COMMUNITY LIVING BC AND MINISTRY OF HEALTH THREE-YEAR ACTION PLAN: A Collaborative Approach to Supporting Aging Adults with Developmental Disabilities

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DEFINITIONS

**Caregiver** – A person, paid or unpaid, who has accepted responsibility in providing care and support for someone with a developmental disability.

**Community Living British Columbia (CLBC)** – A provincial crown agency mandated under the Community Living Authority Act that delivers supports and services to adults with developmental disabilities and their families in British Columbia.

**CLBC Residential Services** - CLBC supports eligible adults to live as fully and independently as possible in supported living, shared living and staffed residential settings. Funding and the type of support provided depend upon the individual’s current disability-related needs, support preferences, and preferred home environment.

**Complex Needs** – High clinical complexity rehabilitation or supports for physically reduced function.

**Divisions of Family Practice** – Divisions of Family Practice are community-based groups of family physicians working together to achieve common health care goals. There are currently 33 Divisions of Family Practice in BC that encompass 129 communities. Together, the members work to improve patient access to local primary care, increase local physicians' influence on health care delivery and policy, and provide professional support for physicians.

**Health Authorities** – The province’s six health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions (Island Health, Vancouver Coastal, Fraser Health, Interior Health, and Northern Health). A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of services and province-wide health programs.

**Health Sector** – The health sector is comprised of the Ministry of Health, health authorities, physicians, and other health care providers, both publicly subsidized and private.

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1 As at September 10, 2013: [https://www.divisionsbc.ca/provincial/home](https://www.divisionsbc.ca/provincial/home)
Ministry of Health – The Ministry of Health has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. The Ministry provides leadership, direction and support to health service delivery partners and sets province-wide goals, standards and expectations for health service delivery by health authorities.

Self-advocate – A term commonly used to refer to the individuals that are eligible for CLBC supports and services.
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EXECUTIVE SUMMARY

The COMMUNITY LIVING BC AND MINISTRY OF HEALTH THREE-YEAR ACTION PLAN: A Collaborative Approach to Supporting Aging Adults with Developmental Disabilities is key component of the province’s health innovation and change agenda to achieve better health outcomes and experiences for B.C.’s aging population through a more efficient and sustainable health care system. The plan outlines priorities and key actions to address the changing needs of aging adults with developmental disabilities and their families, and support healthy aging in the community.

Building on the CLBC Strategy on Aging (June 2013), this action plan includes three major priorities:

1. Focus on Access to Information and Early Planning
2. Assess and Redesign Health Services And Supports
3. Forecast Future Demand For Services And Supports

Goals and key actions are highlighted under each priority, creating a road map for the next three years.

In addition, some of the key actions were allocated to the STADD Older Adult Site (OAS) - Burnaby Governance Committee for adults with developmental disabilities. These deliverables include:

- The aging Transition Guide will assist individuals and their families to plan for the transitions of aging (Priority 1).
- Families, individuals, service providers, CLBC and Health Authorities are using the Aging Transition Guide (Priority 1).
- Provincial Aging Transition Protocol agreement is in place and a joint planning approach is being utilized (Priority 2).
- The model for collaborative service delivery addresses the service needs of aging adults with developmental disabilities (Priority 2).
- A modelling and forecasting approach to predict the future service needs of aging adults with developmental disabilities in place (Priority 3).
Implementation of the action plan will require the continued guidance of the Services to Adults with Developmental Disabilities (STADD) Inter-ministerial Steering Committee and adoption of a rigorous project management approach. A key focus will be continuous engagement with aging adults with developmental disabilities and their families throughout each phase of the plan.
INTRODUCTION

The COMMUNITY LIVING BC AND MINISTRY OF HEALTH THREE-YEAR ACTION PLAN: A Collaborative Approach to Supporting Aging Adults with Developmental Disabilities is a key component of the province’s commitment to a comprehensive system of care and support for individuals with developmental disabilities. British Columbia strives to be the most progressive jurisdiction in Canada for services and supports for people and families living with disabilities.

Generally, adults with developmental disabilities aged 55 and over are considered to be “older”; however, some people with developmental disabilities may experience the onset of age-related challenges earlier than the general population.

The action plan outlines how Community Living BC (CLBC) and the Ministry of Health (MoH) will collaborate to address the needs of aging adults with developmental disabilities and their families. It identifies priorities that build on current work in B.C. and address the following key areas:

- Cross-ministry and stakeholder collaboration (including joint planning, integrated service delivery, individual planning and role clarification);
- Service and supports development (including issues related to supports for families; outreach and navigation, continuum of living supports);
- Policy direction and alignment (including issues related to functional definition of older adult; access to the full range of services and supports); and,
- Professional development (including issues related to aging and disability; cross-disciplinary approaches and best/promising practices).

Priorities in the action plan build on the CLBC Strategy on Aging (June 2013), developed following extensive community consultations around the province. The strategy highlights the specific challenges faced by aging adults with developmental disabilities and their families with respect to eight quality of life domains. These quality of life domains reflect key components of
an individual’s life: personal development, self-determination, inter-personal relations, social inclusion, rights, emotional well-being, physical well-being, material well-being.  

The action plan provides a response to Recommendation #9 of the December 2011, Deputy Ministers’ Review of Community Living British Columbia, *Improving Services to People with Developmental Disabilities:*

> CLBC and Ministry of Health to assess and model needs of the older cohort of individuals with developmental disabilities and develop a three-year plan to meet those needs and ensure early planning with families.

This action plan is also a key component of the province’s health innovation and change agenda to achieve better health outcomes and experiences for B.C.’s aging population through a more efficient and sustainable health care system. British Columbia is committed to improving the home and community care system for B.C. seniors. *Improving Care for B.C. Seniors: An Action Plan* has six themes that address system-wide change: concerns and complaints; information; standards and quality management; protection; flexible services; and modernization.

CLBC and MoH will work together to achieve the best possible services for aging adults with developmental disabilities and their families. They will engage with aging adults with developmental disabilities and their families throughout each phase of the plan.

### A CHANGING POPULATION

Adults with developmental disabilities are living longer, healthier lives and the profile of the people who are looking for and using services is changing as they and their families, friends and extended families get older. Here are some key statistics that illustrate this trend. Unless otherwise noted, these figures come from the CLBC service system for September 30, 2012:

- About 23% of adults who are currently served by CLBC are aged 50 or over (3420 individuals).

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2 Quality of Life is an internationally validated framework adopted by CLBC as a tool to measure and improve service quality. It has expected outcomes in eight domains that affect and individual’s life, and uses individual surveys to collect data that can be used to monitor and improve services.
About 5% of adults who are currently served by CLBC are aged 65 or over (742 individuals).

Individuals aged 50 or over are distributed around the province in roughly the same proportion as the overall population served by CLBC. They live in big urban areas, small towns and rural areas.

70% of the individuals aged 50 or over receive CLBC residential service (2399 individuals). This is a noticeable increase over the previous year when 60% were receiving residential service.

30% of the individuals aged 50 or over receive only non-residential CLBC services, such as respite or community inclusion (1021 individuals). This is a noticeable decrease over the previous year, when 40% were receiving only non-residential services. These people live with family members or other caregivers with no residential support from CLBC. The people they live with are themselves getting older and are likely finding it harder to manage with only non-residential support.

In 2009/10 there were 387 clients, aged 19 and older, with a HSCL or developmental disability flag receiving publicly subsidized residential care services in BC (Source: Home & Community Care Client Counts and Service Volumes for Clients with an HSCL and/or Developmental Disability Designation).

94 individuals over the age of 45, who have never received CLBC services, registered with CLBC for the first time in 2012-2013.

In the next five years, CLBC expects the size of the group of people aged 45-64 using funded services to increase by 14%.

AGING WITH A DEVELOPMENTAL DISABILITY

Aging with a developmental disability creates challenges/opportunities for the individual, their family and support networks such as:

- Transitioning from one income support system to another at age 65
• Increasing need for continuity of primary care providers and access to specialized health services
• Expanding options, particularly for those who have developed more complex needs as they age
• Supporting the needs of aging caregivers (family, friends and support networks)

It also creates challenges/opportunities for the service delivery system as a whole such as:

• Addressing all aspects of health care, including prevention through specialized services
• Working with individuals and families, including advocates, to understand their service and support needs
• Ensuring resources are available to address service needs and for implementation of the action plan
• Promoting innovative care practices and support services for aging adults with developmental disabilities within available resources
• Engaging with Divisions of Family Practice to build primary care capacity, and have knowledgeable family physicians available to support aging adults with developmental disabilities

ROLE OF THE PARTNERS

Services to Adults with Developmental Disabilities (STADD) Inter-ministerial Steering Committee

STADD includes ministries and authorities whose programs and services impact the lives of individuals with developmental disabilities. The Committee has a governance role in the implementation of the December 2011, Deputy Ministers’ Review of Community Living British Columbia, Improving Services to People with Developmental Disabilities. STADD also has the
mandate to develop an integrated service delivery model that supports individuals throughout the lifespan.

Early implementation sites, four for youth and one for aging adults, are being created to test important aspects on an integrated service delivery model. They will include: person-centered with integrated service support; community focus; navigator role; assessment platform; earlier planning for all transitions, including earlier involvement of ministries and agencies in the process; mandate for collaborative planning and service delivery; and clarification of roles, responsibilities and accountabilities.

There will be opportunities to learn from the work of STADD generally, and the prototyping of the 55+ early implementation site specifically, and to assess and reassess the action plan.

Community Living BC

The CLBC Strategy on Aging identifies the foundational elements required in the system to support individuals and their families as they age:

Rights and values matter – education, advocacy, and innovation are required to ensure that people with developmental disabilities can continue to live in their community as they age.

Shared responsibility – proactive partnerships and positive collaborations with families, government agencies, service providers, community professionals and community senior-serving organizations are required to develop community capacity to ensure people age with safety and dignity, as contributing members of their communities.

It’s as much about families as well as individuals – families and extended families need to be supported in their long-term roles as caregivers and key emotional and financial supporters of their family members, as they all age.

Relationships are key – supporting existing relationships among caregivers and extended families, and expanding personal support networks are both critical to ensuring that individuals have people in their lives who can safeguard their well-being as they get older.

Responsive and proactive planning is essential – proactive age-appropriate planning is needed to ensure individuals and families are prepared for the realities of aging; service responses need to be integrated, flexible and collaborative.
Ministry of Health and Health Authorities

The health sector supports British Columbia’s aging population in many ways. The Seniors’ Healthy Living Framework sets the stage for the coming years. The framework has four cornerstones:

- Create age-friendly communities – with accessible outdoor spaces and buildings, and opportunities for social participation in leisure, social, cultural and spiritual activities with people of all ages and cultures.
- Mobilize and support volunteerism – provides important benefits for communities and older people, both as recipients and participants.
- Promote healthy living – thinking about personal well-being in areas such as health, housing, and physical activity can result in greater control over one’s independence, quality of life and dignity as one ages.
- Support older workers – many older people want to remain in the labour force, and have valuable skills and abilities to share.

The demand for health services is increasing and changing. There is a need to more effectively support and manage the health of unique populations (people with chronic disease, mental illnesses, problematic substance use, women during pregnancy and childbirth and the frail senior population). Evidence suggests that primary and community based health care are best suited to provide care to these populations and can play a critical role in improving health outcomes.

A major aspect of the innovation and change agenda is the development of an integrated system of primary and community based health care that provides continuity of care as one’s health needs change. Increasing access to family doctors, and coordinating and linking family doctors to other community services such as home care and community mental health care, will improve care for patients, particularly those with complex needs.

Ministry of Social Development and Social Innovation

The Ministry of Social Development and Social Innovation leads the provision of programs and services for persons with disabilities and their families. The Ministry continues to support Canada’s commitment to the UN Convention on the rights of people with disabilities, a joint effort between governments, community organizations, clients and their families. The Ministry focuses on integrated, citizen-centered service delivery, disability supports and services, and supporting community led innovations that increase employment and inclusion opportunities for persons with disabilities. This includes working with counterparts to improve the transition for youth with disabilities and continuing the work of the Minister’s Council on Employment and Accessibility, formed in 2012. The Council engages business, community, families and other disability stakeholders to increase employment gains, inclusion and independence for persons with disabilities.

ACTION PLAN PRIORITIES, GOALS AND ACTIONS

The action plan includes three major priorities:

1. Focus on Access to Information and Early Planning
2. Assess and Redesign Health Services And Supports
3. Forecast Future Demand For Services And Supports

Some key actions were allocated to the STADD OAS - Burnaby Governance Committee for adults with developmental disabilities. The designated party is denoted after each key action in the work plan.

Priority 1: FOCUS ON ACCESS TO INFORMATION AND EARLY PLANNING

All aging adults and their families need to be able to easily access and understand all of the information they need to make informed choices about their care. This was a major theme of Improving Care for B.C. Seniors: An Action Plan. Implementation of the seniors’ action plan has led to: development of advance care planning information and tools; enhancements to www.SeniorsBC website; providing more online information about care and support options;
information to help seniors and families understand and live with chronic diseases and dementia; as well as other initiatives such as Age-Friendly BC and Together to Reduce Elder Abuse – B.C.’s Strategy – Promoting Well-Being and Security for Older British Columbians.

There is an opportunity to raise awareness of the benefits of planning for healthy aging, and the importance of early planning for aging adults with developmental disabilities in order to improve quality of life.

There is a need to support self-determination and improve transitions by linking aging adults with developmental disabilities, their families, support networks, community living service providers and health professionals to information and tools developed for the general seniors’ population, and customizing these generic resources as needed.

**Goal:** Raise awareness among aging adults with developmental disabilities, their families, caregivers, health professionals and communities about the personal challenges and opportunities that accompany aging, and the availability of tools and resources to support early planning for healthy aging.

“Continued community building activities to support citizens with developmental disabilities to access generic resources, services and supports as they age is important so that many options and opportunities are made available to everyone. Community building is best facilitated through focussed partnership projects involving service providers, senior serving organizations, community professionals, and others who together work to fulfill the vision of good lives in welcoming communities.”

*Quote from a participant at a CLBC Aging Forum*
Key Actions Year 1

- Provide information about how to access and use tools and resources to support early planning for healthy aging for people with developmental disabilities (MoH/CLBC).
- Review and assess materials to determine if there is a need to adapt CLBC and the MoH information resources to reflect aging (MoH/CLBC).
- Build awareness and understanding of the needs of aging adults with developmental disabilities to the health care community (MoH/CLBC).

Key Action Year 2

- Develop an Aging Transition Guide for Caregivers, in simple English, that will assist families, individuals, service providers, CLBC and health authorities with transition planning for people with developmental disabilities as they age (STADD OAS - Burnaby Governance Committee).

Priority 2: ASSESS AND REDESIGN HEALTH SERVICES AND SUPPORTS

There is a need to understand the support and health care needs of aging adults with developmental disabilities and consider, for example, early on-set of aging challenges, service utilization, life expectancy, funding levels and mechanisms.

Aging adults with developmental disabilities, as with everyone else, will have a wide range of different needs. A population needs based approach to service planning recognizes that as the needs of individuals vary, the services and supports they require will vary as well. Factors such as living situation, family involvement, community involvement, and health status will all have an impact. Forecasting future demand for services and supports must consider these factors as well as trends in age and service utilization.

There are opportunities to:

- Improve clarity in regards to the roles and responsibilities of the ministries/agencies involved in responding to service/support needs of aging adults with developmental disabilities;
• Identify new services and supports particularly as related to transition challenges – for example, lack of flexibility in income sources, loss of natural supports due to aging of caregivers and family members; and
• Focus on how best to structure retirement activities, day programs, and, levels of complex care and types of residential requirements.

**Goal:** Establish a joint planning approach that supports the provision of collaborative services that will meet the needs of adults with developmental disabilities as they move through the transitions associated with aging.

> “Serving and supporting the ‘whole person’ in all dimensions of their health and wellbeing is considered to be optimal as well as intentionally building professional competency and capacity with respect to understanding and responding to the ageing issues that individuals with developmental disabilities and their families may experience “

**Quote from a participant at a CLBC Aging Forum**

**Key Actions Year 1 & 2**

- Begin the planning process to develop a provincial Aging Transition Protocol agreement by considering a joint planning approach to better meet the changing service and support needs of aging adults with developmental disabilities and their families (**STADD OAS – Burnaby Governance Committee**).

**Key Action Year 2**

- Explore the creation of customized technologies and services for use by CLBC eligible individuals and their families (**MoH/CLBC**).

- Support STADD in the development of a collaborative service delivery model (**STADD OAS - Burnaby Governance Committee**).
Leverage the work done by STADD in implementing a prototype for a collaborative service delivery model (STADD OAS – Burnaby Governance Committee).

- **Key Action Year 3**
  - Explore how to meet needs of aging caregivers (family, friends and support networks) (MoH/CLBC).

**Priority 3: FORECAST FUTURE DEMANDS FOR SERVICES AND SUPPORTS**

It is important to have more resources to draw upon for data analysis and forecasting of future service needs. CLBC and MoH will work together with other ministry and agency partners, including patients as partners, to share information and practices in ways that respect privacy and choice. Tracking current service utilization of aging adults with disabilities, based on assessments and other data, can facilitate the prediction of future services required by individuals.

The current experiences, capacities and resources of individuals/families and their service providers will help inform the planning and forecasting processes. There will be opportunities for them to participate in these processes and provide feedback.

CLBC and MoH will work together to predict the costs of integrated services that meet the health needs of aging adults and allow them to live inclusively within their community.

**Goal:** Ensure CLBC and MoH have access to the information required to plan for and meet the current and emerging service needs of aging adults with developmental disabilities.
“Promoting excellence and innovation in technology, practice, and supportive services is essential to cultivating and sustaining good lives lived with dignity in community.”

Quote from a participant at a CLBC Aging Forum

- **Key Actions Year 3**
  - Based on the multi-ministry provincial aging transition protocol and future CLBC work on aging transitions, develop a forecasting approach to predict future service needs *(STADD OAS - Burnaby Governance Committee)*.

  - Consider exploring the possibility of an ongoing partnership agreement for information sharing of data *(MoH/CLBC)*.

  - Based on the collaborative service delivery model, develop an annualized process to determine required resources to meet the needs of aging adults with developmental disabilities. Any process developed must be in compliance with existing policies, guidelines, etc. of respective stakeholders *(MoH/CLBC)*.

**LOOKING FORWARD/NEXT STEPS**

The action plan is a blueprint for collaboration and future action that will require a dedicated budget, a commitment of time and resources from all partners and the establishment of closer relationships between themselves, health authorities and other parties at all levels. It will also require a commitment to a rigorous project management approach.

Development of a management and reporting framework *(i.e., leadership, work plan, timelines, accountability, evaluation, annual reporting etc.)*, communication strategy and sustainability strategy are required to ensure the three year action plan is implemented and results in
operational improvements, and better health outcomes and experiences for aging adults with developmental disabilities.

SUMMARY/CONCLUSIONS

The priorities, goals and actions set out in this three year action plan are foundational to the planning and delivery of services to aging adults with developmental disabilities by CLBC, MoH, MSDSI and health authorities. In addition, some of the key actions were allocated to the STADD OAS - Burnaby Governance Committee for adults with developmental disabilities.

Implementation of the action plan will require adoption of the governance framework from STADD and continued guidance of the STADD Steering Committee. There will be ongoing monitoring, evaluation and learning to assess the impact of the changes on the experiences of aging adults with developmental disabilities. In addition, there will be opportunities to redesign tools and approaches as required and report on modifications to programs to accommodate aging adults with developmental disabilities as they emerge.

This work will include individuals and their families and the community organizations that support aging adults with developmental disabilities on a daily basis, as well as other work that the partners are undertaking to improve supports and services for aging adults.

Finally, this plan builds on CLBC’s Strategy on Aging and represents a next step forward in establishing an integrated system of supports, services and resources that provides for the changing needs of aging adults with developmental disabilities and their families, and supports healthy aging in the community.