



OPERATIONS WORKING GROUP MEETING NOTES

May 12th, 2010 - 1.30 pm - 4.30 pm - Century Plaza Hotel

The Operations Working Group (OWG) met on May 12th, 2010 at the Century Plaza Hotel (see attendees list below).

Introduction

Gwyn Symmons introduced the meeting agenda.

The minutes of the April 26th meeting were accepted.

Assessment Program Area

The definition of assessment in relation to PAFC was discussed and the differences between Assessment for Diagnosis and assessment for treatment planning (e.g. functional, behavioural and therapeutic assessments) were reviewed.

British Columbia Autism Assessment Network (BCAAN) is the provincial body responsible for Assessments for Diagnosis (ages 0 - 19). The BCAAN budget currently falls within the Operating budget for Sunny Hill Health Centre and BC Children's and Women's Hospital which is ultimately under the Provincial Health Services Authority (PHSA).

The possibility of BCAAN moving into PAFC was discussed and a number of issues were raised which would present challenges for this move.

BCAAN includes a service delivery model which enables regional and provincial planning, coordination and evaluation of clinical assessments and diagnostic services for children and youth under the age of nineteen years for a question of possible autism spectrum disorder. Within BCAAN, clinical service is provided by each Health Authority's Regional Service Team(s) and the RSTs are supported through BCAAN's Provincial Autism Resource Centre (PARC). The mandate for PARC is to ensure standardization clinical assessment/diagnosis in each of the health authorities; to provide education and training; research; network coordination; data management and liaise with other health/hospital and government agencies.

PARC is located at Sunny Hill Health Centre for Children and in addition to tertiary level assessments is the regional service team for Vancouver Coastal Health Region. BCAAN currently has 25-28 regional service teams throughout the province. The RST service delivery model includes fixed locations and traveling teams of clinicians particularly in the North.

The following points provide information and outline challenges that may result with moving PARC from Sunny Hill to PAFC.

- The operating budget for BCAAN does not contain any funding for infrastructure. For example, PARC pays no rent or utility costs at Sunny Hill. All infrastructure supports are provided.
- The impact on tertiary assessments which depend on other clinical expertise at Sunny Hill, for example hearing and vision.
- Clinicians who work in PARC/BCAAN also work within another program - Complex Developmental and Behavioural Conditions Program (CDBC). CDBC provides functional assessments for individuals (0-19) without a diagnosis of ASD. There is a separate assessment and eligibility criteria. CDBC is not part of BCAAN; it is a separate program, however, the majority of staff are shared across the 2 programs. This is true in the regions as well as at Sunny Hill.
- 3 unions are represented.
- The current understanding is that all services offered at Sunny Hill (including PARC/BCAAN and CDBC) will physically move to the Oak Street site upon completion of the new hospital. The current relationship between clinicians and physicians at the Oak Street site and the Sunny Hill site is a challenge due to physical distance. In addition, both hospitals are academic programs and have doctors doing various rotations.
- Only 12% of Vancouver Coastal Region Assessments are currently done at the Sunny Hill location.
- BCAAN completes a minimum of 1,100 referrals per year - of that approx. 55% overall receive a positive ASD diagnosis. The occurrence of a positive ASD diagnosis is approx. 65% in children under the age of 6 and 30% in children over the ages of 6 to 19.

Families are able to get private assessments for diagnosis outside of BCAAN. Families must pay privately for these assessments. In order for a child to qualify for the MCFD Autism Funding: Under 6 program, privately obtained assessments must adhere to the same provincial standards and guidelines that are used by BCAAN. However, there is no monitoring mechanism in place for non BCAAN assessments.

Four main gaps were identified in relation to Assessment:

1. Current referral rate to BCAAN exceeds funded capacity. There are a sufficient number of qualified clinicians to complete the number of assessments required but insufficient funding.
2. The services and course of action following an Assessment for Diagnosis (whether positive for ASD or not) is fragmented, difficult to navigate and there is an insufficient availability of services to meet needs of families after they are discharged from BCAAN services.
3. If a positive ASD diagnosis is received the availability of interventions is insufficient and quality and standards of services is not consistent.
4. There is no formal mechanism for diagnostic assessments for adults. These assessments are currently provided through privately funded assessments or through mental health services, if the person is in crisis. Access to behavioural (functional) assessments is currently available through services that CLBC has contracts with (for adults eligible for CLBC); however there is a gap in availability of multi-disciplinary health assessments, particularly mental health assessments. It was noted that adults with ASD have a higher occurrence of comorbid conditions, particularly mental health conditions. A lack of services that can address the variety and complexity of issues that adults with ASD have, including those who are not eligible for CLBC adult services, was noted.

It was suggested that rather than take on the role of providing Assessments for Diagnosis, since this is already provided through BCAAN and would be a duplication of services, the role for PAFC could be to address gaps 2 through 4 identified above. PAFC could play a coordinating role of creating and organizing treatment from multi-disciplinary clinician and physician teams that would come to PAFC to

provide secondary assessments after a diagnosis of ASD has been made. As envisioned, under this arrangement, team members would work from elsewhere (and be compensated through their own employer) and come to PAFC one day per week, for example.

It was estimated that each individual clinician/physician spends, at minimum, as much time organizing visits to other specialists or referrals, as direct face time with each patient.

It was noted that if it were decided to move PARC/BCAAN into the PAFC a business case would need to be made to and approved by the PHSA Executive and Ministry of Health Services Executive. Further information required on the extent of the need for assessments for diagnosis and gaps across the province would be needed.

It was noted that currently, there are a number of private agencies and clinicians doing Assessments for Diagnosis in addition to BCAAN. There is no source to reliably estimate the numbers of those with ASD (both under 19 and adults), as well as those with ASD and comorbid conditions.

Through data gathered by MCFD, there are currently 54,000 (0-19) registered under the Children and Youth with Special Needs in BC, of that number, MCFD provides services to approximately 30,000.

It was noted that if PAFC were to work with both children and adults in regards to assessment, separation and distinction of spaces would be critical.

Action - CitySpaces to refer the decision on moving forward with a business case for moving BCAAN (CBDC and PARC) into PAFC to the Building Committee. If approved to move forward, further research will be conducted on an inventory of current services, estimates of needs and extent of gaps.

Medical and Research Program Areas

Medical and treatment spaces should be set up with audio and visual connections for additional team members to observe and participate indirectly and facilitate research.

It was noted that the space currently allocated for research may be insufficient.

Consultation Plan

The format of the Consultation Plan was approved for recommendation to the Building Committee.

It was recommended to replace Abbotsford with Chilliwack and to add a location on the Sunshine Coast/Power River area.

The schedule for the Consultation Plan was discussed. It was noted that although it is preferable to avoid consultation in the summer months, delaying the consultation would have significant impacts on the progress of the PAFC planning. It was noted that participants in focus groups need to be given significant advance notice. There was no agreement on when to proceed for regional consultation.

There was agreement that the survey should be made available prior to the consultation sessions and should remain open for a long period.

Action - Cityspaces to recommend approval of the Consultation Plan and budget to the Building Committee.

Draft Operations Model Document

Gwyn Symmons presented the Draft Operations Model to the OWG. It was noted that this will be a living document and be developed as the project advances.

This was generally considered acceptable and will be recommended to the Building Committee.

NEXT MEETINGS

Next meetings are scheduled for:

- Wednesday, May 26th 1.30 - 4.30 pm - Topic: Treatment (Focus on U -19)
- Friday, June 11th 9.30 am- 12.00 pm - Topic: Learning Centre

Action: OWG was asked to submit to CitySpaces the names of individuals to attend the above meetings. CitySpaces to coordinate sending out invites.

PARTICIPANTS

Sergio Cocchia, Pacific Autism Centre Society
Suzanne Lewis, BC Children's Hospital
John Esson, Autism Society of BC
Karen Bopp, Ministry of Children and Family Development
Lynn Bruce, Community Living BC
Pat Mirenda, UBC
Karen Kalynchuk, BCAAN
Glen Davies, BC Psychological Association
Mary Connelly, BC Children's Hospital
Richele Shorter, Ministry of Health Services

Resources

Gwyn Symmons, CitySpaces Consulting
Garth Ramsey, NSDA Architects
Dana Hough, CitySpaces Consulting
Ian Brethour, Ministry of Housing and Social Development