

Item 11.1

INFORMATIONAL CORRESPONDENCE – OCTOBER 28, 2019

- | | | |
|-----|---|---|
| 1. | A. Harrison to Ministers and/or Ministries – letters dated October 11, 2019 – 2019 UBCM Convention Meetings | N |
| 2. | L. Munk – letter received October 11, 2019 – Addition of street light on 25 Street NE, between Okanagan and 1 Avenue | A |
| 3. | J. and K. Chambers – letter received October 11, 2019 – Addition of street light on 25 Street NE, between Okanagan and 1 Avenue | A |
| 4. | C. Allen – email dated October 11, 2019 – 50 Street NE | A |
| 5. | F. Andrews – fax received October 13, 2019 – Scooter Lane | N |
| 6. | B. Hagel – letter received October 21, 2019 – Request for RV sani-dump | A |
| 7. | I. Norlin – email dated October 23, 2019 – Questions from August 12, 2019 City of Salmon Arm Council Meeting | A |
| 8. | S. Desautels, Executive Director, Royal Canadian Legion #62 – letter dated October 2, 2019 – Invitation to Annual Remembrance Day Celebrations | A |
| 9. | Shuswap Community Foundation – email dated October 23, 2019 – Purposeful Philanthropy Luncheon | N |
| 10. | S. Slater, SILGA – email dated October 21, 2019 – Invitation to Participate in BC's "Old Growth Strategic Review" | N |
| 11. | T. Stone, MLA, Kamloops – South Thompson – letter dated October 2, 2019 – UBCM Director at Large | N |
| 12. | BCSPCA – newsletter dated Fall 2019 – Science & Policy Newsletter | N |
| 13. | A. Adams, Mayor, City of Campbell River to D. Donaldson, Minister of Forests, Lands, Natural Resources and Rural Development – letter dated October 8, 2019 – Letter of support for Off-Road Vehicle Management Framework | N |
| 14. | S. Stokes, Corporate Officer, Corporation of the Village of Pouce Coupe – letter dated October 10, 2019 – Transportation Network | N |
| 15. | L. Garrett, President, British Columbia Cattlemen's Association – letter dated October 4, 2019 – Request to Improve High-Speed Internet in Rural Communities | N |
| 16. | Office of the Seniors Advocate British Columbia – media release dated October 10, 2019 – Significant Increases in Funded Care Hours in 2018/2019 | N |

N = No Action Required
A = Action Requested

S = Staff has Responded
R = Response Required

From the Office of the Mayor

October 11, 2019

Public Safety and Solicitor General Office
PO Box 9010 Stn Prov Govt
Victoria, BC V8W 9E2

To Krystal Smith, Gayle Armstrong and Jan Staples;

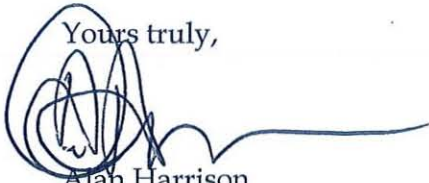
Re: 2019 UBCM Convention Meeting

Thank you for taking the time to meeting with me at the 2019 UBCM Convention.

Salmon Arm is one of the fastest growing mid sized communities in British Columbia and while this is exciting, it also raises concerns for the safety of our citizens. The dramatic increase in population and traffic in our City is straining the current resources. An increase of provincially funded RCMP members is imperative for the safety of everyone in the Shuswap region. We urge you to consider placing at least one of the additional 30 provincial cadets in our detachment.

In addition, we are hopeful that a red light camera will be approved for installation in our busy downtown highway corridor. As discussed in out meeting, we will be making the changes recommended in the ICBC Safety Study this fall. It would be ideal to complete this work in tandem with a camera installation.

Yours truly,



Alan Harrison
Mayor

:CS



From the Office of the Mayor


October 11, 2019

Honourable Mike Farnworth
Public Safety and Solicitor General
PO Box 9010 Stn Prov Govt
Victoria, BC V8W 9E2

Dear Sir

Re: 2019 UBCM Convention Meeting

*We look forward
to hosting you when
you come to
Salmon Arm!!*




Thank you for taking the time at the 2019 UBCM Convention to meet with City of Salmon Arm Mayor and Council.

Salmon Arm is one of the fastest growing mid sized communities in British Columbia and while this is exciting, it also raises concerns for the safety of our citizens. The dramatic increase in population and traffic in our City is straining the current resources. An increase of provincially funded RCMP members is imperative for the safety of everyone in the Shuswap region. We urge you to consider placing at least one of the additional 30 provincial cadets in our detachment.

In addition, we are hopeful that a red light camera will be approved for installation in our busy downtown highway corridor. As discussed in our meeting, we will be making the changes recommended in the ICBC Safety Study this fall. It would be ideal to complete this work in tandem with a camera installation.

Yours truly,



Alan Harrison
Mayor

:cs

cc: Staff Sergeant West, Salmon Arm Detachment, RCMP
E Division Commander, RCMP

From the Office of the Mayor

October 11, 2019

BC Housing
Suite 1701-4555 Kingsway
Burnaby, BC V5H 4V8

To Armin Amrolia;

Re: 2019 UBCM Convention Meeting


Thank you for your timely response to the issues we raised at our meeting with you.

Since our meeting we have reached out to the new Lieutenant of the Salvation Army Lighthouse Shelter. We have arranged a meeting to discuss the possibility of extending the Shelter's hours, and will communicate with you any progress we make.

We appreciate that your operations team has identified Salmon Arm as a community in need of an outreach worker and that BC Housing may be able to access some operating funds in advance of opening our supportive housing units.

Thank you again for meeting with us and responding so promptly to our concerns as well as for your collaboration with CMHA to put housing in our community.

Yours truly,



Alan Harrison
Mayor

:cs

From the Office of the Mayor

October 11, 2019

Honourable Lana Popham
Minister of Agriculture
Room 325 Parliament Buildings
Victoria, BC V8V 1X4

Dear Madame:

Re: 2019 UBCM Convention Meeting

Thank you for taking the time at the 2019 UBCM Convention to meet with City of Salmon Arm Councillor Chad Eliason and Consultant Chad Shipmaker.

Mayor and Council would, again, like to graciously thank you for the funding to initiate the Food Hub Study in the Shuswap Region. This project is underway and we are excited to explore the positive economic benefits of increased food based sustainability in our region.

We appreciate your staff helping facilitate our tour of the Food Hubs in Vancouver. This experience was valuable for all of us. We will be in touch.

Yours truly,



Alan Harrison
Mayor

:cs

From the Office of the Mayor

October 11, 2019

Honourable Doug Donaldson
Minister of Forests, Lands, Natural Resource Operations, and Rural Development
Room 248 Parliament Buildings
Victoria, BC V8V 1X4

Dear Sir

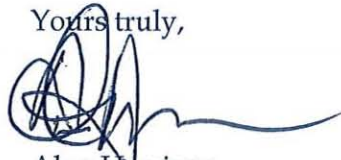
Re: 2019 UBCM Convention Meeting

Thank you for taking the time at the 2019 UBCM Convention to meet with City of Salmon Arm Mayor and Council.

We would like to thank you for your support through the Community Resiliency Investment Program and are hopeful that our application under the Forest Enhancement Society of BC funding will be successful.

We are pleased that the local Rap Attack base is part of the long term plan for wildfire suppression in BC. We have included monies in our 2020 budget to extend natural gas to the site, which will reduce operation costs for the base. The Rap Attack base is an extremely important asset to the interior and greatly benefits the region.

Yours truly,



Alan Harrison
Mayor

:cs

From the Office of the Mayor

October 11, 2019

Ministry of Municipal Affairs and Housing
Box 9848
STN PROV GOVT
Victoria, BC V8W 9T3

To Gord Enemark;

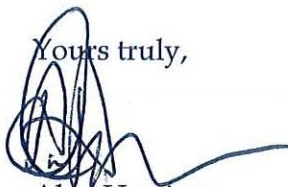
Re: 2019 UBCM Convention Meeting

Thank you for taking the time at the 2019 UBCM Convention to meet with City of Salmon Arm Mayor and Council.

Due in large part to the significant growth in our community the need for an increase in services for the vulnerable population in our City is escalating rapidly. The addition of a homeless outreach worker and support for the Salvation Army Lighthouse Shelter to increase operations would greatly assist the needs of our citizens.

Thank you for your collaboration with CMHA to put housing in our community.

Yours truly,



Alan Harrison
Mayor

:cs

From the Office of the Mayor

October 11, 2019

Ministry of Municipal Affairs and Housing
Box 9848
STN PROV GOVT
Victoria, BC V8W 9T3

To Gord Enemark;

Re: 2019 UBCM Convention Meeting

Thank you for taking the time at the 2019 UBCM Convention to meet with City of Salmon Arm Mayor and Council.

The City recently completed a Recreation Campus Redevelopment Feasibility Study with the anticipation to begin the \$45-million-dollar project in roughly eight years. This is a large undertaking for our small city; however, with our rapid increase in young families and our aging facility a plan was developed to last our community for years to come. This project will not only benefit residents of Salmon Arm but surrounding areas and provide an increase in space and times for recreation use.

We look forward to discussing potential future grant opportunities for our facility.

Yours truly,



Alan Harrison
Mayor

:CS

From the Office of the Mayor

October 11, 2019

Honourable Claire Trevena
Minister of Transportation & Infrastructure
PO Box 9055 Prov Stn Govt
Victoria, BC V8W 9E2

Dear Madame:

Re: 2019 UBCM Convention

Thank you for taking the time at the 2018 UBCM Convention to meet with City of Salmon Arm Mayor and Council.

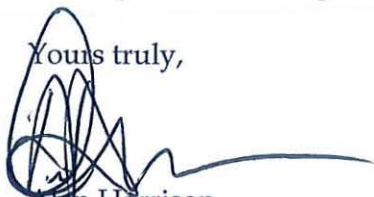
We appreciate your Ministry's decision to move forward with the Trans Canada Highway West project, from the middle (phase two) and working outwards to phase one and three. The safety of that section of Highway, including the Salmon River Bridge has been a concern for some time.

As reported the preloading of phase two is almost complete. We appreciate your assurance that this project will be completed as designed, funded by your Ministry and matching Federal funds. We look forward to working with the Ministry through this project's completion.

The recent reopening of the South Canoe School, has, again brought the concerns of the Highway 97 and 10 Avenue SE intersection to the forefront in our community. The increase in traffic and pedestrians during peak times requires an imminent solution for the safety of our citizens and children travelling to and from school. The community is awaiting the operation of the installed warning lights; in hopes these will slow traffic near this dangerous intersection.

Thank you for working with the City of Salmon Arm to help make our Highways safer.

Yours truly,



Alan Harrison
Mayor

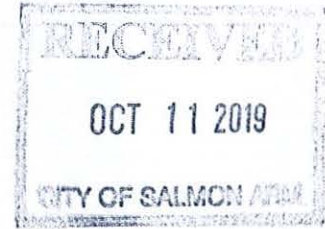
:cs

Lori Munk

61 - 25 Street NE • Salmon Arm, BC V1E 2A8 •
E-Mail:



Date: [Insert Date]



Mr. Alan Harrison
Mayor
City of Salmon Arm
550 2 ST SE

Dear Mayor Harrison:

We are writing to formally request an additional streetlight be placed on 25th Street NE, between Okanagan and 1st Avenue. We understand that the streetlights that are at the corner of 25th and Okanagan as well as the corner of 25th and 1st Avenue meet the requirements laid out in the city plans for lighting. We are asking that you reconsider this for reasons of public safety, as this section between the current streetlights is extremely dark.

This road is used on a daily basis for many students who walk to and from South Broadview Elementary, Shuswap Middle School and Okanagan College. There are also many young families with small children who walk through the area to the community center and other parks in the area. We are concerned as there is no sidewalk on this section of road and traffic can be quite heavy. There are no road lines marked and we have been witness to many close calls with both pedestrians and other vehicles when traffic coming from within Sherwood Forest is making its way to Okanagan Avenue. Unfortunately, many drivers cut this corner to the point that they are fully driving in the opposing lane and due to the nature of the curve in the road, it is very challenging to see oncoming traffic and pedestrians. In the winter, this issue is even more apparent due to the nature in which the road is plowed.

This road is one of the city bus routes, with a bus stop placed at the end of our driveway. In the time that we have lived in our home, we have noticed citizens waiting for the bus further from the road in our driveway to ensure their safety, as they cannot always be seen due to the lack of lighting in the area.

Our neighbours family has also recently lost a pet, having been shot with a pellet gun. We would hope with additional lighting in the area, this might discourage future mischief and make our neighbourhood safer.

We encourage you to travel this route at night to see just how dark it is and hope that this can aid in your considerations of placing a street light on the curve in the road.

Thank you for taking the time to read our request.

Sincerely,

Lori Munk
Concerned citizen

2

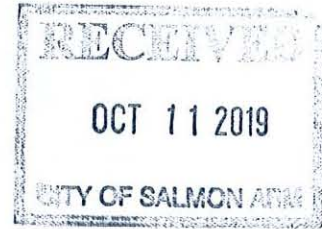
Jason and Kim Chambers

60 - 25 Street NE • Salmon Arm, BC V1E 2A8 • Phone: 250-515-1322 •
E-Mail: jak51715@telus.net



Date: [Insert Date]

Mr. Alan Harrison
Mayor
City of Salmon Arm
550 2 ST SE



Dear Mayor Harrison:

We are writing to formally request an additional streetlight be placed on 25th Street NE, between Okanagan and 1st Avenue. We understand that the streetlights that are at the corner of 25th and Okanagan as well as the corner of 25th and 1st Avenue meet the requirements laid out in the city plans for lighting. We are asking that you reconsider this for reasons of public safety, as this section between the current streetlights is extremely dark.

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This road is one of the city bus routes, with a bus stop placed at the end of our driveway. In the time that we have lived in our home, we have noticed citizens waiting for the bus further from the road in our driveway to ensure their safety, as they cannot always be seen due to the lack of lighting in the area.

Our family has also recently lost a pet, having been shot with a pellet gun. We would hope with additional lighting in the area, this might discourage future mischief and make our neighbourhood safer.

We encourage you to travel this route at night to see just how dark it is and hope that this can aid in your considerations of placing a street light on the curve in the road.

Thank you for taking the time to read our request.

Sincerely,

Jason and Kim Chambers
Concerned citizens

3

From: Collette Allen

Sent: October 11, 2019 8:31 PM

To: Louise Wallace-Richmond

Subject: Canoe

Hello Louise Wallace Richmond,

I am sending this email in regards to 50th St Ne, one of the main streets in Canoe. I feel as a parent with young children (7,5, and 1) that 50th Street would benefit immensely by having speed dips or bumps to force traffic to slow down. Our children are outside a lot playing and also attend North Canoe Elementary and all too often there are people driving without due care and attention. It has become a common occurrence for my husband or myself to see people speeding down our street and there have been many times that my husband has hollered at them to slow down. I feel that speed dips would squash this problem and force traffic to slow down. Our little community is growing and is full of young families. These children are always outside and I would hate to see an accident. We live across the street from the park as well so I always cringe a little when I see kids trying to cross the street especially with multiple vehicles parked on the side of the road. I understand that the snow plows need to be able to maintain the roads in the winter, but there must be some sort of option that would make our community a little safer for our children. Please send this message to the powers that be and hopefully a change can be considered. Thank you for your time.

Collette Allen

FAX # 250-803-4041

AT

OCT 13 / 2019

MAYOR HARRISON

ALLAN

RE OUR EARLIER CONVERSATION
REGARDING THE NEW LANE IN TO
BLACK BURN PARK FROM 18th
W B PROBLEM FOR BOOTHERS.
NECESSARY GOOD

CROSSING FROM WINDMILL MEATS TO
LAKE SHORE ON FACILITY.

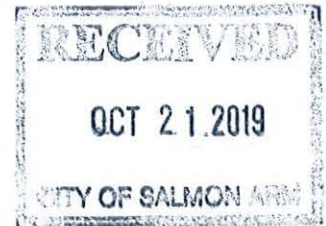
PEDESTRIANS CROSSING & AROUND TOWN
VAST IMPROVEMENT.

THANK YOU,

FRANK (HARRISON)

250-803-4041

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1680 - 18th Ave. S.E.,
Salmon Arm, B.C.,
October 17, 2019

Mayor Harrison and Alder-persons:

It has come to my attention that Salmon Arm is badly in need of another R.V. sani-dump. Blackburn Park seems to be an ideal spot for one, easily accessible for all sizes of R.V.'s. I hope you can give this some consideration to help out our tourists and local residents.

A handwritten signature in blue ink that reads "B. Hagel". The signature is written in a cursive, flowing style.

Sincerely,
Barb Hagel

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From: Erin Jackson
Sent: Wednesday, October 23, 2019 3:23 PM
To: Caylee Simmons
Subject: FW: Online Form Submittal: Mayor and Council

Correspondence please!

From: noreply@civicplus.com <noreply@civicplus.com>
Sent: Wednesday, October 23, 2019 3:07 PM
To: Alan Harrison <aharrison@salmonarm.ca>; Chad Eliason <celiason@salmonarm.ca>; Debbie Cannon <dcannon@salmonarm.ca>; Kevin Flynn <kflynn@salmonarm.ca>; Louise Wallace-Richmond <lwallacerichmond@salmonarm.ca>; Sylvia Lindgren <slindgren@salmonarm.ca>; Tim Lavery <tlavery@salmonarm.ca>; Carl Bannister <cbannister@salmonarm.ca>; Erin Jackson <ejackson@salmonarm.ca>
Subject: Online Form Submittal: Mayor and Council

Mayor and Council

First Name Ivor

Last Name Norlin

Address:

Return email address:

Subject: RE: Questions from August 12, 2019 City of Salmon Arm Council meeting

Body Dear Mayor and Council,

From the response to my previous e-mail (see below) I understand Council is no longer discussing Canoe Beach improvement plans. I appreciate the time taken on this issue and respect the need to move on (many priorities for sure). That being said, I also recognize that a lack of a work plan (i.e. including specific, measurable, and time bound actions with identified resourcing) to improve Canoe Beach Park is a gap.

It is clear from the discussions to date that continuous best use of Canoe Beach Park is a goal shared by everyone. When the City does focus on moving beyond the current (2016) concept plan, I strongly suggest/request that this include public participation. Planning and management of valued community assets like Canoe Beach Park is best achieved through structured input (i.e. following an IAP2 framework*) with participation of citizens and other interested stakeholders.

Once again, thank you for the time and thought you have given to the future of our Canoe Beach Park. If you need clarification on anything I've shared, or otherwise want to talk further about

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this issue, please don't hesitate to contact me.

Sincerely,

Ivor Norlin
1210 16th Street NE, Salmon Arm, BC
250-832-6100

* IAP2 Canada (<https://www.iap2canada.ca/foundations>) is the national branch of the international association of professionals in the field of public participation (P2). They provide better practices and training for local officials leading public participation.

Sent: Monday, September 9, 2019 12:31 PM
To: Ivor Norlin
Cc: Rob Niewenhuizen ; Kevin Pearson ; Carl Bannister ; Mayor_and_Council
Subject: RE: Questions from August 12, 2019 City of Salmon Arm Council meeting

Hello Ivor,

I am copying your email to Council, so they are aware of your question about whether Council is interested in pursuing the discussion of the Canoe Lease lots further.

Given the negative vote on my motion for further consultation, I would conclude that the majority of Council is not in favour of reopening this topic.

Of course feel welcome to email Council any additional information you feel is pertinent.

Sincerely,

Alan Harrison
Mayor, City of Salmon Arm

From: Ivor Norlin
Sent: September 6, 2019 2:27 PM
To: Alan Harrison
Subject: Re: Questions from August 12, 2019 City of Salmon Arm Council meeting

Hi Alan,

I reviewed the minutes and agenda for the August 26th and upcoming council meetings. I didn't see any reference to my

question (re the 20 year timeline for development at Canoe Beach). I also didn't get a direct response from anyone. Should I presume the council is not interested in pursuing this discussion any further? I could come to the next council meeting to ask it in person, if you thought it would be useful. However, I also don't want to waste folks time.

Thank you Alan.

Ivor Norlin
1210 16th Street NE

Sent from my iPhone

> On Aug 24, 2019, at 2:04 PM, Alan Harrison wrote:

>

> Thank you Ivor for your email. I have forwarded it to all Council members.

>

> Sincerely,

>

> Alan Harrison

> Mayor, City of Salmon Arm

>

>

>

> From: Ivor Norlin

> Sent: August 23, 2019 12:06 PM

> To: Alan Harrison

> Subject: Fwd: Questions from August 12, 2019 City of Salmon Arm Council meeting

>

> Dear Mayor Harrison,

>

> I am just following up to confirm the questions I asked at the last council meeting were followed up, very promptly and thoroughly, by the City staff (see below). I am not sure if or how this is communicated back to council. If there is value in me coming back to address these in person at a future council meeting I can try to make the time.

>

> I agree this is an important issue worthy of open debate, and feel there are some issues that need to be further clarified for the public. For example, if I knew then what I know now, I would have asked the council members to confirm that they truly believed leaving a large portion (up to half) of the current camping area vacant and undeveloped beyond 2030 (see response re "longer-term" under #2 below) with no definitive objectives or identified funding sources for improvement is appropriate and in the best interests of our community.

>

> Thank you.

>

> Ivor Norlin

>

> Sent from my iPhone

>

> Begin forwarded message:

>

> From: Ivor Norlin

> Date: August 23, 2019 at 11:42:07 AM PDT

> To: "rniewenhuizen@salmonarm.ca"

<rniewenhuizen@salmonarm.ca>

> Cc: Kevin Pearson <kpearson@salmonarm.ca>

> Subject: Re: Questions from August 12, 2019 City of Salmon Arm Council meeting

>

>

> Hi Rob and Kevin,

>

> Thank you for your prompt reply to my questions. As you can tell, am not so prompt in my replies.

>

> The additional detail about the consultation process and how feedback was considered in the planning process is much appreciated. I still feel strongly about continuing the tradition of public camping at Canoe Beach (which dates back to renting tent sites for \$2 a summer in the 1920's). However, I am also a big believer in representative decision making. If the rest of the community does not value this as I do or sees an obligation to carry it forward, then I can accept it is not the best beneficial use of the property.

>

> From the responses you have provided about the Canoe Beach Park Plan, I think I see where my confusion lay. I was looking for specific, measurable, and time-bound objectives. In reviewing the plan again, and from your explanation below, I see that this is actually a conceptual plan. Phasing and long term windows for improvements certainly make sense, especially given there is no identified source of funding for the works.

>

> Thank you again Rob and Kevin for following up. I will send a note to the Mayor confirming I received this and if there are any additional steps I should take to share with/through Council.

>

> Ivor

>

>

> Begin forwarded message:

> From: Rob Niewenhuizen <rniewenhuizen@salmonarm.ca>

> Date: August 14, 2019 at 4:27:07 PM PDT

> To: Ivor Norlin

> Cc: Kevin Pearson <kpearson@salmonarm.ca>

> Subject: RE: Questions from August 12, 2019 City of Salmon
Arm Council meeting

> Hi Ivor

>

> In response to your email, Kevin Pearson and I have
provided some background information as well as answers to
your questions.

>

> The last three Official Community Plan Bylaws (1995, 2002 &
2011) have designated the Canoe Beach lease lots as Park /
Lake Recreation land, and have indicated that the land should
be returned to public use.

>

> Section 11.3.7 of the current OCP states: Retain the Canoe
Beach waterfront land leases until the year 2021. In the interim,
Council may review and renew individual leases on an annual
or longer basis to a maximum term of three years less one day.
Eventually, as demand increases, the land will be developed
with park facilities, including picnic areas, children's play
equipment, and other beach-related uses as determined
through public consultation.

>

> Additionally, the City's Parks & Rec Master Plan (2012)
directs the City to pursue opportunities for expansion at Canoe
Beach park, improving public access to the lake, and
developing the west end (lease lots) of Canoe Beach.

>

> The development of the Canoe Beach Master Plan (2016)
took into consideration the long standing OCP policies which
support the land being reverted back to a public beach and
park area. It also recognized the limited potential for
development and use that would conflict with provincial
Riparian Area Regulations and the Zoning Bylaw's Floodplain
Provisions. As it stands the current cabin developments on the
lease lots would not likely comply with the RAR or Floodplain
Provisions so redevelopment of the lots into anything other
than beach area would be highly unlikely.

>

> Furthermore, the City's Corporate Strategic Plan identified
the redevelopment and expansion of Canoe Beach Park as a
priority.

>

> In answer to your specific questions:

>

> #1 – Within the process of the Canoe Beach Master Plan,
public input surveys were sent directly to the lease lot holders.
Their responses were put into the results along with all other
responses collected through the community surveys, open
houses, and the online surveys. In review of the survey results,
the plan includes a summary of the comments received with
the 426 surveys that were returned. Based on our review, there
were 2 comments received suggesting the lease lots stay as is

(cabin use), 3 comments suggesting the lease lots be looked at continuing in some way (cabins and campground) potentially for economic reasons, while 10 comments suggested the redevelopment of the lease lots (cabins gone, possibly to make way for park or campground or other). The concept of keeping the lease lots, or redeveloping the lease lots as a campground was not well supported by the survey responses received compared to other park elements and making the area available to the public for waterfront access.

>

> #2 - The Master Plan suggests a 20 year timeline, with the lease lot redevelopment noted as a "longer term" component (10 to 20 years). It would be City Staff's intent to phase the development and improvements to this area. The implementation of the Canoe Beach Master Plan is of course subject to budget and City Council approval similar to the Blackburn and Klahani Park Master Plans.

>

> #3 - The adopted plan is applicable now and into the future, the plan is a guiding document and all of the improvements are subject to the funding being available and City Council approval. One aspect that has to be considered in the implementation of the plan is the timing and compliance of the cabin removals, this may put it past the 2021 date referred to in the OCP. My comments regarding the road not going the full distance was to offer a phased approach to the redevelopment of the area and opening it up for public use. This would also allow for a more affordable option for City Council to consider at budget. Due to the way the City land tapers off to the west I would suspect that we would not be able to construct a road all the way to the end of the property due to the RAR regulations and land constraints, etc.

>

> I trust that this information will assist in answering your questions

>

> Best regards

>

> Robert Niewenhuizen

> Director of Engineering & Public Works

> Box 40, 500-2nd Avenue NE, Salmon Arm, BC, V1E 4N2

> P 250.803.4017 | F 250.803.4041

> E rniewenhuizen@salmonarm.ca W www.salmonarm.ca

>

>

>

> From: Ivor Norlin

> Sent: August 12, 2019 6:05 PM

> To: Rob Niewenhuizen

> Subject: Questions from August 12, 2019 City of Salmon Arm Council meeting

>

>

> Dear Mr. Niewenhuizen,

>

> I am sending this e-mail in follow up to the Q&A period at today's City of Salmon Arm Council meeting. The three questions I asked all pertain to the Council's discussion of agenda item 8.3: Canoe Beach Campsites. I have attempted to reflect what I asked (or at least tried to ask) in bold, and I have included some explanation as to why I am asking:

>

> 1. How was public access lakefront camping considered as a potential valued use of the area west of the boat launch in the 2016 Canoe Park Beach Master Plan?

>

> A key part of the Council discussion was about honoring the 2016 Canoe Beach Park Master Plan as a reflection of the will of the community. I participated in the engagement process for the 2016 plan including providing written comments on the Urban Systems proposal through the online survey tool. I included a request that we continue to provide lakefront camping, accessible by the public (i.e. not just the current lessees). In reviewing the final Urban Systems report and the Master Plan I did not see reference to lakefront camping as an option, and am left wondering if/how it was considered as a potential valued use of this site.

>

> 2. Are the other elements (i.e. improvements outside the current lease camping area) in the Canoe Beach Park plan being implemented on schedule?

>

> A key point of argument against further discussion or possibly phasing of work was the need to stay on track with the 2016 Canoe Beach Park Master Plan timelines. Recognizing that the leased camping sites are only a small part of the Master Plan, I was left wondering if this meant the other aspects of the plan were on time and moving forward. If so, this would support the decision to prioritize vacating the existing camping lots and directing funds to improve this area (i.e. over investing in other improvements to the park).

>

> 3. Are the 2016 plans for the area west of the boat launch still applicable and appropriate?

>

> The current 2016 Canoe Beach Park Master Plan includes a conceptual drawing for an access road and parking spots extending to the end of the road (78th Ave NE) west of the boat launch. During the Council's discussion, I believe you stated the road will not go the full distance but turn around part (half?) way. If so, I am left wondering if the current plan still reflects the best beneficial use of the remaining lakefront property.

>

> If any of these questions need to be further clarified, please

don't hesitate to contact me at this e-mail address or the number provided below.

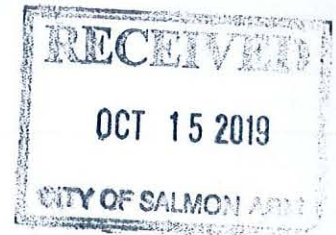
>
>
>
> Thank you.
>
>
>
> J. Ivor Norlin
>
>
>

Would you like a response: Yes

Disclaimer

Written and email correspondence addressed to Mayor and Council may become public documents once received by the City. Correspondence addressed to Mayor and Council is routinely published within the Correspondence Section of Regular Council Agendas.

Email not displaying correctly? [View it in your browser.](#)



October 2, 2019

Mayor Alan Harrison

c/o City of Salmon Arm
Box 40
Salmon Arm, BC
V1E 4N2

We would like to invite you to attend our Annual Remembrance Day Celebrations on November 11th, 2019.

We invite you to meet at the Cenotaph at 10:45am to greet the Veterans as they parade in.

Following the return of the Parade, we invite you to join us for an afternoon of entertainment & comradeship at the lounge.

We look forward to your participation and confirmation.

Fraternally,

Shawn Desautels CD
Executive Director
250-306-3076 (Cell)
Royal Canadian Legion #62
Salmon Arm, BC
shawnlegion62@gmail.com

From: Shuswap Community Foundation [<mailto:manager@shuswapfoundation.ca>]
Sent: Wednesday, October 23, 2019 10:51 AM
To: Caylee Simmons <csimmons@salmonarm.ca>
Subject: Purposeful Philanthropy Luncheon



NOVEMBER 26. 2019 at 11:30am - Village Hall, First United Church

PURPOSEFUL PHILANTHROPY

ALIGNING YOUR VALUES WITH YOUR GIVING



On November 26, 2019 Shuswap Community Foundation will be hosting an event featuring Director of Donor Services with the Edmonton Community Foundation, Kathy Hawkesworth. Kathy is an accomplished public speaker and a recognized expert on philanthropic giving.

Since leaving her private tax law practice and joining ECF, Kathy has helped hundreds of donors establish hundreds of different endowment funds that now provide meaningful, ongoing support to the causes important to them. Kathy is the current chair of the Edmonton Branch of STEP (Society of Trust and Estate Practitioners), she serves on the steering committee for the Wills & Estates Section of the Canadian Bar Association and is a member of the Estate Planning Council of Edmonton.

Ms. Hawkesworth will present a talk titled "Purposeful Philanthropy" at the Village Hall at the First United Church from noon to 1:30 pm.

I WOULD LIKE TO ATTEND

SHUSWAP COMMUNITY FOUNDATION | 250.832.5428 |
manager@shuswapfoundation.ca | www.shuswapfoundation.ca

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From: southern interior local government [<mailto:yoursilga@gmail.com>]
Sent: Monday, October 21, 2019 4:29 PM
Subject: Fwd: Your Invitation to Participate in BC's "Old Growth Strategic Review"

Please see message below regarding BC's Old Growth Strategic Review and forward to anyone you think may be interested.

Thanks, Alison

----- Forwarded message -----

From: Kachanoski, Steve B FLNR:EX <Steve.Kachanoski@gov.bc.ca>
Date: Wed, Oct 16, 2019 at 2:03 PM
Subject: Your Invitation to Participate in BC's "Old Growth Strategic Review"
To: lcookson@ubcm.ca <lcookson@ubcm.ca>, avicc@ubcm.ca <avicc@ubcm.ca>, yoursilga@gmail.com <yoursilga@gmail.com>, ed@akblg.ca <ed@akblg.ca>, admin@nclga.ca <admin@nclga.ca>, sstory@lmlga.ca <sstory@lmlga.ca>, mccrawford@ubcm.ca <mccrawford@ubcm.ca>

Hi All...

Please consider the invitation (below) directed towards your local government associations and members.

Your Invitation to Participate in BC's "Old Growth Strategic Review"

Garry Merkel, a forester and natural resource expert, and member of the Tahltan Nation, and **Al Gorley**, a professional forester and former chair of the Forest Practices Board have been appointed as an independent panel to engage with First Nations, industry, stakeholders and communities to hear perspectives on the ecological, economic, social and cultural importance of old-growth forests. Reporting back to government in spring 2020, their recommendations are expected to inform a new approach to old-growth management for British Columbia.

You're invited to participate in this strategic review by applying to meet with the independent panel to share your thoughts. Al and Garry are interested to hear:

- *What old growth means to you and how you value it*
- *Your perspective on how old growth is managed now*
- *How you think old growth could be managed more effectively in the future*

Subject to demand and availability, the panel expects to be in your area on the following dates.

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- Oct 24/25 – South Central Van Island
- Oct 28-31 – Skeena / Nechako
- Nov 7/8 – North Vancouver Island
- Nov 12-15 – Thompson / Shuswap
- Nov 18 and 21 - Vancouver
- Dec 2/3 – Northeast BC
- Dec 4-6 – Vancouver / Sunshine Coast
- Dec 9 – Haida Gwaii
- Dec 12/13 – Vancouver / Victoria
- Dec 16 – Sea to Sky
- Dec 17-20 – Cariboo / Okanagan

Please express your interest in setting up a meeting with the panel by completing an on-line expression of interest.

Every effort will be made to accommodate in-person meeting requests, however if a suitable time cannot be found, a meeting by phone may be offered.

Please note the weblink at the bottom of the attached Terms of Reference may not be live until Oct 21st.

Regards

Steve Kachanoski

Project Manager | Old Growth Strategic Review

Email: oldgrowthbc@gov.bc.ca

Phone: 778.974.2416

--

Alison Slater
PO Box 27017 Cityview PO
Kamloops, BC V2E 0B2
250-851-6653
www.silga.ca



PROCEDURES AND TERMS OF REFERENCE

Old Growth Strategic Review

OLD GROWTH STRATEGIC REVIEW PANEL

On July 17, 2019, the Government of British Columbia announced that Garry Merkel and Al Gorley had been appointed to lead an Old Growth Strategic Review and provide a report to the Minister of Forests, Lands, Natural Resource Operations and Rural Development.

OVERVIEW

Old growth forests are important to British Columbians. They drive a significant portion of the forest industry, supply high quality products, and support forestry employment. They are attractive sites for tourism and recreation, and provide important habitats for wildlife. They are important for climate change mitigation. Old growth forests and trees are culturally and socially significant to Indigenous Peoples.

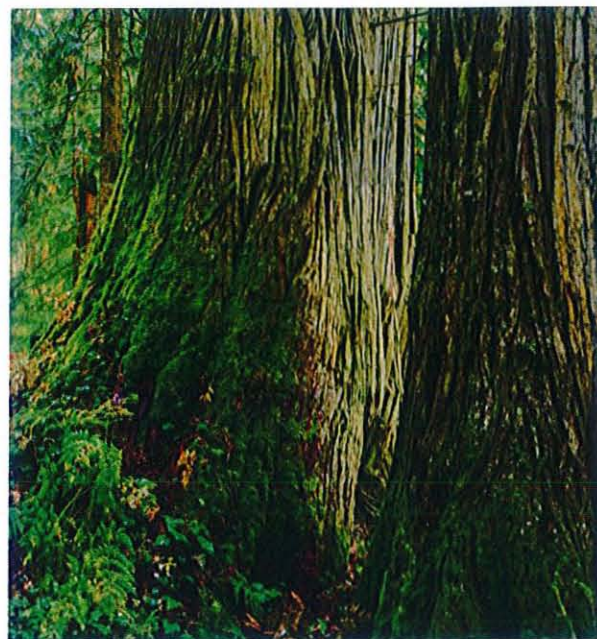
Merkel and Gorley will gather input by developing an online questionnaire, receiving written submissions, leading community engagement and meeting with key governments and organizations, including:

- Indigenous governments and communities
- Local governments and communities
- The forest industry
- The tourism and recreation industries
- Environmental non-government organizations
- Professional associations
- Professionals, academics and other experts
- Forest and resource stewardship organizations
- Stakeholder groups
- Members of the public

Merkel and Gorley will consider how other jurisdictions manage old growth forests.

Based on what they gather through engagement, Merkel and Gorley will develop a report to the Government to inform the development of broad public policy regarding old growth forests. The report will include a summary of what they heard.

Upon receiving the report, the Government will consider the recommendations and, through consultation, develop new policies and strategies for the management of old growth forests.



ENGAGEMENT PRINCIPLES

Balance

Examine old growth management from a variety of perspectives including employment, economic, social, cultural, environmental and climate change values. Considering all input, including potential tradeoffs and impacts amongst the various interests and values, will be a key element of deliberations and work.

Transparency

Make all information relating to the review available to the public, except for information that must be withheld to comply with privacy legislation.

Independence

Independently set direction on the processes, topics and approach for engaging with the public and drafting recommendations. To facilitate an effective process, the Government will provide assistance as requested.

First Nations Consultation

The B.C. Government will engage in Government-to-Government consultation with First Nations before setting policy direction in response to the report.

Open-mindedness

Maintain open minds with respect to who will provide input and how input is provided. Maintain a discipline of not pre-determining outcomes.

Inclusiveness

Provide every British Columbian with an opportunity to express their views, as almost all old growth forests are on public land.

TIMING

Merkel and Gorley will provide a final report to the Minister by April 30, 2020. The report will be released to the public within six months of its submission.



Ministry of
Forests, Lands, Natural
Resource Operations
and Rural Development

LEARN MORE ONLINE AT:
engage.gov.bc.ca/oldgrowth

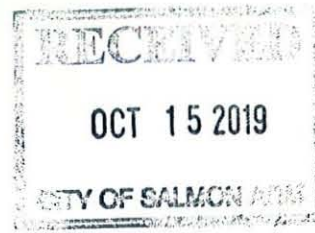
Constituency Office:

446 Victoria Street
Kamloops, BC V2C 2A7

Phone: 250 374-2880

Fax: 250 377-3448

e-mail: todd.stone.mla@leg.bc.ca



Legislative Office:

Todd G. Stone, MLA
Parliament Buildings
Victoria, BC V8V 1X4

Telephone: 250 387-3442

Facsimile: 250 387-9100

Website: www.toddstonemla.bc.ca

TODD G. STONE, MLA
(Kamloops - South Thompson)

October 2, 2019

Mr. Chad Eliason, Director at Large
City of Salmon Arm
Box 40
Salmon Arm BC V1E 4N2

Dear Chad Eliason,

Chad,

Congratulations on your election as Director at Large of the UBCM for the forthcoming year!

As Municipal Affairs and Housing Critic for the Official Opposition, I thank you for your continued commitment to local government and for serving the citizens not only of your community, but those across all of British Columbia. Together we can accomplish so much for the people we jointly represent.

To that end, please reach out to me at any time if I can be of assistance to you. My office number in Kamloops is 250-374-2880 and my e-mail address is t.stone@leg.bc.ca. My Official Opposition colleagues and I look forward to working with you.

Warm Regards,

Todd G. Stone, MLA
Kamloops – South Thompson
Municipal Affairs and Housing Critic, Official Opposition, BC Liberal Caucus

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SCIENCE & POLICY NEWSLETTER

Updates on BC SPCA science and academic initiatives, animal policy, legislation and current events



A policy first in Canada - local pest control and procurement

Policies aimed at improving animal welfare are typically focused on alleviating animal suffering and improving animal management. In the City of Vancouver, the BC SPCA took a novel approach by working with city staff, a Park Board Commissioner and a City Councillor, to bring about changes to procurement policies – how tax dollars are spent – to improve animal welfare within the supply chain.

Ethical purchasing policies, which incorporate sustainability and fair trade practices, have gradually been evolving in municipalities across Canada. By including animal welfare as an ethical consideration, service contracts and product sourcing in Vancouver will now be reviewed with an eye towards the humane treatment of animals.

The first step was taken in March 2019 by the Vancouver Park Board with [a motion from Commissioner Stuart Mackinnon](#). The unanimously supported motion recognized the inhumane practices of traditional pest control and the necessary role of wildlife and rodent management required in parks and facilities throughout the City. The motion asked staff to review current pest control practices including the use and locations of poisons in parks and recreation facilities, plus consider the viability of incorporating third-party certifications and accreditations, such as BC SPCA AnimalKind wildlife and rodent control standards into pest control contract language. A staff report is due before the end of the year.

In May 2019, Vancouver City Councillor Pete Fry put forward a complimentary [motion to include higher animal welfare standards](#) by updating the existing procurement and supplier code of

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conduct policies that apply to all contracts city-wide. The motion passed unanimously and within months staff amended existing policies, with changes taking effect August 1, 2019. Now when animal products or services are being purchased by the City, the humane treatment and welfare of animals under human control will be considered in the production and supply chain. *"Incorporating animal welfare into our policies aligns with Vancouver being a world class leader in procurement practices as well as demonstrating the City's commitment to healthy communities and healthy ecosystems."* - Patrice Impey, General Manager of Finance, Risk and Supply Chain Management, City of Vancouver.

The BC SPCA is thrilled to see such progressive, science-based policy changes aimed at ensuring the welfare of animals, and highlighting the ethical concerns around animal-based services. The Park Board and City of Vancouver have shown that local governments can make a difference for animal welfare and hopefully many more communities will follow.

Academic Partnerships

Pigeons on birth control?



Thanks to matching funding provided by the Mitacs Accelerate Fellowship, Nadia Xenakis (above), MSc student in the [UBC Animal Welfare Program](#), is working in partnership with the BC SPCA and TransLink to find humane control solutions for pigeon populations. Nadia initially explored the impact pigeons can have in dense urban settings and her current research focuses

on how using Ovocontrol P™, a reproductive control bait, can be a humane solution to manage pigeons. Traditional methods of pest management include exclusion like netting, spiking, and electric strips, as well as lethal methods like culling and the use of poisons and other chemicals. Nadia's research will include installing Ovocontrol P™ feeders at SkyTrain locations for a year and tracking the success of the feeders using wildlife cameras and other indicators of success unique to each location. This research may help provide a humane and efficient solution for pigeon management that could be applied in different settings. The BC SPCA and UBC Animal Welfare Program are interested in expanding the use of humane pest management practices through research.

Dr. Protopopova starts as new Research Chair at UBC Animal Welfare Program

The BC SPCA welcomed Dr. Sasha Protopopova this summer to Vancouver, after an epic drive from Texas (with her two dogs!) to her new home on the West Coast. She is now settling into the UBC Animal Welfare Program by meeting with stakeholders to develop meaningful research questions, identifying relevant collaborators, setting up a new laboratory, and meeting with students to develop new courses in companion animal behaviour and welfare.

Together, Dr. Protopopova, the BC SPCA, and the UBC Faculty of Land and Food Systems, submitted an NSERC Industrial Research Chair grant in August to apply for matching funds to the BC SPCA's \$100,000 annual commitment over the next 5 years. We hope to hear back from the federal granting agency before the end of the year following an upcoming site visit. Dr. Protopopova was already successful in receiving a 2-year Human-Animal Bond Research Initiative grant to study the effects of various handling techniques in therapy dogs. The project will be led by PhD student Megan Arant, who also moved from Texas this fall to join Dr. Protopopova.

Wild Animal Welfare

Wild ARC receives “Friend of the Earth” environmental award

The District of Metchosis has given the BC SPCA's Wild Animal Rehabilitation Centre ([Wild ARC](#)) official recognition of their exceptional contributions towards the welfare of wildlife in B.C. Wild ARC received the 2019 “Friend of the Earth” Award, an environmental award presented annually to a Metchosis resident or organization whose contribution towards sustainability, conservation, and preserving the natural beauty of the province has been particularly outstanding. Wild ARC volunteers received the award from Councillor Andy MacKinnon.

First opened in 1997, Wild ARC has treated over 42,000 animals to date. Wild ARC's highly skilled rehabilitators treat nearly 140 different species each year using science-based specialized care. Wild ARC is a member of provincial and international wildlife rehabilitation organizations and has a dedicated team of over 250 active volunteers who donate more than 25,000 hours annually.



Ending captivity for whales and dolphins

More than 25 years after the popular film *Free Willy*, cetaceans may no longer be brought into captivity for the purpose of entertainment in Canada. With the passing of Bill S-203 on June 21, 2019, whales, dolphins and porpoises that are currently in captivity may not be bred and will be grandfathered into the legislation. This means the cetaceans in captivity before the Bill passed will live out their lives in existing facilities.

This new legislation is founded on many years of evidence regarding the complex social and intelligence capacity of cetaceans. With their need to travel long distances each day, cetaceans in captivity demonstrate similar behaviours to that of humans kept in isolation in prisons. These include repetitive behaviour, self-harm, and injurious behaviour towards others. Whales, dolphins and porpoises now have greater protections and the BC SPCA is eager to see other countries pass similar legislation to make these protections global.



Photo credit: Sharron Palmer-Hunt

Companion Animal Welfare

More comprehensive criminal charges for animal fighting and bestiality

Bill C-84 received royal assent on June 21, 2019, receiving support from members of the public, elected Members of Parliament, and Senators. Despite a complex policy agenda with competing priorities, this Bill was able to become law and demonstrate that legislators are committed to working to end some types of animal cruelty.

This new federal legislation better defines bestiality, with the new definition including any contact for a sexual purpose with an animal.

The new law also expands the scope of charges for fighting or baiting animals or birds to include promoting, arranging, receiving money for, training, transporting, or breeding animals. This expanded scope ensures that when an animal fighting ring is discovered, anyone involved will

face criminal charges. It also includes building, making, or maintaining a cockpit, so that anyone who is called to service a building that is used to fight animals will also be held criminally liable if they choose to assist the operation rather than report it. Animal enforcement officers across the country, including the RCMP, will now be able to use the Criminal Code to pursue charges against individuals who engage in bestiality or animal fighting.

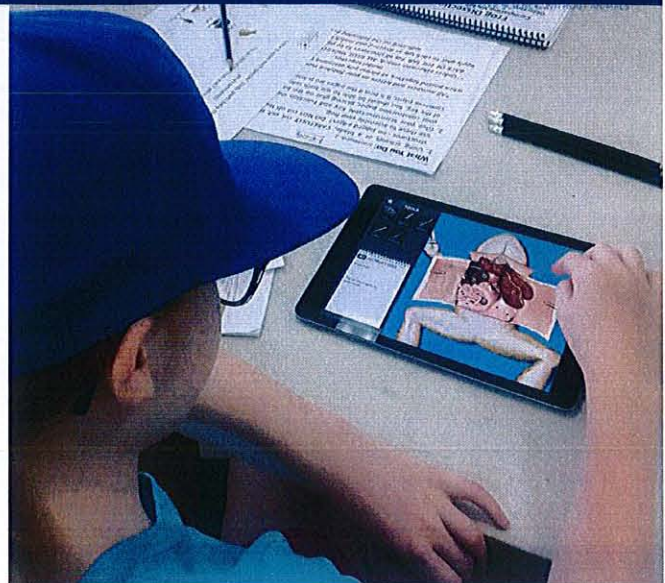
Farm Animal Welfare

Animal welfare research helps to give a voice to farm animals

Scientists from around the world engage in research that advances our understanding of the unique and complex lives of animals. The BC SPCA's Science & Policy Division staff then use this science to develop evidence-based recommendations for animal management and care at municipal, provincial, and national levels.

For example, The National Farm Animal Care Council (NFACC) Codes of Practice set minimum standards of care for farm animals. NFACC assembles a committee of representatives from the farm industry, the food industry, the humane movement, and the veterinary community to write each Code. The BC SPCA partners with animal welfare experts to ensure that animals' interests are represented at every step throughout the Code development process.

To learn more about how animal welfare research allows the BC SPCA to lead the way in animal management and care, please visit: spca.bc.ca/leaders-in-our-field



Animals in Science

The BC SPCA is a proud partner and supporter of the Animals in Science Policy Institute (AiSPI), a national education and advocacy charity dedicated to promoting better science without animals. Founded in 2014, AiSPI's mission is to build an ethical culture of science that respects animal life by promoting the reduction and replacement of animals in teaching, research and testing. Programs of work include delivery of guest classes using non-animal dissection alternatives in schools from elementary to post-secondary, creation of teacher resources and policy work to promote humane science.

The BC SPCA has multiple ties to AiSPI. Our staff members serve on AiSPI's board, and even helped co-found the organization. AiSPI co-founder and Executive Director Dr. Elisabeth Ormandy is a guest speaker at BC SPCA Kids Camps and more recently has worked with the BC SPCA's Humane Education team to deliver humane education training to pre-service teachers.

A notable achievement for AiSPI in 2019 was delivery of an invited workshop on Replacement Alternatives in Teaching at the Canadian Council on Animal Care National Workshop in May. To learn more about AiSPI, visit: animalsinscience.org



City of Campbell River

From the Office of the Mayor

October 8, 2019

The Honourable Doug Donaldson
Minister of Forests, Lands, Natural Resources and Rural Development
PO Box 9049, Stn. Prov. Gov't
Victoria BC V8W 9E2

Dear Minister Donaldson:

Re: Letter of support for Off-Road Vehicle Management Framework

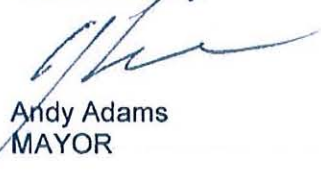
Further to Resolution B121 being discussed at the recent UBCM convention, at their October 7 meeting, City of Campbell River Council passed a resolution to encourage the Ministry's support for an Off-Road Vehicle (ORV) Management Framework.

The City anticipates that revising the ORV Act so that riders wishing to visit multiple areas could acquire a single Operation Permit for that purpose, would enhance recreational and tourism economic value in each community.

ORV tourism is a growing component in our area. Council respectfully encourages the Ministry to update the Off-Road Vehicle Management framework.

Thank you.

Yours sincerely,



Andy Adams
MAYOR



CORPORATION OF THE VILLAGE OF POUCE COUPE

PO Box 190, Pouce Coupe, B.C. V0C 2C0
Telephone: (250) 786-5794 Fax: (250) 786-5257
www.poucecoupe.ca

October 10, 2019

All BC Municipalities/Regional Districts
Via Email

All BC Municipalities/Regional Districts:

At the Village of Pouce Coupe Regular Council meeting held on October 2, 2019, Council made a motion of support for the following City of Enderby motion regarding fostering transportation network services in small communities:

WHEREAS the Province of BC has created a regulatory framework permitting transportation network services to operate in BC, which provides a passenger transportation option to address the significant public need for vehicles-for-hire and, in turn, reduce impaired driving, improve the ability of seniors and persons with barriers to access needed resources, and stimulate economic development;

AND WHEREAS the Province's regulatory framework is so onerous that it effectively prohibits the establishment of transportation network services outside of the Lower Mainland, and particularly in small, rural, and remote communities where it has the greatest potential to address areas underserved by traditional public transportation options;

THEREFORE BE IT RESOLVED that UBCM asks the Province of BC to amend the Passenger Transportation Act to establish an area-based, tiered, regulatory solution that will enable viable and competitive transportation network services in small rural and remote communities as well as other communities outside of the Lower Mainland.

With warm regards,

Sandy Stokes
Corporate Officer

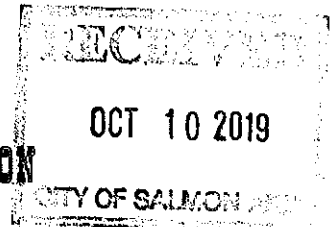
Cc: MLA Michelle Mungall
All BC Municipalities/Regional Districts



BRITISH COLUMBIA CATTLEMEN'S ASSOCIATION

Representing the Beef Cattle Industry of British Columbia

AGRI CENTRE - #4 - 10145 DALLAS DRIVE, KAMLOOPS, B.C. V2C 6T4 PHONE (250) 573-3611 FAX (250) 573-5155



October 4, 2019

ATTN: Mayor / Regional District Chair

Our File: 2019-035

SENT BY MAIL

RE: Request to Improve High-Speed Internet in Rural Communities

The BC Cattlemen's Association is a provincial organization comprised of 56 local and regional cattlemen's organizations. We represent almost 1,200 rancher members many of whom operate in rural and remote regions throughout the province.

There have been advancements in technology and society has grown accustomed to having high-speed internet access at their finger tips at all times. Ranchers face a much different reality. Most areas not have high-speed internet, satellite internet is expensive and often the topography in rural areas limits the signal quality. Cell coverage is also intermittent in rural areas.

At the same time, the province is moving toward a paper-less, digital system for authorizations that affect our daily activities for grazing, water licences, woodlots etc. In some cases, the province isn't even creating paper applications, a good example of this is the recent implementation of groundwater licensing requirements. Ranchers cannot be expected to operate in digital world for their daily business, if they are not given the tools to do so.

Rural resident need high-speed internet access.

There are only a few months left in this decade, let's help the agricultural community move out of the 90s and into 2020 with improved access to internet.

The BC Cattlemen's Association asks the regional district to work to improve rural connectivity and immediately apply for a grant from the CRTC Broadband Fund (<https://crtc.gc.ca/eng/internet/internet.htm>).

Best regards,

Larry Garrett,
BCCA President

cc: Hon. Lana Popham, Minister of Agriculture
Arjun Singh, Chair UBCM



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

Media Release

For Immediate Release

October 10, 2019

Significant Increases in Funded Care Hours in 2018/2019

The Office of the Seniors Advocate today released the 2019 update of the Quick Facts Directory (QFD). The QFD provides information on all publicly funded long-term care homes in British Columbia.

"The latest data demonstrate a significant increase in care hours over the past year, and we are clearly making considerable advancement on the goal of 3.36 hours of care per bed per day. This past year 216 facilities received an increase in their funded care hours and the percentage of care homes that are funded to the 3.36 recommended standard has doubled in the last year. The focus for the increase over the past year has been with contracted providers as they had lower funded direct care hours overall," stated Seniors Advocate Isobel Mackenzie.

In addition to funded hours of care the QFD reports on a series of quality indicators and other information of importance for care homes. New this year to the QFD are inspection reports and it showed a total of 765 inspections which found 1,103 infractions. Of the infractions found, 21% related to care and supervision, 19% to record keeping, and 13% to staffing.

One new facility, Cariboo Place was added to the QFD, however it opened in April 2019 and will not be reporting any operational data until next year.

The age demographic did not change with an average age of 85 and 5% of residents under the age of 65.

"Overall, we found the population did not change in the last year. The Case Mix Index (CMI) which is a proxy to measure complexity remained at 0.58 and the residents with moderate to severe dementia remained at 29% with the overall rate of dementia at 64%. We did see a small increase (from 30% to 31%) of residents with total dependency in activities of daily living" stated Mackenzie.

Highlights of the 2018/19 QFD include:

- An overall increase of 3.8% in funded direct care hours, with 73% of facilities receiving more funding and double the number meeting the 3.36 guideline.
- The average amount spent on food increased by 3.2% and ranged from \$5.21 per bed to \$19.88 per resident per day.
- The average length of stay has remained relatively stable, however, there is great variation between health authorities with a low of 707 days in the Interior and a high of 1,084 days in Northern Health.
- Overall care home per diems increased by 4.6% and range from \$182.23 to \$272.35 per bed per day.
- There was almost no change overall in the percentage of residents receiving physical/ occupational/recreational therapy.
- Use of daily restraints, remained the same at 7%, although it has dropped over the last five years from a high of 11%.
- There was almost no drop in the inappropriate use of antipsychotic drugs, a trend that has continued for the past three years.
- The rate of reportable incidents remained relatively unchanged in the past year and has dropped from 17.5 to 15.8 over the past five years.

- Substantiated complaints dropped over the past year from 7.4 per 1000 beds to 5.9.
- The percentage of residents with low social engagement remains unchanged from last year (48%).

“Overall, we have seen very positive progress in relation to care hours and a positive shift in substantiated complaints. Progress on the appropriate use of antipsychotics has stalled in the past three years and BC remains above the national average.

‘With the 2019 update we now have five years of data which can allow us to look at developing trends and areas where we still need to make improvement such as the use of therapies,” concluded Mackenzie.

British Columbia Long-Term Care Facilities Quick Facts Directory

Media Contact:

Kathryn Hardy

250-812-1679

www.seniorsadvocatebc.ca



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

B R I T I S H C O L U M B I A
**Long-Term Care Facilities
Quick Facts Directory**

2019

S U M M A R Y



Summary Highlights, 2018/19

Facility Characteristics:

- The *British Columbia Long-Term Care Quick Facts Directory* contains information on 294 Long-term care facilities that have 27,284 publicly-subsidized beds: 111 (8,962 beds) are operated directly by a health authority and 183 (18,322 beds) are operated by a contractor with funding from the health authorities. *Note: Cariboo Place opened in April 2019 and is included in the Directory but has no 2018/19 indicator data and is therefore excluded from provincial indicator calculations.*
- 88% of the rooms in long-term care are single-occupancy rooms, 8% are double-occupancy, and 4% are multi-bed rooms (3 or more beds).
- 76% of residents reside in single-occupancy rooms. In health authority owned facilities, 54% of residents reside in single-occupancy rooms compared to 87% in contracted facilities.

Resident Demographics and Care Needs:

- The average age of residents in long-term care facilities is 85 years, with 60% aged 85 or older and 5% younger than 65; 65% of residents are female.
- 31% of residents are totally dependent on staff for their activities of daily living (ADL 5+), such as bathing, getting dressed, and getting out of bed.
- 29% of residents have severe cognitive impairment (CPS 4+).
- 48% of residents score as "low" on the social engagement scale (ISE 0-2).
- The overall average length of stay in long-term care is 832 days; the length of stay was shorter in health authority owned facilities (737) and longer in contracted facilities (876).

Funding of Long-term Care Facilities

- On average, facilities were funded for 3.25 direct care hours per bed per day, a 3.8% increase over 2017/18. With 216 (73%) facilities receiving more funding for direct care hours in 2018/19, the number of facilities meeting the recommended provincial guideline of 3.36 hours per bed per day doubled from 15% the previous year to 30%. Funded direct care hours decreased at 7% of facilities and remained the same at 19% of facilities.



- The average actual raw food cost in B.C. increased 3.2% from the previous year to \$8.11 per bed per day with a range across all facilities of \$5.21 to \$19.88.
- The average per diem rate, which is the total funding provided per bed per day, was \$221.57 (a 4.6% increase), with a range across all contracted facilities of \$182.33 to \$272.35.

Care Services and Quality Indicators

- 11% of residents received physical therapy, 29% received recreation therapy, and 7% received occupational therapy. The provision of physical therapy and occupational therapy are on a decreasing five year trend and recreation therapy has increased.
- The proportion of residents taking antipsychotics without a supporting diagnosis of psychosis decreased 1.2% since 2017/18. While there was a slight increase in 2017/18, the overall rate has declined by 21.6% over the last five years.
- While the proportion of residents diagnosed with depression (23.4%) decreased by 2.5% in 2018/19, the proportion receiving antidepressant medication (48.5%) increased by 0.6%. Despite these recent small changes, there has been little variation in these rates over the last five years.
- The rate of residents with daily physical restraints (7%) is the same in 2018/19 as it was in 2017/18, but the five year trend shows a decline.

Inspections, Complaints and Reportable Incidents

- Inspection information was newly added to the Quick Facts Directory this year. Overall, there were 765 inspections performed in long-term care facilities in 2018/19 with 1,103 infractions found. Most of the infractions related to care & supervision (21%), records & reporting (19%), the physical environment (19%) and staffing (13%).
- There were 167 substantiated complaints in 2018/19, a 21% decline from 2017/18. The rate of substantiated complaints per 1,000 beds also dropped 20% from 7.4 to 5.9.
- Reportable incidents are best understood as a rate per 100 beds, since facilities range in size. The rate of reportable incidents increased slightly in 2018/19 (15.8 per 100 beds) compared to 2017/18 (15.6 per 100 beds) but was still lower than the two years previous to that.



Introduction

The Office of the Seniors Advocate (OSA) publishes the *British Columbia Long-term Care Facilities Quick Facts Directory* annually. It is designed to be a centralized resource for seniors, their caregivers and members of the public who are seeking information about individual publicly subsidized care homes in B.C. The Directory includes not only basic information such as room configuration, languages spoken by staff, information about where food is prepared and food costs, but also offers an opportunity to see how the care home is doing in terms of care quality indicators such as the use of medications, restraints and access to therapies. The Directory also includes results of the OSA's 2017 *Residential Care Survey*, which reflect the opinions of residents and their family members about their experience of care. (Note: Survey results are not discussed in this summary.)

Changes in the directory this year include:

- Cariboo Place in Interior Health is a new facility that opened in April 2019. It is included for searchability, but there is no 2018/19 indicator data.
- More detailed information on long-term care facility inspections, and licensing infractions have been added to the directory and are reported by fiscal year.
- Raw food costs, reported in the past as funded amounts at the beginning of the fiscal year, are now reported as actual expenditures by facilities on raw food supplies.

Long-term Care Facilities

The Directory contains information on 294 care facilities that provide long-term care for seniors. Of these facilities, 111 (8,962 beds) are operated directly by a health authority and 183 (18,322 beds) by a contractor with funding from the health authority for a total of 27,284 subsidized beds. Overall, 88% of rooms are single occupancy, but there is a difference in room configurations with fewer single occupancy rooms in health authority owned facilities (76%) than in contracted facilities (92%). Only 54% of residents in health authority owned facilities live in single occupancy rooms while 87% of residents in contracted facilities live in single rooms.



Long-term Care Facility Demographics by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Number of facilities	111	182	293	111	183	294
Number of publicly subsidized beds	8,969	18,059	27,028	8,962	18,322	27,284
Percent single occupancy rooms	76%	92%	88%	76%	92%	88%
Percent double occupancy rooms	11%	7%	8%	11%	7%	8%
Percent multi-bed rooms	12%	1%	4%	12%	1%	4%
Percent of residents in single occupancy rooms	54%	87%	76%	54%	87%	76%

Who is living in care?

People who are admitted to long-term care are assessed at admission and regularly throughout their residency. These assessments focus on a range of aspects for each individual, including cognition (memory and judgment), how independently they are able to perform what are known as the activities of daily living (ADLs) such as bathing and dressing, and whether or not the individual displays challenging behaviours (wandering, aggression). Data from these assessments is used to develop care plans and builds a picture of the health care needs of an individual resident or a group of residents in areas such as frailty and cognitive impairment.

Understanding the resident population is important information for government, health authorities and facility operators for budgeting and planning purposes. Understanding the needs of a group of residents provides opportunity to determine staffing models, recreation activities and even improvements to the building and furnishings to best meet the needs of the residents. For seniors and their caregivers, it is important to understand the differences in populations as they are considering what facility may best suit their needs. The data below outline the key characteristics of people living in long-term care in B.C. and highlight some differences between resident populations in health authority owned sites and contracted sites.

Resident Demographics

Overall, there is little difference in the average age of people in long-term care, but contracted facilities have more residents aged 85 or older (61% vs. 59%) while health authority owned facilities have more residents aged 65 or younger (6% vs. 4%). Almost two-thirds of residents in both ownership groups were female.



Resident Demographics in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Age	85	85	85	85	86	85
% facilities above B.C.	39%	53%	48%	36%	48%	43%
% facilities below B.C.	61%	47%	52%	64%	52%	57%
% of residents 85+	59%	61%	60%	59%	61%	60%
% facilities above B.C.	36%	48%	43%	35%	49%	43%
% facilities below B.C.	64%	52%	57%	65%	51%	57%
% of residents <65	6%	4%	5%	6%	4%	5%
% facilities above B.C.	52%	29%	38%	49%	29%	37%
% facilities below B.C.	48%	71%	62%	51%	71%	63%
% residents that are female	65%	65%	65%	64%	65%	65%
% facilities above B.C.	46%	54%	51%	42%	54%	50%
% facilities below B.C.	54%	46%	49%	58%	46%	50%

Care Needs of Residents

There are several measures that can be used to determine the complexity and frailty of the resident population. This summary highlights three different indicators: Case Mix Index, the Activities of Daily Living scale, and the Cognitive Performance Scale. Regardless of which indicator is used, there is a consistent theme that health authority owned facilities care for more complex and frail residents than do contracted facilities.

The **Case Mix Index** (CMI) is a standardized method for calculating the intensity of resources required to meet the needs of a resident and reflects a measure of clinical complexity of the resident population as a whole. A higher score indicates that a greater intensity of resources is required to meet the needs of the resident population. In 2018/19, health authority facilities demonstrated a slightly more complex resident population, with an average CMI of 0.590 vs. 0.570 in contracted facilities.

The **Activities of Daily Living** (ADLs) refer to essential self-care tasks, such as bathing, dressing, and going to the bathroom. Impairment in ADLs is measured on a seven point scale, where a higher score indicates greater degrees of impairment. In 2018/19, health authority owned facilities demonstrated a higher proportion of residents who require significant support in ADLs at 35% vs. 29% in contracted facilities.

Complexity of Residents in Long-term Care, 2016/17-2018/19

Indicator	2016/17 (Oct-Sep)	2017/18	2018/19
Average Case Mix Index (CMI)	0.575	0.580	0.580
Percent of residents dependent in activities of daily living (ADL 5+)	30%	30%	31%

Complexity of Residents in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Case Mix Index (CMI)	0.600	0.570	0.580	0.590	0.570	0.580
% facilities above B.C.	46%	33%	38%	41%	34%	37%
% facilities below B.C.	54%	67%	62%	59%	66%	63%
Percent of residents dependent in activities of daily living (ADL 5+)	35%	28%	30%	35%	29%	31%
% facilities above B.C.	64%	39%	48%	59%	42%	48%
% facilities below B.C.	36%	61%	52%	41%	58%	52%

The **Cognitive Performance Scale (CPS)** is a seven point scale that measures a person's cognitive status based on several indicators, including daily decision making and short-term memory. A higher score indicates greater impairment, which may be a result of dementia, an acquired brain injury or other conditions. In 2018/19, the proportion of residents with a high CPS score in health authority owned facilities (30%) was greater than in contracted facilities (29%). Overall, 20% of residents have no cognitive impairment, 51% have mild to moderate cognitive impairment, and 29% have severe cognitive impairment. In health authority owned sites, 22% of residents have no cognitive impairment, 47% have mild to moderate impairment, and 31% have severe impairment. In comparison, in contracted facilities, 18% have no cognitive impairment, 53% have mild to moderate impairment and 29% have severe impairment.

Cognitive Impairment in Long-term Care, 2016/17-2018/19

Indicator	2016/17 (Oct-Sep)	2017/18	2018/19
Percent of residents with severe cognitive impairment (CPS 4+)	30%	29%	29%
Percent of residents with dementia	63%	64%	64%



Cognitive Impairment in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Percent of residents with severe cognitive impairment (CPS 4+)	31%	29%	29%	30%	29%	29%
% facilities above B.C.	58%	45%	50%	55%	46%	49%
% facilities below B.C.	42%	55%	50%	45%	54%	51%
Percent of residents with dementia	60%	66%	64%	59%	66%	64%
% facilities above B.C.	46%	62%	56%	46%	60%	55%
% facilities below B.C.	54%	38%	44%	54%	40%	45%

The **Index of Social Engagement (ISE)** is a measure of how connected or engaged a resident might be, considering things like interacting with others, engaging in planned or structured activities, and taking part in group activities. Higher scores indicate a higher level of social engagement and lower scores indicate potential social isolation. In 2018/19, average ISE scores ranged from 0.95 to 5.27 across all facilities. The average ISE score was slightly higher in health authority owned facilities (2.73) than in contracted facilities (2.71). Almost half of all residents had a low sense of social engagement; even though residents are living in a communal environment, they may still feel isolated and lonely.

Social Engagement in Long-term Care, 2016/17-2018/19

Indicator	2016/17 (Oct-Sep)	2017/18	2018/19
Average Index of Social Engagement (ISE)	2.70	2.71	2.72
Percent of residents with low ISE (0-2)	48%	48%	48%

Social Engagement in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Index of Social Engagement (ISE)	2.67	2.73	2.71	2.73	2.71	2.72
% facilities above B.C.	51%	49%	50%	51%	49%	50%
% facilities below B.C.	49%	51%	50%	49%	51%	50%
Percent of residents with low ISE (0-2)	49%	47%	48%	48%	48%	48%
% facilities above B.C.	48%	49%	49%	48%	48%	48%
% facilities below B.C.	52%	51%	51%	52%	52%	52%

The scale used for **physically abusive behaviour** is: not present, easily altered, not easily altered and comatose. The percent of residents exhibiting physically abusive behaviour (either easily altered or not easily altered) was 9% in 2018/19. It was slightly higher in contracted facilities (10%) vs health authority owned facilities (7%).

Physically Abusive Behaviour in Long-term Care, 2016/17-2018/19

Indicator	2016/17 (Oct-Sep)	2017/18	2018/19
Percent of residents with physically abusive behaviour	8%	9%	9%

Physically Abusive Behaviour in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Percent of residents with physically abusive behaviour	8%	9%	9%	7%	10%	9%
% facilities above B.C.	32%	48%	42%	29%	47%	40%
% facilities below B.C.	68%	52%	58%	71%	53%	60%

In 2018/19, the **average length of stay** was 832 days remaining almost the same as the previous year; it was shorter in health authority owned facilities (737 days) than in contracted facilities (876 days).

Average Length of Stay (days) in Long-term Care, 2016/17-2018/19

Indicator	2016/17	2017/18	2018/19	% Change from last year
Fraser Health	841	792	797	0.6%
Interior Health	751	722	707	-2.1%
Northern Health	1,096	1,009	1,084	7.4%
Vancouver Coastal Health	989	1,025	1,050	2.4%
Vancouver Island Health	769	786	783	-0.4%
B.C.	844	831	832	0.1%

Average Length of Stay (days) in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Average Length of Stay	736	876	831	737	876	832
% facilities above B.C.	39%	55%	49%	39%	55%	49%
% facilities below B.C.	61%	45%	51%	61%	45%	51%

Funding in Long-term Care Facilities

Subsidized long-term care facilities in B.C. receive funding from health authorities to provide care for people with complex care needs who can no longer live independently. Funding amounts include Health Authority funding and resident co-payment. The Quick Facts Directory reports on funding for direct care hours, raw food costs and per diem rates.

Direct Care Hours

Direct care hours may be delivered by nursing staff, care aides, or allied health care workers, such as physical, occupational or recreational therapists, speech language pathologists, social workers and dietitians. The Ministry of Health has set a guideline that residents in long-term care facilities should receive 3.36 hours of direct care daily. Currently, facilities are funded at levels that may not meet this guideline. This office reports on the funded direct care hours but cannot validate if the funded hours are the same as the actual hours delivered. Note that Delta View Habilitation Centre (FHA) did not report direct care hours in 2017/18, and Bella Coola General Hospital (VCHA), and R.W. Large Memorial Hospital (VCHA) did not report direct care hours in either year as it is difficult to separate long-term care amounts from global hospital budgets.

In 2018/19, the average **funded direct care hours** increased 3.8% over the previous year to 3.25 hours per bed per day. Contracted facilities still lag those owned by the health authorities. Funding for direct care hours increased at 216 (73%) facilities across the province. The largest improvements were in Northern Health where 100% of facilities met the guideline in 2018/19, in Interior Health where 38% of health authority owned facilities met the guideline compared to 10% the previous year and in Fraser Health where 34% of contracted facilities met the guideline compared to only 5% in the previous year. Funding decreased at 7% of facilities and remained the same at 19% of facilities. The number of facilities meeting the 3.36 guideline increased from 7 to 33 among health authority owned facilities and from 36 to 54 among contracted facilities.



Average Funded Direct Care Hours in Long-term Care, 2016/17-2018/19

Indicator	2016/17	2017/18	2018/19	% change from last year
Fraser Health	3.05	3.05	3.23	5.9%
Interior Health	3.18	3.18	3.30	3.8%
Northern Health	3.37	3.50	3.47	-0.9%
Vancouver Coastal Health	3.02	3.08	3.19	3.6%
Vancouver Island Health	3.19	3.16	3.24	2.5%
B.C.	3.11	3.13	3.25	3.8%

Number of Facilities Where Funded Direct Care Hours Changed between 2017/18 and 2018/19

Indicator	Increase in DCH	Decrease in DCH	No Change in DCH	Unknown Change in DCH	Total Facilities
Fraser Health	62	4	13	1	80
Interior Health	55	3	18	0	76
Northern Health	14	10	0	0	24
Vancouver Coastal Health	43	2	10	2	57
Vancouver Island Health	42	3	14	0	59
B.C.	216	22	55	3	296*

Notes:

* Special care units at Berkley Care Centre, Harmony Court Care Centre and Fair Haven - Vancouver are not counted separately in overall facility counts, they are counted separately for this direct care hours analysis.

Unknowns: Delta View Habilitation Centre (FHA), Bella Coola General Hospital (VCHA), and R.W. Large Memorial Hospital (VCHA)

Direct care hours are rounded to the second decimal place. The impact of rounding could result in minor variances affecting the increase or decrease in direct care hours.

**Facilities Meeting Provincial Direct Care Hours Guideline by Facility Ownership Type,
2017/18-2018/19**

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Fraser Health						
Average funded direct care hours	3.45	2.94	3.05	3.44	3.18	3.23
Number of facilities reporting	15	64	79	15	64	79
Percent of facilities meeting guideline	60%	5%	15%	60%	34%	39%
Interior Health						
Average funded direct care hours	3.23	3.15	3.18	3.33	3.28	3.30
Number of facilities reporting	39	37	76	39	37	76
Percent of facilities meeting guideline	10%	0%	5%	38%	5%	22%
Northern Health						
Average funded direct care hours	3.55	3.12	3.50	3.48	3.38	3.47
Number of facilities reporting	22	2	24	22	2	24
Percent of facilities meeting guideline	68%	0%	63%	100%	100%	100%
Vancouver Coastal Health						
Average funded direct care hours	3.37	2.97	3.08	3.40	3.11	3.19
Number of facilities reporting	15	40	55	15	40	55
Percent of facilities meeting guideline	27%	10%	15%	27%	15%	18%
Vancouver Island Health						
Average funded direct care hours	3.30	3.10	3.16	3.32	3.20	3.24
Number of facilities reporting	19	40	59	19	40	59
Percent of facilities meeting guideline	21%	0%	7%	21%	3%	8%
B.C.						
Average funded direct care hours	3.35	3.02	3.13	3.38	3.18	3.25
Number of facilities reporting	110	183	293	110	184	294
Percent of facilities meeting guideline	33%	4%	15%	49%	18%	30%

Food Services

For this release of the Quick Facts Directory, we have changed how we report raw food costs. Previously we reported funded amounts per bed per day at the beginning of the fiscal year. Now we report actual costs per bed per day over the fiscal year. Many facilities spend more on raw food than they are funded for which was the motivation behind the decision to make this change. With this reporting change, only two years of data have been restated. The raw food cost includes the daily food and dietary supplements for the residents of care facilities and is calculated per bed per day. The cost of preparing and serving the food is not included. Note that Delta View Habilitation Centre (FHA) did not report actual food costs in 2017/18, and Elim Village – The Harrison / Harrison West did not report actual food costs in 2018/19.

In 2018/19, the **actual raw food cost** increased 3.2% from the previous year to \$8.11 per bed per day. There was significant variation among facilities, ranging from an overall low of \$5.21 to a high of \$19.88. Health authority owned facilities spend more on average (\$8.98) than contracted facilities (\$7.68). This pattern is true for all health authorities and in both years where the actual food costs have been reported to this office.

Average Actual Raw Food Costs per Bed per Day in Long-term Care, 2017/18-2018/19

Indicator	2017/18	2018/19	% change from last year
Fraser Health	\$7.72	\$7.66	-0.8%
Interior Health	\$7.69	\$8.22	6.9%
Northern Health	\$10.44	\$11.26	7.9%
Vancouver Coastal Health	\$7.77	\$8.00	3.0%
Vancouver Island Health	\$7.82	\$8.12	3.8%
B.C.	\$7.86	\$8.11	3.2%



Actual Raw Food Costs per Bed per Day in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Fraser Health						
Average actual raw food costs	\$7.79	\$7.70	\$7.72	\$8.01	\$7.56	\$7.66
Range	\$6.49-\$9.00	\$3.92-\$29.54	\$3.92-\$29.54	\$6.67-\$9.87	\$5.21-\$11.74	\$5.21-\$11.74
Interior Health						
Average actual raw food costs	\$8.03	\$7.41	\$7.69	\$8.69	\$7.84	\$8.22
Range	\$5.76-\$9.88	\$4.51-\$11.35	\$4.51-\$11.35	\$6.40-\$10.63	\$5.95-\$12.93	\$5.95-\$12.93
Northern Health						
Average actual raw food costs	\$10.95	\$6.64	\$10.44	\$11.82	\$7.00	\$11.26
Range	\$7.92-\$20.10	\$5.62-\$6.70	\$5.62-\$20.10	\$9.95-\$19.88	\$6.84-\$9.98	\$6.84-\$19.88
Vancouver Coastal Health						
Average actual raw food costs	\$8.40	\$7.52	\$7.77	\$8.57	\$7.78	\$8.00
Range	\$7.86-\$16.85	\$5.92-\$11.48	\$5.92-\$16.85	\$8.02-\$18.69	\$5.93-\$10.59	\$5.93-\$18.69
Vancouver Island Health						
Average actual raw food costs	\$8.88	\$7.34	\$7.82	\$9.20	\$7.64	\$8.12
Range	\$7.65-\$12.57	\$5.90-\$10.92	\$5.90-\$12.57	\$8.16-\$13.16	\$5.93-\$12.35	\$5.93-\$13.16
B.C.						
Average actual raw food costs	\$8.56	\$7.52	\$7.86	\$8.98	\$7.68	\$8.11
Range	\$5.76-\$20.10	\$3.92-\$29.54	\$3.92-\$29.54	\$6.40-\$19.88	\$5.21-\$12.93	\$5.21-\$19.88

Per Diem Rates

Per diem rates reflect the funding directed to contracted facilities by health authorities. The per diem is a per bed, per day value and includes resident client contributions (co-payments). The per diem rates include items such as staffing costs, food and supply costs, administration, repair and maintenance, housekeeping and landscaping services, property costs and capital. The per diem rate may not represent a contracted facility's total operating revenue. For example, private pay revenue or contributions from an auxiliary fund are not captured. Per diem rates are not reported by health authority owned facilities at this time, as it is challenging to separate long-term care costs from global budgets.

In 2018/19, the average **per diem rate** increased 4.6% over the previous year to \$221.57. While Northern Health (\$229.59) and Island Health (\$229.57) had the highest average per diems, Fraser Health had the largest increase (6.1%) over the previous year. The average per diem rate range narrowed from the previous year ranging from \$182.33 to \$272.35 across all facilities in 2018/19.

Weighted Average Per Diem Rates for Contracted Long-term Care Facilities, 2016/17-2018/19

Indicator	2016/17	2017/18	2018/19	% change from last year
Fraser Health	\$204.36	\$209.98	\$222.80	6.1%
Interior Health	\$199.53	\$203.58	\$210.78	3.5%
Northern Health	\$210.98	\$216.96	\$229.59	5.8%
Vancouver Coastal Health	\$205.72	\$212.58	\$220.19	3.6%
Vancouver Island Health	\$215.95	\$221.28	\$229.57	3.7%
B.C.	\$206.35	\$211.92	\$221.57	4.6%

Range of Per Diem Rates for Contracted Long-term Care Facilities, 2017/18-2018/19

Indicator	2017/18	2018/19
Fraser Health	\$171.17-\$239.27	\$182.33-\$266.69
Interior Health	\$190.28-\$216.83	\$195.75-\$225.19
Northern Health	\$216.51-\$216.98	\$224.88-\$229.84
Vancouver Coastal Health	\$199.74-\$281.61	\$207.70-\$272.35
Vancouver Island Health	\$181.85-\$243.60	\$190.75-\$263.11
B.C.	\$171.17-\$281.61	\$182.33-\$272.35

Care Services and Quality Indicators

The Canadian Institute of Health Information (CIHI) collects data from long-term care facilities on a range of care and quality indicators. The OSA's *British Columbia Long-term Care Facilities Quick Facts Directory* includes information on several of these indicators, including access to rehabilitative therapies, the use of restraints and the use of antipsychotic and antidepressant medications.

Therapies

Residents in long-term care have access to a range of therapies (physical therapy, occupational therapy, recreational therapy, etc.). Therapies available in each facility are determined by the facility based on an assessment of needs and on the availability of therapists. Physical therapy promotes mobility and function and helps residents with issues such as muscle strengthening and balance. Occupational therapists help residents with activities of daily living such as bathing, dressing and eating to improve and maintain independence; they also ensure equipment such as wheelchairs are properly fitted. Recreational therapy is different from daily recreation programs. Recreational therapists design group activities and programming for a facility, and may also provide individualized recreation-based treatments. These professionals are supported by assistants who help deliver service.

In 2018/19, the percent of residents receiving

- **physical therapy** decreased from the previous year by one percentage point to 11%,
- **recreation therapy** remained the same at 29%, and
- **occupational therapy** remained the same at 7%.

The five year trend demonstrates reductions in physical and occupational therapy and increases in recreation therapy.

Therapies on Long-term Care, 2014/15-2018/19

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18	2018/19
Physical Therapy	14%	13%	12%	12%	11%
Recreation Therapy	25%	28%	29%	29%	29%
Occupational Therapy	9%	8%	8%	7%	7%

A comparison by facility ownership demonstrates that a greater proportion of residents in health authority owned facilities received physical, recreational and occupational therapy than residents in contracted facilities.

Therapies in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Physical Therapy	16%	10%	12%	15%	9%	11%
% facilities above B.C.	40%	28%	33%	40%	29%	33%
% facilities below B.C.	60%	72%	67%	60%	71%	67%
Recreation Therapy	31%	28%	29%	32%	28%	29%
% facilities above B.C.	42%	38%	40%	42%	41%	41%
% facilities below B.C.	58%	62%	60%	58%	59%	59%
Occupational Therapy	13%	4%	7%	14%	4%	7%
% facilities above B.C.	41%	16%	26%	37%	15%	23%
% facilities below B.C.	59%	84%	74%	63%	85%	77%

Antipsychotic and Antidepressant Use

The proportion of residents taking **antipsychotics without a supporting diagnosis of psychosis** decreased 1.2% since 2017/18. While there was a slight increase in 2017/18, the overall rate has declined by 21.6% over the last five years. Health authority owned facilities are slightly higher (26.1%) than contracted facilities (23.5%). The distribution of facilities above and below the B.C. value varies by ownership type with more health authority owned facilities being above the B.C. average.

Use of Antipsychotics in Long-term Care, 2014/15-2018/19

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18	2018/19
% taking antipsychotics without a diagnosis of psychosis	31.0%	26.9%	24.5%	24.6%	24.3%

Use of Antipsychotics in Long-term Care by Facility Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% taking antipsychotics without a diagnosis of psychosis	25.4%	24.2%	24.6%	26.1%	23.5%	24.3%
% facilities above B.C.	53.8%	45.8%	49.0%	56.3%	45.6%	49.7%
% facilities below B.C.	46.2%	54.2%	51.0%	43.8%	54.4%	50.3%

In 2018/19, the proportion of **residents diagnosed with depression** (23.4%) decreased 2.5% and the proportion **receiving antidepressant medication** (48.5%) increased by 0.6%. More than twice as many residents are on antidepressants than those with a recorded clinical diagnosis of depression. In contracted facilities, the proportion diagnosed with depression (23.2%) decreased 2.9% while the proportion receiving antidepressants (48.1%) increased by 1.1%. In health authority owned facilities, the proportion diagnosed with depression (23.7%) decreased 2.5% while the proportion receiving antidepressants (49.5%) increased by 0.2%.

Depression Indicators in Long-term Care, 2014/15-2018/19

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18	2018/19
% diagnosed with depression	23.9%	23.9%	24.0%	24.0%	23.4%
% receiving antidepressant medication	47.8%	47.8%	48.8%	48.2%	48.5%

Depressions Indicators in Long-term Care by Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% diagnosed with depression	24.3%	23.9%	24.0%	23.7%	23.2%	23.4%
% facilities above B.C.	50.9%	45.1%	47.3%	49.1%	45.3%	46.8%
% facilities below B.C.	49.1%	54.9%	52.7%	50.9%	54.7%	53.2%
% receiving antidepressant medication	49.4%	47.6%	48.2%	49.5%	48.1%	48.5%
% facilities above B.C.	57.1%	51.1%	53.4%	53.6%	51.4%	52.2%
% facilities below B.C.	42.9%	48.9%	46.6%	46.4%	48.6%	47.8%

Daily Physical Restraints

Physical restraints are sometimes used in long-term care to help residents stay safe and reduce the risk of falls. Restraints include limb and trunk restraints and use of a reclining chair from which a resident cannot rise.

The percent of **residents with daily physical restraints** declined in each year from 11% in 2014/15 to 7% in 2017/18 and remained at 7% in 2018/19. The proportion of residents with daily physical restraints is slightly higher for health authority owned facilities (8%) than for contracted facilities (6%), and more health authority owned facilities are higher than the B.C. average.

Daily Physical Restraints in Long-term Care, 2014/15-2018/19

Indicator	2014/15 (Oct-Sep)	2015/16 (Oct-Sep)	2016/17 (Oct-Sep)	2017/18	2018/19
% of resident with daily physical restraints	11%	9%	8%	7%	7%

Daily Physical Restraints in Long-term Care by Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
% of resident with daily physical restraints	8%	7%	7%	8%	6%	7%
% facilities above B.C.	52%	41%	45%	54%	40%	46%
% facilities below B.C.	48%	59%	55%	46%	60%	54%

Licensing

Inspections

Long-term care facilities in B.C. are regulated and licensed under the *Community Care and Assisted Living Act* or the *Hospital Act*, whether they receive funding from a health authority or another agency or whether clients pay privately. The Health Authority Community Care Facility Licensing programs issue licences and conduct regular health and safety inspections to make sure facilities are providing safe care to residents. They may conduct additional inspections required because of complaints received.

In 2018/19, there were 765 inspections conducted at long-term care facilities across B.C. with 1,103 licensing infractions found. On average, there were less than two infractions found per inspection. Since there is such variation in the number and size of facilities across health authorities, it is more meaningful to compare rates per 1,000 beds. Northern Health and Interior Health had the most infractions per 1,000 beds at 119.6 and 43.0 respectively. Most of the infractions found related to care & supervision (21%), records & reporting (19%), the physical environment (19%), and staffing (13%).

Facility Inspections in Long-term Care, 2018/19

Indicator	2018/19		
	Health Authority	Contracted	All Facilities
Fraser Health			
Number of inspections	30	240	270
Number of licensing infractions found	54	253	307
Infractions per 1,000 beds	29.3	33.8	32.9
Interior Health			
Number of inspections	23	69	92
Number of licensing infractions found	89	169	258
Infractions per 1,000 beds	34.9	49.0	43.0
Northern Health			
Number of inspections	39	2	41
Number of licensing infractions found	132	10	142
Infractions per 1,000 beds	127.4	66.2	119.6
Vancouver Coastal Health			
Number of inspections	30	130	160
Number of licensing infractions found	63	116	179
Infractions per 1,000 beds	34.1	24.8	27.4
Vancouver Island Health			
Number of inspections	45	157	202
Number of licensing infractions found	58	159	217
Infractions per 1,000 beds	34.3	39.9	38.3
B.C.			
Number of inspections	167	598	765
Number of licensing infractions found	396	707	1,103
Infractions per 1,000 beds	44.2	35.8	38.4

Licensing Complaints

Licensing offices in each health authority receive complaints about care and services in facilities. They conduct investigations to determine whether the complaint is substantiated and to identify any licensing infractions. Note that Northern Health does not report complaints for facilities licensed under the *Hospital Act*.

In 2018/19, there were 467 licensing complaints of which 167 (36%) were substantiated resulting in some type of licensing violation. Complaints increased by 33% compared to the previous year while substantiated complaints decreased by 21%. Vancouver Island Health continues to have the highest number of complaints (253). However, while the total complaints have increased in this health authority, the substantiated complaints have decreased. Both the total complaints and the substantiated complaints per 1,000 beds in Island Health (44.6 and 17.1 respectively) are above the provincial averages (16.5 and 5.9 respectively).

Health authority owned facilities have lower rates of substantiated complaints per 1,000 beds than contracted facilities, 3.5 vs. 7.0 but the gap is smaller than last year.

Licensing Complaints in Long-term Care, 2015/16-2018/19

Indicator	2015/16	2016/17	2017/18	2018/19*
Total complaints	563	432	352	467
Total substantiated complaints	207	181	211	167
Complaints per 1,000 beds	21.6	16.2	12.3	16.5
Substantiated complaints per 1,000 beds	7.9	6.8	7.4	5.9

Note: *Data for Hospital Act facilities in Northern Health are not available and therefore only includes facilities licensed under the Community Care and Assisted Living Act (CCALA).

Licensing Complaints in Long-term Care by Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Fraser Health						
Total complaints	10	108	118	19	110	129
Total substantiated complaints	3	32	35	5	29	34
% substantiated complaints	30%	30%	30%	26%	26%	26%
Complaints per 1,000 beds	5.4	14.5	12.7	10.3	14.7	13.8
Substantiated complaints per 1,000 beds	1.6	4.3	3.8	2.7	3.9	3.6
Interior Health						
Total complaints	4	51	55	4	43	47
Total substantiated complaints	2	18	20	1	17	18
% substantiated complaints	50%	35%	36%	25%	40%	38%
Complaints per 1,000 beds	1.6	15.4	9.4	1.6	12.7	7.9
Substantiated complaints per 1,000 beds	0.8	5.4	3.4	0.4	5.0	3.0



Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Northern Health						
Total complaints	0	0	0	5	0	5
Total substantiated complaints	0	0	0	5	0	5
% substantiated complaints	n/a	n/a	n/a	100%	n/a	100%
Complaints per 1,000 beds	0.0	0.0	0.0	5.9	0.0	5.8
Substantiated complaints per 1,000 beds	0.0	0.0	0.0	5.9	0.0	5.8
Vancouver Coastal Health						
Total complaints	12	17	29	8	25	33
Total substantiated complaints	5	2	7	2	11	13
% substantiated complaints	42%	12%	24%	25%	44%	39%
Complaints per 1,000 beds	6.4	3.6	4.4	4.3	5.3	5.1
Substantiated complaints per 1,000 beds	2.7	0.4	1.1	1.1	2.3	2.0
Vancouver Island Health						
Total complaints	19	131	150	65	188	253
Total substantiated complaints	18	131	149	18	79	97
% substantiated complaints	95%	100%	99%	28%	42%	38%
Complaints per 1,000 beds	11.2	33.1	26.6	38.4	47.2	44.6
Substantiated complaints per 1,000 beds	10.6	33.1	26.4	10.6	19.8	17.1
B.C.						
Total complaints	45	307	352	101	366	467
Total substantiated complaints	28	183	211	31	136	167
% substantiated complaints	62%	60%	60%	31%	37%	36%
Complaints per 1,000 beds	5.0	15.7	12.3	11.5	18.7	16.5
Substantiated complaints per 1,000 beds	3.1	9.3	7.4	3.5	7.0	5.9

Note: *Data for *Hospital Act* facilities in Northern Health are not available and therefore only includes facilities licensed under the *Community Care and Assisted Living Act (CCALA)*.



Reportable Incidents

Licensed long-term care facilities are required to report incidents as defined under the provincial *Residential Care Regulation*. Health authority licensing officers respond to these reports inspecting facilities as necessary. Reportable incidents include disease outbreak, abuse or neglect, falls with injury, food or other poisoning, medication errors with adverse event, missing and wandering residents, other injuries, and resident to resident aggression. Note that Island Health does not report on these incidents at their *Hospital Act* facilities.

Both the total number of **reportable incidents** (4,225) and the **reportable incidents per 100 beds** (15.8) have increased slightly since 2017/18. Reportable incidents per 100 beds are the highest in Island Health (21.9) and Interior Health (21.3) and are lowest in Northern Health (8.8). In B.C. overall, rates of reportable incidents per 100 beds are higher in contracted facilities (17.1) compared to health authority owned facilities (12.9). This same pattern is seen in all health authorities, except Island Health.

Reportable Incidents in Long-term Care, 2015/16-2018/19

Indicator	2015/16	2016/17	2017/18	2018/19
Reportable incidents	4,579	4,631	4,163	4,225
Reportable incidents per 100 beds	17.5	16.2	15.6	15.8

Note: *Hospital Act* facilities in Vancouver Island Health are not included across all years.

Reportable Incidents in Long-term Care by Ownership Type, 2017/18-2018/19

Indicator	2017/18			2018/19		
	Health Authority	Contracted	All Facilities	Health Authority	Contracted	All Facilities
Fraser Health						
Reportable incidents	106	941	1,047	149	980	1,129
Reportable incidents per 100 beds	5.7	12.6	11.2	8.1	13.1	12.1
Interior Health						
Reportable incidents	545	792	1,337	498	764	1,262
Reportable incidents per 100 beds	21.7	23.8	22.9	19.5	22.6	21.3
Northern Health						
Reportable incidents	177	15	192	90	15	105
Reportable incidents per 100 beds	17.1	9.9	16.2	8.7	9.9	8.8
Vancouver Coastal Health						
Reportable incidents	136	804	940	143	776	919
Reportable incidents per 100 beds	7.3	17.1	14.3	7.8	16.6	14.1
Vancouver Island Health						
Reportable incidents	108	539	647	120	690	810
Reportable incidents per 100 beds	22.0	16.8	17.5	24.4	21.5	21.9
B.C.						
Reportable incidents	1,072	3,091	4,163	1,000	3,225	4,225
Reportable incidents per 100 beds	13.8	16.4	15.6	12.9	17.1	15.8

Note: *Hospital Act* facilities in Vancouver Island Health are not included across all years.

Conclusion

With the release of the 2019 Quick Facts Directory (QFD) we now have five years of trend data for all publicly funded long-term care homes. Improvements can be seen over time. Most notably over the last two years there has been improvement in the funded direct care hours. In areas, such as the use of antipsychotics significant progress was made a few years ago but has stalled in recent years, and in other areas such as the use of therapies there has not been much progress over the past five years.

Most significantly what the QFD provides is an objective, standardized statement for a variety of measures related to quality in B.C. long term care homes. To make meaningful improvements we need to identify systemic themes and measure progress. The QFD is providing the health authorities with the ability to achieve this and it is providing openness and transparency to the public which is the foundation needed for seniors and their loved ones to have confidence in their public long-term care system.

This directory requires all care homes to submit and review data and requires staff at the health authorities and the Ministry of Health to provide detailed data and calculations. Without their contribution of time the QFD would not be possible and we thank them all for efforts.

