



BCA
The BC Association for Child De

Thank you for the opportunity to present to the Legislative Assembly Select Standing Committee on Finance and Government Services. I'm here today to represent the BC Association for Child Development and Intervention, or BCACDI.

Who We Are

BCACDI member agencies, commonly referred to as Child Development Centres, are recognized leaders in innovation and collaboration who deliver services to children and youth with special needs to help them reach their full potential. We're skilled at delivering these essential services in the most cost-effective way, helping families who have children and youth with special needs to manage health, developmental and social barriers. Child development centres have been building stronger futures for British Columbians for more than four decades. Our non-profit organizations are community-based and accountable to committed volunteer boards.

Programs and services our member agencies deliver include Early Intervention Therapies to assist with mobility, daily function, and communication challenges (Physiotherapy, Occupational Therapy, Speech-Language Pathology), the Infant Development Program to provide support and advice to families during the critical first few years of life, and the Supported Child Development Program to provide the support for children and youth with special needs to participate in community child care settings and preschools.

Current Challenges in the Sector

1. Decade long lack of significant investment in the core Early Intervention programs, in particular the Early Intervention Therapies program

Early Intervention Therapies provide critical specialized services that help children improve their function and ability to participate in their community. From 2008 to 2016 this program had no increase in base contract funding. In 2016 it saw a minor increased investment, with the amount being so limited that it only extended to a few communities across the Province. Due to the lack of significant investment, this program consistently has the largest access issues (i.e. – wait times) across the Province. The large waitlists and limited resources have resulted in many agencies being forced to shift their delivery models, resulting in lower intensity of services for individual children (e.g. – more group therapy, less home visits, and more consultation vs direct intervention). An ongoing lack of significant investments into this program is resulting in watered down service delivery and making it even more challenging for agencies to reach the most marginalized populations that require additional resources to connect with.

BCACDI piloted an annual data collection last fiscal year and found the following:

- In the North region, the average wait time for Speech services is 335 days
- In the Vancouver-Coastal region, the average wait for Occupational Therapy is 180 days
- In the Fraser, the average wait for Physiotherapy is 151 days

BCACDI is a provincial non-profit organization, founded in 1996, which provides advocacy and opportunities for collaboration to member agencies throughout British Columbia. Member agencies are non-profit, accredited, and provide diagnostic, developmental, intervention and support services for children and youth with special needs and their families.

Office of the Provincial Advocate
PO Box 29191 OKM, Kelowna, BC; V1W 4A7
Ph: 250.212.0305; E-mail: Jason@bcacdi.org; Visit: www.bcacdi.org



BCA
The BC Association for Child De

Recommendation – Government should ensure adequate funding for all early intervention services, including Early Intervention Therapies, such that wait times are manageable for families (e.g. – benchmark wait times at 3 months) and ensure children do not age out of early intervention services before receiving critical support.

2. Inconsistent availability of services across the Province; Increased complexity of caseload

There is limited knowledge of the history behind how CYSN programs across the Province were initially allocated funding. Shifts in our Province’s demographics and population growth has significantly changed the CYSN demands in many communities across BC, but without the necessary new investments in CYSN services. Further, agencies are faced with children and families with more behavioral and mental health co-morbidities associated with neuromotor conditions. Agencies with increased fund-raising capacity or in regions with more resources have responded by creating positions within their agencies to meet these shifts, such as ‘Family Navigators,’ enhancing their family support services, or have initiated their own behaviour support programs. However, such options aren’t available to agencies with limited fund-raising capacity or in regions with limited extra resources.

New investments such as family support workers, behavior support specialists and mental health clinicians that are imbedded within existing child development centres would help to support the behavioral and mental health needs of infants, children and youth accessing specialized services. These complementary investments will help decrease the pressures currently faced in the youth and adult mental health acute care system and the long-term costs associated with supporting the mental health needs of children, youth and families. Child development centres across BC are already well versed in providing family-centred care using multi-disciplinary teams, thus expanding existing teams to include professionals to support the mental health needs of children and families would be a natural evolution.

Recommendation – Government and the sector work together to develop accessible range of programming that is consistently accessible to families across the province including behaviour support, navigation/family support and counselling/mental health.

3. The impacts of the Individualized Funding model for children with Autism Spectrum Disorder

The introduction of Individualized Funding (IF) for children with Autism Spectrum Disorder has created a host of new challenges for public sector agencies. Therapists within agencies are experiencing increased administrative burden due to co-therapy agreements, and often get forms and fund application letters downloaded to them (while the private sector therapist focuses strictly on intervention, as they don’t get paid for the administrative aspects of service delivery). This, combined with the larger caseloads in the public sector, has contributed to the recruitment and retention issues challenges in the Early Intervention Therapies program.

Agencies want to support these families, but if they get involved in fee for service programs for families to access via their IF funding they are taking a significant financial risk due to the increased number of contracts to work with and the IF payment system. Several of our agencies have created these outpatient type fee for service models for these families,

BCACDI is a provincial non-profit organization, founded in 1996, which provides advocacy and opportunities for collaboration to member agencies throughout British Columbia. Member agencies are non-profit, accredited, and provide diagnostic, developmental, intervention and support services for children and youth with special needs and their families.

Office of the Provincial Advocate
PO Box 29191 OKM, Kelowna, BC; V1W 4A7
Ph: 250.212.0305; E-mail: Jason@bcacdi.org; Visit: www.bcacdi.org



BCA
The BC Association for Child De

but it is typically agencies with a larger donor base or contingencies that allows them to take on this risk. The majority of the smaller agencies across the Province simply can't afford to take on this risk. We very recently had a member agency operating in the East Kootenays, an area that can ill afford to decrease services, have to close down their Autism program due to the challenges an agency faces working with the IF system.

IF has also created a negative dynamic between families that have a child with a diagnosis that allows access to IF and those families with a child without that diagnosis. IF creates significant inequities in service access and service level intensity between families in the same community with a child with special needs.

IF also results in decreased integration of services within a community. CYSN foundational programs are free and available to all and can provide valuable support to families regardless of their child's diagnosis. However, IF has resulted in a proliferation of private sector individuals and small businesses delivering services from their home, without the connections with other free and accessible programs that may benefit a child and family. Services are less unified and collaboration is inhibited.

Recommendation: - Government and the sector work together to develop an alternative system for agencies to deliver services to children and youth with IF. For example, provide contracts to accredited organizations to encourage province wide development of needed autism services.

We trust our submission has provided rationale for the importance of investing in early childhood development, and we look forward to continuing to work with our government partners to meet the needs of BC's children and youth. If you have any questions regarding this presentation please don't hesitate to contact Jason Gordon, Provincial Representative for the BC Association of Child Development and Intervention (BCACDI).

Jason Gordon, MHS, BScPT
Provincial Advocate, BCACDI

BCACDI is a provincial non-profit organization, founded in 1996, which provides advocacy and opportunities for collaboration to member agencies throughout British Columbia. Member agencies are non-profit, accredited, and provide diagnostic, developmental, intervention and support services for children and youth with special needs and their families.

Office of the Provincial Advocate
PO Box 29191 OKM, Kelowna, BC; V1W 4A7
Ph: 250.212.0305; E-mail: Jason@bcacdi.org; Visit: www.bcacdi.org