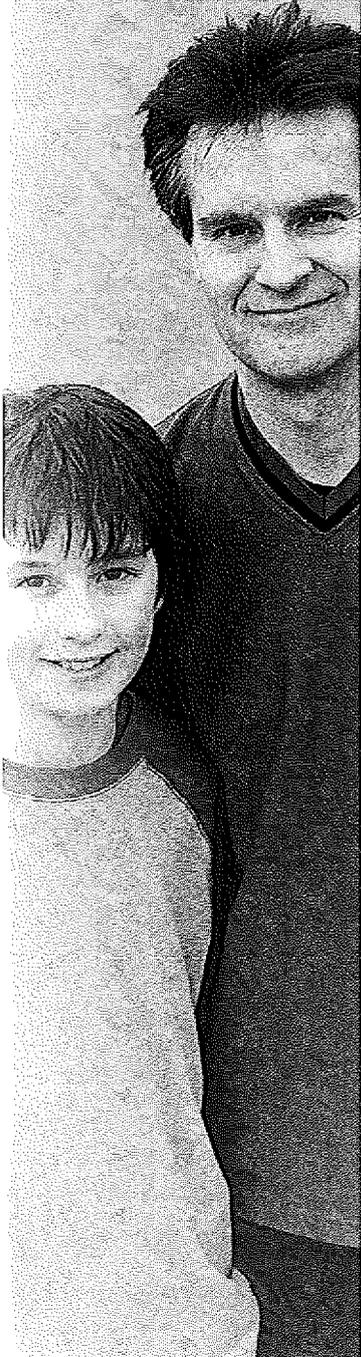
Perhaps the most dramatic shift that has occurred in B.C.'s response to severe mental illness over the past several decades is the use of better medications, combined with evidence-based community services, supports and treatments which address needs across the lifespan. This is particularly reflected in the current initiatives by the Ministry of Health Services to develop and support integrated primary and community care for British Columbians, including those with serious mental disorders and/or substance use dependence.

Psychotic episodes are most commonly associated with serious mental illnesses such as schizophrenia and bipolar disorder. Early identification is crucial because the longer the time delay between the first appearance of psychotic symptoms and treatment, the greater the likelihood of developing a chronic severe illness and the poorer the expected recovery.

The appropriate use of pharmaceutical therapies is a crucial aspect of treatment for people with severe mental illness and can significantly reduce personal suffering and modify the chronic course and associated disability of the illness.

Appropriate medications also play a role in the treatment of some substance use problems, in particular substitution or maintenance therapies. These therapies include all forms of substituting a prescribed medication for a street or other non-medically-approved drug. Substitution therapies have been well researched and are shown to stabilize people so that they can better fulfill family, employment or other social responsibilities, to improve health outcomes, and to reduce criminal activity associated with illegal substance use. For instance, methadone maintenance treatment is a key part of B.C.'s response to opioid dependence, and a fundamental component of provincial efforts to prevent HIV, hepatitis C and other blood-borne pathogens.

Children, youth and adults with severe mental illness and substance use disorders have complex service delivery needs and are sometimes unable to organize access to basic medical and social services. This population benefits from services which adhere to integrated, intensive models of care involving teams of practitioners that provide ongoing support and assertive outreach. For instance, due to severe challenges in functioning, complex mental illness, substance use, health and behaviour problems, some adults will require access to intensive 24-hour services provided in their home environment. These people do not require bed-based services and can live healthy lives if supported by evidence-based assertive community services.



Responsive crisis services are an integral part of a comprehensive mental health and substance use system. Targeted crisis intervention services can help stabilize people and reduce their need to access hospital emergency departments and involvement with the criminal justice system and police.

With the appropriate psychosocial supports, people experiencing severe mental and/or substance use disorders can recover and lead fulfilling lives. Rehabilitation programs that offer employment support have resulted in 50 to 60 per cent of clients obtaining and maintaining employment. Supported education programs can help participants successfully finish their schooling and have the added benefits of enhanced self-esteem, improved quality of life, and reduced hospitalization. Leisure activities provided by volunteers help to remove the isolation and loneliness often felt by these individuals and improve overall health.

### *Actions*

- Implement integrated evidence-based primary and community care practices for people with severe and complex mental disorders and/or substance dependence.
- Implement early psychosis intervention programs utilizing provincial standards and guidelines.
- Implement optimal evidence-based medication treatments.
- Implement evidence-based forms of assertive community case management.
- Implement evidence-based models for crisis intervention including suicidal crises.
- Implement evidence-based rehabilitation services including employment, education, leisure and wellness.
- Enhance and improve B.C.'s methadone maintenance treatment system (including medical, pharmaceutical and psychosocial support components).

### *What this will mean:*

- By 2018, through implementation of integrated primary and mental health and substance use services, there will be a 20 per cent reduction in the number of days mental health and substance use patients occupy inpatient beds while waiting for appropriate community resources.
- The number of individuals with psychosis, ages 13-35, readmitted to hospital over any 12-month period will be reduced by 150 by 2014, a reduction of 10 per cent from 2009 numbers.

- By 2011, the health authorities will have a provincial service framework to guide them in the implementation of optimal treatment for people with treatment-resistant psychosis.
- Six hundred and eighty British Columbians with severe mental illness, including those with co-existing substance use problems, will receive Assertive Community Treatment services in the community by 2013.
- By 2011, the health authorities and MCFD will have a provincial clinical framework for the prevention of suicides.
- By 2012 there will be a provincial inter-ministerial framework to support implementation of psychosocial rehabilitation for people with severe mental health and substance use problems.
- By 2015, 90 per cent of methadone prescribers will adhere to optimal dose guidelines and 60 per cent of people started on methadone maintenance treatment will be retained at 12 months.

## Enhance Housing with Supports

Housing is an important determinant of both physical and mental health. Individuals with severe mental illness and substance use problems experience significant difficulties securing stable housing. Specific populations such as Aboriginal persons and women are overrepresented among those with unstable housing.

Providing adequate housing support is cost effective. An adult with severe substance use and/or mental illness who is homeless or lives on the street costs the public system in excess of \$55,000 per year – the provision of adequate housing and supports is estimated to reduce this cost to \$37,000 per year.

### *Actions*

- Develop and implement community-based plans to address housing and support services for homeless people, including those with mental health and/or substance use problems.

### *What this will mean:*

- The five Homelessness Intervention Project communities (Victoria, Vancouver, Surrey, Kelowna and Prince George) will continue to implement housing with supports for homeless people with severe mental health and substance use problems.



## Strengthen Community Residential Treatment Options

A small number of children and youth require community residential services that are more specialized than conventional foster or group care. Youth who end up on the street often spiral downward and experience even more serious mental health and substance use problems or have involvement in criminal activities. A safe, structured residential environment with highly trained caregivers who provide intensive therapeutic and social supports are most effective in helping to stabilize these vulnerable youth so they can benefit from treatment. It is important that these specialized community residential services are designed to meet the particular needs of these children and youth.

Within the continuum of services for youth and adults with mental illness and substance use problems, bed-based services (including residential treatment or support recovery facilities) are sometimes required. The majority of people needing help to change their substance use will find the assistance they need in non-residential community-based services. Some, however, will require the more structured and intense supports offered by residential services. These services offer time-limited accommodation, in which clients are expected to refrain from alcohol and illegal substances. Some clients will need to participate in withdrawal management (detox) programs prior to admission. Residential substance use services for youth have been designed to meet their distinct developmental needs and circumstances.



### *Actions*

- Enhance appropriate access to evidence-based community placements and community residential therapeutic options for children and youth with mental disorders.
- Provide evidence based treatment options in youth and adult residential substance-use programs, including abstinence based programs as well as those based on harm reduction.

### *What this will mean:*

- By 2015, projects including residential redesign within the Ministry of Children and Family Development will result in an increased range of out-of-home care options to meet the specific needs of children and youth with mental health and/or substance use problems.
- By 2011, provincial standards and guidelines for publicly-funded residential substance dependence treatment facilities will be in place.

## Ensure Appropriate Access to Hospital and Specialized Bed-Based Treatment



Some individuals with severe or complex disorders will require more intensive bed-based services to manage acute symptoms and minimize risks to self and others. Those with persistent mental disorders may need longer-term tertiary services. As well, individuals with severe and complex mental illnesses, along with substance use and physical health problems, require a specialized type of care and treatment.

There is evidence supporting the need for specialized adolescent psychiatric units for children and youth. Adult psychiatric units are often inappropriate for youth who may be negatively influenced or manipulated by older patients in these settings. On the other hand, youth placed in pediatric wards might be disruptive and even pose a physical risk towards younger and medically fragile children in the unit. Health authorities have established inpatient adolescent psychiatric units to respond to this need.

There is also a need for specialized and tertiary beds that are not hospital based. In B.C., the Ministry of Children and Family Development provides provincial specialized residential mental health services through the Maples Adolescent Treatment Centre. The Provincial Health Services Authority offers specialized tertiary child and adolescent psychiatry inpatient services and specialized eating disorders services.

Planning for adult, tertiary bed-based psychiatric services have focused on replacing existing beds for adults at B.C.'s single provincial psychiatric facility, Riverview Hospital, with tertiary beds in each region of the province in order to allow individuals to be closer to their families and their local community supports. As beds are developed in each region, corresponding beds are closed in the provincial psychiatric facility.

Evidence indicates that, although B.C.'s tertiary bed rates are consistent with recognized international benchmarks, there is a need to maintain appropriate community-based treatment and supports within the service continuum. In addition, it is important to consider patients' and clients' experience of the care they received in planning future services.

### *Actions*

- Conduct a province-wide satisfaction survey of adults and youth who have received services in inpatient psychiatric and substance use residential facilities.
- Establish provincial health and safety policy requirements for specialized mental health facilities.
- Complete the Riverview Redevelopment Project.
- Continue to develop the Burnaby Centre for Mental Health and Addiction as a centre of excellence for treatment, research and knowledge exchange.

### *What this will mean:*

- The province-wide inpatient mental health and substance use satisfaction survey for adults and youth will be completed and analyzed by 2013. The analysis will be used to inform future planning.
- Provincial health and safety requirements for designated facilities will be established by 2013.
- Access to appropriate bed-based acute psychiatric, provincial specialized or tertiary care will occur with the final 400 beds at Riverview Hospital being transferred to community settings in the regions by 2014.
- A comprehensive evaluation will be completed in 2011 to support a continuous quality improvement process and ongoing planning for the Burnaby Centre for Mental Health and Addiction.

## Develop Improved, Coordinated Responses for People with Complex Challenges

### **Children, Youth and Adults with Special Needs**

Individuals with developmental disabilities and mental health problems (dual diagnosis) have unique service and support needs. They may require additional educational, medical/health and social/environmental support to enhance or improve their health, development, learning, quality of life, and community participation.

### **People in Contact with the Criminal Justice System**

Over 50 per cent of youth and adults in contact with the criminal and youth justice system have been diagnosed with a mental illness and/or substance use disorders. Individuals involved in the criminal justice system often have difficulty accessing and maintaining involvement with mainstream community mental health and substance use services. Facilitating access to existing services and supports and examining current outreach strategies are priorities for this population.



### *Actions*

- Ensure appropriate access by children, youth and adults with developmental disabilities and mental illnesses to integrated community-based treatment and support services.
  - Implement British Columbia's *Children and Youth with Special Needs Framework for Action* and the *Transition Planning Protocol for Youth with Special Needs*.
  - Develop provincial policies and guidelines for clinical services (such as clinical case management and outreach services) for adults with mental illness and/or substance use problem and developmental disability.
- Develop guidelines to ensure that youth and adults with a mental illness and/or problematic substance use who are in contact with the criminal and youth justice system have access to appropriate transition and support services.

### *What this will mean:*

- By 2012, approximately 350 adults with neuro-developmental disorders such as Fetal Alcohol Syndrome or Pervasive Development Disorder (Autism Spectrum Disorder) will receive appropriate community personal supports.
- By 2011, an evaluation framework to examine the impact of the youth transition planning protocol will be developed.
- Models for integrated community-based treatment services for people with mental illness and/or problematic substance use and developmental disabilities will be developed by 2013.
- By 2013, service protocols, guidelines and tools will be available to ensure that youth and adults with a mental illness and/or problematic substance use who are in contact with the criminal and youth justice system have access to appropriate transition and support services.

## Measuring Success

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As B.C. moves forward with implementing the plan, it is critical that we continue to collaborate in order to mobilize our efforts to transform the system and improve our ability to prevent problems before they occur. We will continue to benefit from the involvement of the provincial and local governments, health authorities, service providers, community organizations, individuals with lived experience, their families, and members of the public.

## Governance

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A governance structure with performance monitoring capability is important to initiating and sustaining whole-systems change. A performance accountability team under a lead Deputy Minister will ensure a government-wide and systems-wide approach. This team will work closely with all the ministries involved in the various aspects of the plan, as well other partner organizations and key stakeholders, including individuals impacted by mental health or substance use problems.

## Accountability

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An early task of the proposed team will be to align necessary internal resources to support performance monitoring and identify mechanisms to ensure achievement of the Plan's milestones, priorities and actions – building on existing structures and agreements, such as service plans. In addition, performance measures will continue to be refined and used to monitor the progress of implementation, and mechanisms and responsibilities for data collection, analysis and reporting will be developed. Ultimately, the accountability framework will serve as the mechanism to ensure our efforts are focussed in the right direction to achieve the goals and reach the targets set out within the plan.



## Conclusion

We're bringing the pieces of our knowledge of mental illness together, to create the foundation to find the cures and the supports that are required by people suffering from mental illness.

– Premier Gordon  
Campbell

Positive mental health is determined by a combination of factors – from an individual's ability to enjoy life and deal with life's challenges, to experiencing emotional well-being and social connections in a safe, equitable environment.

The plan aims to:

1. Improve the mental health and well-being of the population;
2. Improve the quality and accessibility of services for people with mental health and substance use problems; and
3. Reduce the economic costs to the public and private sectors resulting from mental health and substance use problems.

To achieve these goals, collaborative action is needed – from individuals and community organizations to local and provincial government leaders. This collaboration will provide additional milestones and actions over the course of the next 10 years in order to maintain the momentum needed to effect positive change in the mental health and substance use system.

The Province's investment in building an extensive mental health and substance use research network provides us with the practice-based evidence needed to direct our existing resources to the programs and services which support the plan's goals.

By addressing the needs of specific groups of people within the population, the plan understands the mental health needs of individuals change throughout their lives. The plan's focus on children and families recognizes the importance of the early identification and intervention of mental health problems in order to achieve better health outcomes later in life.

We are all partners in improving the mental health of British Columbians. By working together, British Columbians will live healthier and more productive lives.





# BC ALLIANCE

British Columbia Alliance on  
Mental Health / Illness and Addiction

September 2, 2011

Comments on “Healthy Minds, Healthy People”  
Prepared by the BC Alliance on Mental Health/Illness and Addiction

## Opening comments

We want to use this opportunity to congratulate the BC government, and in particular the Minister of Health and Minister for Child and Family Development and their staff, for having adopted a population health approach for a joint care system for mental health and substance use. These efforts have culminated in a 10-year plan that was released in the late fall of 2010. The authors of this plan have spent considerable effort in reviewing the status quo and have laudably consulted with many stakeholders. The Alliance posits that the vision and goals are definitely in the right direction and recognize that the plan has many strengths; in particular we were pleased to see that this plan acknowledges a necessary shift in that a system for dealing with chronic health conditions is urgently needed that recognizes the chronicity of such problems.

We begin our commentary with the perceived strengths of the report and its underlying philosophy. In the second part of our commentary, we discuss potential problems, many of which arise out of the old saying that “the devil is in the details”. We complete this report with recommendations for maximizing the usefulness of the plan.

A notable omission early in the plan is the absence of a priority to increase access and satisfaction with the service delivery system for the sub-population of people vulnerable to mental health and substance use problems.

Also, at a global level, it was not clear to us how this plan integrates with other plans to transform the service delivery system in BC; this became apparent given the absence of information about how this 10-year plan meshes with the promised, but not yet released, 10-year aboriginal mental health plan.

## **Notable Strengths**

**[1]** The plan recognizes that mental health care and substance abuse care cannot be subdivided into two different arms of practice because many individuals needing care have co-morbid, interwoven problems that have to be tackled together by the same care-giving agency.

**[2]** The plan recognizes the importance of listening to the experiences of clients, families and care providers to effectively inform planning. (p 3)

**[3]** The plan and the evidence appreciate that mental-health and substance use problems are of a chronic nature and, to a large degree, begin in childhood. The report focuses on prevention, on resiliency building, and includes parents as well as children (p. 9) and also recognizes unique health threats for aboriginal populations. A commitment is being made to invest in early preventive care that needs to begin even in the preschool years. The report cites a number of good programs that have already been put into place to achieve this end.

**[4]** In an attempt to improve access to comprehensive care, family physicians are given a central role in problem identification; this makes sense insofar as they are already the door into the health care system. Use of an existing system contains potential for rapid and effective implementation. Note, however, that this particular strength of the plan also has many built-in, pivotal and unresolved problems (see below).

**[5]** The report also recognizes that some of the previously observed problems arise from lacking collaboration of different ministries and care agencies and promises more coordinated efforts. We strongly concur that 'silo thinking' has been a major problem and can be overcome with better inter-ministerial cooperation.

**[6]** Reference is made to the importance of a "supportive and coordinated transition from child to adult serving systems" for youth with mental health problems; this is good (p. 19).

**[7]** There is much needed recognition of the need to "Strengthen community residential treatment options" (p. 30 and 33)

**[8]** Also recognized is the need to "enhance and improve B.C.'s methadone maintenance treatment system" (p. 32).

**[9]** Recognition of the need for rehabilitation programs that offer employment support.

[10] Acceptance of the need that provincial standards and guidelines for publicly-funded residential substance dependence treatment facilities will be in place by 2011 (p. 34). This is excellent.

**Critical overall observations:**

Overall, the Alliance sees this plan as a vision that recognizes important principles for effective care rather than a detailed action plan. It lacks critical implementation detail and does not address the major issues of funding, accountability, and governance of mental health services that bridges provincial and regional health authority actions.

**Missing from the report and/or problematic are the following specific topics and features**

[A] The emphasis on the family physician's role as first-line diagnostician and gatekeeper has an advantage that was acknowledged in the previous section but it also carries with it the following problems:

**A 1** The plan ignores that many British Columbians do not have a family physician nor does it recognize that family physicians at the current time are overburdened with routine care as it is. Especially homeless people are unlikely to have a family physician and may therefore not be able to benefit from this gatekeeper role being assigned to family physicians. How will British Columbians without a family physician access this care system?

**A 2** Effective implementation would require a seamless and transparent system for continuing, specialized care to which family physicians can refer patients with mental health and or substance abuse problems once identified. The aggregated experience inherent in the members of the Alliance informs that the report does not recognize the patchiness of the current care system for substance abuse and mental health care in British Columbia

**A 3** Following a diagnosis, patients need a wide array of effective services that family physicians can refer to. Unfortunately, this array of needed services is lacking although there have been promising initiatives such as shared-care models and supported self-help models

[B] Particularly helpful for effective implementation would have been an indication of the quantity of resources allocated by government for the operational component of this plan.

[C] There is no information offered on how the plan will actually be implemented at the level of local authorities. The 10-year plan makes no reference to how these services will be implemented at local levels, and there are no details

offered on assuring equal access to the needed services across all areas of the province.

[D] The report would benefit from a much stronger statement about how a "Whole Systems Approach" is to be implemented (p. 10). It would be good to flag details of what the current problematic "silo approach" looks like and how it will be dismantled. The Alliance has identified via case studies where and how this is a problem. On page 38 there is mention of governance but there are no time lines for action.

[E] The report deserves praise for recognizing the chronic nature of mental health and substance use problems but there is limited information and recognition of how the growing sector of seniors with mental health and substance use problems will be served.

[F] We failed to find details on how the right kind of housing will be paired with the right of supports.

*In summary, the 10-year plan is an excellent start and we recognize the plan as a broad-based framework that is useful to steering the specific actions to follow. For the plan to reach its objectives, British Columbia needs as soon as possible, detailed implementation regulations and specific action commitments. Urgently needed are concrete numbers and commitments regarding:*

- *Financial resources that are allocated to implement the plan*
- *Details on integration of provincial objectives as described in the 10-year plan and how the plan's objectives will be approached by the local health care systems*
- *Clarification who is accountable for implementation, identification of success markers, and clarification who will monitor these success markers*
- *Clarification how service providers (not just GPs) will be instructed in evidence based practices*

*In order to expeditiously advance this cause, the Alliance in particular would like to know when the implied operational plan will be available for review. The current document indicates that a lead Deputy Minister will be responsible for a performance accountability team. We would like to know who has been appointed to this lead position and like to see the terms of reference and criteria for inclusion in the governance/oversight group. Along these lines, we expect as per our previous statements that the accountability framework will be cross-sectoral, that the process will be transparent, and that a governance/oversight group will report independently to government.*

**MINISTRY OF SOCIAL DEVELOPMENT  
BRIEFING NOTE**

**DATE:** Jan 30, 2012

**PREPARED FOR:** Hon. Stephanie Cadieux, Minister

**MEETING DETAILS:** BeSafe BC request meeting

**BACKGROUND:**

- There is currently no official website for BeSafe BC and advanced searches indicate there is no online presence of this program.
- BeSafe BC's stated goal is to allow British Columbians to build online contact databases to ensure a solid support network is in place in the event of a crisis, as well as build, share and maintain emergency plans online that can be shared across their contacts.
- BeSafe BC has briefed the Ministry of Public Safety & Solicitor General (PSSG) and the Ministry of Education (MOE) on the program.
- While the system has merits neither PSSG nor MOE are taking further action to support the program, nor are they currently working with BeSafe BC on further development.
- No ministry is currently endorsing, supporting or funding BeSafe BC.
- The work with schools cited is somewhat limited and may involve a single school in the North Vancouver area.

**RECOMMENDED RESPONSE:**

- BeSafe BC is a new program and without more information it is difficult to assess its merits.
- The ministry recommends that the Director of Corporate Planning (responsible for coordination of emergency planning) request further information on the product.
- The ministry will advise the Minister, of any proposed future activities.

9/10-2102-1211

# MINISTRY OF SOCIAL DEVELOPMENT BRIEFING NOTE

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**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** January 30, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**MEETING DETAILS:** Meeting February 2, 2012, with Dennis Chan, SUCCESS Chair regarding employment services in Vancouver, and the future of SUCCESS

**BACKGROUND:**

- SUCCESS has been a social service icon in the Chinese community for 38 years.
- SUCCESS was not the successful proponent in the recent procurement process for delivering employment services in the Vancouver Downtown Eastside (DTES) catchment area; however, the organization was a winning service provider partner in the DTES and in several other catchment areas, including Delta, Port Moody, Surrey Fleetwood/Guildford, Surrey Cloverdale, South Surrey, Dawson Creek, Fort St. John, and Fort Nelson.
- The ministry received media attention on this issue, particularly about the impact on the Chinese community in Vancouver.
- SUCCESS indicated concern about its future and how specialized populations – especially Chinese new immigrants – will be treated in the new program.
- All of our contractors are required to deliver services and supports to the immigrant community – and this is particularly true in Vancouver which has a high immigrant population.
- There was also a concern that contracts went to foreign companies, rather than local organizations that have experience dealing with specialized populations.
- Two companies affiliated with or owned by parent companies outside Canada won contracts to provide employment services in communities outside the Lower Mainland. Both companies – WCG International and Maximus Canada Employment Services – have a long history of service provision in Canada and BC.
- When the ministry designed the new Employment Program of BC, people with specialized needs were a key consideration.
- The ministry wanted to make sure these groups receive the same or better services as previously offered, with the same or better access, and increased choice, under the new program.
- All of the WorkBC Employment Services Centres will be required to provide a welcoming, safe and accessible environment for all clients.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

SUCCESS would also like to discuss the future role that SUCCESS can play in social development and the Premier's job creation strategy, in relation to the Chinese and immigrant communities during this meeting.

### ISSUES:

With the loss of the provincial employment service contracts effective April 1, 2012 the immigrant community is very concerned that specialized employment services are vanishing. SUCCESS does not have sub-contractor relationships with the awarded WorkBC Employment Services Centres (ESC) contract holders in Vancouver South, Burnaby, and Coquitlam, where the majority of Chinese and ethnic clients reside.

SUCCESS also wants to set the record straight that they do not have sub-contractor agreements with the awarded ESC contractors in Fort St. John, Fort Nelson and Dawson Creek as was announced by ministry staff.

### RECOMMENDED RESPONSE:

- All of our contractors are required to deliver services and supports to the immigrant community – and this is particularly true in Vancouver, which has a high immigrant population.
- The winning contractors are community organizations with a long history of service in Vancouver, such as the YWCA, the Open Door Social Services Society and the Pacific Community Resources Society.
- SUCCESS is a key partner in the new Employment Program of BC.
- SUCCESS will be partnering with Open Door Group to provide services in the Vancouver Downtown Eastside.
- SUCCESS is part of a successful service contract for the Pacific Community Resources Society, which will provide employment services to the Chinese community in Vancouver Midtown.
- SUCCESS is also part of eight contracts to provide services in communities other than Vancouver, in places like Surrey, Delta, Port Moody and communities in the north, such as Fort St. John and Dawson Creek.
- There are a number of different partnership arrangements in the new program. The Ministry trusts in the ability of the contractors and service providers to create effective partnerships to serve their communities.
- Partnership arrangements can include:
  - **Sub-contractor relationships**, where funding will flow-through directly to service providers for the delivery of program services (e.g. Case Management services for a Specialized Population).

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- **Purchasing services from a service provider**, where a Contractor may purchase a service on behalf of the client, such as training or specialized assessment, meaning no other flow-through funding is required.
- **Sharing space or resources**, such as co-locating or delivering services at the same outreach location or community centre.
- **Cost-sharing or in-kind support**, based on informal relationships.
- It is important to note that in these cases, the service providers may not see their respective arrangements as partnerships per se.
- SUCCESS has acknowledged the process for awarding contracts was fair.
- The procurement process for the Employment Program of BC was extremely transparent with over 18 months of consultation with proponents and stakeholders across the province.
- The procurement process is a competitive process and the service providers selected best demonstrated the ability to meet the required criteria.
- During the procurement process, the ministry specifically required proponents to demonstrate their experience and expertise in serving all clients in their communities, including those with specialized needs.
- The ministry has built in safeguards to ensure that the program succeeds in serving clients with specialized needs, including immigrants.
- The ministry will develop and implement an expert advisory panel to assist in reviewing results, monitoring data and ensuring that clients from specialized populations are receiving the services they require.

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**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** February 9, 2012

**PREPARED FOR:** Honourable Stephanie Cadieux, Minister of Social Development

**MEETING DETAILS:** Meeting scheduled for February 29, 2012 with representatives of Simon Fraser University

**BACKGROUND:**

- As part of their "SFU Day" in Victoria, officials from Simon Fraser University (SFU) have requested a meeting with Minister Cadieux and other members of Cabinet to discuss their actions to support the ability to access university education and partnerships with Fraser Health Authority in Surrey.

**About SFU**

- For the fourth straight year, SFU was rated Canada's best comprehensive university in the annual Maclean's survey.
- SFU offers over 100 undergraduate programs and more than 45 graduate programs through eight faculties across three campuses in Burnaby, Vancouver and Surrey.
- The university's Surrey Campus was established in 2002 and is a member of the Surrey Board of Trade, the Chambers of Commerce in White Rock, Surrey and Langley, the Downtown Surrey Business Improvement Association, and the Surrey Tourism and Convention Association. It also has partnerships with both the City of Surrey and School District 36.
- In June, 2011, SFU Surrey announced a new Centre for Biomechanics and Healthcare Innovation to advance the work of researchers studying the biomechanics of preventing, diagnosing and treating brain and spinal cord injuries.

**DISCUSSION:**

- The invitation is to meet with Wilf Hurd, Director of Government Relations, Andrew Petter, President & Vice-Chancellor, Dr. Philip Steenkamp, Vice-President External, and Dr. John O'Neil, Dean of Health Sciences.
- The invitation is general in nature and does not include any specifics on what officials may wish to discuss.
- There is strong cross pollination of expertise between SFU and Fraser Health Authority – many researchers, graduate students and other professionals have worked in one then the other, particularly in the area of mental health services.
- In 2009, Fraser Health Authority and SFU announced a Memorandum of Understanding for a Strategic Alliance on Teaching, Training and Research to work towards the development and integration of collaborative training, education and research programs, including:

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- Joint and/or shared faculty positions
- Opportunities for mentored research
- Multi-disciplinary education programs that address critical health care human resource needs
- Infrastructure and resources to support innovative models of training primary health care and public health practitioners
- Training opportunities for SFU students with Fraser Health
- Continuing education programs for Fraser Health employees and physicians at SFU

### RECOMMENDED RESPONSE:

- We appreciate the good work SFU is doing not only with the Fraser Health Authority, but in being able to leverage funding from other sources (the National Science and Engineering Council) to create the new facility for research on brain and spinal cord injuries in Surrey.
- As well, you may be interested to know that research on social enterprise done by SFU's Centre for Sustainable Community Development is contributing to the ministry's work in identifying novel alternatives for creating sustainable social services.
- SFU recently provided us with research on client outcomes to assist in the evaluation of the Homelessness Intervention Project. This research was valuable in examining pre- and post- intervention characteristics of our homeless clients.
- Look forward to hearing more good things coming from your new partnerships and initiatives as they develop.

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#### INITIAL

#### DATE

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**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** February 20, 2012

**PREPARED FOR:** Honourable Stephanie Cadieux, Minister of Social Development

**MEETING DETAILS:**

- Non-Legal Advocate of Holy Trinity Anglican Church has requested a meeting to discuss the ministry's PWD application process, hardship allowances and other topics
- Meeting date to be determined
- Recommend ADM Sharon Moysey attend the meeting

**BACKGROUND:**

February 17, 2012, the ministry received a message from Ruth Montaldi, a community volunteer in Sooke BC, who acts as a non-legal advocate with the Holy Trinity Anglican Church.

Ms. Montaldi met with the Minister briefly at the Throne Speech and has requested to meet and discuss concerns raised during her advocacy over the past two months.

This advocate assists families applying for income assistance, especially people applying for PWD status. She is a long serving advocate who is quite active and has raised issues in the past with regard to the Sooke office closing and how long it was taking the ministry to adjudicate PWD applications.

**ISSUES:**

Ms. Montaldi notes difficulty in applying for income assistance online and finding no space to record a person's Social Insurance Number, however, there is a specific page within the online tool where the applicant is required to enter their Social Insurance Number in order to submit an application to the ministry through this service channel.

Ms. Montaldi has requested a review of hardship allowances for single parent families with children in school, and a review of the amount for shelter costs which she notes as "most unreasonable for any family not involved with social housing".

Ms. Montaldi reports that she sent a mother into town to fill out an application so she could get an appointment in three weeks time. She further notes that for the remainder of the month, the mother had limited food budget, some money for basic utilities and faced rent expenses.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

### RECOMMENDED RESPONSE:

#### Difficulty applying online

- The ministry's online application tool, Self-Serve Assessment and Application (SSAA), provides citizens 24/7 access to general program information and the ability to apply for assistance without having to attend a ministry office.
- The ministry continues to explore new initiatives with a view to further simplifying the process of applying for assistance.
- Where assistance is required with the application process, citizens can contact a ministry worker through the toll-free Automated Telephone Inquiry system which directs callers to either a Contact Centre or the office nearest to their home

#### No space for SIN

- The ministry's online application tool contains a specific page where the applicant is required to enter their Social Insurance Number in order to submit an application to the ministry through this service channel.

#### Appointment in Three-Weeks

- Income assistance is a program of last resort. The Three-Week Work Search requirement ensures that potential income assistance clients have made an effort to look for work before they can receive financial assistance from government.
- Research consistently shows that individuals and families are better off working than on welfare. Putting employment first, ensures that individuals and families have the best chance to prosper.
- Applicants who have an immediate need for food, shelter or urgent medical attention are exempt from the three week work search and are given an expedited appointment to have their need assessed.
- The ministry ensures applicants' pressing needs for food, shelter or immediate medical attention are met.
- If an immediate need item is required (such as food or shelter) before an eligibility interview can be completed, staff ensure the need is addressed within the same business day through food vouchers, shelter referrals, and bus tickets.

#### Hardship allowances for single parent families with children in school

- The hardship category is a concept that allows applicants who would not otherwise qualify for income assistance to receive income support in order to prevent hardship. Generally hardship is provided on a short-term basis until clients either establish eligibility or gain access to another program (e.g. Employment Insurance). Therefore all sources of income, including Child Tax Benefits, are factored into the assessment of whether or not the ministry will provide support.
- Hardship rates for shelter and support are no different than regular income assistance.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- Families on Hardship are eligible for certain supplements such as crisis supplements and emergency dental coverage. Others, such as the school start up and diet supplements are not available to clients on hardship assistance.

### Income Assistance Rates

- Shelter rates for employable clients are comparable with all other provinces in Canada.
- The current income assistance rate structure takes into account all provincial and federal tax credits, child benefits, and other available programs and supports for low-income families and families on income and disability assistance.
- Clients should file their income tax return to help ensure they receive all the provincial and federal benefits that may be available through the tax system.
- As we move forward, we will continue to focus on strengthening our economy and creating jobs throughout British Columbia while also providing the best system of support for those who are unable to fully support themselves because of a disability or temporary loss of employment.

### Attachment

- Appendix A - Self-Serve Assessment and Application - SIN page

<u>Prepared by:</u>	<u>Reviewed By:</u>	<u>Initial:</u>	<u>Date:</u>
Terri Archer Senior Project Manager Regional Operations Regional Services Division 250 356-6718	Raymond Fieltsch Director Regional Operations Regional Services Division	_____	_____
<u>Data Sources/ Consultation:</u> 2011/12 Estimate Notes	Judy D'Gal Director Regional Operations Regional Services Division	_____	_____
Cloe Nicholls Manager Employment and Income Assistance Branch	Janice Nakamura Executive Director Regional Operations Regional Services Division	_____	_____
	Mark Medgyesi Executive Director Strategic Policy Branch	_____	_____
	Sharon Moysey Assistant Deputy Minister Regional Services Division	_____	_____
	Mark Sieben Deputy Minister	_____	_____

# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

## APPENDIX A

### Self-Serve Assessment and Application - SIN page

Submit - Windows Internet Explorer

BRITISH COLUMBIA Ministry of Social Development

Self-Serve Assessment and Application - Part 1

Print

**Submit your assessment information to the income assistance application process.**

By entering your SIN below you are confirming that you are who you say you are and the information you have provided in this application is complete, accurate and true.

In order to submit your information to the Ministry's application process you must indicate that you agree to the terms presented on the next page which include; the roles and responsibilities, 3rd party checks and consents. Agreement to these terms will be considered your written consent and will apply to you, and if applicable, your spouse and dependants.

SIN:

Income Assistance payments are made through direct deposit. Bring your banking account information to your eligibility interview.

\* missing or invalid

Exit Previous Step Submit Assessment

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** February 21, 2012

**PREPARED FOR:** Honourable Stephanie Cadieux, Minister

**MEETING DETAILS:** Request for Minister to meet with Bernie Jones regarding his ideas for innovations in services for persons with developmental disabilities.

**BACKGROUND:**

- Bernie Jones is a parent s.22 in North Vancouver, and operated by Howe Sound Rehabilitation Services Society.
- In 2005, s.22 Mr. Jones worked with other parents in a Parent Transition Advisory Group and with the North Shore Disability Resource Centre (NSDRC) to design a service, Supportive Transition Adult Group Education (STAGE) to meet the needs of young people with disabilities and their families.

**DISCUSSION:**

- Mr. Jones wishes to meet with the Minister to discuss the success of the approach used to establish the STAGE initiative as a model for future changes to services for persons with developmental disabilities.
- STAGE is a transition service for young adults with disabilities who have completed high school.
- It is designed for individuals who want to improve academic, work and life skills and will transition out of the service within 1-4 years to access other educational or employment related services and opportunities. STAGE is best suited to those who wish to further their independence through community-based activities and do not require one to one assistance.
- STAGE offers a varied schedule based on the goals of the participants:
  - Functional academics (Smart Readers, Math 2 Go, Money Skills)
  - Skill development (bus skills, office skills, basic computer skills)
  - Work skills training through community volunteering
  - Employment exploration through Informational interviews and tours with local businesses and services

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## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- STAGE is run through Community Living BC, which also provides 50 per cent of the funding and through the NSDRC.
- Anita Dadson, who is on the Board of Directors of NSDRC, recently wrote the Minister as President, BC Family Net Society regarding government's planned changes to services for persons with developmental disabilities (ref. CLIFF #174534). In her email, Ms. Dadson raised the issues of ensuring the quality of home-share services, and use of the word "entitlement" in the Queenswood report, as well as expressing interest in future engagement and how transparency in decision-making will be realized.

### RECOMMENDATION

- Recommend the Minister meet Mr. Jones to hear his ideas, along with Mark Sieben, Allison Bond and/or Molly Harrington in attendance.

**PREPARED BY:**

Tim Cottrell  
Director  
Disability Services Branch  
250-356-2249

**REVIEWED BY (pls initial):**

Harb Sihota \_\_\_\_\_  
Executive Director  
Disability Services Branch

Molly Harrington \_\_\_\_\_  
Assistant Deputy Minister  
Policy Research Division

Mark Sieben \_\_\_\_\_  
Deputy Minister

**DATE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** February 21, 2012

**PREPARED FOR:** Minister of Social Development, Stephanie Cadieux

**MEETING DETAILS:** Invited to weekly volunteers meeting

**BACKGROUND:**

The Carnegie Community Centre is owned and operated by the city of Vancouver and is funded by the municipal Community Services Division. Its services are tailored to the unique and diverse community it serves in Vancouver's Downtown Eastside (DTES).

The Carnegie Community Action Project (CCAP) is a project of the board of the Carnegie Community Centre Association. CCAP works mostly on housing, income, and land use issues in the DTES of Vancouver.

CCAP's researcher/organizers are Wendy Pedersen and Ivan Drury. CCAP's coordinator is Jean Swanson, one of the main contacts of the Raise the Rates Campaign. CCAP was involved in several "camping" protests in the past several years, including the Woodward's project and the Poverty Olympics.

Discussions with staff in Region 2 indicate that the group has held a protest outside the Ministry of Social Development offices at Main and Powell. CCAP represented some of the campers and brought media attention to the situation insisting on the campers' right to stay in front of the offices until suitable, permanent housing was provided.

CCAP reports monthly to the Carnegie Association and its volunteers meet weekly on Fridays. Jean Swanson has extended an invitation to the Minister to attend one of these weekly meetings.

**ISSUES:**

The meeting will likely be about making a case to increase income assistance rates and an opportunity for ministry clients to share their lived experiences. CCAP is a strong advocate for increasing income assistance rates and maintaining affordable housing.

Currently on their website is a post titled, [Top 2 reasons to raise welfare rates](#) (January 29, 2012). The post details a lunch set up by the Downtown Eastside Neighbourhood Council. Jagrup Brar, the MLA from Surrey who has accepted the welfare challenge was there. In an informal poll, volunteers from CCAP asked people why they thought welfare rates should be raised and generated a list of almost 30 replies.

Over the next two weeks, volunteers continued polling informally and distilled the list to the top two reasons to raise welfare rates, according to residents of DTES:

Cliff#: 174487

Version #: 1

Updated: February 20, 2012

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# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

(1) they wouldn't have to rely on food banks and lines; and (2) so families won't have children apprehended.

The Raise the Rates campaign wants government to create a long term Poverty Reduction Strategy, and in the short term wants government to make the following changes:

1. **Increase income assistance rates to the Market Basket Measure** (\$1300 a month in Vancouver) and index them to inflation.
2. **Remove the arbitrary barriers** that keep people in need from receiving income assistance, including the 2-year independence test, the 3-week work search, and restrictions based on citizenship status.
3. **Increase the minimum wage to \$12/hour** and index it to inflation; eliminate the \$6/hour training wage.
4. **Build at least 2000 units of affordable non-market housing per year** in addition to supportive housing, assisted living units and shelter beds.
5. **Increase the tax rate on people who earn over \$250,000 a year** and reverse the tax cuts to corporations.

## RECOMMENDED RESPONSE:

This group is quite vocal and active in the DTES, and aligned with several other anti-poverty organizations.

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s.13

s.13

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 Strategic Policy Branch  
 250 387-7005

**Reviewed By:**  
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 Manager  
 Strategic Policy Branch

**Initial:**

CN

**Date:**

Feb 21/12

Mark Medgyesi  
 Executive Director  
 Strategic Policy Branch

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Molly Harrington  
 Assistant Deputy Minister  
 Policy and Research Division

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Mark Sieben  
 Deputy Minister  
 Social Development

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**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

**DATE:** March 1, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**ISSUE:** Employment Program of BC contract issues between Kamloops Immigrant Services and Open Door Group Social Services Society

**BACKGROUND:**

The Employment Program of BC (EPBC) has signed contracts in 73 catchment areas. All contractors are required to ensure a 25 per cent flow-through to service provider partners. All contractors are also required to ensure service delivery to specialized populations.

During the bid process for EPBC Contract 57 – Kamloops, the successful contractor, Open Door Social Services Society (ODG), partnered with Kamloops Immigrant Services (KIS). KIS provides a host of services to immigrants and newcomers to Kamloops and the surrounding areas.

On January 27, 2012, Paul Lagace, the Executive Director of KIS, was interviewed by CFJC TV. During the interview, Mr. Lagace made statements that misrepresented the conversations that ODG had with KIS, and the agreement they had when ODG submitted their proposal with KIS as an EPBC partner in the Kamloops catchment area.

ODG responded to KIS with their concerns about Mr. Lagace's comments to the media and reiterated that he should be fully aware of his organization's role in the new employment program.

On February 29, Mr. Lagace informed the ministry that his board is not willing to sign a subcontract with the Open Door Group to provide services under the new EPBC, on the advice of their lawyer. Mr. Lagace is looking for funding arrangements that are outside the RFP and the ODG's ability.

Mr. Lagace also indicated he will be meeting with other organizations providing services to immigrants in the week of March 5. Some of the other organizations have also decided not to sign a subcontract. The meeting is being called to discuss EPBC subcontracting and how it pertains to immigrant clients.

**DISCUSSION:**

ODG chose to partner with KIS on their proposal so that KIS could continue to provide employment services to the immigrant population in the Kamloops area in the new EPBC. The Executive Director of ODG had an in-person meeting with Mr. Lagace in early

Cliff#: 174695

Version #:

Updated:

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MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE

December 2011 to reassure him that they would be supporting two case management positions in the new contract, as well as 10 per cent of administration costs.

Mr. Lagace came back to ODG expecting them to provide him a contract covering the cost of his two existing case managers, part of his financial administrator, receptionist and his salary. He also asked for ODG to pay for 1722 sq feet of his current rent. ODG clarified several times that they cannot contribute to Fixed Operating Costs (FOCs) as the purpose of the new model is to integrate services (under one roof) to lower administrative costs and increase program related supports. As a result, only the Employment Services Centres (ESCs) will be receiving FOCs. ODG also explained that the 10 per cent administration fee written in the contract is there to support a portion of his salary for the work of overseeing his staff in this contract. ODG provided Mr. Lagace with the option of having his Case Managers work out of the ESC. This offer was declined.

ODG contacted Mr. Lagace to inform him that there will be no changes in the contract presented to him. ODG is confident, based on the client numbers provided by KIS, that the staffing levels they have offered are more than adequate, and are in line with current programming.

**CONCLUSION:**

ODG responded to KIS on February 28, indicating that financial arrangements cannot be increased. They indicated that they hoped KIS would reconsider and they committed to not move forward to consider any alternate agencies prior to March 5. They asked KIS to respond by the end of the business day on Friday, March 2.

The Executive Directors of both ODG and KIS had a conference call the afternoon of March 1. ODG is forwarding the contract to Mr. Lagace for review. ODG expressed their commitment to providing extensive training to all staff and service providers in terms of service delivery of the contract. ODG is hopeful that this can still work out. Mr Lagace indicated that he will travel to Vancouver to meet with ODG in person on Thursday, March 9.



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**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

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Issues & Stakeholder Engagement Analyst  
Engagement and Strategic Initiatives  
250-953-4554

**Reviewed By:**

Asmeret Ghebremedhin  
Manager, Stakeholder and Client  
Engagement  
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**Initial:**

**Date:**

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Executive Director, Engagement,  
Planning & GNPI  
250-953-3919

Allison Bond  
Assistant Deputy Minister  
ELMSD

Mark Sieben  
Deputy Minister  
Social Development

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** March 1, 2012

**PREPARED FOR:** Honourable Stephanie Cadieux, Minister

**MEETING DETAILS:** Request for Minister to meet with Jim Watson, Regional Manager of the Goldie Company, to discuss Vela Microboards.

**BACKGROUND:**

- Jim Watson is a Regional Manager in the Goldie Company, which helps non-profit organizations including hospitals, universities, social service and other community organizations raise funds for undertakings from major construction projects for large institutions to renovations for small-town buildings and annual funding campaigns for social programming.
- In his volunteer life, Mr. Watson chaired Rick Hansen's world tour and served as the Chair of the Board of the Rick Hansen Man in Motion Foundation. He has also served on the Executive of the Association of Fundraising Professionals and is a member of the Association for Healthcare Philanthropy.

**DISCUSSION:**

- Mr. Watson has requested the meeting to discuss the Vela Microboards Association of BC (Vela).
- Vela is a non-profit society which facilitates the development and ongoing support of microboards for people with disabilities throughout British Columbia. It also provides affordable housing for people with disabilities.
- A microboard is a small group of family and friends joined together with a person with developmental challenges to create a non-profit society. The microboard addresses the person's planning and support needs in an empowering and customized fashion. A Vela microboard comes out of the person-centered planning philosophy and is therefore created for the sole support of one individual.
- While not the only function of microboards, often they make up the support network for the planning and utilization of funds provided through an "individualized services" funding model. As a result, Vela BC has close ties with, and receives funding from, Community Living BC.

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## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- For the 2011/12 fiscal year CLBC provided Vela with \$314,742.12 for both Microboard Support and Individual Funding information support.
- Vela supports over 600 active microboards in British Columbia.
- In 2009, a representative of Vela BC was included by the ministry as part of a task force on improving CLBC eligibility criteria.
- As well, Linda Perry, Vela BC's Executive Director, is actively contributing to the Ministry's social innovation engagement process (recommendation #12 from the Deputy Ministers' Working Group Report).

### RECOMMENDATION

- Recommend the Minister meet Mr. Watson to discuss Vela, along with Mark Sieben, Allison Bond and/or Molly Harrington in attendance.

#### PREPARED BY:

Tim Cottrell  
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Disability Services Branch  
250-356-2249

#### REVIEWED BY (pls initial):

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Executive Director  
Disability Services Branch

Molly Harrington \_\_\_\_\_  
Assistant Deputy Minister  
Policy Research Division

Mark Sieben \_\_\_\_\_  
Deputy Minister

#### DATE:

**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

**DATE:** March 1, 2012; UPDATED March 15, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**ISSUE:** Employment Program of BC contract issues between Kamloops Immigrant Services and Open Door Group Social Services Society

**BACKGROUND:**

The Employment Program of BC (EPBC) has signed contracts in 73 catchment areas. All contractors are required to ensure a 25 per cent flow-through to service provider partners. All contractors are also required to ensure service delivery to specialized populations.

During the bid process for EPBC Contract 57 – Kamloops, the successful contractor, Open Door Social Services Society (ODG), partnered with Kamloops Immigrant Services (KIS). KIS provides a host of services to immigrants and newcomers to Kamloops and the surrounding areas.

On January 27, 2012, Paul Lagace, the Executive Director of KIS, was interviewed by CFJC TV. During the interview, Mr. Lagace made statements that misrepresented the conversations that ODG had with KIS, and the agreement they had when ODG submitted their proposal with KIS as an EPBC partner in the Kamloops catchment area.

ODG responded to KIS with their concerns about Mr. Lagace's comments to the media and reiterated that he should be fully aware of his organization's role in the new employment program.

On February 29, Mr. Lagace informed the ministry that his board is not willing to sign a subcontract with the Open Door Group to provide services under the new EPBC, on the advice of their lawyer. Mr. Lagace is looking for funding arrangements that are outside the RFP and the ODG's ability.

Mr. Lagace also indicated he will be meeting with other organizations providing services to immigrants in the week of March 5. Some of the other organizations have also decided not to sign a subcontract. The meeting is being called to discuss EPBC subcontracting and how it pertains to immigrant clients.

**DISCUSSION:**

ODG chose to partner with KIS on their proposal so that KIS could continue to provide employment services to the immigrant population in the Kamloops area in the new EPBC. The Executive Director of ODG had an in-person meeting with Mr. Lagace in early

Cliff#: 174695

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## MINISTRY OF SOCIAL DEVELOPMENT INFORMATION NOTE

December 2011 to reassure him that they would be supporting two case management positions in the new contract, as well as 10 per cent of administration costs.

Mr. Lagace came back to ODG expecting them to provide him a contract covering the cost of his two existing case managers, part of his financial administrator, receptionist and his salary. He also asked for ODG to pay for 1722 sq feet of his current rent. ODG clarified several times that they cannot contribute to Fixed Operating Costs (FOCs) as the purpose of the new model is to integrate services (under one roof) to lower administrative costs and increase program related supports. As a result, only the Employment Services Centres (ESCs) will be receiving FOCs. ODG also explained that the 10 per cent administration fee written in the contract is there to support a portion of his salary for the work of overseeing his staff in this contract. ODG provided Mr. Lagace with the option of having his Case Managers work out of the ESC. This offer was declined.

ODG contacted Mr. Lagace to inform him that there will be no changes in the contract presented to him. ODG is confident, based on the client numbers provided by KIS, that the staffing levels they have offered are more than adequate, and are in line with current programming.

### **CONCLUSION:**

ODG responded to KIS on February 28, indicating that financial arrangements cannot be increased. They indicated that they hoped KIS would reconsider and they committed to not move forward to consider any alternate agencies prior to March 5. They asked KIS to respond by the end of the business day on Friday, March 2.

The Executive Directors of both ODG and KIS had a conference call the afternoon of March 1. ODG is forwarding the contract to Mr. Lagace for review. ODG expressed their commitment to providing extensive training to all staff and service providers in terms of service delivery of the contract. ODG is hopeful that this can still work out. Mr Lagace indicated that he will travel to Vancouver to meet with ODG in person on Thursday, March 9.



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### **UPDATE MARCH 15, 2012:**

The ODG and KIS met on Thursday, March 15, 2012. The summary of their discussion is as follows:

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Page 2

## MINISTRY OF SOCIAL DEVELOPMENT INFORMATION NOTE

- KIS will provide some services to ODG through a flow through agreement, but will not act as a Case Manager.
- Mr. Legace is going to propose what workshops KIS could provide ODG and do some further financial analysis.
- ODG will endeavour to develop a sub-contract with the Immigrant Services Society (ISS) to provide Case Management Services for the Immigrant Population in Kamloops. ODG has a subcontract agreement with ISS in another one of their EBPC contracts. KIS is supportive of ISS providing case management services.

Overall, it was a very positive meeting that both parties felt good about at the end.

ODG will begin work on their amendment request in preparation for submission with these changes should KIS return with a support for their revised approach.

<u>Prepared by:</u>	<u>Reviewed By:</u>	<u>Initial:</u>	<u>Date:</u>
Taylor Lundy Issues & Stakeholder Engagement Analyst Engagement and Strategic Initiatives 250-953-4554	Asmeret Ghebremedhin Manager, Stakeholder and Client Engagement 250-953-4530	_____	_____
	Carolyn Kamper Executive Director, Engagement, Planning & GNPI 250-953-3919	_____	_____
	Allison Bond Assistant Deputy Minister ELMSD	_____	_____
	Mark Sieben Deputy Minister Social Development	_____	_____

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** March 6, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**MEETING DETAILS:** Conference call with Claire Trevena (North Island MLA) and Sean Junglas (Community Ministries Director for Lighthouse Resource Centre) on March 7<sup>th</sup> at 4:45 pm regarding the Lighthouse Resource Centre in Port Hardy and concerns about services to specialized populations under the new Employment Program of BC.

**BACKGROUND:**

The Lighthouse Resource Centre, located at 8635 Granville Street, Port Hardy, serves the Mt. Waddington Region. The Lighthouse Resource Centre is a partnership between the Vancouver Island Health Authority, Ministry of Social Development, BC Housing and the Salvation Army. The Centre opened in October of 2007.

The Centre's primary focus is on support services and programs for clients encountering a variety of barriers including low income, unemployment, addictions, social isolation, homelessness and mental illness.

The Port Hardy Salvation Army is a subcontractor to our Community Assistance Program (CAP) prime contractor, Opportunities Career Services Society (OCSS) for the provision of specialized CAP services in the Port Hardy community. The organization is better known as the Community Resource Centre (CRC) or Lighthouse Resource Centre. The Ministry funds the specialized CAP CRC in Port Hardy (paid to prime OCSS) in the amount of \$108,000 annually.

Lighthouse Resource Centre's existing contract will end on May 31, 2012. The organization is not a contractor or service provider partner in the new Employment Program of BC (EPBC) launching on April 2, 2012.

The North Island Employment Foundations Society (NIEFS) is the successful proponent in Port Hardy for the EPBC. NIEFS is currently a subcontractor to OCSS for the provision of the regular CAP services in Port Hardy. NIEFS will be partnering with the following service provider partners for EPBC:

Mt. Waddington Community Futures Development Corporation
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## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

Vancouver Island Vocational Rehabilitation Services
Heiltsuk Tribal Council
Bridges for Women Society
North Island Crisis and Counselling Centre Society
Nuu-chah-nulth Employment Training Program
Island Deaf and Hard of Hearing Centre
Multicultural Orientation Service Association for Immigrant Communities
Campbell River Multicultural and Immigrant Services Association
Equipment and Assistive Technology Initiative BC
Perryman and Associates Organization and Community Development Consultants
North Island College
North Vancouver Island Aboriginal Training Society

### **ISSUES:**

While the successful proponent in Port Hardy (North Island Employment Foundations Society) has included itinerant services in their proposal, there are concerns that because the Specialized Services are not continuing in their *current* form, this represents a cut in services.

On review, most of the services in the specialized services CAP contracts are listed in the EPBC. It was up to the proponents to consider how they would deliver the services (for example through a satellite office for clients with multiple barriers) and how they would fund those services.

There are two CAP specialized services that are not specifically identified in EPBC (showers and laundry), however there is funding to provide these services for any client for the purposes of seeking employment.

### **RECOMMENDED RESPONSE:**

- We are confident that all services previously provided under the Community Assistance Program in Port Hardy will continue to be available to clients in the new program.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- The Ministry will be closely monitoring all of the contracts across the Province to ensure that clients with multiple barriers receive the same or better outcomes as they did through our legacy programs.
- The focus of the new Employment Program of BC is to provide the supports and services to get people, including those with specialized needs, back into the workforce.
- The ministry conducted a fair and open procurement process and provided information and support to proponents throughout the process.
- North Island Employment Foundations Society is required to provide the full suite of services listed in the contract, which includes services previously provided by the Port Hardy Lighthouse Resource Centre. There is no loss or gap in services.

### General messaging – RFP process and service provider selection:

- The ministry issued a Request for Proposals (RFP) on March 30, 2011 to procure for services associated with the delivery of the Employment Program of BC.
- The procurement process for these programs was extremely transparent with over 18 months of consultation with proponents regarding all aspects of the new Employment Program.
- Every effort was made to ensure that service providers were able to approach the competition on a level playing field to help government ensure that clients will be served by those who are best positioned to deliver the best quality service.
- The procurement process is a competitive process and the service providers selected best demonstrated the ability to meet the required criteria.

### Services to specialized populations:

- During the procurement process, the ministry specifically required proponents to demonstrate their experience and expertise in serving all clients in their communities, including those with specialized needs.
- All of our contractors are required to deliver services and supports to specialized populations.
- The ministry has built in safeguards to ensure that the program succeeds in serving clients with specialized needs.
- The ministry is developing an expert advisory panel to assist in reviewing results, monitoring data and ensuring that clients from specialized populations are receiving the services they require.

# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE



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Carolyn Kamper  
Executive Director  
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Allison Bond  
Assistant Deputy Minister  
ELMSD

Mark Sieben  
Deputy Minister  
Ministry of Social Development

**Initial:**

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**Date:**

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# DISTRICT OF PORT HARDY

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FAXED  
11/MAR/12

March 1, 2012

The Honourable Stephanie Cadieux, MLA  
Minister of Social Development  
Room 236, Parliament Buildings  
Victoria, BC V8V 1X4  
Fax: 250 356-7292

MINISTRY OF SOCIAL DEVELOPMENT	
MINISTER'S OFFICE	
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Dear Honourable Minister:

Re: Community Assistance Program (CAP) Funding Restructuring for Northern Vancouver Island  
Contract No. 46100079716 (specific to the Lighthouse Resource Centre)

I am writing this letter to you on behalf of myself, the council and citizens of Port Hardy and the many disenfranchised and homeless in communities across the Regional District of Mt. Waddington who have benefited from the services of the Lighthouse Resource Centre.

In 2007, the Salvation Army was contacted by Government and requested to provide client assistance and shelter to the many in our area facing social, health, economic, housing and cultural challenges. The Salvation Army opened the Lighthouse Centre, and, with funding from the Ministry of Social Development and the Vancouver Island Health Authority has continuously provided and expanded on the services offered to the most vulnerable in our region. The Lighthouse Centre offers a beacon of hope to those most in need, and they have done an outstanding job.

The region is very concerned, however, that the Lighthouse Centre will not be able to continue its operations due to the very real possibility of losing the annual funding allocation from MSD in the amount of \$108,000.00. It is my understanding that, during the recent merging of the BC Employment Program (BCEP) with the Community Assistance Program (CAP), the continuance of the third-party contract with the Mt. Waddington Lighthouse Resource Centre was put in jeopardy. The very existence of this invaluable service is now threatened.

Madame Minister, I am respectfully requesting that your Ministry continue to fund the Mt. Waddington Lighthouse Resource Centre. The cost is very little compared to the huge return the region receives in the wide variety of services and care offered. The impact of a closure of the Centre would be felt not only by the clients, but by our communities, our region and other local social and health agencies that lack the capacity to fill the void that would be left.

Thank you for your consideration of my request.

Yours truly,

Mayor Bev Parnham  
District of Port Hardy

cc: Sean Junglas / Mt. Waddington Lighthouse Resource Centre

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** March 6, 2012

**PREPARED FOR:** Honourable Stephanie Cadieux, Minister

**MEETING DETAILS:** Request for Minister to meet with Gentil Mateus, President and CEO of the Community Social Services Employers' Association

**BACKGROUND:**

- Established in 1994, the Community Social Services Employers' Association (CSSEA) serves four functions in the social services sector:
  - Act as a bargaining agent for members designated under the *Labour Relations Code* or Section 11 of the *Public Sector Employers Act*
  - Coordinate compensation services for employees not subject to collective agreements, benefits administration and human resource practices
  - Foster consultation between CSSEA and employers in the community social services sector
  - Assist the Public Sector Employers' Council to meet the objectives and strategic directions established by the Council
- To be a member agency of CSSEA, an organization must be unionized and receive at least \$250,000 per year in government funding, with those funds making up at least 50 per cent of its revenues.
- Existing agreements cover over 7,000 unionized full-time equivalent employees. Employees from the social services sector are represented by 11 unions, who are jointly represented by the Community Social Services Bargaining Association (CSSBA).
- CSSBA union members work in group homes and day programs for people with developmental disabilities, drug and alcohol programs, transition houses, immigrant and refugee support services, infant development, childcare, aboriginal services, and many others community-based social services.

**DISCUSSION:**

- Wes Boyd, Assistant Deputy Minister/Executive Financial Officer of the Management Services Division in the ministry, sits on the Board of Directors of the CSSEA as the government representative.

*Cliff # 174664*

2012-03-01 11:30 AM

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- Mr. Mateus has served as CEO of the CSSEA for the past seven months, and is currently assisting at the bargaining table for the sector on behalf of employers.
- He is likely to want to provide an update on the status of contract negotiations which would affect CLBC service delivery.
- The existing collective agreements are in effect until March 31, 2012. Currently the CSSEA is involved in negotiations for new contracts:
  - 5 at the Aboriginal Services table,
  - 102 employers at the Community Living Services table, and
  - 94 at the General Services table.

### **RECOMMENDATION**

- Recommend the Minister meet Mr. Mateus, along with Mark Sieben and/or Wes Boyd in attendance.

#### **PREPARED BY:**

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#### **REVIEWED BY (pls initial):**

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Executive Director  
Disability Services Branch

Molly Harrington \_\_\_\_\_  
Assistant Deputy Minister  
Policy Research Division

Mark Sieben \_\_\_\_\_  
Deputy Minister

#### **DATE:**

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**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

**DATE:** March 8, 2012

**PREPARED FOR:** Stephanie Cadieux, Honourable Minister  
Ministry of Social Development

**ISSUE:** Information Regarding British Columbia Employment and Assistance (BCEA) Persons with Disabilities (PWD) and Person(s) with Persistent Multiple Barriers (PPMB) Clients Access to Self-Employment (SE) Services  
Meeting requested by Raey Consulting

**BACKGROUND:**

The Employment Program of British Columbia will be implemented on April 2, 2012 and will deliver all services previously provided in legacy programming including Self Employment services for British Columbia Employment and Assistance clients who have Persons with Disabilities designation and the Person(s) with Persistent Multiple Barriers status. The existing Self Employment program available through the British Columbia Employment and Assistance program continues to be available for Persons with Disabilities and Person(s) with Persistent Multiple Barriers clients who are, or wish to become, self-employed. These two programs are complimentary; however it is possible to be a British Columbia Employment and Assistance Persons with Disabilities and Person(s) with Persistent Multiple Barriers client and not have to access the Employment Program of British Columbia Self Employment services.

**DISCUSSION:****Employment Program of British Columbia - Self Employment Services**

Self Employment services within the Employment Program of British Columbia assists individuals to develop and implement self employment opportunities to achieve labour market attachment. Persons with Disabilities, Person(s) with Persistent Multiple Barriers and clients who self-identify as having a disability who participate in Self Employment services may launch part-time self employment ventures or more complex, full-time businesses requiring the development and acceptance of a business plan.

There are two Self Employment options in the Employment Program of British Columbia. The first option is a structured Self Employment service that is expected to result in engagement in a business for 20 hours per week or greater. Self Employment services are accessed when Self Employment is identified as necessary and the most appropriate intervention to support the client in achieving labour market self-sufficiency. Self Employment services include access to business plan development, entrepreneurial workshops, coaching and requires that the business concept be viable in the local labour market.

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## MINISTRY OF SOCIAL DEVELOPMENT INFORMATION NOTE

A Customized Employment option for self employment is also available. Clients participating in the Customized Employment Self Employment option would normally be participating in their business for less than 20 hours per week due to disability related considerations. The business is less complex in nature and does not require a comprehensive business plan, business loans required normally do not exceed \$5,000 and structured entrepreneurial training is not required in order to implement the business. The nature of the businesses is to provide services, goods or supports (typically these are provided directly by the client to the customer). The client has unique needs and requires more direct, specialized and individualized support from the Employment Program of British Columbia service provider to enable participation in services/activities to achieve self employment outcomes than that available through Self Employment services.

British Columbia Employment and Assistance clients who have Persons with Disabilities designation or Person(s) with Persistent Multiple Barriers status may participate in Self Employment services and continue to receive British Columbia Employment and Assistance benefits. The date of business launch is communicated to the ministry's Regional Services Division by the Employment Program of British Columbia service provider through Integrated Case Management.

### **Self Employment Program for British Columbia Employment and Assistance Persons with Disabilities and Person(s) with Persistent Multiple Barriers Clients**

British Columbia Employment and Assistance Persons with Disabilities and Person(s) with Persistent Multiple Barriers clients are eligible to participate in the ministry's Self Employment program. The British Columbia Employment and Assistance program has a Self Employment program of business deductions and exemptions for Persons with Disabilities and Person(s) with Persistent Multiple Barriers clients who are, or wish to become, self employed.

Clients who are Person(s) with Persistent Multiple Barriers and clients who have the Persons with Disabilities designation are encouraged to access the Employment Program of British Columbia.

The ministry's Regional Services Division ensures that the British Columbia Employment and Assistance Persons with Disabilities or Person(s) with Persistent Multiple Barriers client understands the requirements related to income reporting for determining on-going British Columbia Employment and Assistance eligibility, and is aware of income and assets limits.

The Self Employment program is distinct from the Self Employment services provided by the Employment Program of British Columbia. The Self Employment program exempts specific business-related expenses and assets in determining clients' earnings and monthly eligibility for income or disability assistance (see Attachment 1 - Self Employment program Deductions and Exemptions)

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# MINISTRY OF SOCIAL DEVELOPMENT INFORMATION NOTE

Self Employment program is intended to assist Persons with Disabilities and Person(s) with Persistent Multiple Barriers family units in a wide range of self employment situations, from businesses that provide full-time employment and have business loans, to enterprises that are part-time and generate low earnings on an occasional or seasonal basis.

## **CONCLUSION:**

Through the Employment Program of British Columbia services, British Columbia Employment and Assistance Persons with Disabilities and Person(s) with Persistent Multiple Barriers clients are able to access and participate in Self Employment services and are able to earn income through self employment options and in turn have access to the ministry's Self Employment program that includes business deductions and exemptions.

## **Enclosures/Attachments**

### **Attachment 1 – Self Employment Program Deductions and Exemptions**



RSD - SEP  
ductions and Exemptions

<b><u>Prepared by:</u></b>	<b><u>Reviewed By:</u></b>	<b><u>Initial:</u></b>	<b><u>Date:</u></b>
Risa Kennedy Specialized Populations Analyst ELMSD	Valrie Beaman Manager ELMSD – Specialized Populations	Approved _____	Mar 9/12 _____
	Sandy Rodgers Director ELMSD – Specialized Populations and Program Governance	Approved _____	Mar 9/12 _____
	Sergei Bouslov Executive Director ELMSD – Ministry of Social Development	Approved _____	Mar 9/12 _____
	Allison Bond Assistant Deputy Minister Ministry of Social Development	Approved _____	Mar 9/12 _____
	Mark Sieben Deputy Minister Ministry of Social Development	_____	_____
	Stephanie Cadieux Honourable Minister Ministry of Social Development	_____	_____

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## Attachment 1 – RSD SEP Deductions and Exemptions

### SEP Deductions and Exemptions

Deduction or Exemption	Amount
Cash in an account reserved for operating expenses of the SEP business	Maximum \$5,000
When justified as a business expense, renovation costs for a SEP client's residence	Maximum \$5,000
Exemption limit for total value of business assets (including equipment, inventory, and supplies) and loans	Maximum \$50,000

### Exemptions to Earned Income

Description	Exemption
At least one person in the family unit has the person with disabilities (PWD) designation (must have been in receipt of income assistance or disability assistance for three consecutive months)	\$500 per month
Both adults in a PWD household have PWD designation	\$750 per month
At least one person in the family unit is a person with persistent multiple barriers (PPMB) and is under age 65 (must have been in receipt of income assistance or disability assistance for three consecutive months)	\$500 per month

MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE

**DATE:** March 8, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**MEETING DETAILS:** Meeting with Brian Sanders, Detective – VICE Unit – Vancouver Police on Monday, March 19<sup>th</sup> at 3:15pm regarding the closure of PEERS due to funding cuts and the impact this will have on the VICE Unit.

**BACKGROUND:**

PEERS Vancouver assists current and former sex workers to successfully transition into healthier lifestyles. They offer a bridging employment program called ELEMENTS which teaches life and employability skills, while focusing on strengths, addressing barriers and fostering positive relationships. One-on-one support services are also available. These services take the form of personal counseling, employment counseling, resume development, advocacy and referrals to other community services.

The ministry issued a Request for Proposals (RFP) on March 30, 2011 to procure for services associated with the delivery of the Employment Program of BC. **PEERS Vancouver chose not to participate in the procurement process.**

The services that were previously provided by PEERS Vancouver have been included in the new EPBC. These services include, but are not limited to:

- Living Supports;
- Dependent Care;
- Dressed for Employment Success;
- Building Self-Esteem;
- Stress / Anger Management;
- Recognizing / Understanding and Overcoming the Impacts of Abuse;
- Health Enhancement / Personal Care; and
- Substance Abuse / Relapse Prevention and/or Harm Reduction.

As services in the new program are "client-centred" if a service was not listed in the RFP, we expect the service provider to meet that unique need.

Under the new program, Open Door Social Services Society will be partnering with the following organizations to deliver employment services in the Vancouver Downtown Eastside:

- United Chinese Community Enrichment Services Society (dba S.U.C.C.E.S.S.)
- Immigrant Services Society of British Columbia

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- La Boussole
- Aboriginal Community Career Employment Services Society
- Battered Women's Support Services
- Canadian Mental Health Association
- British Columbia Institute of Technology
- Training Innovations
- Carnegie Community Centre
- Covenant House
- Britannia Community Service Centre
- Neil Squire Society
- Western Institute for the Deaf and Hard of Hearing
- Adult Learning Development Association
- Pacific Community Resources Society
- Gastown Vocational Services

### **ISSUES:**

Colonel Brian Sanders wrote to the Premier in November 2011 regarding his concerns about the closure of PEERS Vancouver, which is not a service provider under the new EPBC. He supports the work of PEERS Vancouver in helping sex workers exit the sex trade. He values PEERS Vancouver as a partner in the work he does for the Vancouver Police Department and believes that their closure will affect the ability of the VICE Unit to help people exit the sex trade. He is concerned that the needs of the specialized population that PEERS Vancouver serves will not be met under a one-size-fits-all system.

Colonel Sanders followed up with an email in January 2012 requesting to meet the Minister in person to discuss the PEERS program.

### **RECOMMENDED RESPONSE:**

- We appreciate PEERS Vancouver's commitment to serving clients.
- We recognize that valuable relationships have been established between PEERS Vancouver and the Vancouver Police Department.
- PEERS Vancouver chose not to participate in the procurement process for the new Employment Program of BC.
- The ministry conducted a fair and open procurement process. We provided information and support to proponents throughout the process.
- The focus of the new Employment Program of BC is to provide the supports and services to get people, including those with specialized needs, back into the workforce.

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- We encourage you to seek a relationship with the new service providers, as they continue to deliver these services within the community.
- We understand that change can be difficult, especially for those who are experiencing success in the current system. Our goal is to build on that success through the new EPBC.
- We also understand that there are other services for sex trade workers in Vancouver, including PACE Vancouver and the WISH Drop In Centre

General messaging – RFP process and service provider selection:

- The ministry issued a Request for Proposals (RFP) on March 30, 2011 to procure for services associated with the delivery of the Employment Program of BC.
- The procurement process for these programs was extremely transparent with over 18 months of consultation with proponents regarding all aspects of the new Employment Program.
- Every effort was made to ensure that service providers were able to approach the competition on a level playing field to help government ensure that clients will be served by those who are best positioned to deliver the best quality service.
- The procurement process is a competitive process and the service providers selected best demonstrated the ability to meet the required criteria.

Services to specialized populations:

- During the procurement process, the ministry specifically required proponents to demonstrate their experience and expertise in serving all clients in their communities, including those with specialized needs.
- All of our contractors are required to deliver services and supports to specialized populations.
- The ministry has built in safeguards to ensure that the program succeeds in serving clients with specialized needs.
- The ministry is developing an expert advisory panel to assist in reviewing results, monitoring data and ensuring that clients from specialized populations are receiving the services they require.

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**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

Allison Bond  
Assistant Deputy Minister  
ELMSD

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Mark Sieben  
Deputy Minister  
Ministry of Social Development

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**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

**DATE:** March 9, 2012

**PREPARED FOR:** Honourable Stephanie Cadieux, Minister

**ISSUE:** STEPS Forward – Service Provider

**BACKGROUND:**

STEPS Forward is a family-driven organization founded to ensure that people with developmental disabilities are included as students in the academic and social life of colleges and universities of British Columbia.

STEPS Forward was formed in 2001 when a small group of parents gathered to consider the question “what can I do to make sure that my son or daughter with a developmental disability will lead a full life in his or her community?” This fundamental issue is the driving force behind the work of STEPS Forward.

STEPS-Forward has a straightforward vision. Inclusive post-secondary education is a pivotal element toward living a fully inclusive life. STEPS Forward’s mission is to make it unremarkable for students with developmental disabilities to learn, develop careers and pursue their passions alongside other students at post-secondary institutions.

STEPS Forward students audit University and College courses. STEPS Forward have also developed partnerships/ relationships with Universities and Colleges to create more opportunities for individuals with developmental disabilities to attend.

Funding for this organization has historically come from a number of sources – Ministry of Advanced Education, Ministry of Children and Family Development, CLBC has also provided grants for administration costs in addition to direct supports for participating individuals. Advanced Education no longer provides funding for STEPS Forward.

**DISCUSSION:**

STEPS Forward requires stable funding rather than year to year grants. There is a significant opportunity here for various partner ministries to demonstrate their commitment to the Cross Ministry Transition Planning Protocol for Youth with Special Needs.

CLBC supports people to participate in STEPS Forward’s programs. Individuals and families receiving Individualized Funding (IF), host agency funding and with microboards

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## MINISTRY OF SOCIAL DEVELOPMENT INFORMATION NOTE

can use their funding towards STEPS Forward. In addition, CLBC has given a number of grants to STEPS Forward in the past, including a grant of \$75,000 in December 2011 to cover administrative and community development activities that promote inclusive post-secondary education for individuals eligible for CLBC services.

CLBC is developing procurement process to provide that increased stability in funding for STEPS Forward– partner ministries would be welcome.

In the Interim Report from CLBC's Board of Directors to the Minister of Social Development, STEPS Forward was highlighted as an innovative program:

“STEPS Forward: With appropriate community inclusion support, young adults with developmental disabilities participate in a coherent undergraduate student experience leading to lifelong learning, friendships, and employment with support from STEPS Forward through its BC Initiative for Inclusive Post-secondary Education. Students are supported to study courses of their own choice for 4 to 5 years, create a network of relationships based on personal interests and campus involvement, find paid student jobs and develop a career path into adulthood. Students audit courses and complete, with modifications to their level of ability, the same curriculum, assignments and exams as the other students.”

STEPS Forward has demonstrated strong employment outcomes, successfully working towards employment with many participants in the program.

### **CONCLUSION:**

STEPS Forward is a family-driven organization founded to ensure that people with developmental disabilities are included as students in the academic and social life of colleges and universities of British Columbia.

CLBC supports the work, vision and mission of STEPS Forward. While CLBC does not currently have a contract with STEPS Forward, CLBC does intend to enter into a more permanent relationship with the organization.

STEPS Forward requires more stability in their funding; this is a good opportunity for partner Ministries to demonstrate their commitment to the Cross Ministry Transition Planning Protocol for Youth with Special Needs.

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**Reviewed By:**

Name Mark Sieben  
Title Deputy Minister  
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Development

**Initial:**

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**Date:**

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**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** March 12, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**MEETING DETAILS:** Meeting with MLA Nicholas Simons and Mayor Dave Formosa regarding employment services in Powell River, and the future of the Powell River Community Resource Centre; March 14, 2012

**BACKGROUND:**

The Powell River Community Resource Centre (CRC) is a subcontractor to our Community Assistance Program (CAP) prime contractor, Opportunities Career Services Society (OCSS). OCSS received additional funding outside of its CAP contract to offer "specialized services" in Powell River through the CRC, and in Port Hardy through the Port Hardy Lighthouse Resource Centre.

The Powell River CRC opened in September 2007 and provides employment programs and services in the Powell River area. Services are available to all members of the community, however their main focus is to assist people who are experiencing low income, unemployment, addictions, social isolation, homelessness and mental illness. They offer a broad range of specialized services, including community linkage, personal counseling and coaching, access to shower and laundry services, referral and navigation, and assistance in locating and acquiring suitable housing.

On November 7, 2011, Rene Quintin of Opportunities Career Services Society wrote to the Executive Director of Employment Program Management to express concern that requirements for specialized services were not well articulated in the Request For Proposals (RFP) for the new Employment Program of BC (EPBC). As a result, he claims that the Lead Proponent<sup>1</sup>, the Powell River Employment Program Society dba Career Link, could not incorporate specialized services into its proposal, which negatively impacted the role of the Powell River CRC in delivering services under the EPBC. In his letter, Mr. Quintin fully endorsed the Powell River Employment Program Society; however, he requested continued funding for the Powell River CRC and its "specialized services" after the launch of the new program.

MLA Simons and Mayor Formosa met with the Minister and ministry staff on February 2, 2012. Ministry staff committed to looking into how the services in question, particularly the shower and laundry services, were accounted for in the new EPBC. Staff would also look into the special contract arrangements of OCSS, and investigate funding options.

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<sup>1</sup> The terms "Lead Proponent" and "Contractor" refer to the same entity. "Lead Proponent" is used during procurement and "Contractor" is used once procurement is complete.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

The ministry is finalizing arrangements to contribute \$50,000 for one year to each resource centre (Powell River and Port Hardy). In addition, the Assistant Deputy Minister of the Employment and Labour Market Services Division is investigating other potential sources of funding from other ministries.

Our ministry funding would be a temporary measure to prevent the resource centres from closing. OCSS is encouraged to seek other sources of funding for the centres to remain open long-term.

The ministry has learned that the Powell River CRC and other agencies in Powell River are considering going public over the closure of the CRC. They believe that if the CRC closes, it would be as a direct result of the EPBC.

### **ISSUES:**

The following issues were identified by the Powell River CRC:

- specialized services were not addressed in the RFP;
- there will be a cut to employment and specialized services in Powell River under the new program;
- the Powell River CRC will have to close due to changes to employment services; and
- a request for continued funding for the CRC.

### **RECOMMENDED RESPONSE:**

#### Specialized Services were not addressed in the RFP

- During the procurement for the new program service providers, the ministry specifically required Proponents to demonstrate their experience and expertise in serving all clients, including those with specialized needs, in their community.
- Required specialized services were listed in the RFP under Appendix F, Section 3.0, Case Managed Services.
- Examples of these services include:
  - Living supports;
  - Personal grooming and hygiene;
  - Disability management for employment readiness / physical and/or mental health issues;
  - Substance abuse / relapse prevention and/or harm reduction; and
  - Building self-esteem.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- Under the new program, contracts will be monitored to ensure that the Contractors are delivering on their commitments, including quality service delivery to specialized populations. The ministry will develop and implement an expert advisory panel that will be able to assist in reviewing results, monitoring data and ensuring that clients from specialized populations are receiving the services they require.

### There will be a cut to employment and specialized services in Powell River

- Under the new EPBC, employment services will be accessed through a one-stop model. This is not a cut in service. All services, including those for specialized populations, are available through the new program.
- The Contractor is required to provide the full suite of services listed in the RFP.
- Referral services and community resource information will also be available to people who are seeking a job through the Employment Program of BC.
- As services in the new program are "client-centred" if a service was not listed in the RFP, the service provider is expected to meet that unique employment need.
- The Contractor for the Powell River catchment area is the Powell River Employment Program Society d.b.a. Career Link.
- The following are the approved service providers for Powell River:
  1. Powell River Model for Community for Persons with Disabilities
  2. Community Futures Development Corporation Powell River
  3. West Coast Psychological Services
  4. Powell River Association for Community Living
  5. On Track Physiotherapy and Rehabilitation Powell River
  6. Multilingual Orientation Service Association for Immigrant Communities

### The Powell River CRC will have to close due to changes to employment services

- The Powell River CRC was listed as an itinerant service location by the Contractor.
- Services for Clients who are Multi-Barriered will be delivered at Powell River CRC's Joyce Avenue location.

### Opportunities Career Services Society is requesting funding for the Powell River CRC

- The ministry is looking into a short-term funding option for the resource centres. The ministry is also investigating options for temporary funding through other ministries.
- Ministry regional staff will continue to work with the two communities to identify new funding sources beyond 12/13.
- We encourage Opportunities Career Services Society to continue to seek other sources of funding.

# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

**Prepared by:**

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Deputy Minister  
Ministry of Social Development

**Initial:**

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**Date:**

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MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE

**DATE:** March 12, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**ISSUE:** s.22 and s.22 have requested a meeting with the Minister to discuss their experiences with CLBC service providers.

**BACKGROUND:**

- s.22 and s.22 are co-workers who also have family members receiving CLBC services.
- s.22 has a s.22, who has s.22 which affects facial appearance, growth and intellectual development, and causes seizures.
- s.22 lives in a Community Living BC (CLBC) group home called s.22
- In May 2011, s.22 was featured in a number of local news segments complaining about the ministry's decision not to pay for orthotics for her s.22. This decision was reversed.
- Recently, s.22 joined a local magazine called *Island Gals*, and will contribute articles on her experiences in advocacy.
- s.22 has a s.22 living in a CLBC home share. s.22 receives 30 hours a week of community inclusion supports and two hours per week of employment supports and also works at Starbucks.

**ISSUES:**

- s.22 would like to discuss:
  - Accountability of service providers. While details are unclear, s.22 notes in an email to Minister's Office staff that this includes such things as: legality of eviction, reporting to the Vancouver Island Health Authority, access to information, and transparency.
  - Accountability of CLBC staff. Apparently CLBC has refused to provide minutes of meetings with her. Also, she is unsure of her role and CLBC policies.
  - Committeeship – s.22 would like clarification as to what her rights are as committee for her s.22
- s.22 would like to share with the Minister her personal story regarding her s.22
  - According to s.22 her family has not seen her s.22 for over a year and any attempt has been denied in one form or another.

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- In addition, s.22 alleges that her s.22 home share experience has been terrible and there is frustration over a perceived lack of rights.
- Through this meeting s.22 hopes to find a solution to the problems which have resulted in the alleged lack of access to her family for over a year.

### DISCUSSION:

- s.22
- CLBC and its Community Response Team (CRT, a CLBC team that individuals can call for assistance when needed) are currently working with the family and Integra Support Services, the service provider that operates s.22. There have been challenges in communications between the family and the Manager and staff of s.22.
- Two meetings have taken place involving s.22 parents ( s.22 s.22 ), Family Support/Advocate Bev Kissenger, Integra Support Services, CLBC and its CRT.
- Additional meetings have taken place involving s.22 with the Manager of s.22, the CRT and s.22 s.22 has expressed frustration about the CRT/CLBC process.
- s.22 is requesting access to the communication book that is in place between s.22 home and her community inclusion program at Garth Homer. Information has been provided to her regarding access to personal information, and Freedom of Information procedures.
- The home has implemented a new communication book system between the Manager and s.22 in which written updates are provided on a weekly basis from the Manager. This method was adopted because on Sundays when s.22 is picked up/dropped off by her parents for a visit, ongoing tension between the family and the staff and agency as a whole have made interactions very challenging.
- The tension relates to the expectations of the family – the staff and agency's belief that the services they provide will never meet the family's expectations.
- According to CLBC staff, s.22 is well-supported at s.22. There are no concerns regarding the quality of her care.
- There is a chance that s.22 will report the results of her meeting with the Minister as part of her column in *Island Gals*.

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

s.22

- Regarding s.22, CLBC notes that some tension has existed in the past (2010) between her s.22 home share providers and her.
- s.22 had concerns about the communication between s.22 family and home share providers. However, CLBC staff explored her concerns at that time and confirmed that s.22 wanted to stay in the home share arrangement. It was decided at that time that the home share providers and family members would try to improve communication.
- In 2009, s.22 went to the Minister's office and the advocate for service quality with concerns – however according to staff it was difficult to ascertain exactly what her concerns were.
- CLBC would not deny the family seeing her s.22 as CLBC does not have the authority to make this decision. There have been no Guardianship issues in the past and to CLBC's knowledge there are no current Guardianship issues.

**RECOMMENDATION:**

- Recommend the Minister s.22 along with Mark Sieben, Allison Bond and/or Molly Harrington in attendance.

**PREPARED BY:**

Tim Cottrell  
Director  
Disability Services Branch  
250-356-2249

**REVIEWED BY (pls initial):**

Harb Sihota \_\_\_\_\_  
Executive Director  
Disability Services Branch

Molly Harrington \_\_\_\_\_  
Assistant Deputy Minister  
Policy Research Division

Mark Sieben \_\_\_\_\_  
Deputy Minister

**DATE:**

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** March 12, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**MEETING DETAILS:** Meeting with Satbir Singh Cheema, Director, Employment Programs and Planning, Progressive Intercultural Community Services (PICS) Society, regarding services for immigrants in the new Employment Program of BC (EPBC); meeting scheduled for March 19, 2012 at 11:30 am.

**BACKGROUND:**

The Progressive Intercultural Community Services (PICS) Society is a registered non profit society. They describe themselves as a United Way Agency with Private Career Training Institutions Agency (PCTIA) certification. They provide various programs and services, including employment programs, settlement services, language services, social programs and housing services. The services assist new immigrants, seniors, farmworkers and youth. Their services are targeted to immigrants from South Asia.

PICS' revenues come from private individuals, organizations, government, diverse foundations, BC Gaming Branch and United Way of the Lower Mainland.

PICS currently holds employment services contracts with the ministry by way of a Targeted Wage Subsidy – Community Coordinator agreement in Vancouver, and an Employment Assistance Services (EAS) centre in Surrey.

PICS offers a job mentoring component to their EAS Immigrant and Agricultural Worker Job Search Services (IAW-JSS) intervention in Surrey. The job mentoring component consists of activities including, but not limited to, educating employers about the benefits of employing immigrants, explaining the credential/certification process to employers, arranging mentoring relationships with participants and those working in the local market with firsthand knowledge of issues and working conditions, and assisting participants with professional networking.

The total value of the EAS agreement for 2011/12 is \$426,761. The equivalent of one FTE, a relatively small proportion of the agreement funding, goes to job mentoring activities.

The language outlining the job mentoring component was specific to the PICS agreement. It is expected that similar services will be available in the new EPBC, but these services were not described with identical language in the Request For Proposals

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

(RFP) for the new program. Services in the new program will be tailored to meet the unique needs of communities and specialized populations.

The following table outlines PICS' participation in the EPBC:

<b>Catchment Number</b>	<b>Catchment Name</b>	<b>Services</b>
13	Delta	Service Provider (Immigrant)
15	Vancouver South	Service Provider (Immigrant); Satellite Office Location
17	Vancouver Westside	Service Provider (Immigrant)
38	Surrey Fleetwood/Guildford	Service Provider (Immigrant)
39	Surrey Cloverdale	Service Provider (Immigrant); Satellite Office Location
41	South Surrey	Service Provider (Immigrant and Multi-Barriered); Satellite Office Location
42	Surrey Whalley	Service Provider (Immigrant)

In February 2011, during the development of the RFP for the EPBC, the Chief Executive Officer (CEO) of PICS, wrote to the Assistant Deputy Minister of the Employment and Labour Market Services Division to request that services for immigrants be included in the new program. The CEO expressed concern that the JSS-IAW intervention was not included in the model for the EPBC. He also described the general and employment-related challenges faced by immigrant population and claimed that PICS was the only Service Canada and Ministry of Social Development funded organization in the province serving that client group.

The ministry's response indicated that immigrants will be treated as a specialized population in the new program. It further explained that specialized populations may require specialized assessments and services designed to meet their unique needs to achieve a labour market or community attachment. In addition, the service delivery requirements for each area in the province will be informed by the needs of the client population to be served and will be tailored to meet community needs. The response also described the governance structure for the new program, which will include an external advisory panel to monitor how the program is working for specialized populations.

The CEO wrote back to the ADM in September 2011 to express his frustration that there was not specific language regarding services for the immigrant population in the final RFP. He also wished to explore the option of direct funding for services for the immigrant population, separate from the EPBC.

## **MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE**

In February 2012, Mr. Satbir Singh Cheema requested a meeting with the Minister to discuss his organization's concerns about perceived gaps in services for immigrants in new Employment Program of BC.

### **ISSUES:**

PICS wishes to discuss the following issues with the Minister:

- the gaps in service for the Immigrant Agricultural Worker clients in the new EPBC model; and
- the elimination of job mentoring services for professional immigrants in the new EPBC model.

### **RECOMMENDED RESPONSE:**

- The ministry acknowledges that some immigrants will need specialized and potentially diverse services.
- The new EPBC will provide the same employment services that are provided today.
- Services that were previously provided by PICS have been included in the new EPBC. These services include, but are not limited to:
  - Identifying Employment Readiness Skills and Strengths;
  - Creating/Updating Resumes;
  - Using Internet and Email;
  - Employment Coaching;
  - Identify and Access Transferable Skills / Prior Learning;
  - Job Shadowing;
  - Effective Workplace Oral, Written or Non-Verbal Communication;
  - Understanding Workplace Symbols and Signs;
  - Communication;
  - Other "Essential Skills" focused Support Services; and
  - Cultural Awareness.
- As services in the new program are "client-centred" if a service was not listed in the RFP, we expect the service provider to meet that unique need.
- Under the new EPBC, contracts will be monitored to ensure that the contractors are delivering on their commitments, including quality service delivery to specialized populations.
- The ministry will develop and implement an expert advisory panel that will be able to assist in reviewing results, monitoring data and ensuring that clients from specialized populations are receiving the services they require.

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- The ministry's mandate is to focus on employment services and supports.
- The ministry will continue to work closely with the Ministry of Jobs, Tourism and Innovation, which is the lead for WelcomeBC.
- Welcome BC provides immigration services, settlement services and immigration-related labour market services. These services include providing information about English language courses, employment, health, and education services.
- WelcomeBC also works with employer associations and regulatory bodies to streamline the qualification assessment and recognition practices; and with employer associations to make them aware of the barriers immigrants can face.
- WelcomeBC provides employers with tools and resources to help them attract, hire and keep immigrants; and works with immigrants to help them overcome those barriers.

**Prepared by:**

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Analyst  
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**Reviewed By:**

Asmeret Ghebremedhin  
Manager, Stakeholder and Client  
Engagement  
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**Initial:**

**Date:**

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Executive Director  
EPSI

Allison Bond  
Assistant Deputy Minister  
ELMSD

Mark Sieben  
Deputy Minister  
Ministry of Social Development


2012/039

**MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE**

**DATE:** March 21, 2012

**PREPARED FOR:** The Honorable Minister Stephanie Cadieux

**ISSUE:** To provide an overview of the Ministry's response to the fire at the Babine Forest Products sawmill near Burns Lake on January 20<sup>th</sup> and its continued involvement.

**BACKGROUND:**

The Babine Forest Products sawmill, located 20 minutes outside of the Village of Burns Lake (population 2,142) was destroyed by fire on January 20, 2012. The sawmill is owned by Babine Forest Products Company Ltd., which is a partnership between Hampton Lumber Mills (largest holder) and the Burns Lake Native Development Corporation (18% ownership), the latter of which is made up of six individual First Nations. The mill is located outside of the municipal boundary on Burns Lake Band reserve land and is the main employer in Burns Lake (252 full time and 17 part time positions).

The Ministry of Social Development (MSD) has been working closely with the Ministry of Jobs, Tourism and Innovation (JTI) who are leading a provincial, cross-government response to assist Burns Lake with expediting services and support to clients, economic diversification and community transition planning.

**DISCUSSION:**

The Ministry responded quickly to the tragedy in Burns Lake by joining Service Canada at a temporary computer lab at the College of New Caledonia campus in Burns Lake to assist individuals with applying for Employment Insurance, Income Assistance and referrals to employment services.

Four persons have applied for Assistance since the fire on Jan 20, 2012. Two were deemed to be eligible and are in receipt of Income Assistance, one is ineligible due to s.22 and one file is still in progress, and is applying for s.22. The local Employment Assistance Service (EAS) received over 80 inquiries primarily around résumé support and work search. Over 35 have received appointments to see an employment counsellor for assistance. In addition, the EAS extended their hours and reached out to other employment councillors in nearby communities to assist Burn's Lake.

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## MINISTRY OF SOCIAL DEVELOPMENT INFORMATION NOTE

Shortly after the fire, Minister Bell announced a job fair to be held in Burns Lake on February 10<sup>th</sup>, 2012. MSD responded by entering into a Labour Market Partnership agreement with the Burns Lake Regional District in the amount of \$5,200 to fund the job fair. The job fair was seen as a success and resulted in 30 Employers, 400 workers and 1,307 jobs brought to the Fair within commuting distance of Burns Lake. Eight clients were interviewed and hired on the spot.

The Ministry has been in discussions with the Steelworkers Union 1-424 to explore ways to collaborate with the local Employment Assistance Service Centre to provide up to date, relevant information on jobs, employer requirements, and labour market information, including availability of accommodations for jobs outside of Burns Lake. They will also collaborate to identify trends that could include common certificates being identified as needed by employers and consider delivering this in a group setting.

JTI has developed a Community Transition Framework to assist with the Burns Lake Recovery. There are four key elements of the framework; Timber Supply/Mill Rebuild, Worker Transition, Economic Development and Community and First Nation Services. Teams have been assembled to coordinate multi-stakeholder efforts for each element of the framework and are responsible for developing an action plan to identify the short, medium and long-term strategies for each transition element. MSD has been identified as the lead for the Worker Transition team and will also participate on the economic development team.

Through the Community Transition Framework, the Ministry will explore future projects through Labour Market Partnerships (LMP) and Job Creation Partnerships (JCP) and work to address barriers for employment, for individuals in that community. For example, we will work with the community towards another job fair in two to three months, if that addresses the community need. Other possible projects could include, trail building, fire abatement, website for community input and communications, and skills gap analysis. Many of these JCP and LMP projects fit nicely into the transition team goals and objectives.

# MINISTRY OF SOCIAL DEVELOPMENT INFORMATION NOTE

## CONCLUSION:

We will continue to work collaboratively with the Provincial team assembled to respond to the Burns Lake situation. We will continue to explore issues brought forward from the community including assisting with seeking solutions for client concerns around transportation and accommodations when considering jobs outside the community and suggesting alternative funding sources for activities our program does not support.

**Prepared by:**

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Executive Director, Operations  
ELMSD  
250 – 387-9625

**Reviewed By:**

Allison Bond  
Assistant Deputy Minister  
Ministry of Social Development

**Initial:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Mark Sieben  
Deputy Minister  
Ministry of Social Development

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2012 1015

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** April 2, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**ISSUE:** Sarah Balazs, Executive Director of Vectis Support Services Ltd. requested a meeting to share information on her company's services.

**BACKGROUND:**

- Vectis was established in 1994 and is an independent service provider which enables individuals to live in their home of choice with support tailored to their specific needs and wishes. Vectis uses gentle teaching that focuses on four primary goals: teaching the person to feel safe, feel engaged, feel unconditionally valued, and to return unconditional valuing back.
- Vectis operates five group homes in the Greater Victoria area for Community Living BC (CLBC) at a total contract value of approximately \$153,000 per month.
- Vectis has chosen not to become part of the CEO Network or CLAN (Community Living Agencies Network), and does not believe that the values of those two agencies align with theirs.
  - CLAN and the CEO Network represent the interests of service providers across the Province. CLBC, the CEO Network and CLAN work collaboratively on changes to contractual terms and conditions, policy and practices that affect the relationship between CLBC and service providers.
- Vectis had some concerns regarding contract adjustments and has expressed the view that funding levels are inadequate to "to ensure health, safety and freedom from abuse for our most vulnerable individuals."

**ISSUES:**

- Vectis would like to discuss their view of the need for a substantive changes in the way services are provided for persons with developmental disabilities, including:
  - A return to a case management / provincial review team system instead of providing services according to a needs identified by facilitators and allocated through analysts, which relies on accreditation to ensure standards are met by service providers;
  - Focusing more on quality of outcomes for individuals rather than meeting a checklist of standards; and
  - A more cautious application of the home-share model.

**DISCUSSION:**

- Ms Balazs started providing her services in 1994, and over the past 18 years has provided highly intensive personal supports to individuals with developmental disabilities, many of whom came to her after previous placements did not work out.

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

- While it is not highly unusual for individuals to move from one service provider to another, Ms. Balasz's perspective is that her methods, and only her methods, can address an individual's needs adequately and states "it would be wonderful if all services in BC would perform like [Vectis]."
- Alternatively, other agencies (of any type) are not viewed so well. Ms. Balasz states that Vectis has been "forced to abide by questionable agreements made between CLBC and 'representative organizations, CLAN & CEO Network'". Unions are trying to organize their staff against their will; CLBC has "failed its clients by not taking a stand against [government]"; "clients are not safe to be left in VIHA care"; taking individuals to the emergency ward "is like playing 'Russian Roulette'"; and the "morality" of other service providers is questioned.
- However interactions between ministry staff and other parents, advocates and service providers in the system of supports has indicated, that one approach does not fit all; and that because a placement does not work out for one individual does not mean that all others also have a bad experiences.
- It should also be noted that other parents, when asked, have expressed satisfaction with the same service providers that Vectis has expressed concerns about.

**RECOMMENDATION:**

- Meet Ms. Balasz to hear her thoughts about potential revisions to the system of services for persons with developmental disabilities, along with Mark Sieben, Allison Bond and/or Molly Harrington in attendance

**PREPARED BY:**

Tim Cottrell  
Director  
Disability Services Branch  
250-356-2249

**REVIEWED BY (pls initial):**

Harb Sihota \_\_\_\_\_  
Executive Director  
Disability Services Branch

Molly Harrington \_\_\_\_\_  
Assistant Deputy Minister  
Policy Research Division

Mark Sieben \_\_\_\_\_  
Deputy Minister

**DATE:**

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MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE

2012/048

**DATE:** April 5, 2012

**PREPARED FOR:** The Honourable Stephanie Cadieux, Minister of Social Development

**MEETING DETAILS:** New Dental Clinic in East Vancouver. Albert Wei, Chairperson and possibly one other member of the society are expected to attend

**BACKGROUND:**

The Strathcona Health Society (SHS) is a non-profit society that operates the Strathcona Community Dental Clinic. SHS provides dental care for children, their families and seniors in the Downtown Eastside. Over 60 percent of the clinic's patients are children who are provided dental coverage through the Ministry of Social Development (SD).

SHS has requested a meeting to explain their proposal for a new dental clinic in East Vancouver. Their current clinic serves 3,400 patients and is near capacity. The society has prepared a feasibility study that they believe outlines a strong business case for another dental clinic, based on their current model, focused on low income British Columbians, particularly aboriginal families.

SD provides access to basic, conservative dental treatment to children of low-income families, including dependent children on assistance and children covered under the Healthy Kids program. In 2010/11, the ministry spent \$52.9M on dental supplements which included \$24.1M on dental treatment for approximately 76,000 children. Expenditures on the dental program have been increasing.

**ISSUES:**

*Ministry's Past Support for Dental Clinics*

- The ministry recognizes the vital importance of low cost or community dental clinics to providing dental care to ministry clients and other low income British Columbians.
- In fact, from 2006-2008, the ministry provided over \$1.2 M to expand dental clinics in BC communities. These grants were specifically targeted to assist clinics with the one-time purchase of dental equipment and hardware. The ministry did not provide grants for operating costs as the ministry wanted to see these clinics be financially sustainable, independent of government assistance.
- **Strathcona Community Dental Clinic applied for and received a grant of \$9,000 at that time. They may be aware of grants made to other clinics which ranged from \$9,000-\$300,000, and averaged \$160,000.**
- When resources permit, the ministry may once again consider providing funds to low cost dental clinics in the future.

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Updated: April 5, 2012

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## MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- Provincial Services Branch within Regional Services Division manages the dental supplement. The budget does not provide for operating or start up funding to clinics. No grants for this purpose have been made in the last three years.

### *2010 changes to the dental program*

- The Province introduced several changes to health supplement programs, including dental services, effective April 1, 2010.
- As of April 1, 2010, children are eligible to receive up to \$1,400 for basic dental services every two years, instead of \$700 per year. This change enabled dentists to address complex dental needs more effectively, and minimized out-of-pocket expenses for families when more costly procedures are required. The limit for additional basic dental services for children and persons with disabilities treated under general anaesthetic in a hospital or an approved facility was also increased to \$1,000 from \$500 per year.
- Examinations, polishing and fluoride treatments are permitted once a year instead of twice a year. X-ray coverage is limited to \$54.71 every two years, instead of once a year.
- SHS, the BC Dental Association, and various other dental professionals were consulted on the changes to the dental program. They were comfortable with the changes to increase flexibility for treatment but had reservations about once a year cleaning. **Because of the large number of children served, SHS was particularly concerned about the decrease in cleanings.**

### *Fees*

- Since the Strathcona Community Dental Clinic has so many patients with coverage through the ministry's dental program, the clinic will be reliant upon the revenues from billing of this program. **It is likely that SHS will mention the relatively low rates provided by the ministry for dental procedures and advocate for a raise.**
- The ministry has regulated dental fee schedules which outline the eligible services and rates paid for treatment completed by a dentist, denturist or dental hygienist.
- The ministry recognizes that private sector dental fees continue to rise yearly and the ministry has committed significant funds to try to respond to those increases to maintain access for ministry clients. While an increase is not feasible in the current fiscal climate, the ministry has increased the fees we pay on behalf of our clients to dentists and denturists three times since 2005.
- The ministry recognizes the difficulty some clients face in finding dentists who will provide dental services within the ministry's current fee schedule. SD continues to work in close partnership with the BC Dental Association to ensure there are clinics and dentists around the province that serve our clients at no extra cost.

**MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**RECOMMENDED RESPONSE:**

- SD does not have funding available to support grants for dental clinics at this time.
- SD is pleased to encourage our clients to use the services provided by Strathcona Health Society.
- The ministry recognizes the vital role of dental clinics in providing access to dental care for ministry clients and other low income British Columbians.

**Enclosures/Attachments:** *Letter from Strathcona Health Society requesting meeting*

**PREPARED BY:**

Erik Bekker  
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Strategic Policy Branch  
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**REVIEWED BY**

Mark Medgyesi, Executive Director  
Strategic Policy Branch

Molly Harrington, ADM  
Policy and Research Division

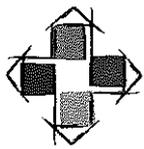
Mark Sieben, DM  
Ministry of Social Development

**INITIAL:**

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**DATE:**

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**strathcona**  
HEALTH SOCIETY

Honourable Stephanie Cadieux  
Ministry of Social Development  
PO Box 9058 Stn Prov Govt  
Victoria, BC  
V8W 9E1

MINISTRY OF SOCIAL DEVELOPMENT MINISTER'S OFFICE	
Referral # _____	
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JAN 31 2012	
MIN Response <input type="checkbox"/>	Reply Direct <input type="checkbox"/> Info File <input type="checkbox"/> FNA <input type="checkbox"/>
DM Response <input type="checkbox"/>	Reading <input type="checkbox"/>
Other: _____	

January 25, 2012

Dear Minister Cadieux:

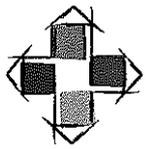
The Strathcona Health Society (SHS) is a non-profit society that operates the Strathcona Community Dental Clinic. The goal of the SHS is to provide high quality dental care for children, their families, and seniors in the Strathcona/Downtown Eastside neighbourhoods of Vancouver. The clinic is committed to increasing the dental health of children. Over 60% of our patients are children on the Provincial Healthy Kids program.

Tooth decay is still the most chronic and common disease of childhood and most severely affects children from low income families.

The Strathcona Community Health Clinic has been operating for ten years. We have over 3400 patients and are near capacity. It has become obvious that we cannot serve all the patients that need dental care at our current location.

Two years ago we started a process to investigate if there was enough unmet patient need for another dental office based in East Vancouver. We prepared a feasibility study and then created a business plan that outlines a strong case for another dental clinic focused based on our current clinic focused on low income people, particularly aboriginal families.

Our current clinic has shown it is a great model that could be reproduced to provide quality dental care to low income families in other parts Vancouver. To be a patient at our current clinic you must be a child 18 years and younger or their parent, or a senior 65 years or older. We do not accept adults without children between 19 years of age and 64, so that we may focus on children.



strathcona  
HEALTH SOCIETY

The children that come to our clinic receive the highest quality care. We work with the BC Dental Association, UBC, Vancouver Community College and many local dentists and dental specialists to provide children with the services they need.

We often provide free dental exams for families in need. We accept all dental plans and provide a 20% discount for cash patients. If we are not able to treat a child we ensure that any dental services we refer the patient to, are within the family's means. We also provide assistance on forms, dental coverage and dental options in three languages, Cantonese, Mandarin and English - as many of the families we work with do not speak English.

Our dentists are paid a per diem and are experienced working with children. Our staff work closely with the schools, daycares and community centres in the surrounding neighbourhoods to ensure dental health information is widely available.

We would like to invite you to come and visit our Dental Clinic so that we may explain the proposal for a new dental clinic to you. We are also willing to meet in Victoria if that is more convenient for you.

We hope that will find time in your busy schedule to visit with us.

Sincerely,

Albert Wei  
Chairperson

cc Mark Sieben, Deputy Minister  
Ministry of Social Development

# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

**DATE:** April 16, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**MEETING DETAILS:** s.22 parents, s.22, have concerns about their transition from MCFD to CLBC services

## **BACKGROUND:**

s.22 lives with Autism and has significant difficulty processing information. She is limited in her ability to communicate and to feel safe in her environment. She needs accompaniment and close support to be safe in community. She needs guidance and support in relationship and social skills. She has behaviour issues when upset and needs guidance and environmental support to prevent injurious behaviours.

s.22 turned s.22. The family worked with a CLBC facilitator and submitted a plan for funding consideration in the summer of 2011. They were requesting community inclusion to support s.22 post-secondary education (through the STEPS Forward program) as well as direct-funded respite. The requests could not be funded at the time, but this information was not clearly communicated to the family.

Direct funded respite has since been approved effective March 1, 2012. The CLBC facilitator continues to work with the family on community inclusion support. The current request is for individualized funding so that the family can hire a peer support to accompany s.22 to school.

s.22 is attending the s.22, working towards a diploma in s.22. The long term goal is for s.22 to attend Emily Carr University starting in September 2013, possibly through the STEPS Forward program. s.22 has been attending classes at the s.22 since September 2011, with either her mother or father accompanying her. The parents feel there is some benefit to them being in class with s.22, but the time commitment is significant and is complicating family dynamics. The South Island Distance Education School (SIDES) pays for s.22 tuition, but not supplies.

In addition to contacting the Minister's Office, the family has been in contact with CLBC's Interim CEO and Regional Director, MLA Popham and the Advocate for Service Quality.

Direct funded respite has since been approved effective March 1, 2012. The CLBC facilitator continues to work with the family on community inclusion support. An increase

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## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

in individualized community inclusion funding has been approved for the family to hire a peer support to accompany s.22 to school.

### ISSUES:

**Funding:** They are concerned with CLBC's inability to provide funding for their disability-related needs in a timely way. s.22

**Communications:** They are concerned with CLBC's responsiveness and communications, including the lack of written policies available through the website.

### RECOMMENDED RESPONSE:

- I understand that CLBC has recently approved respite and increased community inclusion funding. I would encourage you to continue to work with CLBC for any outstanding issues that you may have.
- CLBC accepts that it needs to improve communications with individuals and families, including managing expectations for supports and services available for youth in transition.
- Increased funding has been provided to CLBC and the Ministry to improve supports and services, including increased resources for transitioning youth.

**Prepared by:**  
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**Reviewed By:**  
Doug Woollard  
Interim CEO  
Community Living BC

Mark Sieben  
Deputy Minister  
Deputy Minister's Office

**Initial:**

\_\_\_\_\_

**Date:**

April 13,  
2012

Cliff#: 175135  
Version #:  
Updated:

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MINISTRY OF SOCIAL DEVELOPMENT  
INFORMATION NOTE

2012/050

**DATE:** April 24, 2012

**PREPARED FOR:** Honourable Stephanie Cadieux, Minister of Social Development

**ISSUE:** Announcement of the Successful Proponent – Request for Proposals (RFP) for the Centre for Employment Excellence

**BACKGROUND:**

The provincial Centre for Employment Excellence is a resource to support both the employment services sector and the employer community. It will also provide necessary analytical and evaluation services to the external and expert panels supporting the implementation of the Employment Program of BC (EPBC). Support for this concept was confirmed through the Ministry's extensive consultation process with various stakeholders on the EPBC and subsequent dialogue with industry.

The Ministry posted a Request for Proposals on February 15<sup>th</sup>, 2012 seeking proposals from organizations with research and development capacity and experience, to set up and manage a Provincial Centre for Employment Excellence.

The RFP closed on March 26<sup>th</sup>, 2012 and a total of nine (9) proposals were received. From March 27<sup>th</sup> to April 20<sup>th</sup> the Ministry evaluated all submitted proposals and selected the successful proponent.

The successful proponent is the Social Research Development Council (SRDC). Their affiliate is The Training Group at Douglas College. The Centre is expected to be launched in September 2012 with the following features: a research and development program, a website, and practice and knowledge enhancement support for the Employment Services Sector and Employer Community which focuses on the dissemination of best and emerging employment services practices.

Three years of LMMA funding, totalling a maximum of \$2 million dollars, is available to support the set up and initial operation of the Centre, over which time the Centre is expected to become self-sustaining by acquiring other sources of funding. Oversight of the Centre's operations will be provided by a governance body, established before launch of the Centre.

# MINISTRY OF SOCIAL DEVELOPMENT INFORMATION NOTE

## DISCUSSION:

The project timelines ensure the Centre for Employment Excellence will be launched in September 2012. Maintaining the September 2012 date is a critical success factor for the implementation of the new Employment Program of BC (EPBC).

Next steps are:

- Distribute letters informing the successful and unsuccessful proponents of the results of the competition.
- Send a draft contract to the successful proponent for review. The successful proponent will have thirty (30) days to review, obtain legal advice if necessary, sign and return the contract to the Ministry.
- The ADM responsible will review and countersign the contract on behalf of the Ministry within five days of the return of the contract to the Ministry.
- On or before July 15<sup>th</sup>, 2012, the successful proponent will deliver a business plan for the Ministry's review and approval.
- Once the business plan is approved, the successful proponent must carry out the plan, meeting the scheduled milestones, performance targets and planned outcomes as specified in the contract.

## CONCLUSION:

Moving forward with the next steps is critical to ensuring that the successful proponent can deliver a comprehensive business plan to the Ministry by July 15<sup>th</sup>, 2012 and launch the Centre for Employment Excellence in September 2012.

### Prepared by:

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### Reviewed By:

Sergei Bouslov  
Executive Director  
ELMSD

Allison Bond  
Assistant Deputy Minister  
ELMSD

Mark Sieben  
Deputy Minister  
ELMSD

### Initial:

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MKS

### Date:

\_\_\_\_\_

\_\_\_\_\_

Apr 24/2

2012/051

# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

**DATE:** May 2, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**ISSUE:** Meeting Faith Bodnar, Executive Director, British Columbia Association for Community Living (BCACL)

**BACKGROUND:**

- BCACL promotes participation of people with developmental disabilities in all aspects of community life. Membership includes family members, people with developmental disabilities, and over 70 nonprofit service providing community living associations.

**POSSIBLE ISSUES**

- Funding for CLBC/BCACL 2012 conference
- The Employment Program for BC services for adults with developmental disabilities
- Adult Fetal Alcohol Spectrum Disorder diagnosis

**DISCUSSION:**

**General:**

- Ms. Bodnar also has been actively involved with the "Family Journeys" innovation initiative which arose in response to recommendation 12 of the Deputy Ministers' Review report ("support ongoing innovation in the sector, and recognize and support the innovations developed, championed and undertaken by families and individuals").
- The 12-Point Plan was seen by the BCACL as "a positive first step".
- The BCACL is likely to encourage the ministry to follow Alberta's lead and raise the amount of income assistance that people with disabilities receive.
- *Moving Forward: Steadfast and Strong*, BCACL's 2012 conference, will take place from May 31 – June 2, 2012 in Penticton. Representatives from the "Family Journeys" initiative will have a hospitality suite at the conference.
- Ms. Bodnar is likely to ask about the Minister's address to the BCACL conference and may raise items she would like Minister to include.

# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

## CLBC

- CLBC will also be participating with a booth and speakers at the BCACL conference focusing on self advocates being safe online, and on employment.
- BCACL is watching closely progress of the \$40 million of funding to support those with developmental disabilities announced in January. They are likely to ask the status of it, and about a rumour that CLBC has earmarked those funds for other uses.
- They are also canvassing their members to determine what impact, if any, the funding has had on what they refer to as "the backlog of requests for services".

## Employment Program for BC

- To alleviate concerns that clients with specialized needs will fall through the cracks of the new one-stop model, safeguards built in to the program include:
  - All of the Employment Services Centres are required to provide a welcoming, safe and accessible environment for all clients.
  - During the procurement for the new program service providers, the ministry specifically required proponents to demonstrate their experience and expertise in serving all clients, including those with specialized needs, in their community.
  - Under the new program, contracts are monitored to ensure that the contractors are delivering on their commitments, including quality service delivery to specialized populations.
  - Ministry staff will review results, monitor data and ensure that clients from specialized populations are receiving the services they require.

## Adult FASD diagnosis

- Currently there is no diagnosis of adults for FASD. The Ministry of Health is setting up a demonstration project for adult diagnostic assessment.
- At this point the project is focused only on the CLBC cohort.
- As a demonstration project, learnings will help government to determine next steps for future application.

## Recommendation:

- Meeting to include Deputy Minister Mark Sieben and/or Assistant Deputy Minister Molly Harrington

### PREPARED BY:

Tim Cottrell  
Director  
Disability Services branch  
250-356-2249

### REVIEWED BY (pls initial):

Harb Sihota \_\_\_\_\_  
Executive Director  
Disability Services Branch

Molly Harrington \_\_\_\_\_

### DATE:

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

Assistant Deputy Minister  
Policy Research Division

Mark Sieben  
Deputy Minister

*MKS*

MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE

2012/052

**DATE:** May 8, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**MEETING DETAILS:** Social policy issues and Government's innovation agenda

**ATTENDEES:** Doug Hayman, Director of Strategic Development, BoardVoice. Doug Hayman coordinates all Secretariat work on behalf of BoardVoice through the Federation of Community Social Services BC. Other representatives from BoardVoice may be in attendance.

**BACKGROUND:**

BoardVoice is an organization comprised of 75 boards of legally constituted not-for-profit organizations actively involved in direct provision of social services across British Columbia. It is dedicated to "creating a clear and effective voice for volunteer community-based boards that support high-quality social services and strong, vibrant communities."

In March, BoardVoice sent a letter to the BC Social Innovation Council providing comments on the Council's discussion paper, *Together: Respecting Our Future* (Appendix A). The letter stressed that multiple strategies are required to advance social innovation, including possible legislative changes in areas such as the Societies Act and Canada Revenue Agency tax barriers.

Attached for reference is the BoardVoice document entitled "Board Voice Accomplishments 2010-2012". This document lists management structure, inter-board meetings that have taken place throughout the province, training and presentations they have delivered, OpEds and letters to editors, and correspondence to and meetings with political parties, politicians and government representatives. (Appendix B)

**ISSUES:**

BoardVoice has indicated they would like to discuss the following social policy issues with the Minister:

- Employment Program of BC issues regarding privacy concerns and current functionality of Integrated Case Management (ICM);
- Welfare and welfare rates to ensure proper supports are available for people on income assistance (specifically they are interested in welfare rates increasing due to inflation)
- Progress update on Community Living BC (CLBC);
- Government's social innovation agenda.

**RECOMMENDED RESPONSE:**

- ICM System and Privacy: Privacy of confidential information about individuals is a key foundation of the ICM Visibility design. Though the data in ICM will be linked

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

across the spectrum of the program areas it serves, visibility of the data is strictly controlled and based on the need to know and founded on statutory authority as set out by the appropriate legislation (e.g. FoIPPA, CFCSA). The end result is that information in the system is not shared with all of its users, but rather made visible to the appropriate individuals or groups, for the appropriate purpose and at the appropriate time.

- It should be further noted that two external advisory panels have been established to provide advice and make recommendations to the Ministry related to the new Employment Program of BC to ensure that the needs of job seekers continue to be met. A new Centre for Employment Excellence is being established to support the employment services sector, including employers and service providers, with the goal of improving employment outcomes for all unemployed job seekers in the province.
- Welfare rates: 2012/13 budget allocation for Employment and Income Assistance services is \$1.66 billion. When setting rates, government is obligated to take a balanced approach between meeting the needs of clients and responsibly and effectively managing public dollars across multiple social, health, education and other programs. All clients are eligible for health and other supplementary benefits to meet a variety of unexpected or additional needs. In reviewing support rates, the ministry takes into account the basic cost of nutritious food, as estimated by the Dietitians of Canada, and estimates of housing costs, clothing, hygiene and other goods reported by Statistics Canada. Changes in the Consumer Price Index of basic goods and services are also monitored.
- CLBC: Since the release of the comprehensive 12-point plan in January, an inter-ministry team – including the Ministries of Social Development, Children and Family Development, Education, and Health, along with CLBC – has been working to develop an integrated delivery system to provide a long-term resolution for individuals, families, home-care providers and others. A volunteer reference committee and website are also being created to ensure individuals and their families have the opportunity to be engaged and informed. A call for volunteers will be issued in the coming weeks. A series of targeted self-advocate consultations will also take place throughout the Province, including family members, service providers, self-advocates and community representatives.
- BC Social Innovation Council: On Friday, April 27, the Council presented their *Action Plan Recommendations to Maximize Social Innovation in British Columbia* to government, which charts out a course for government, businesses, non-profits and communities to advance social innovation. These recommendations are being reviewed by government to determine next steps. The recent launch of the BC Ideas Social Innovation Competition speaks to government's commitment to social innovation. BoardVoice is encouraged to review the report (Appendix C)

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**Enclosures/Attachments**

- Appendix A: BoardVoice letter to BC Social Innovation Council
- Appendix B: Board Voice Accomplishments 2010-2012
- Appendix C: Action Plan Recommendations

**Prepared by:**  
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Innovative Partnerships  
Phone 250-356-8582

**Reviewed By:**  
Rachel Holmes  
Executive Director  
Innovative Partnerships

**Initial:**

**Date:**

Molly Harrington  
ADM  
Policy and Research

Mark Sieben  
Deputy Minister

*Shawn  
for Mark*

*05/14/2012*

Name  
Title  
Branch



## Board Voice Society of B.C.

### Board of Directors

Dave Stigant, Chair  
Carol Matusicky, Vice Chair  
Craig East, Treasurer  
Alyson Hagan-Johnson,  
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Lynn Carter  
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Gloria Lifton  
Tina Marten  
Terry Moist  
Lyn Policha  
Leslie Welin

### Secretariat

c/o Doug Hayman  
FCSS of BC  
2<sup>nd</sup> floor, 526 Michigan St.  
Victoria, BC V8V 1S2

Ph: 250 480 7387  
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boardvoice@shaw.ca

Date: March 7, 2012

To: The BC Advisory Council on Social Entrepreneurship

### Re: **Together: Respecting Our Future**

*Board Voice BC* congratulates the Council on its creation and make-up, and the stimulating and insightful report **Together: Respecting Our Future**. Board Voice is pleased to become part of a widening conversation about the nature and future of social services to create the inclusive society we aspire to for British Columbians and Canadians.

*Board Voice* respectfully submits the following observations on the Report. Our comments reflect our feeling that the work of the Council not be open to being dismissed as “more of the same”. Cynicism about our democratic institutions and the meaning of public participation is far too common and of great danger to British Columbia’s social fabric.

Prior to commenting on a number of excerpts from the Report, *Board Voice* would like to draw a number of perceptions to the attention of the Advisory Council.

- The sustainability conversation must not be allowed to prevent more fundamental and some would say prerequisite social conversations. As one of our members stated:

*“If the emphasis is to be on prevention as seems to be indicated in the report – (talking about getting at the “causes” of social ills, etc.), then why not consider a more straightforward policy proposal to engage communities and submit to government about the need to shift priorities to the arena of prevention. There may be additional expenditures upfront, but, from our perspective, it is a question of what approach will actually meet people’s needs ultimately. If we accept, the “not sustainable” framework, the more fundamental discussion about how we achieve the long-term results (getting at the “cause”), and the need to develop a prevention strategy, policy and practice, will simply be pushed off the agenda and taken over by the “sustainability” discussion.”*

- While the report acknowledges that there are “wicked problems” and suggests a mechanism to have conversations to try to address them (Change Labs), it does not acknowledge the ‘difficult conversations’ that could lead to both innovations and a differential use of resources. These conversations are often avoided because of their political volatility, but nonetheless, must be addressed. Examples of these issues are drug policy and end-of-life policies. In fact, the whole area of social policy as an area for social innovation is not addressed in the report except as it pertains to new funding mechanisms.
- The Report gives short shrift to the incredible amount of innovation that already exists in many non-profit social service agencies. Funding cuts, changes in government's priorities, differences in rural vs. urban communities have led to hundreds of agencies collaborating and partnering with other societies, school districts, local governments, local business and developers to meet the needs of clients whose needs could have fallen through the cracks. Failure to recognize and identify that contribution appropriately and to try to sell “innovation” as the something “new” to the non-profit sector will send a negative message to those who are already “doing innovation” daily.
- The Council should speak to the cynicism that exists in our politically polarized province. We fear the good work of the Council will be diminished if its work can be discounted as “code” for cuts and downloading of obligations from government;
- The Report has been in circulation for just over three months. However, the existence of the Report was apparently not widely shared with those working in the governance and operation of community-based social services. We recommend that the next version of the Report be more widely distributed in order to engage those currently working in the sector
- More emphasis needs to be placed on cross-sectoral dialogue about these issues and means to facilitate that dialogue; the Summit, *Collective Impact Through Social Innovation*, was interesting but wasn't organized in such a way as to create synergies;
- Government often emphasizes the economic engine that small business provides. The Council might consider addressing means that will allow small business and small agencies to contribute on an equal footing with big business and big agencies. For example, procurement processes can directly and negatively affect the participation of small, community-based contributors;
- Finally, any impression that social services are an economic drain needs to be re-cast. Social services are critically able to reduce downstream health and corrections costs, and are able to maintain vulnerable children within a schooling stream toward self- sufficiency. As well, the 65,000 social

services employees contribute to taxes and generally spend their paycheques in their communities. Further, those who hold the view of the non-profit sector as too soft or not disciplined enough, could take some lessons on how to “do more with less”, a situation this sector has endured for at least a decade.

Note: in the following sections, all bold faced sections are excerpts from “Together: Respecting our Future”;

- 1. However, our traditional safety net and bridges to a good life are strained to the limit. We are not getting all the results we want and need. People who are poor, elderly, disabled, Aboriginal, young and otherwise vulnerable are in danger of being left behind. Many already have been. We must find new ways to pay for, deliver and transform the public services we have come to see as birthrights. P.7**

We would suggest that this paragraph is the crux of the matter at hand, and could be emphasized more in the report. *Board Voice recommends* that the advice of Stephen Huddart in “Managing Social Innovation” be heeded in the next iteration: **keep the problem at the centre.**

- 2. “We are convinced that status quo responses to complex social issues are neither sustainable nor responsible.” (p.5.)**

We would strongly encourage the Council to remember that the statement about the ‘status quo’ is not widely understood or accepted by many citizens in the province including many who have a long-term history and commitment to the provision of social services. We include some in our membership amongst those who do not yet understand or accept this view of the future. We implore the Council to not underestimate the complexity of addressing this situation beyond the “information” level to communities.

- 3. There is also a growing awareness of the complexity and interconnectedness of these challenges. Now more than ever we are invited to heed Einstein’s advice: “Complex problems cannot be solved at the level of awareness that created them.” P.9**

While we should heed Einstein’s dictum, what is called for goes beyond a shift in the level of awareness. This “onion” of social challenges must be “peeled” carefully to avoid “tears” and withdrawal. The strategic step to achieve the “peeling” while keeping everyone in the kitchen is a project unto itself. British Columbia is a highly politicized province and this strategic approach needs to bring all parts of the political spectrum, as well as our aboriginal neighbours, to that kitchen. Only by doing so can the Council’s goals be met across the geographic, cultural, and ethnic diversity of British Columbia.

**Yet we are optimistic. If we can build on and expand on the interest and energy of many British Columbians and learn from other innovators around the world, we have the potential to tackle our toughest social problems in new ways and to prepare future generations to meet the challenges of their time. We believe the Advisory Council's mandate to explore the promise of social innovation - to transform how we approach social problems - is realizable. In this document we outline what we see as some essential first steps. P. 10**

Many of those involved in the Council and in the social services sector are "can do" people. It may be worthwhile to try to discover why that is and what created that personality of capability and competence. In particular, we need to discover how to create or return that capacity to many of our neighbours who have lost that sense of competence in whole or in part. For example, the Social Entrepreneurship Initiative cannot be separated from a successful reconciliation initiative embraced by both the aboriginal and non-aboriginal communities. This latter bridge is as important as the government-private sector- not for profit sector bridges, and should be included in the vision.

**Bridging these sectors will involve hard work and leadership. Key to working together effectively are trust and reciprocity but we often come to the table with very different sets of resources – skills, funds and influence. This can make us wary. We may be uneasy about government's motivation. An unfamiliarity with business can lead to a misunderstanding of motives and possibilities. Business may view not-for-profits as too soft or not disciplined enough. Government may see the not-for-profit sector as a net drain on the economy. The competitive environment among some not-for-profits can result in reluctant collaboration, fearful that they might jeopardize their ability to secure essential resources. Pp. 12-13**

The Report places particular emphasis on engaging youth and a full spectrum of society. Particular reference is made to the education sector, secondary and post-secondary, becoming part of the social innovation enterprise. To again quote the Report, "There is also a growing awareness of the complexity and interconnectedness of these challenges". The "education wars" in British Columbia, which are unique in Canada, and the matter of aboriginal reconciliation, are only two of the more important examples of the truth of this observation. *Board Voice* would observe that some of the international conflict reduction strategies referenced in sources such as *The Bottom Billion* and Adam Kahane's REOS work on problem solving may be highly applicable to B.C.'s highly polarized social situations. Some of the divisions in B.C. seem to go beyond traditional challenges that exist between business and labour.

**4. We propose the study and adaptation of change lab methodology to British Columbia. The timing is right. Across BC there is a growing interest in exploring the creation of centers of social innovation that are dedicated spaces to facilitate social innovation. P.15**

**However, we believe that a BC change lab methodology would:**

- **Include a focus on the experiences, insights and solutions of people directly connected to a social issue;**
- **Incorporate the best thinking and solutions from around the world;**
- **Convene an interdisciplinary team - policy makers, funders, service providers, business and labour, as well as users and volunteers;**
- **Initiate rapid prototyping of solutions;**
- **Conduct continuous research and outreach; and**
- **Scale and measure proven solutions. P.16**

Board Voice supports this proposal, but wishes to emphasize that in order to create these conditions the Council will need a voice that transcends ideological differences within the province and speaks to shared values and interests in society. There are social “gun slingers” who will be challenged to “leave their guns at the door” to participate in the social discourse and change for the good of society.

5. **At a time of fiscal uncertainty many organizations are focused on survival. They understand the importance of addressing root causes but cannot ignore the daily needs to which they must respond. We do not want to threaten their financial stability. However, we believe that we must use our money and financial assets more smartly to free up resources for prevention, unexpected emergencies and new challenges, and thus enhance sustainability and stability of our social care infrastructure over time and for the long term. P. 17**

*Board Voice* believes that in order to carry out these transformative changes, the government might consider, for a transitional time, adopting a “doing more with more” approach to outcomes and expenditures, not a “doing more with less”. The Council should be very wary that the statement “**we are convinced that status quo responses to complex social issues are neither sustainable nor responsible**”(p.5) is not code for no further public funding, or for public funding cuts. While that may be one of the outcomes of the wider conversation, that statement as an *a priori* assumption will potentially alienate and eliminate those who believe the conversation must include exploration of what is a reasonable “tax effort”. Social innovators should not risk that alienation from the discussion.

6. ***Our Recommendation: Multiple Infrastructure Investments - To build the kind of social finance infrastructure we need, multiple strategies are required.***

*Board Voice* agrees that multiple strategies are required including legislative changes (such as the Societies Act revisions and CRA Tax policy), and participation in these strategies by organizations and individuals currently restricted from participation. However, *Board Voice* believes that these strategies should also be submitted to the change lab process rather than as proven solutions applicable to

the future we aspire to for British Columbia. We would emphasize the spirit of the Report that these “multiple Infrastructure Investments” are not a panacea for the social challenges existent or to come---they too need to be proven.

**7. One challenge to realizing this vision is the barriers that inadvertently prevent everyone’s engagement. P.22**

*Board Voice* recommends that the name of the Council, the BC Advisory Council on Social Entrepreneurship be changed to BC Council on Social Innovation. The word innovation is used consistently throughout the paper, while entrepreneurship is used infrequently. Those that don’t resonate with the narrow definition of the word ‘Entrepreneur’ (and its usual association with business) might find that name a barrier.

**8. Our Recommendation: a BC Engagement Strategy**

**While mindset and attitude are important, it is critical to be able to explore, test, implement, and act. We are mindful there is little investment in nurturing the start of the innovation cycle. There have been experiments with this in the past and with important results. These have included national programs like Katimavik, Canada World Youth, Company of Young Canadians, the Local Initiative Program (L.I.P.) and Opportunities for Youth (OFY) that have provided funding and opportunities to young people. Thousands of young people across Canada got their first taste of constructive social change through these programs. Similar efforts could be fostered today by mobilizing new sources of funding and expertise.**

Many of the providers of volunteer governance, may not understand how productive those programs were. Some re-education might be considered as part of the Council’s work if acting on these recommendations.

**9. Next Steps:**

We at *Board Voice* are struck by the coincidence of the Council adopting the **Spirit Canoe** and *Board Voice* employing the same voyage metaphor in a newsletter to members in January 2012.

*“It’s New Years Day 2012 - a good time for reflecting backwards, and thinking forward. Thank goodness for a warm fire to kindle the thought processes. Two recent newspaper references caused me to think back on the words of my friend Leonard Alexcee, an aboriginal elder from the Nisga’a territories married into the Tsimshian Nation. Leonard, a retired CN employee and former school trustee, spoke of “The Tsimshian Canoe”: We’re all in the same canoe; we had better be paddling together and in the same direction if we want to get anywhere.”*

Read the full copy at:

[http://www.boardvoice.ca/index.php?option=com\\_content&view=article&id=37&Itemid=36](http://www.boardvoice.ca/index.php?option=com_content&view=article&id=37&Itemid=36)

*Board Voice* and the **BC Advisory Council on Social Entrepreneurship** are in the same canoe are agreed on the centrality of the problem that ....**our traditional safety net and bridges to a good life are strained to the limit. We are not getting all the results we want and need. People who are poor, elderly, disabled, Aboriginal, young and otherwise vulnerable are in danger of being left behind. Many already have been. We must find new ways to pay for, deliver and transform the public services we have come to see as birthrights. P.7**

Sincerely,

A handwritten signature in black ink, appearing to read "Dave Stigant".

Dave Stigant  
Provincial Chair  
BOARD VOICE SOCIETY OF B.C.



# BoardVoice

Leadership. Collaboration. Community.

## Board Voice Accomplishments 2010 – 2011

### Board Voice Management

- Memorandum of Agreement signed between Board Voice and FCSSBC for the provision of secretariat services
- Board Voice covering 100% of administrative charges and approximately 60% of professional costs.
- Board Voice Governance Policy Manual developed to be approved by the board December 2011.
- Current membership - 73
- Board members – 14 (from all regions of the province)
- Current budget - \$100,000
- Current staff - .5 professional staff; .15 admin staff
- Website designed and in place
- Electronic Board Forum up and running

### Tracking

#### Inter-board Meetings

- **Victoria**
  - April 7/10 - 51 people and 36 agencies (Planning)
  - May 5/10 – 25 people and 21 agencies (Planning)
  - June 23/10 – 20 people and 18 agencies (Advocacy)
  - Oct 13 10 – 20 people and 18 agencies (Shared Services)
  - Feb 9/11 - 20 people and 14 agencies (Governance)
  - June 29/11 – 13 and 8 agencies – (Homelessness)
- **Kelowna**
  - Oct 14/10 - 38 people and 8 agencies (Planning)
  - Nov. 9/11 - 22 people attending, from 9 agencies
- **Duncan**
  - Nov 16/10 – 38 people and 13 agencies (Planning)
  - Feb/11 – Governance workshop 38 folks from 17 agencies
  - June 13/11 – 30 people and 15 agencies (Social Determinants of Health)-

- October 15/11 – Collaboration workshop for boards – 21 people and 11 agencies
- **Campbell River**  
Feb 10/11 – 16 people and 10 agencies (Planning)
  - **Vancouver**  
March 25, 2011 – HR Council of Canada and Board Voice training on HR management (Governance)
  - **Prince George**  
June 23, 2011– 40 People and 20 agencies (approx) (Planning)
  - **100 Mile House**  
June 21, 2011 – 4 people and three agencies (Planning)
  - **Williams Lake**  
June 21, 2011 – 8 people and 5 agencies (Planning)
  - **Smithers**  
June 27, 2011- 7 people and 4 agencies (approx.) (Introduction)
  - **Terrace**  
June 27, 2011- 12 people and 10 agencies (approx.) (Introduction)
  - **Prince Rupert**  
June 29, 2011 - 6 people and 3 agencies (Introduction)
  - **Penticton**  
November 8, 2011 - 15 people and 4 agencies (Introduction)
  - **Castlegar/ Nelson/ Trail area**  
Co-op Board Training Day 38 people and 25 agencies (approx.) Introduction
  - **Planned for 2012** – Burnaby board to board meeting in conjunction with the Burnaby Social Planning Department – Jan 2012

## Training

October 22/23 2010 – Board Voice Annual AGM and Conference

- ***Making the ‘Voice’ real – What Can a Board Do?- Jody Paterson - Victoria Times Colonist Columnist***
- ***Making Community Partnerships Work – A Primer in Collaborative Board Practice – Kylie Hutchison, Community Solutions***
- ***Pay Now or Pay Later – What are the Social Determinants of Health and Why are they Important? – Dr. Michael Hayes, Director of the Health Education Research Council at University of Victoria***
- ***What a Board Needs to Know about Strategic Planning – Bill Scott, Elpis Consulting Inc***

**Presentation** – Social Determinants of Health – Dr. David Hay

**Keynote:** Minister Mary Polak, Minister of Children and Family Development

March 25, 2011 – **HR training for Board Members** – A project piloted by Board Voice for the HR Council for the Non Profit Sector of Canada

May 5, 2011 - Association of Family Serving Agencies (with BV support) — Dr. Michael Hayes on **The Social Determinants of Health**

Dec. 2/3 2011 – Board Voice Annual AGM and Conference

- **Co-ops and Social Care - Are They Part of a New Future for Community Agencies?** – John Restakis, Executive Director, BC Cooperative Association
- **Board Governance Essentials – a Primer for New Board Members** – Lyn Policha, Program Analyst WJS Canada and Board Voice board member
- **A New Operating System - Social Media, Digital Technologies and You** – Marshall Watson, Consultant FCSSBC
- **How to Host Conversations that Matter in Your Community** – Dr. Jennifer Charlesworth, Executive Director, The Federation of Community Social Services of BC
- **Succession Planning and the Board/CEO Relationship: Tips on an Effective and Supportive Relationship** – Lynn Carter, Chair and Ron McLeod, Executive Director, Greater Vancouver Community Services Society
- **Sustainability Planning – Increasing the Long Term Viability of Agency and Programs** – Kylie Hutchinson, Principal, Community Solutions Planning & Evaluation
- **Social Policy and the Agency Board Member - What Do We Need to Know?** Dr. Evert Lindquist, Director, School of Public Administration, University of Victoria
- **Risk Management – How Safe is your Organization?** – Mike Hines

**Keynote Address** - Paul Kershaw – **A New Deal for Families**

**Keynote Address** – Mary McNeil, Minister of Children and Family Development

**Keynote Address** – Claire Trevena, NDP Critic for MCFD

**Keynote Address** – Tim Agg, ED Plea

### **OpEds, Letters to Editor and Newsletters:**

- Nov 2010 - OpEd Roundtable Poll
- Letter to the G&M – Dec 2010
- 6 Board Voice Newsletters – Feb 2010, Sept 10, Dec 10, Apr 11, June 11, Sept 11
- OpEd – Feb 2010 – Community Builders
- July 14, 2011 - Letter to G&M – social determinants
- August 2011 – *Orders of the Day* - MLA Newsletter – Article on Board Voice
- December 6, 2011 – Op-Ed – Victoria Times Colonist

### **Presentations:**

- Oct 7 2010 - Select Standing Committee on the Budget
- Oct 15 2010 - Select Standing Committee on the Budget
- May 2011 – Presentation to the McConnell Foundation
- June 29/11 and October 27/11 – Meetings with B.C. United Way Directors

- **Note:** Numerous presentations about Board Voice have occurred at community meetings and with individual boards e.g. GNPI

### **Correspondence to Politicians and Membership**

- Feb 12, 2010 - Letter to Colin Hanson re: HST
- March 19, 2010 – Letter to Editor re: Cuts to service budgets
- June 22, 2010 – Letter to Tony Clement re: Long Form Census
- Dec. 10, 2010 – Letter to the Globe and Mail - the Social Determinants of Health
- Dec. 22, 2010 – Letter to Kevin Kruger, Minister of Social Development
- Jan 21, 2011 – Letter to Alan Seckel re: Healthcare Benefit Trust
- Jan 31, 2011 – Letter to candidates in both parties regarding social issues
- Feb 2011 - Letter to leadership candidates in all parties – discussion of the Social Determinants of Health.
- March 10, 2011 – Letter to Christy Clark – Re: her election and Board Voice
- April 28, 2011 – Letter to Adrian Dix – Re: his election and Board Voice
- **Note:** Numerous letters have been sent to the membership and to other community agencies

### **Meetings with Political Parties and Government Representatives**

- Board Voice board members have met with numerous MLAs over the past 24 months including several ministers, the Leader of the Opposition and several critics. Key meetings are listed.
- Jan 2010 - Meeting with MCFD Minister Mary Polak
- May 14, 2010 – Meeting with Allan Seckel, Deputy to the Premier
- July 16, 2010 – Meeting with Shane Simpson, MSD NDP Critic
- Oct 6, 2010 – Meeting with Carol James, Leader of the Opposition
- February 2, 2011- Meeting with Deputy Minister Sieben and ADM Bond, Ministry of Social Development
- May 13, 2011 – Meeting with MCFD Minister Mary McNeil and Deputy Steve Brown
- May 27, 2011 – Meeting with Warren O’Brian – Executive Director – Communicable Disease Prevention, Harm Reduction and Mental Health Promotion, along with Silas Brownsey – Executive Director – Seniors’ Healthy Living Secretariat
- Sept 1 2011 – Meeting with Steve Brown, Deputy Minister, MCFD
- Sept 19, 2011 – Conference call with Claire Trevena, NDP critic for MCFD
- Sept 23, 2011 – Meeting with Jamie Lipp, Director, Community Programs, Sol Gen
- Nov. 23, 2011 – Meeting with the NDP Social Policy committee
- Dec. 6, 2011 – Meeting with Adrian Dix, Leader of the Opposition.



# Action Plan Recommendations to Maximize Social Innovation in British Columbia

March 2012

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BC Social Innovation Council



The BC Social Innovation Council was established in January 2011 by Gordon Hogg, Parliamentary Secretary for Non-Profit Partnerships to the Minister of Social Development Stephanie Cadieux, to assist the BC government in seeking new and innovative ways to help BC communities tackle the most intractable social challenges of the day. The Council is drawn from government, Aboriginal and community organisations, and business agencies with an interest in social entrepreneurship, including credit unions, foundations, academics, local and/or provincial government, business, investors, social entrepreneurs and innovators.

We focused on supporting initiatives that develop the social finance and enterprise marketplace, encourage greater collaboration across sectors and improve BC's ability to solve its social challenges. There is still a need to build a strong base of support among stakeholders, including the government, community, and private sector to shape this new agenda. This report is meant to be the next step in moving BC in that direction.

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*The British Columbia Social Innovation Council*  
(Bios at [socialinnovationbc.ca](http://socialinnovationbc.ca))

**Janice Abbott**, Atira Women's Resource Society

**Janet Austin**, YWCA of Vancouver

**Jennifer Charlesworth**, Federation of  
Community Social Services of BC

**Al Etmanski**, Council Co-Chair  
Social Innovation Generation and Planned  
Lifetime Advocacy Network

**Jim Fletcher**, Council Co-Chair  
BC Social Venture Partners

**Molly Harrington**, Council Co-Chair  
Ministry of Social Development

**Bill Glackman**, Simon Fraser University

**Ida Goodreau**, University of British Columbia

**Murry Krause**, Central Interior  
Native Health Society

**Paul Lacerte**, BC Association of Aboriginal  
Friendship Centres

**Alison Lawton**, Mindset Foundation

**David LePage**, Enterprising Non-Profits

**Margaret Mason**, Bull, Housser & Tupper

**Linda Morris**, Vancouver City Savings  
Credit Union

**John Restakis**, BC Co-operative Association

**James Tansey**, University of British Columbia

**Faye Wightman**, Vancouver Foundation

# Introduction

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The BC Social Innovation Council (the Council) was appointed in January 2011 to make recommendations to the Parliamentary Secretary for Non-Profit Partnerships and the Minister of Social Development, “on how best to maximize social innovation in British Columbia, with an emphasis on social finance and social enterprise.”

Our mandate was to chart out a course of action for British Columbia that sparks action now, while providing the foundations for others to build on in the longer term. We believe there is great promise in the fields of social innovation, social enterprise and social finance. We see social innovation as a means to achieve better results, deliver more effective solutions and to lower the human and financial costs of our social and environmental problems.

These recommendations should be read in conjunction with three other documents, which are available on the Council website – [socialinnovationbc.ca](http://socialinnovationbc.ca).

The first document, *Taking Care*, was a trigger paper prepared in preparation for the Council’s two day retreat in June 2011. The defining question for this retreat was:

*How can we use social innovation (and its corresponding tools of social enterprise, social media, open source, smart collaborative networks and social finance) to enable a resilient British Columbia in 2020?*

The recommendations that arose from that session formed the basis of an interim report, and the second document, *Together: Respecting the Future*, released in November 2011 at the Social Innovation Summit in Vancouver.

The third document is a *Social Innovation Primer* that provides an introduction to the concept and examples from across Canada.

We are grateful for the feedback received from individuals and organisations in the community and the non-profit sector as well as youth, academic, business and government stakeholders. Many suggestions have been incorporated, either in specific recommendations or into the mandate of Partners for Social Impact, the forum we recommend succeed the Council. (see Recommendation # 11)

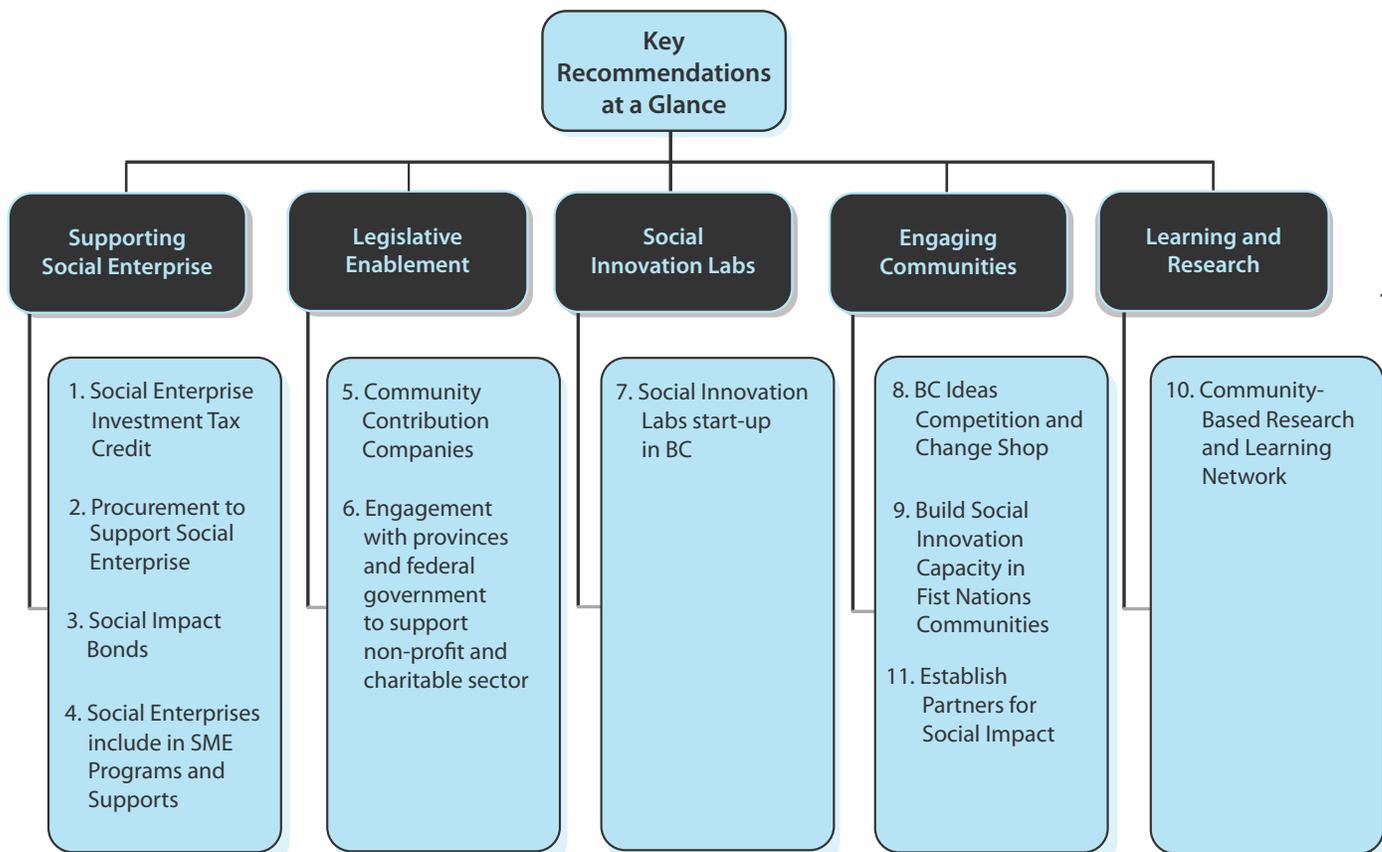
From the outset, we sought to anchor our work in the strong foundations that already exist in British Columbia. We wanted to be as specific and practical as possible, while respecting the emergent spirit of social innovation. Solutions will continue to emerge when groups engage and work together to resolve specific social issues.

Some of our recommendations reinforce ideas and initiatives that have been tested in the Province (for example, procurement and the Social Enterprise Tax Credit); others are emerging as local adaptations of major initiatives proven elsewhere (BC Ideas; Social Innovation Labs; Social Impact Bonds). Together they form a package we believe is integrated, cohesive yet challenging. We believe they form the basis of an action plan for the next stage of the social innovation journey in British Columbia. We recognize that additional recommendations will be generated as more sectors and people engage in using social innovation, social enterprise and social finance to address critical social challenges.

Our recommendations focus on five key areas:

- » Supporting social enterprise;
- » Legislative enablement;
- » Social innovation labs;
- » Engaging communities; and
- » Learning and research.

These recommendations are mutually reinforcing and support the entire process of social innovation from inspiration to generating new ideas and proposals, then prototyping and pilots, through implementation, scaling and systemic change. Most important, partnerships among government, business and community have already emerged around each of them. The following diagram summarizes these recommendations.



# Supporting Social Enterprise

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**Recommendation 1: Provincial government should establish a Social Enterprise Investment Tax Credit to attract new investors and capital for non-profits and social enterprises and to help build a growing pipeline of new social enterprises.**

Social enterprises are able to deliver innovative solutions to pressing social and environmental problems, but often struggle to start up and grow to scale. This problem is shared with many private sector companies that compete to attract investment in the form of venture capital. Currently, the BC government offers a 30% tax credit incentive for investments in specific business sectors through the provincial Venture Capital Corporation (VCC) legislation. This mechanism has increased the flow of Venture Capital into areas of strategic importance to the Province. We recommend that British Columbia's current VCC program be amended to include Social Enterprise as an eligible "prescribed business activity."

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A Social Enterprise tax credit would have the advantage that government would only pay if the social enterprise raises the required private investment.

We recommend an initial annual tax credit allocation of \$5 million, followed by annual increases as justified by actual demand. A Social Enterprise Investment Tax Credit will attract new investors and capital and help build new social enterprises that are able to bring their innovative solutions to scale. The Tax Credit will also help social enterprises build a stronger asset base and will improve the long-term financial sustainability of the sector. The investor gets a blended value (social and financial) return on investment and the community and government receive the social benefits created by the social impacts of the social enterprise.

**Recommendation 2: Government, business and non-profits should implement social procurement requirements within their purchasing systems to strengthen social innovation and social enterprise.**

Social enterprises often provide products and services that have much wider social and environment co-benefits, including employment of individuals facing labour market disadvantages and products with a reduced environmental impact. In both cases, social enterprises are competing against providers that operate on a large scale in a highly competitive market. A significant challenge for social enterprises is the need to secure access to larger markets for their products

and services. Procurement provides an opportunity for social enterprises to demonstrate the wider co-benefits they create when large institutions make major purchasing decisions.

Procurement by government, foundations, non-profits and businesses offers an enormous market for innovative products and services. It provides an opportunity to stimulate private and community sector companies and organisations to innovate for the public good. Procurement is a low risk way to steer the economy in desired directions. The quality, price and delivery remain yet there are clear social benefits often at lower costs than if government had to deliver the benefits directly. Every business, non-profit and level of government purchases goods and services such as cleaning, catering, couriers, office supplies, IT, coffee, printing, maintenance and repairs, furniture, fuel, landscaping and more.

There are two approaches to delivering social procurement:

1. Buyers – governments, businesses and non-profits – purchase goods and services directly from social enterprises.
2. Any enterprise that wins a public contract has to create broader benefits for the community (called Community Benefit Agreements or CBAs). In terms of employment, CBAs can require that the successful bidder offers job opportunities to designated groups, such as persons with disabilities, Aboriginal youth, new Canadians and young offenders. The company commits to hire, in fulfillment of the contract, a certain number of individuals who are typically underrepresented in the labour market. Community Benefit criteria could be included in procurement contracts, for government, non-profits and businesses.

The Vancouver Olympic Organizing Committee employed a Community Benefits Agreements approach. VANOC's experience in developing CBAs grew from its commitment to social, economic and environmental sustainability.

We recommend that the BC Government, Foundations, non-profits and businesses incorporate social procurement requirements into their own purchasing activities and invest in a program to assist contracting authorities to implement innovative procurement in an open manner, to pool demand, to develop common specifications and to promote access to social enterprises, co-operatives, and social purpose businesses. Consideration should also be given to exploring CBAs for infrastructure projects.

**Recommendation 3: The private and non-profit sector should partner with the provincial government to create Social Impact Bonds to fund prevention services, improve social outcomes and attract new sources of social investment capital.**

Social Impact Bonds (SIB) are being explored in many countries following the launch in the United Kingdom of a SIB focused on the prison system. The program engages community organisations who work intensively with prisoners to reduce reoffending rates. Any reduction in the average re-offending rate represents significant savings to government, so the investors are paid out of a share of these savings. A Social Impact Bond or ‘Pay for Success Bond’ is a performance-based contract between social investors, foundations, social enterprises, innovative non-profits and government.

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There are three broad goals: prevention and reduction of long term costs, accessing new sources of financing and improving measurable social outcomes. Private investors, social investors and foundations provide financing to support an innovation to produce improved social outcomes that reduce longer term service costs that would normally be borne by government. Government commits to pay for measurable improved social outcomes that reduce long term service costs. The financial returns investors receive are dependent on the degree to which outcomes improve. If outcomes do not improve and the related savings are not achieved, then investors do not recover their investment.

Key elements of this type of social financing include:

- » Financing is made available for prevention and early intervention services;
- » Tri-sector partnerships developed between private capital, social enterprise/ non-profits and government;
- » Improved social outcomes;
- » Measureable social impact;
- » Payments by government only made if services are effective and savings are achieved; and
- » Social innovation is essential to success.

Since the Interim Report was released, community groups, provincial government ministries, business organisations and universities have begun exploring the development of a Social Impact Bond within British Columbia. While there is a broad range of applications for SIBs, the BC Association of Aboriginal Friendship Centres is exploring the application of SIBs to the goal of reducing apprehensions of Aboriginal children within the child welfare system and to revitalizing Aboriginal extended families. Initial work has been completed in the development of a SIB in this context and this work holds significant promise in tackling one of British Columbia's more complex and deeply rooted social challenges.

**Recommendation 4: The Province should include social enterprises under eligibility criteria for government-sponsored business development, programs that target small and medium enterprises (SME).**

According to the National Survey of Nonprofit and Voluntary Organizations (NSNVO)<sup>1</sup>, there are 161,000 voluntary organisations in Canada with annual revenues of \$112 billion, employing over 2 million people. While health care is a major focus, even excluding universities and hospitals, the sector generates \$75 billion in revenue while producing 2 billion hours of volunteer time each year, equivalent to about 1 million full time jobs. Social enterprises are often small and medium enterprises (SME) that face many of the same challenges of growth as conventional businesses. Research on social enterprise access to these SME programs has indentified some critical concerns:

- » Many SME programs do not allow social enterprise access, either by design or by default.
- » In some cases, social enterprises have been specifically excluded. However, in the majority of cases, eligibility is unclear or ambiguous, or perceived as closed to social enterprises by program administrators.
- » SME programs need adjustments to accommodate the unique blended value proposition of social enterprises and to include social enterprise specific services including:
  - Loan programs (financing);
  - Business skills development;

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<sup>1</sup> [www.imaginecanada.ca](http://www.imaginecanada.ca)

- Financial literacy;
- Organisation-oriented programs and services (rather than entrepreneur/sole-proprietor-oriented); and
- Online resources tailored to social enterprise (content-wise and also with consideration to the organisational structure of a social enterprise).

This will strengthen the business capabilities of charities, non-profits, co-operatives and other forms of social enterprise.

# Legislative and Regulatory Environment

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**Recommendation 5: The provincial government should complete the work to establish Community Contribution Companies (CCCs) as a new corporate structure to raise capital and achieve a social mission.**

Governments around the Organization of Economic Co-operation and Development (OECD), including the UK and the US, have recognised that there is a need for new organisational models to foster social innovation and support the growth of social enterprises. The UK government created legislation that allows for the creation of Community Interest Corporations (CICs) and the state of Vermont passed legislation that allows for the creation of Low profit Limited Liability Companies (L3C's). Both CICs and L3C's help social entrepreneurs to attract capital that is seeking reasonable rates of return from investors who recognize the value of blended financial and non-financial social returns.

These hybrid corporations (combining social and financial objectives) are taking many different forms in other jurisdictions around the world. The Council is very pleased that the provincial government introduced legislation on March 5, 2012 to allow the creation of Community Contribution Companies under the *Business Corporations Act* and looks forward to the implementation of this new corporate form over the next year with the full suite of regulations required. These new forms of corporations could have widespread application in BC ranging from environmental service companies to business development platforms for Aboriginal and rural communities.

Further, we recommend that government also explore the possibility of creating Public Benefit Corporations in BC, modeled after those in place in a number of US jurisdictions, including New York and California.

**Recommendation 6: The provincial government should continue to work with its provincial and territorial counterparts and the federal government to address non-profit charitable sector issues.**

Current restrictions on Canadian charities prevent them from realizing their full creative and entrepreneurial potential. The legislation and regulations governing charities falls within federal jurisdiction. We recommend BC place social innovation and the sustainability of Canada's non-profit sector as ongoing agenda items for the Council of the Federation.

These discussions should include:

- » addressing the restrictions on the activities of registered charities and eliminating barriers to charities using business methods, capital and entrepreneurship to achieve their social goals;
- » modernizing and harmonizing provincial and territorial rules and regulations affecting the social enterprise sector on a national basis; and
- » ensuring provincial charities, non-profits, co-operatives and social enterprises are eligible for the federal business skill training programs and technical supports currently available for Small and Medium Enterprises (SME).

# Social Innovation Labs and Design Processes

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**Recommendation 7: Government, community organisations, social enterprises, business, and academia should continue to work together to explore the best social innovation labs and design processes from around the world and begin to apply them to social challenges in BC.**

Social innovation labs are being used in many jurisdictions to research, test, demonstrate and scale new ideas and innovative practices within government and among wider stakeholder groups. Social Innovation labs are particularly useful for dealing with long term social problems that have become resistant to traditional solutions. They create an opportunity to explore, test and prototype new ideas, approaches and solutions in a disciplined and protective environment before wide spread implementation. They are safe, dedicated and disciplined places for research and development, trial and error, working together across sectors, incubating new ideas and launching social enterprises.

There are a number of models for social innovation labs, including Denmark's Mindlab; Reos Partners Change Labs; MIT's Ageing Lab; Toronto's new Solutions Lab; and Vancouver's d.studio.

While sponsorship and origins of Social Innovation labs vary from government, business, universities and the community their common characteristics include:

- » a testing ground for new ideas;
- » convening of interdisciplinary teams – policy makers, funders, service providers, business and labour, as well as users and volunteers;
- » multi-sector sponsorship and engagement;
- » enabling beneficiaries, i.e. those with firsthand experience and knowledge of the social problem to shape and lead the process;
- » Rapid prototyping to test ideas out before implementation;
- » Application of design thinking, complexity theory, computer modelling and visualization, dialogue and qualitative research;

- » Continuous research and outreach; and
- » Scale and measure proven solutions.

Knowledge and solutions generated from these social innovation labs can be used by government, social enterprises, non-profit organisations and business to introduce new solutions, improve services and scale social innovations. Social innovation labs have become an important stimulus for public sector innovation. Government, non-profit and business support of social innovation labs can include in kind support, staff secondment and financing.

Since our Interim Report there has been a significant interest on the part of government, universities and community groups and some businesses to apply social innovation lab approaches to problems they have not been able to solve any other way. This has led to a number of initiatives including:

- » the d.studio at the Sauder School of Business, which brings design education, expertise and experience to students and organisations across private, public and social sectors;
- » CityStudio Vancouver, an innovative and energetic hub of learning and leadership where students from Vancouver's six public post-secondary institutions design and implement Greenest City urban sustainability projects that make Vancouver communities better;
- » Co-Lab, a group of community, businesses, universities and government agencies cooperating on the development of their respective labs, sharing best practices common costs and staffing and retaining international expertise;
- » Early stage labs being developed around disability issues, which builds on government's commitment to social innovation in the community living sector. These labs are also addressing Aboriginal issues such as the Off-Reserve Aboriginal Action Plan (ORAAP), which brings the Aboriginal community, business, government, and academia together to improve outcomes for off-reserve Aboriginal British Columbians.

# Engaging Everyone

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**Recommendation 8: Community, business and government partners should build on the first social innovation web-based competition (BC Ideas) to establish a permanent online community platform that showcases BC solutions to the world, generates new ideas and matches problem solvers and social innovators with mentors, funders and collaborators.**

The Council recognizes that there are a large number of innovative individuals and organisations throughout the province whose ideas, experience and creativity can make a contribution to solving our social problems. Crowd sourcing is being used by Global organisations like **Ashoka's Changemakers** to surface new and creative ideas and increase engagement. In addition, social innovators need support with networking and capacity building and digital media offers many low cost opportunities to strengthen those ties within a region.

On November 25th the Premier announced a partnership to use the web to engage British Columbians in generating social innovation ideas. The founding partners of LIFT Philanthropy, the ISIS research centre at UBC's Sauder School of Business, the provincial government, Ashoka and the Advisory Council on Social Innovation have created **BC Ideas**.

BC Ideas is an online collaborative-competition, to engage as many British Columbians as possible in submitting their solutions to social, environmental and economic problems. The community-led innovations that show the most promise of improving the lives of British Columbians will receive resources and other investment opportunities to improve and spread their innovation around the province and beyond.

The first social innovation competition (BC Ideas) will begin May 9th. It will result in a shortlist of finalists that are investment-ready for funders and government to support.

The intention is to use this social media open source platform to:

1. host other open source competitions to our social challenges on a regular basis;
2. to attract other partners and sponsors; and
3. create a permanent online community (Change Shop) to mentor social entrepreneurs, non-profits, social innovators, social purpose businesses and co-operatives.

Ashoka has offered BC the opportunity to create the first jurisdiction-specific Change Shop.

Change Shops have been created to support networking and capacity building among social innovators. A Change Shop is an online storefront for new ideas, innovations, or social ventures. A Change Shop includes photos, descriptions, goals, and updates about an idea, and it creates a place to request and discover resources and support. This will support ongoing engagement beyond individual competitions:

- » users will be able to track the growth of their projects to attract new investments and partners;
- » users can access resources and feedback from other users to advance their projects;
- » the Change Shop can support additional competitions in the future;
- » it offers a pipeline of ideas and programs to be further developed and supported; and
- » it is an important marketing tool for social entrepreneurs.

The Council recommends that the BC Government, foundations, businesses and community groups use BC Ideas to generate new ideas and financially support promising solutions. Offering social innovation competitions on an annual basis would create a unique global platform and would stimulate a wave of innovative enterprises and programs across the province.

**Recommendation 9: Aboriginal Leaders, Aboriginal businesses, and Aboriginal organisations, together with government, community organisations, social entrepreneurs, business, and academia should partner to develop a targeted strategy to build social entrepreneurship and social innovation capacity in BC First Nations and Aboriginal communities.**

Aboriginal British Columbians continue to be ranked on the bottom of many social and economic indicators. There is a seven-year life expectancy gap between Aboriginal and non-Aboriginal peoples in BC and the Aboriginal population is growing at three times the national average. The social innovation and social enterprise agenda holds great promise for unique application in addressing long-standing and extremely complex social and economic barriers for First Nations reserves and for off-reserve Aboriginal communities. Special efforts will be required to build capacity and a solid foundation in order for this agenda to take hold within many Aboriginal communities. However, there is also a high level of readiness and interest in building a better future for Aboriginal People.

# Learning and Research

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**Recommendation 10: Partners in the research and education sector should implement a network of education, training, learning, capacity building and community-based research to develop and support students, youth and Aboriginal entrepreneurs, social entrepreneurs and innovators.**

Universities, colleges and schools have played an important role in developing the concept of social innovation. The University of Oxford established the Skoll World Forum on Social Enterprise, the University of Stanford created the Social Innovation Review, the founder of the Grameen Bank was an economist in Bangladesh and, most recently, Kiva.org, one of the most successful microfinance initiatives was established by a graduate student.

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The education sector is a key source of innovation and capacity building. The strategy will require new investment by partners in the research and education sector as well as government and should include:

- » Continuing to support and expand capacity building programs like Enterprising Non-Profits;
- » Developing a Social Innovation Diploma Program in BC, inspired by the J.W. McConnell Family Foundation/SIG program at the University of Waterloo and programs at Harvard and Stanford;
- » Bringing the best thought leaders from around the world through the public speaker series on Social and Public Innovation and Financing that has already brought many leading experts in social innovation to BC including: Adam Kahane, Reos Partners; Geoff Mulgan, NESTA, UK; Christian Bason, Mindlab, Denmark; Peter Shergold, Centre for Social Impact, Australia; Charles Leadbeater, England and Ezio Manzini, Italy;
- » Supporting the expansion and development of BC's community-based research network. These community-university inter disciplinary partnerships are having an impact on issues such as homelessness, adaptive technologies for the disabled, local food production and food security;
- » Expanding social policy, design, business and MBA programs to include more support for the development of social entrepreneurs, social innovation and design;

- » Developing a targeted strategy to build social entrepreneurship and social innovation capacity in BC First Nation and Aboriginal communities;
- » Nurturing the creativity of our young people in elementary and secondary schools as it applies to our social challenges; and
- » Developing a youth entrepreneurship program that could be delivered in high schools and in community with a range of mentorship and other supports.

**Recommendation 11: Establish “Partners for Social Impact” to expand participation and continue the work of the Council.**

A multi-sector group of partners has emerged from government, non-profits, community organisations, foundations, academia and business who are interested in continuing the work of the Council. We thank the BC Government for ‘kick starting’ this process by creating the Council. The forum has proved useful but we would like to expand and include other groups and individuals interested in social innovation while maintaining the active involvement of the provincial government. The tripartite leadership model for the Council with a community chair has worked well and we recommend it continue. An interim title for this widening partnership is, “Partners for Social Impact.”

Partners for Social Impact would:

- » Work across all sectors and disciplines to ensure the implementation of the Council’s recommendations;
- » Identify new opportunities and emerging gaps in the social finance/social innovation landscape, including expanding available Social Innovation financing;
- » Engage and coordinate the collective and independent work of social innovators and social entrepreneurs in BC; and
- » Pay particular attention to supporting youth and Aboriginal entrepreneurs and innovators.

We have found the role and participation of Parliamentary Secretary Gordon Hogg to be invaluable, providing an ongoing relationship with our government and elected political representatives. We recommend it continue.

The establishment of the ADM Committee on Non-Profit Partnerships is a clear sign of the value our public service places in the recommendations of the Council. A significant number of government ministries are engaged through the ADM Committee, collectively and independently, in policies and programs. These include: Ministries of Social Development, Finance, Health, Aboriginal Relations and Reconciliation, Children and Family Development, Labour, Citizens' Services and Open Government, and Education. Partners for Social Impact look forward to working closely with this committee to implement the Council's recommendations.

The Council has benefitted from in kind and secretariat services from the BC Government and recommend this support continue as government's contribution to Partners for Social Impact.

Throughout the tenure of the Council, businesses, foundations, universities and community groups have provided additional in kind and financial support, for example the creation and administration of our website. We have been assured this support will continue, making Partners for Social Impact a true multi-sector initiative and collaboration.

A very special thank you to all those who participated in the development of the Action Plan for Social Innovation in British Columbia and provided advice to the Council through many conversations, meetings, written submissions and the website.

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**Working together  
we create a better future.**



**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** May 10, 2012

**PREPARED FOR:** Stephanie Cadieux, Minister

**MEETING DETAILS:** Meeting on May 24<sup>th</sup> from 2:15-2:45pm with Barbara Grantham and Colleen Kelly from Vantage Point to discuss their strategic direction and work with Boards of Directors in the voluntary sector.

**BACKGROUND:**

Colleen Kelly is the CEO of Vantage Point (VP). Barbara Grantham represents the Board of Directors. VP is interested in speaking with the Minister of Social Development on substantive volunteer sector issues related to their mandate and strategic direction. VP would like to address the opportunity for Government to collaborate with both their organization and BoardVoice to enhance governance capability in the volunteer sector. In particular, they are interested in the possibility of developing a governance lab.

The mandate of VP previously known as Volunteer Vancouver, is to "inspire and build leadership in the voluntary sector". VP is particularly interested in building strong organizations through effective governance, management, and planning and they are clear in their goal to "become a national voice in support of not-for-profit sustainability via our people engagement strategies." VP strategic planning documents are attached.

BoardVoice is an organization comprised of boards of community-based social service agencies from across British Columbia. Board Voice is 'dedicated to creating a clear and effective voice for volunteer community-based boards that support high-quality social services and strong, vibrant communities.' BoardVoice has a meeting scheduled with the Minister from 1-2pm on May 24<sup>th</sup> to discuss a number of other items unrelated to the governance lab rationale and concept. VP has discussed the possibility of a partnership with BoardVoice and those discussions are ongoing.

VP has made a significant strategic shift in the past few years away from the traditional volunteer organization model, whereby the core business of agencies is to work as a sort of 'dating service', matching interested volunteers with opportunities. VP believes that the role of volunteer matching is becoming less relevant with the emergence of technology – interested citizens are able to access information on volunteer opportunities and make direct connections without assistance. VP now focuses on helping the executive of organizations engage skilled volunteers. While they acknowledge the importance of investment in the service delivery aspect of the volunteer sector, they believe that the time has come for a more strategic investment in the volunteer sector to support management and governance.

# MINISTRY OF SOCIAL DEVELOPMENT

## MEETING INFORMATION NOTE

This year is the first of VP's three year strategic plan and they will be keenly interested in how they can influence and collaborate with government to make effective changes to policy and related mechanisms that will improve the governance and management of the volunteer sector at the highest level. Specifically, they are interested in Government making similar investments in governance of the volunteer sector in the same fashion they have done for other sectors, e.g. health authority boards and school trustees.

In winter 2010, the Ministry of Social Development drafted a <sup>s.13</sup> around which it engaged various volunteer sector representatives, including <sup>s.13</sup> Vantage Point. Shortly after the development of this document, the volunteer file was transferred to Labour and Citizens Services and Open Government under the Non-Profit Partnerships Branch. When it was determined that the Parliamentary Secretary would report to the Minister of Social Development, responsibility for the social innovation file, including non-profit partnerships, were returned to the ministry. The volunteer file is currently inactive and is not funded.

### ISSUES:

Vantage Point is concerned that the conversation regarding volunteers will gravitate around the traditional approach to the sector – that is, volunteer recognition and the use of volunteers to reduce organizational costs by supporting the delivery of services in their community. While they view these as important issues, they believe that the conversation needs to evolve to address the ways in which the sector as a whole benefits the community and how government can support it at the highest level to ensure that the sector is sustainable, strategic and engages skilled citizens to contribute to organizational and community outcomes.

VP is clear that its interest lies in the development of a policy and resource environment that promotes strategic governance and management in volunteer sector, similar to that which exists in other sectors, such as health and education. The challenge, however, is that the organization and role of the volunteer sector is quite dissimilar from these other sectors. For example, Boards of Education are co-governed by the Ministry of Education, which sets the policy and legislative framework. Boards are then able to run their school districts with a significant amount of autonomy based on their provincial funding and in alignment with this framework. Boards provide direct service on behalf of the government and are accountable for this service delivery. The structure and responsibilities of Boards are laid out in the School Act. The volunteer sector does not have a legislated, formal service delivery relationship with government. As noted above, VP is interested in the possibility of conducting a governance lab in partnership with BoardVoice and the ministry in order to consider the practical application of their approach and philosophy.

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**RECOMMENDED RESPONSE:**

The Ministry would be pleased to receive further information/suggestions from Vantage Point on how volunteer sector governance could be better supported, including information on how a governance lab could be effective.

At this time, there is no additional government funding available to resource new volunteer initiatives.

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**Enclosures/Attachments**

Vantage Point Strategic Framework  
Vantage Point Infographic

s.13

**Prepared by:**  
Rachél Holmes  
Executive Director  
Innovative Partnerships  
953.3926

**Reviewed By:**  
Molly Harrington  
ADM  
Policy and Research

**Initial:**

**Date:**

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## 2012-2014 Strategic Plan Summary

*Every community mindfully engages passionate citizens.*

*We inspire and build leadership in the voluntary sector.*

### Directives and Strategies:

**1**

**Establish Vantage Point as a national leader in people engagement in the not-for-profit sector.**

- Expand into different geographic markets leveraging different distribution methods
- Excel at service delivery of People Lens methodology/ approach

**2**

**Drive demand for innovative knowledge on people engagement.**

- Write, publish and sell the book
- Develop and communicate a clear and compelling brand

**3**

**Model excellence in leadership and people engagement.**

- Build a team of external talent in other geographic areas
- Integrate and promote our organizational values and culture
- Ensure strong continuity of leadership

# The talent will take you there

**YOUR CAUSE + OUR TRANSFORMATIONAL MODEL OF PEOPLE ENGAGEMENT = YOUR GOALS**

## OUR MISSION

## OUR VISION

We inspire and build leadership in the voluntary sector.

Every community mindfully engages passionate citizens.

### WHAT WE DO

WE TURN TRADITIONAL  
**PEOPLE ENGAGEMENT THINKING**  
ON ITS SIDE



**Vantage Point** offers a transformational model of people engagement. There will *never* be enough money. There *are* enough talented and enthusiastic people.

### WHO WE DO IT WITH

Our talent team provides fresh eyes, expertise and enthusiasm — and results, including a Human Resource Succession Plan designed to propel our organization forward in ways we had never imagined before.



Catherine Kohm, Executive Director  
Haro Park Centre  
Vancouver, BC

By broadening our talent team, we're evolving the concept of what a food bank can achieve, from "band-aid solution" to "major driver of preventative healthcare for the community" by developing innovative approaches to food literacy. Our Kid's Farmers Market program recently won a national award for the best program of its kind.



Erik Talkin, CEO  
Food Bank of Santa Barbara County  
Santa Barbara, California

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Patti Morris, Executive Director  
Wellspring  
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Pages 198 through 203 redacted for the following reasons:

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# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

**DATE:** May 15, 2012

**PREPARED FOR:** Minister Stephanie Cadieux

**ISSUE:** The British Columbia Community Living Action Group is meeting with the Minister

**BACKGROUND:**

- BC-Community Living Action Group (BC-CLAG) is made up of representatives from the BC Coalition of People with Disabilities, BC Association for Community Living, BC Government and Service Employees' Union, Moms on the Move, BC Family Net Society, Developmental Disabilities Association and Canadian Union of Public Employees – BC Division.
- As part of its "Reaching Out, Weighing In" report released April 27, 2011, BC CLAG called for \$70 million to be invested in CLBC.
- BC-CLAG has recently posted on its website correspondence sent to and received from Minister Cadieux since the release of the report from the Deputy Ministers' Review.

**ISSUES:**

Issues they will likely raise:

- An additional \$70 million funding for youth transitioning into adult care through Community Living BC (CLBC)
- A process to engage the community on changes needed in the system of services and supports

**DISCUSSION:**

Funding for CLBC:

- The additional \$179 million being provided over the next three years to improve supports for people with developmental disabilities and their families is well known by BC-CLAG, although the organization discounts the amount as including previously announced funding for health and safety needs.
- The focus on funding is an impediment to a positive and constructive discussion about what can and should be done for persons with developmental disabilities, as recognized in the Deputy Ministers' Review report:  
"Continuing the debate simply about whether there is sufficient funding at CLBC will mask the real issue but, even more concerning, it has the potential to prevent the change required to move to a system oriented more to individualized funding, supports for employment, and supports for informal and community systems of care." (pg. 15)
- In light of this, the BC-CLAG's call for community engagement represents a more positive step forward.

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

Community engagement:

- A “Family Journeys” innovation initiative has been launched in response to recommendation 12 of the Deputy Ministers’ Review report (“support ongoing innovation in the sector, and recognize and support the innovations developed, championed and undertaken by families and individuals”).
- Faith Bodnar, Executive Director of the B.C. Association for Community Living (BCACL) and a member of BC-CLAG, has been actively involved with the innovation initiative. As well, representatives from the “Family Journeys” initiative will have a hospitality suite at the BCACL conference taking place from May 31 – June 2, 2012 in Penticton.
- Over the next two months, a series of targeted self-advocate consultations will take place throughout the province, giving people with developmental disabilities input on decisions and policies that affect their lives.
- This is the first step in a broader consultation process, with the next phase planned for the fall. That step will include family members, service providers, self-advocates and community representatives.
- CLBC has also recently distributed a call to action for the Community Action Employment Plan to individuals, families, service providers and community councils. Thirty community facilitators will help lead consultations to strengthen employment supports for individuals with developmental disabilities in B.C.
- These conversations will assist the Province and CLBC to deliver on the recommendation to increase employment opportunities for people with developmental disabilities.

**Recommendation:**

- Minister meet with the individual stakeholders within the BC-CLAG group rather than the BC-CLAG group overall.

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**REVIEWED BY (pls initial):**

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Molly Harrington \_\_\_\_\_  
Assistant Deputy Minister  
Policy Research Division

Mark Sieben \_\_\_\_\_  
Deputy Minister

**DATE:**

2012/054

**MINISTRY OF SOCIAL DEVELOPMENT  
MEETING INFORMATION NOTE**

**DATE:** May 18, 2012

**PREPARED FOR:** The Honourable Stephanie Cadieux, Minister of Social Development

**MEETING DETAILS:** Kamloops Homelessness Action Plan Proposal  
Minister Lake, Minister McNeil, MLA Krueger in attendance  
May 29, 2012, 3:45pm

**BACKGROUND:**

The Kamloops Homelessness Action Plan (HAP) is seeking support to develop and implement a pilot project to examine the feasibility of providing large earnings exemptions to employable clients. Their goal is to bring the combined total of assistance payments and exempt income up to Low Income Cut-Off (LICO) levels. HAP claims the initiative will not cost the ministry anything and may result in overall savings.

The group *Changing the Face of Poverty* initiated HAP. Supporting organizations include: ASK Wellness Centre; Canadian Mental Health Association; The City of Kamloops; Kamloops & District Elizabeth Fry Society; Kamloops Community Safety; Kamloops United Church – PIT Stop Meal Program; United Way Thompson Nicola Cariboo. HAP has received funds from the United Way, the City of Kamloops and the Federal Government. HAP anticipates receiving funding from BC Housing for some of their initiatives.

Kamloops has been selected as one of seven communities to participate in pilot poverty reduction strategies. HAP feels their earnings exemption proposal ties in well with that initiative and has the potential to reduce poverty without increasing income assistance rates.

**ISSUES:**

HAP proposes to give employable clients enough of an earnings exemption to allow them to receive a total income equivalent to LICO – for example, a \$668 earnings exemption for single clients and a \$1069.75 earnings exemption for a two parent family with two children. HAP notes a client with the Persons with Disabilities (PWD) designation can already combine disability assistance rates and the \$500 earnings exemption to achieve a total income exceeding LICO.

The ministry is planning to implement earnings exemptions for employable clients and increase earnings exemptions for Persons with Disability (PWD) clients effective October 1, 2012. The employable earnings exemption will be \$200 per family unit, which is expected to cost \$3M. Higher earnings exemptions as envisioned by HAP would cost

## MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

considerably more. This is because of the higher exemption and hundreds of thousands of additional clients attracted to the caseload<sup>1</sup>.

The ministry shares HAP's view that employment has significant positive impacts for people but does not agree that a large earnings exemption for employable clients would decrease the ministry caseload and save money. Instead of helping employable clients become independent, a large earnings exemption would create an incentive for employable people to combine employment and assistance. This would lead to a significant increase in the caseload.

HAP proposes using LICO to determine the earnings exemption amount. While advocates often use LICO as an unofficial "poverty line", it is a measure of low income, not a measure of poverty.

For employable individuals, income assistance is meant to be a temporary support and has never been intended to permanently replace full-time work. Ministry research has shown that clients who leave assistance for employment have higher average incomes and lower rates of poverty. Their incomes increase in subsequent years if they stay off income assistance. That is why the ministry believes the most effective way to escape living in low income is through becoming self-reliant and being employed full-time.

### **Ministry Rates**

All low income British Columbians, including income assistance clients, receive significant additional income from federal and provincial tax and child benefit programs. This ranges from \$50 per month for a single employable client to well over \$1,000 per month for a client with two or more children. HAP did not consider these amounts in their proposal. See Appendix B for tables of the total government payments received by the example families in the HAP proposal. Especially for families with children, this additional income brings these families much closer to LICO income levels. Rates for employable clients are not meant to support clients on a long term basis. In fact, most employable clients leave assistance within 5 months.

### **RECOMMENDED RESPONSE:**

- The ministry commends the excellent work being done by HAP to help Kamloops' most vulnerable citizens
- The ministry shares HAP's belief that employment leads to empowerment and an improved quality of life
- The ministry encourages all clients to obtain a level of employment that enables them to be independent of income assistance
- HAP's proposal as currently envisioned is not cost neutral and may encourage clients to become independent of assistance

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<sup>1</sup> Based on Statistics Canada survey of low income British Columbians who would become eligible for assistance

# MINISTRY OF SOCIAL DEVELOPMENT MEETING INFORMATION NOTE

- A large earnings exemption for employable clients may increase dependence upon assistance by encouraging clients and low-income British Columbians to combine work and welfare, paid for by other working taxpayers
- The ministry is open to suggestions on how to implement earnings exemptions in a way that supports people to become independent and not dependent on long term assistance

## Attachments

**Appendix A** - KHAP proposal letter to Minister Cadieux

**Appendix B** - Appendix B – Monthly Client Income

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**INITIAL:**

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**DATE:**

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175444 – Appendix B

Monthly Client Incomes of Example Families in the HAP Proposal

Payments	Single Parent		2 Parent Family	
	1 Child (age 4)	2 Children (age 10 & 13)	1 Child (Age 4)	2 Children (age 10 & 13)
Support Allowance	\$375.58	\$375.58	\$401.06	\$401.06
Shelter Allowance (maximum)	\$570.00	\$660.00	\$660.00	\$700.00
GST Credit (federal)	\$53.25	\$64.33	\$53.25	\$64.33
BC Climate Action Credit	\$19.25	\$22.13	\$22.13	\$25.00
BC Harmonized Sales Tax Credit	\$38.33	\$57.50	\$57.50	\$76.67
Canada Child Tax Benefit	\$113.91	\$227.82	\$113.91	\$227.82
BC Family Bonus/National Child Benefit Supplement	\$176.50	\$332.58	\$176.50	\$332.58
Universal Child Care Benefit	\$100	\$0	\$100	\$0
<b>Total Income</b>	<b>\$1,446.83</b>	<b>\$1,739.94</b>	<b>\$1,584.35</b>	<b>\$1,827.46</b>

Payments	Single Employable Client
Support Allowance	\$235.00
Shelter Allowance (maximum)	\$375.00
GST Credit (federal)	\$21.08
BC Climate Action Credit	\$9.63
BC Harmonized Sales Tax Credit	\$19.17
<b>Total Income</b>	<b>\$660.38</b>



Honourable Stephanie Cadieux  
 Ministry of Social Development

April 4<sup>th</sup>, 2012

Dear Honourable Minister Cadieux:

Re: Letter of Intent – Pilot Project to Examine Income Assistance Allowable Earning Exemptions in BC

As part of implementing the Kamloops Homelessness Action Plan (HAP), the Leadership Council is seeking your support to develop and implement a pilot project to examine the feasibility of an Earnings Exemption for people receiving regular income assistance.

<b>Income Assistance Earning Exemptions</b>	 Person With Disabilities or Persistent Multiple Barriers	 Single Adult*	 Single Parent & One Child*	 Two Parents & Two Children*
Current Monthly Assistance Amount	\$906.42	\$610.00	\$945.58	\$1,348.00
Current Monthly Earning Exemption	\$500.00	\$0.00	\$0.00	\$0.00
Max Total Annual Income	\$16,877.04	\$7,320.00	\$11,346.96	\$16,176.00
Low Income Cut Off	\$15,344.00	\$15,344.00	\$18,676.00	\$29,013.00
Discrepancy	NA	\$8,024.00	\$7,329.04	\$12,837.00
<b>Monthly Earning Exemption</b>	NA	<b>\$668.00</b>	<b>\$610.75</b>	<b>\$1,069.75</b>

*\*Note: Listings are for adults under 65 years of age, who are able to work. Low Income Cut Off Levels from Statistics Canada 2008, 1992 base, after taxes for communities between 30,000 and 99,999 population.*

The Kamloops Homelessness Action Plan has been working together to implement the 6 Goals of the plan since September 2010. (please see attached Backgrounder for more information). Income Assistance and Allowable Earning Exemptions relate to the two goals surrounding improving fairness, and helping people maintain employment. The chart below illustrates one way to organize Allowable Earning Exemptions that would make it possible for people who are able to work to live at the Low Income Cut-off level. A pilot project would make it possible to further develop and test models like the one outlined above.

Allowable Earnings Exemptions for people with disabilities permit those recipients to earn income up to the monthly limit, in addition to full shelter and support assistance. Currently anyone collecting Regular Income Assistance must repay any amounts they earn in addition to their benefits.

Allowable Earning Exemptions could provide the following for Income Assistance recipients:

- A sense of empowerment, leading to permanent financial sustainability and independence
- Improved quality of life
- Opportunity to transition to sustainable income without the hardships that can cause homelessness
- Ability to make improvements and afford some of the housing available at current rates
- Access to on-the-job skills training and experience
- Opportunity to find part-time employment that could become full-time

Allowable Earning Exemptions could provide the following advantages for Government:

- Decreased administrative costs for delivering emergency funds above regular Income Assistance
- Decreased pressure to raise Income Assistance Rates
- Decreased Income Assistance case loads as people find and maintain employment
- Increased tax revenues from employed individuals
- Decreased costs to run shelters, jails, hospitals and ancillary services related to homelessness

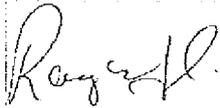
The opportunity to partake in a pilot project to examine Allowable Earning Exemptions would provide the following advantages to Government:

- Opportunity to engage the stakeholders working with the issues of homelessness
- Opportunity to examine a variety of potential models for formulating a system of Allowable Earning Exemptions
- Engaged and organized partner in the Kamloops Homelessness Action Plan

We understand that on February 20, 2012 the BC Provincial Government announced the budget for 2012. As indicated in that budget, an increase to Income Assistance will be dedicated specifically to handling the increase in the number of people accessing assistance, and not dedicated to an increase in assistance rates. This proposal does not request additional expenditures to Income Assistance, and may result in overall savings to the Provincial Government.

It is also our understanding that Kamloops has been selected as one of seven municipalities to participate in the development of a Regional Community Poverty Reduction Strategy through the support of the *Ministry of Children and Family Development* and the *Union of British Columbia Municipalities*. While the focus would primarily be on families, Income Assistance Rates are sure to be tabled as a consideration in our community; this proposed pilot project ties well with that initiative.

We appreciate your response and subsequent support in formulating this pilot project as we continue working toward ending homelessness in Kamloops. Please contact us with any of your comments, concerns and suggestions. Thank you for your time and consideration,



Ray Jolicoeur, Chair  
Kamloops Homelessness Action Plan Leadership Council

For more information please contact  
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#### References:

L.I.C.O. Low Income Cut-Off Levels. Statistics Canada. March 26, 2012.  
<<http://www.statcan.gc.ca/pub/75f0002m/2009002/tblc-g-eng.htm>>

#### Further Resources:

National Council of Welfare. *The Dollars & Sense of Solving Poverty*. March 26, 2012.  
<<http://www.ncw.gc.ca/h.4m.2@-eng.jsp#tab2a> >

The Standing Senate Committee on Social Affairs, Science & Technology. The Honourable Art Eggleton P.C., Chair. *In From the Margins. A Call to Action on Poverty, Housing & Homelessness*. March 26, 2012. <<http://www.parl.gc.ca/Content/SEN/Committee/402/citi/rep/rep02dec09-e.pdf>>

Ministry of Social Development. Employment & Assistance Rate Tables.  
<<http://www.eia.gov.bc.ca/publicat/bcea/BCEA.htm> >

## HAP Background

In 2009 the Kamloops grassroots group *Changing the Face of Poverty* formed a subcommittee to investigate the development of a local plan to end homelessness. Over 2009/2010 the Kamloops plan to end homelessness was written through a process of stakeholder engagement facilitated by United Way Thompson Nicola Cariboo. The Kamloops Homelessness Action Plan (HAP) is now in its second year of implementation thanks to the efforts of the City of Kamloops, the Elizabeth Fry Society, United Way, the Canadian Mental Health Association and ASK Wellness Centre. The plan has 6 Goals that aim to improve Housing, Support Services and Financial Independence in the community, with the ultimate goal of ending homelessness in Kamloops by 2015.

- Goal 1. Assess and enhance local housing  
*Establish Local Housing Board to Advise and Research*
- Goal 2. Provide Housing Stability  
*Promote Housing Support Agreements*  
*Establish Resident Support Program*
- Goal 3. Connect people  
*Improve Outreach*  
*Network Services*
- Goal 4. Build Life Skills
- Goal 5. Improve fairness**  
*Change laws, procedures, regulations, and protocols*
- Goal 6. Create and maintain employment**  
*Improve workplace supports*

The HAP is committed to ending homelessness in Kamloops by utilizing Housing First Strategies and a holistic approach to the wide range of issues that cause homelessness. One of the focus areas is 'Bridging to Financial Independence', and includes goals 5 and 6. The *HAP Leadership Council* was formed in response to Goal 5. The *Leadership Council* meets regularly to discuss the systemic causes of homelessness and brings together all levels of local government, the business sector, and non-profits.

