



OPERATIONS WORKING GROUP MEETING NOTES **May 26th, 2010 - 1.30 pm - 4.30 pm - Century Plaza Hotel**

The Operations Working Group (OWG) met on May 26th, 2010 at the Century Plaza Hotel (see attendees list below).

Introduction

Gwyn Symmons introduced the meeting agenda.

The minutes of the May 12th meeting were accepted with two clarifications. Corrections will be made and notes re-circulated to the OWG.

Treatment Program Area

BC currently operates under a private service model for provision of treatment. Families receive funding which can be applied to treatment services (families have discretion for use of funding). The current funding available is (an ASD diagnosis is required):

- Under age 6 - Up to \$22,000 per year. Funds can only be applied to service providers on the RASP (Registry of Autism Service Providers). The RASP is administered by ACT (through MCFD contract) and qualifications are established by MCFD.
- Ages 6-18 - up to \$6,000 per year on eligible out-of-school services (established by MCFD).
 - Ages 5-19 also receive funding through Ministry of Education. School boards receive a basic allocation for every full-time equivalent student reported to the Ministry. In 2010/11, the basic allocation will be \$6,740. Supplementary Funding is provided to boards in the amount of \$18,300 (up from \$16,000 in previous year) for each student with ASD reported by the board. Funds are not child specific and it is at the discretion of the board on how funds are used.
 - Ministry of Education has two programs under development that may impact children with special needs.
 1. A full day kindergarten program is being phased-in over a two year period beginning with partial implementation in 2010/11. In 2011/12, every Kindergarten student will be enrolled for the full day, and all eligible Kindergarten student will be funded as 1.0 FTE.
 2. A possible pre-kindergarten project that is being developed with teachers and ECE's (Early Childhood Educators) which will focus on play and social activity. The project will focus on ages 3-4 and is in the early stages of development. Thus far, staff in the Early Learning Branch have developed the British Columbia Early Learning Framework and two resources documents: *Understanding the British Columbia Early Learning*

Framework: From Theory to Practice which provides ideas and suggestions to guide early learning practitioners for reflecting on the vision, principles and learning goals set out in the Framework. It also provides specific tools for using the Framework in your practice, and *Making Linkages*, a resource created to enhance and identify the connections that extend from the *British Columbia Early Learning Framework* to the *Primary Program: A Framework for Teaching*.

There are no existing contracts for providing treatment services in BC. Families could use funds from the \$22,000 per year funding to access services available at PAFC.

The treatment program specific to PAFC was discussed and four main principals were identified from previous Advisory Council meetings:

1. Treatment services must be based on best practice, evidence based research.
2. PAFC would help to build capacity for service providers through new learning and training opportunities (model programs and “train the trainer” programs).
3. Assist lower income families to access treatment services - Through the PACS Foundation, low-income families would be funded partially or wholly to access treatment services at PAFC or through their spoke centre.
4. Encourage and cultivate interdisciplinary collaboration - PAFC would be a place where professionals from all disciplines would work together and would provide learning opportunities for students.

Treatment Services

It was noted the treatment needs for different age groups was very different.

Under 6

The possibility of a model preschool was discussed. A number of points were discussed:

- A model preschool would need to be a “real” preschool and include all kids.
- A linkage from the preschool at PAFC to entering the school system would need be in place.
- The objective of the preschool would be the training of service providers, the preschool would be a secondary benefit. It was noted that the current lack of integrated preschools is because there is not enough support for training ECE’s etc to work in these types of situations.

Ages 6 - 19

Once children have entered the school system, they have access to resource teachers, speech language pathologists, occupational therapists, physiotherapists, teaching assistants (dependent on each School District’s local needs and priorities) and teachers have access to services offered through POPARD.

POPARD currently employs 18 consultants sharing 10 FTE positions, located around the province. POPARD offers a variety of services including working 1 on 1 with teachers, providing consultations, offering formalized online training programs. Service availability relies on district referral process. Last year POPARD staff worked with approx. 1480 kids. The program struggles to meet the demand for their services.

POPARD head office is located in Delta, BC by order of the Minister. All staff are Delta employees and the Delta School District provides rent and other administrative cost as in kind services.

A new initiative by SSEAC (Support Staff Education Adjustment Committee is a joint committee between staff unions and the bargaining agent for the school districts) is under development. There is a

3 million dollar fund to support skills enhancement for school district CUPE staff who work with children. The funds must be for training (through SSEAC) within the 18 next months.

Nine different ministries have signed onto the Youth Transition Protocol which identifies children by age 14 to look at formal and informal supports to transition into adulthood.

It was noted that services for this age group were lacking, specifically for:

- developing social skills outside of school
- peer development programs
- sexual health & gender issues
- mental health
- transitional planning into adulthood
- employment support for teens

Any treatment services outside of school must be paid for by families (can apply \$6,000 per year from MCFD to any eligible services).

Adults

- CLBC currently provides community inclusion supports, including employment support, and home living/residential supports to eligible adults, specifically providing support to the individual in their home community. CLBC operates a Customized Employment Initiative which is focused on working with businesses to identify suitable positions and to create positions where possible. The majority of CLBC funded services are provided through contracted service providers selected through a very rigorous procurement process.
- Eligibility for CLBC: i) adults with developmental disabilities and ii) adults who have significant impairment in adaptive functioning and either diagnosis of FASD or ASD.
- CLBC & MCFD are both signatories to the Youth Transition Protocol (9 government organizations signed off on) that was implemented in late 2009 to address adulthood transition needs of all youth with special needs. A synergy could be explored between PAFC, MCFD and CLBC if PAFC were to offer employment supports for teens, in order to support their transition to adulthood.
- The service model used by CLBC - supporting individuals in their community - could also compliment the “hub and spoke” concept by working with the PAFC spoke centres.

Other

A possible model program was suggested that would target families in isolated communities and bring them to the Centre to participate in week long intensive programs.

Issues and Gaps

A number of gaps in terms of the types of treatment services available in BC were discussed:

- Parent training/coaching - Information and training for parents to allow them to take a more proactive role in interventions for their child, build their confidence and to allow them to better advocate for services in their home community.
- ESL families - Some components in the Assessment for Diagnosis tool used by BCAAN are culturally based. There has been no research done on the implications of this for ESL families.

- Bridging the gap between diagnosis and intervention. It was noted that diagnosticians are not necessarily knowledgeable in available intervention therapies and that an opportunity for training or collaboration between professionals through PAFC was a possibility. However, it was also noted that under the current situation, BCAAN is meant to be seen at an arms length and to not be recommending or advocating for one intervention over another.
- Training to practitioners who don't specialize in Autism. Teachers can access POPARD (Provincial Outreach Program for Autism and Related Disorders funded through the Ministry of Education) but there is no specific training available for those working with ages 3-6. It was noted that POPARD is a great resource that may not be used to its full potential. In addition, service providers outside of the teaching profession may not be aware of the training and information available through POPARD.
- Services for school aged children that focus on life skills outside of the classroom, including developing social skills, peer development programs, counselling on sexual health & gender issues, mental health services, transitional planning and teen employment support.
- Support services, including preventative intervention, for kids (and their families) who are violent and/or threatening.

A number of issues were discussed in relation to the administering of treatment services in PAFC.

- Who would be providing these services? There is no existing agency or non-profit that is currently doing work similar work.
- How would the service provider be engaged? Would this be an RFP process? If so, a number of key components were discussed:
 - Who would monitor that services are best practice, evidence based services?
 - Governance and the evaluation process would need to be clearly defined and a process for renewing or discharging services established. If a program was very successful and popular with families, yet the research results were not positive, how would this be dealt with?
 - Would a time limit be imposed for service contracts in the building? Would this be treatment program specific or building wide? What would be a reasonable amount of time? Three years? Five years?
 - Would an organization have to leave after a certain amount of time or would they have to reapply for the contract?
- Are model programs in the Centre meant to be replicated? It was seen as important to avoid creating a feeling that services could only be done at the Centre.
- If PAFC is a training facility, would services be part or contribute to a credential system? If so, who would this be done through? Once individuals are trained in a specific skill or method and they go out into their community of practice, who would monitor that the services they are practicing are consistent with the training received at PAFC?
- Concern regarding PAFC turning into a Centre that contained only independent private service providers was expressed.

Another alternative discussed was that PAFC/PACS could run this program area. This alternative has pros) e.g. ability to provide best practice intervention that evolves with changes in research) and cons (e.g. issues with self-evaluation and monitoring).

Space

The current space allocation for this areas is approximately 6,000 sf

If a model pre-school was considered, the space required for this function would be approx. 2500 - 3000 sf.

It was noted that the amount of space and configuration is dependent on the type of treatment being offered. The square footage amount should be held as a place holder at this time.

NEXT MEETINGS

Next meeting is scheduled for:

- 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
 Karen Bopp, Ministry of Children and Family Development
 Lynn Bruce, Community Living BC
 Pat Mirenda, UBC
 Karen Kalynchuk, BCAAN
 Deborah Pugh, ACT
 Richele Shorter, Ministry of Health Services (phone)
 Bill Standeve, Ministry of Education (phone)
 TJ Glahn, The Children's Foundation
 Cara Zazkow, Capilano University
 Richard, Capilano University
 Lori Woods, Douglas College

Suzanne Lewis, BC Children's Hospital (regrets)
 John Esson, Autism Society of BC (regrets)
 Glen Davies, BC Psychological Association (regrets)
 Tamara Kulusic, CLBC (regrets)
 Michael Lewis, Autism Society of BC (regrets)
 Louise Witt, FEAT (regrets)
 Barb Fitzsimmons, BC Children's & Sunny Hill (regrets)
 Grace Iarocci, SFU (regrets)
 Mary Ann Fulks, Occupational Therapist (regrets)

Resources

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

PAFC Operational Plan Worksheet		Treatment
Program Area		
1	Description of Program Area	<p>Four main principles identified:</p> <ul style="list-style-type: none"> ♦ Best practice, evidence based treatment services ♦ Build capacity for professionals and practitioners across the Province ♦ Assist low-income families access treatment services ♦ Encourage interdisciplinary collaboration
	<i>Rational</i>	♦ Essential function to meet the mandate of the PAFC
	<i>Target Groups</i>	♦ All families, individuals, service providers and practioners, professionals, and researchers across the lifespan.
2	Existing Services	♦ All treatment services in province are only available through private service models.
	<i>Gaps</i>	<p>Gaps identified include:</p> <ul style="list-style-type: none"> ♦ Parent training/coaching ♦ Services tailored to ESL families ♦ Gap between daignosis and intervention ♦ Training for practitioners not specializing in Autism (or Education) ♦ Preventative Intervention for violent/threatening kids with ASD
	<i>Regional Gaps</i>	♦ Assumed to be greater difficulty in accessing treatment services outside of Lower Mainland
3	Program Components & Delivery	
	<i>Issues & Opportunities</i>	<ul style="list-style-type: none"> ♦ Governance and monitoring for the Treatment Centre would be critical ♦ PAFC would be major service improvement.
	<i>Potential Partnerships</i>	<ul style="list-style-type: none"> ♦ POPARD ♦ Ministry of Education ♦ Douglas College, Capilano University ♦ PAFC ♦ CLBC ♦ Private Clinic and/or clinicians
4	Administration	<ul style="list-style-type: none"> ♦ Likely through agency providing service ♦ Selection process could be through an RFP Process
5	Human Resources	
	<i>Employees/Contractors</i>	♦ Employees of agency providing service
	<i>FTE</i>	♦ Unknown at this time
6	Space Requirements	♦ Unknown at this time
	<i>Tenure</i>	♦ Lease
7	Critical Success Factors	
	<i>Impact on stakeholders</i>	<ul style="list-style-type: none"> ♦ Improved services for recipients. ♦ Potential for new model programs and new services to be offered that are not currently available
8	Funding	
	<i>Needed?</i>	<ul style="list-style-type: none"> ♦ Low-income families would likley need financial support to access treatment services a PAFC. ♦ No existing service contract.
	<i>Existing?</i>	<ul style="list-style-type: none"> ♦ Families receive \$22,000 per year (up to age 6) and \$6,000 per year (Ages 6-18) from MCFD to apply towards treatment services. ♦ Families responsible to fund any treatment services not covered by MCFD funding ♦ Additional funding for children with ASD through school system - untargetted funding and available services depends on school board.
9	Risk Assessment	