

QUESTIONS & ANSWERS – ADDENDUM JULY 30, 2010

Submitted by: Joanna Neilson, Resident, Cowichan Valley and Member, Cowichan Communities Health Network Planning Group and Concerned Citizens for Cowichan Lodge

Q

Health Issues in the Cowichan Valley Region

1. On a per capita basis, what is the Cowichan Valley's share of VIHA's budget?

A

VIHA's overall annual operating budget is approximately \$1.7 billion. VIHA's programs and services are organized, managed and budgeted by program stream, not geography. In addition, many specialized services (e.g. cardiac, trauma, diagnostic and other tertiary services) are, -appropriately, provided in the larger centres (e.g. Nanaimo, Victoria) but serve residents from all communities, including Duncan. For this reason, spending per capita is not representative of services provided to, and accessible to, residents of a specific community.

2. How does this figure compare with the Health programs and services currently in the Cowichan Valley?

A

Please see the answer above. VIHA recognizes that the Cowichan Valley is underserved in some health care services, such as mental health and addictions. The Cowichan Communities Health Network Group, comprised of representatives from local government, community service providers, First Nations and other interested stakeholders, is working with the health authority to identify service priorities. Significant work is - underway around developing a master plan for Cowichan District Hospital and a replacement of this aging facility, with enhanced facilities and services. This project is second on VIHA's capital priority list (- after new hospitals for Comox Valley and Campbell River). Despite these challenging economic times, there has been significant financial investment in Mental Health and Addiction Services in Cowichan in the past 12 months. Since last year, there has been approximately \$800,000 in additional investment made in mental health and addiction services - for the Cowichan Valley. This was possible because of redesigned services, in Southern Vancouver Island communities.

3. In the Cowichan Valley, how many ...

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a. Seniors are waiting for assessment to be placed in residential care facilities?

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When someone potentially requires residential or assisted living care, they would typically be referred by their family physician, a family member, or a community member, to VIHA's Home and Community Care intake program. Based on initial information provided through the intake process, the client's needs are prioritized based on the urgency of their care needs, with higher needs clients given higher priority. A case manager is assigned to the client, a care needs assessment is performed using standardized tools and processes, and the client receives the appropriate services as determined through this assessment process. Very rarely would a client who is not already known to Home and Community care enter the system and immediately require residential care. Typically, clients would already be receiving some form of home-based care support, and as their care needs increase, they would be reassessed for other supports, including residential care. Wait time for actual assessment of community based clients is not tracked.

Clients in hospital and requiring an assessment to determine if they should be waiting for residential placement are referred to AAPP (Assessed and Awaiting Placement Pending). At Cowichan District Hospital - about 50% of patients that are AAPP actually end up requiring residential care placement, and they then became Assessed Awaiting Placement (AAP). As a snapshot, on July 15 there were 12 patients classified as AAP in Cowichan District Hospital.

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b. Seniors are waiting for assessment to be placed in assisted living facilities?

A

Please see the answer above as the process is the same for clients being assessed for assisted living. However, for potential assisted living clients in hospital, there is no AAPP status.

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c. Seniors have been assessed and are waiting for placement in residential care facilities?

A

This information changes on a day to day basis as individuals are placed in facilities and as others are assessed and placed on the list. As of March 31, 2010, there were 37 people assessed and waiting for residential care.

Q

d. Seniors have been assessed and are waiting for placement in assisted living facilities?

This information also changes on a day to day basis as individuals are placed in facilities and others are assessed and placed on the list for assisted living. As of March 31, 2010, there were 57 people assessed and waiting for assisted living.

Q

e. Families need respite care support?

A

Home and community care staff work closely with clients and their family members to develop appropriate respite plans. Access to designated residential facility-based respite care beds is planned in advance and families are accommodated consistent with their assessed needs and space availability. Between January 1, 2001 and June 30, 2010 occupancy for designated respite beds in the Cowichan Valley ranged between 86% and 96% among the three facilities that have designated respite beds (Cairnsmore, Chemainus and Lodge on 4th). There were 900 days of respite bed availability between these facilities, and the beds were used 829 days of those 900 available days. On occasion, when there are multiple requests and overlaps for similar respite times, a waitlist may exist. Respite services are also provided through Home Support and Adult Day programs. In order to qualify for publicly funded respite care, there is an assessment process involving the client and their family. No data is available for non-assessed families.

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f. Families are not getting the respite care support they need and qualify for?

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Clients/families are assessed for publicly funded respite care and an appropriate level of care is approved by Home and Community Care. The amount of respite care is determined by the Case Manager in consultation with the family and case manager. There is no waitlist for home care respite. The hours approved are determined based on need and available resources.

Q g. People need rehabilitation services like Physiotherapy, Occupational Therapy, Speech-Language Therapy?

A Physicians refer clients to services based on clinical requirements. Therefore VIHA is not in a position to quantify need. However, we do measure service provision by referrals, available resources, and where applicable, waits for these services. We hope the following information is useful:

Occupational Therapy: Funding was recently added at Cowichan District Hospital (CDH) for additional occupational therapy services for inpatients, increasing direct patient care hours by 25 hours per week. There are 1.5 FTE (full time equivalent) occupational therapists at CDH. There are no waits for inpatient occupational therapy. Outpatient occupational therapy services include primarily splinting and cognitive/perceptual testing and rehabilitation. The wait list for this service, on average, is two weeks.

Physiotherapy: The CDH rehabilitation department is funded for 2.8 inpatient physiotherapists (PTs), with a Clinical Coordinator assisting with caseloads as required. There are also two rehabilitation assistants who work under the therapists' direction. There is no waitlist for inpatient physiotherapy. With respect to outpatient physiotherapy, high priority patients include post operative (or post cast removal) patients in need of rehabilitation. Arthroplasty patients are pre-booked for follow-up and thus there is no wait list. There is a maximum of a one week wait for other priority patients.

With respect to community occupational therapy and physiotherapy, a significant focus area is on case management. Programs such as Fitness and Mobility exercise (FAME), Graded Repetitive Arm supplementary program (GRASP), and Strategies and Actions for Independent Living (SAIL) have been implemented to provide treatment for those living at home and prevent admissions to the hospital. Wait times are approximately one week.

Speech Language Pathology is addressed elsewhere in this document.

Q h. People need these rehab services and cannot access it here?

Patients in need of physiotherapy and occupational therapy in the Cowichan Valley are able to access these services through the hospital or community, and in many cases CDH has shorter waitlists for outpatient services than other VIHA hospitals. In addition, patients from the Cowichan Valley have access to more specialized programs available in Victoria through referral from a physician or therapist.

We recognize that there are pressures on services and demand is growing as the population grows and ages. Work is underway to address these challenges, and we are looking at more ways to engage our physician colleagues to target patients early to mitigate functional decline and offer services that can help maintain and/or improve the level of function rather than attempting rehabilitation after hospital admission. This will require a redesign in the way services are delivered at all points in the system, and VIHA's rehabilitation services, through the VIHA wide Care Delivery Model Redesign project, is looking at ways to provide a more preventative, efficient and comprehensive service with current resources.

Q i. People need a Community Bathing Program?

A Based on the experiences of our home and community care workers, there are very few people in the Cowichan area who require a community bathing program and when they do, this is accessible through home and community care.

Q **j. People are in Cowichan District Hospital waiting for Transitional Care Placement?**

A This information changes on a day to day basis. On March 31, 2010, there were no people waiting for transitional care at CDH.

Q **k. Seniors are in Cowichan District Hospital waiting for Residential Care Placement?**

This information changes on a day to day basis. On March 31, 2010, there were seven people waiting for residential care placement at CDH.

Q **l. Seniors are in Cowichan District Hospital waiting for Assisted Living Care Placement?**

A This information changes on a day to day basis. On March 31, 2010, there were no people waiting for assisted living placement at CDH.

Q **m. People are in Cowichan District Hospital waiting for appropriate Psychiatric Care placement?**

A This number changes on a day to day basis as individuals are admitted and discharged, either to the community or to other appropriate care settings. Pressure on CDH has been reduced as a result of the positive impact of VIHA's enhanced Mental Health and Addictions Services (MHAS) housing program; for example, Caulfield Place has provided a higher level of support for people who were homeless or living in marginalized housing.

Q **n. Adults need Mental Health Tertiary Care?**

A The number of Cowichan Valley clients who require tertiary mental health care at this time is 15. These clients are currently cared for through inpatient care, housing options and/or they are being supported in the community through a combination of services.

Q **o. Seniors (75 years+) from the Cowichan Valley would get Mental Health Tertiary Care if the proposal for that program goes into Cowichan Lodge? How many need it?**

A Under the reconfiguration of Cowichan Lodge as a tertiary mental health facility, there would be 24 beds for individuals over the age of 75. Access and placement in this facility will be prioritized for Cowichan Valley area residents and will be based on referrals from physicians. These referrals are reviewed by an admissions committee. On our psychiatric inpatient unit there are typically four to six psycho-geriatric patients (or older adult mental health patients). Of those, one or two may be waiting for tertiary psychogeriatric placement. In June 2010 there were two clients waiting for psychogeriatric tertiary placement.

Q **p. Younger adults (19-65 years) from the Cowichan Valley would get Mental Health Tertiary Care if the proposal for that program goes into Cowichan Lodge? How many need it?**

A Under the reconfiguration of Cowichan Lodge as a tertiary mental health facility, there would be 27 beds for individuals over the age of 19, but younger than 65. Access and placement in this facility will be prioritized for Cowichan Valley area residents and will be based on referrals from physicians, and referrals are reviewed by an admissions committee. There are currently 15 adult individuals living in the Cowichan Valley who need the tertiary level of service that will be provided at the reconfigured Cowichan Lodge.

Q

q. People need more Mental Health Services that they are able to access here?

A

VIHA has recognized that access to mental health and addictions services are a priority in the Cowichan Valley and expect that the new services at Caulfield Place, Warmlands and Cowichan Lodge will relieve some of the pressure. We do acknowledge that there are gaps in the Mental Health and Addictions services we currently provide in the Cowichan Valley and we are committed to maintaining this as a high priority area for future developments.

Q

r. People are waiting for Elective Surgeries at Cowichan District Hospital?

A

The number of people waiting for elective surgery varies and is dependent on the procedure and the surgeon. Some surgeons have longer waitlists than others, and some elective surgeries have longer wait times than others. Surgery is prioritized by physicians based on the urgency of the case, as assessed by the physician. Information on the number of individuals waiting for specific surgical procedures is posted on the Ministry of Health's web site at www.health.gov.bc.ca/waitlist. The number of people waiting for surgery on July 15, 2010 at Cowichan District Hospital was 670. Of that number, 87% have been waiting less than six months. The 13% that had waited longer than six months were almost exclusively elective dental and elective minor orthopedic cases.

Q

RE: Cowichan District Hospital Master Site Plan for Redevelopment/Replacement

1. What is VIHA's schedule for a Public Consultation Process regarding these plans?

A

Ongoing and future consultation for the Cowichan District Master Site Plan will take place through the Cowichan Communities Health Network. The Network will develop and lead the consultation process and will establish the schedule for future public consultation. The process and schedule has not been finalized yet; however once it is, details will be shared with the community and stakeholders. The process will be public.

Q

2. What opportunity is there for Cowichan Valley residents to play a participatory and contributory role in the development of the plan?

A

Please see the answer above. The consultation process will be managed through the Cowichan Communities Health Network Planning Group, which is made up made up of representatives from local government, community service providers, First Nations and other interested stakeholders, including residents of the Cowichan Valley. There is deep commitment to ensure area residents play a role in the development of this plan through their participation in the Cowichan Communities Health Network. While the details of the public process for developing the plan will be finalized by the Network, VIHA anticipates the process will be similar to that surrounding the proposal to repurpose Cowichan Lodge.

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3. Currently the Cowichan District Hospital cafeteria closes at 5 p.m. and is not open on weekends. The only other available on-site 'food source' is a vending machine stocked with 'junk food' and coffee. These choices are grossly inadequate for a health care facility of this size. Will the Master Site Redevelopment Plan include more available and healthy on-site food-services for the general public, visitors and staff?

A

The redevelopment of Cowichan District Hospital will consider and plan for enhanced on-site food services for visitors, the public and staff. Meanwhile, vending machines in VIHA facilities, including those at CDH, comply with the Provincial Government's guidelines and requirements for healthy items in vending machines located in public

buildings. VIHA is committed to healthy food choices in our facilities; for example, a variety of healthy food service vendors will be part of the new Patient Care Centre at Royal Jubilee Hospital (which will also serve residents of Cowichan Valley) when this facility opens in Spring 2011.

- Q**
- 4. Will any additional programs/staffing be added to the Cowichan District Hospital in this future planning? For example, there has never been a Speech-Language Pathologist as part of the Rehabilitation Staff/Programs there, and more than one is badly needed. Are any beds planned for hospice and palliative care needs? The children's ward used to have 'play ladies' and a play room. Will this be reinstated? The Discharge Planning Unit was a boon to effective and healthy discharges from acute and intensive care. Will it be re-established?**

A

The Cowichan Communities Health Network will be leading the priority setting process with respect to services at Cowichan District Hospital. This process is still very much underway, and therefore the question about specific services and staffing levels is premature. It should be noted however, that priority setting must take place within available human and fiscal resources, infection control standards, new and emerging technologies and best clinical practices.

Q

RE: Cowichan Lodge

- 1. Given the financial savings incurred over the past two years by closing admissions to Cowichan Lodge, reducing its services delivery, and closing the building altogether, where is that money, and why can't those savings be used for implementing the other needed services at Cowichan Lodge?**

A

It is important to keep in mind that Cowichan Lodge was an aging facility that no longer met complex care guidelines for residential care, and this was the primary reason for the decision to close this facility. Cost savings were offset through the investment in Sunridge Place, the new, much larger residential care/assisted living facility in Duncan (160 complex care beds and 35 publicly funded assisted living units). New services may be added in the Cowichan Valley, depending on the outcome of the priority setting process that will get underway with the Cowichan Communities Health Network, and as available resources permit. Meanwhile, as announced by VIHA on June 30, portions of Cowichan Lodge have been approved for reconfiguration as a tertiary mental health facility for 51 residents. This involves a capital investment of \$8.5 million with annual operating funding of \$7 million.

- Q**
- 2. How does VIHA plan to address these ongoing and increasing concerns, resolve these problems, and restore those lost (and much-needed) services to the Cowichan Valley?**

A

Please also see the answer above. VIHA recognizes the need for new and expanded services in communities throughout Vancouver Island, including the Cowichan Valley, as the population grows and ages. In addition to the process underway with the Cowichan Communities Health Network, VIHA's Five Year Strategic Plan, which is posted on our website, (see www.viha.ca/about_viha/strategic_plan/) provides details about service needs, our plans and the challenges we face in achieving these goals.

- Q**
- 3. What financial planning is VIHA undertaking so that we will be able to soon open much-needed seniors' health care programs and services at Cowichan Lodge?**

A Please also see the answers provided in the questions above. VIHA undertakes an annual priority setting process which considers priorities health authority-wide within available fiscal resources. There has been significant investment made in the Cowichan Valley over the past year as resources have been redirected from other areas of VIHA's service area to the Cowichan area. As fiscal resources are available, and as the needs of the population change, additional resources will be directed as appropriate. VIHA's current focus is on the redevelopment of Cowichan Lodge as a tertiary mental health facility. Once complete, and as other health care programs in the Valley grow and are consolidated, other programs at Cowichan Lodge will be considered. The development of other services within Cowichan Lodge will be planned through the Cowichan Lodge Redevelopment Committee. It is expected that these services, once prioritized, will require funding from a variety of sources, including the community and VIHA. Others may require the relocation of existing services. Resource plans will be developed as required.

Q **4. When Cowichan Lodge was fully operational, what was the per diem operating cost there? What has happened to that money since Cowichan Lodge was closed to additional admissions in June 2008?**

A Please see question 1 on page 5. VIHA owned and operated sites, which included Cowichan Lodge, are not funded on a per diem basis as non-clinical support services are not included in facility budgets. Operating costs for Cowichan Lodge were redirected to the publicly funded Sunridge Place, a much larger (160 bed) facility. (Cowichan Lodge had 75 complex care beds and 20 activation beds which were transferred to Cairnsmore Place when Cowichan Lodge was closed.)

Q **5. How many Cowichan Valley residents in total will receive direct benefits and services from the Mental Health Tertiary Care Program if it goes to Cowichan Lodge?**

A There will be 51 beds in the tertiary mental health program at Cowichan Lodge. Access and placement in this facility will be prioritized for Cowichan Valley area residents and will be based on referrals from physicians which are reviewed by an admissions committee. At this point, we do not know how many Cowichan Valley residents will be assessed as appropriate placements for this facility.

Q **6. How many Cowichan Valley residents in total will receive secondary services that arise out of the Mental Health Tertiary Care program, if it is placed at Cowichan Lodge?**

A The answer to this question cannot be quantified at this point. The Cowichan Communities Health Network and the Cowichan Lodge Redevelopment Committee will be recommending areas of priority for services in the community as a whole, as well as any future ancillary services that may be based at Cowichan Lodge. In recognition that mental health and addictions programs were under-resourced in the Cowichan Valley, VIHA has been directing resources and investment into this area. Last year, approximately \$800,000 was invested in mental health and addiction services in the Cowichan Valley. These services include 34 Supported Housing units at Caulfield Place, and support workers available during the day to connect clients to services at the Homeless Shelter, Warmland House.

Q **7. How many of the proposed MHTC 51 beds at Cowichan Lodge will be filled with Cowichan Valley residents?**

A Please see question 5, above.

Q 8. How much other physical space at Cowichan Lodge will be used for the MHTC program? Offices, administration, counseling, meeting rooms, etc.

A This issue will be reviewed by the Cowichan Lodge Redevelopment Committee, whose work will get underway in the coming weeks. There will be representation from the Cowichan Communities Health Network on this committee. VIHA's current priority is on the 51 tertiary mental health services and ensuring the timely opening of this new resource to the community. The presence of ancillary services and other uses for the facility will be considered in due course, and there is certainly room in this facility for other services. The final answer to this question will be decided by the committee in collaboration with the architect.

RE: Speech-Language Pathology Services in the Cowichan Valley

Preamble: There is a high need for Speech-Language Pathology services in this community. The Cowichan Valley has the highest number of residents aged 75+ in VIHA's responsibility region. The Cowichan Valley also has the highest number of people (proportional to population) with identified handicapping conditions in all of B.C.

Five years ago a needs survey was conducted in the Cowichan Valley to evaluate existing Speech-Language Pathology services and the community's Speech-Language Pathology needs. Results of that survey indicated an immediate need for an additional 10 full-time Speech-Language Pathologists to serve the communication training and rehabilitation and swallowing management needs of:

- Special needs and 'at-risk' preschoolers,
- School-aged children with developmental delay, physical handicaps, neurological disorders, FAE/FAS, Autism Spectrum Disorder, Attention Deficit Disorder
- People of all ages with physical and/or mental handicaps including acquired and congenital neurological problems,
- Adults with head injury, stroke, brain aneurisms, A.L.S., dementias, M.S., and Parkinson's Disease.

Not only has there been no increase in public SLP positions in this community in the five years since that survey was conducted. Instead, the number of Speech-Language Pathologists in this community has been further reduced through cuts to Health and Education funding and services here. Since that time, our community's 'in-need' population continues to increase substantially. However, the services have been reduced.

Public SLP services have never existed at our community's hospitals or any of our community's long-term care facilities. Our one public FTE SLP position at the local Health Unit was cut a number of years ago. Our School SLP services have now been reduced to 3.0 FTE for more than 9000 population (rather than being staffed at the 1:1700 enrollment population as legislated). Several private practitioners are trying to service the entire Cowichan Valley's Speech-Language Pathology needs. We have full caseloads and extensive waiting lists. We are not any longer able to accept even highest priority medical referrals.

Q 1. As B.C. residents, members of our community contribute to our provincial Medical Services Plan. Why is it that we cannot access local Speech-Language Pathology services when we need them?

A Three publicly funded Speech Language Pathologists (SLPs) work in the Cowichan Valley as a team serving the early childhood population. (Two SLPs are funded through MCFD and one is funded by VIHA). School aged children receive services through the education sector. We recognize that wait times can be lengthy, and VIHA works in close partnership with the Ministry of Children and Family Development and the education sector to prioritize clients. Clients waiting for SLP services may be referred to the Inclusion Infant Development Program or one of the Language Groups provided locally in the interim, if appropriate.

Adult patients requiring speech language pathology services are referred to outpatient services in Nanaimo and Victoria. While CDH-based occupational therapists do basic swallowing assessments, [but do not perform voice/vocalization work] CDH inpatients with complex swallowing issues are referred to Nanaimo. These inpatients are seen on a consultation basis and are referred back to CDH following this consultation.

Demand for speech language pathology services is growing rapidly due to the aging population and increased neurological disorders, as well as medical advances that have increased survival rates for patients suffering trauma, stroke, etc. Pressure on these services is not unique to the Cowichan Valley or to VIHA; this trend is occurring across the country. The speech language pathology field is particularly challenging as there is national shortage of these professionals. The work of the Cowichan Communities Health Network will help identify service pressures and gaps, and provide recommendations on health care priorities. VIHA is committed to responding to these recommendations within our available financial and human resources.

Q
A
2. What are VIHA's plans to rectify this situation?

The Cowichan Communities Health Network will help identify service pressures and gaps and provide recommendations on health care priorities. In accordance with our Five Year Strategic Plan, program shifts and development will occur as priorities are identified and resources are available.

Re: Infant and Child Mortality and Illness Statistics

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At several public meetings over the past few months, we have heard that the Cowichan Communities have extremely high infant and child mortality and illness numbers.

1. Would VIHA please restate that information?

A General information about the health care challenges facing Central Island residents is outlined in VIHA's Five Year Strategic Plan (www.viha.ca, page 70). - Tthe Cowichan Valley has above average rates for child mortality and child illness. Infant mortality in the Cowichan Valley between 2005 and 2009 was 6.3/1000 live births. This compares with infant mortality figures of 3.9/1000 live births for British Columbia. Child hospitalization for respiratory issues was 13.8/1000 for children between 0-14, compared to 9/1000 for the rest of the province in 2008-2009. As well, hospitalization from injury or poisoning was 8.3/1000 between 0-14, compared to 4.8/1000 over the same 2008-2009 timeframe. This issue is of significant concern, and is a high priority for VIHA.

Q
A
2. Does VIHA have any understanding of why these figures are so disproportionately high in this region?

We believe there are a variety of factors that are influencing these statistics, and we believe the rates are closely linked to issues relating to the social determinants of health; that is, socio-economic factors, educational levels and access to targeted, appropriate services, including culturally-appropriate health care services. Many of these causes lie outside of the health care system and require a collaborative cross-sector response, and we are hoping that the

Health Network will play a critical role in fostering this initiative. In 2008 VIHA established an Infant Mortality Review Committee which reviews every infant death to identify preventable causes. This group has, for example, recommended initiatives related to safe sleeping through public health services. As their work continues, we expect other recommendations to be forthcoming which could inform the work of the Health Network. In addition to VIHA clinical staff, this committee has members from public health, the Coroners Service and the Ministry of Child and Family Development. It is unique in the province.

Q 3. How can our communities work with VIHA to best address these concerns and improve these statistics?

VIHA is collaborating with the Early Years Program in the development of a statistical profile of infant and child health in the Cowichan Valley which will expand on the statistics that have already been shared with the Network. Information developed through this process will be brought to the Cowichan Communities Health Network Planning Group in the fall. The data will assist in the development of strategies to address the child/infant illness and mortality rates. Recommendations from the Infant Mortality Review Committee will also be shared with the Network.

RE: Public Consultation Process

Q Over the past two years, VIHA has repeatedly committed itself to increasing its openness and transparency, its accountability, and its consultation with the public. What is VIHA's current 'working definition' of Public Consultation?

A VIHA's commitment to community engagement is outlined in our Five Year Strategic Plan (www.viha.ca, page 6) and reads as follows: "Managing the expectations that various health care stakeholders have is a key challenge for VIHA. Health care is a very emotional public policy issue that affects every person at each stage in their life. We are committed to building trust and support in the communities we serve by engaging the public in our decision making process. This commitment enables us to make the most informed decisions possible. We will continue to ensure a timely and accurate flow of information to the public, media and our staff and focus on building our capacity to engage in dialogue with our external stakeholders."

VIHA has adopted the International Association for Public Participation (IAP2) approach to public participation which defines public participation (or consultation) as any process that involves the public in problem-solving or decision-making and uses public input to inform decisions. IAP2 uses an inform-consult-involve-collaborate and empower approach to public engagement.

Submitted by: Susan Stacey

Q Will VIHA provide health funding to communities outside the Greater Victoria region so that children and youth in those communities have equitable access to publicly funded occupational therapy and physiotherapy services? Given that there are part-time therapists working in School-Aged Therapy (SAT), and these therapists typically know the children who require these more intense rehabilitation services and will likely support them when they transition back to school, it would seem feasible to add the 'home and community' VIHA funding onto the existing SAT program. Another option would be to expand the mandate of the adult only Home and Community Care program and/or the outpatient therapy services at the local hospital so as to allow home care support.

A School Age Therapy (physiotherapy and occupational therapy) is jointly funded by the Ministry of Child and Family Development and the local school boards. Increased need in a community, such as Cowichan, is normally addressed when the contracts between MCFD and the local school boards are negotiated annually.

For children with more intense rehabilitation needs there are a number of extra publicly funding options. For children post brain injury, the Community Brain injury Programs provide funds for intense community based rehabilitation after brain injury. This is run through the Centre for Ability in Vancouver.

Children with severe disabilities may be able to access the AT HOME Program, also funded by MCFD, for School-Aged Extended Therapies. Extended occupational therapy (OT), physiotherapy (PT), speech-language pathology (SLP), chiropractic and massage services for children aged five or older are available to assist in the maintenance or improvement of functional skills, and/or address post-surgical rehabilitation needs.