



## Meeting Minutes - Meeting 7

### Northern Capacity Building Advisory Committee Algoma District

January 12, 2021

**Location: Zoom Meeting**

**Present :** Sherry Fournier, CCR (Chair)  
Kathy Sutherland, (Co-Chair)  
Karen Kennedy, NOG  
Lisa Henderson, THRIVE  
Nicole Keating, CSPGNO  
Kerry Maisels, BCBA  
Carolyn Nadeau, ADSB  
Nathalie Poitras (Recorder)

Item	
<b>1.0</b>	<b>Welcome</b>
	The meeting was called to order at 5:35 pm by Kathy Sutherland.
<b>2.0</b>	<b>Approval of Agenda for January 12, 2021 and approval of Minutes for October 27, 2020</b>
	The Agenda was approved by all members present as well as the minutes dated October 27, 2020.
<b>3.0</b>	<b>Updates - CCR</b>
	<ul style="list-style-type: none"><li>• MCCSS released the Call for Applications for the Independent Intake Organization (IIO). Applications are due February 26, 2021. MCCSS expects the IIO to commence operating in April 2021.</li><li>• MCCSS released the Call for Applications for Caregiver Mediated Early Years Programs. Applications are due January 29, 2021.</li><li>• Entry to School Services Call for Application anticipated to be distributed March 2021.</li><li>• Urgent Response Services Call for Application anticipated to be distributed January 2021.</li><li>• Core Services include applied behavior analysis, speech and language pathology, occupational therapy and mental health services.</li><li>• Care Coordinators will support families throughout their service journey by providing orientation to the program, service planning and navigation, and help with managing transitions.</li></ul>

3.0	<b>Updates – CCR (cont'd)</b>
	<ul style="list-style-type: none"> <li>Foundational Family Services will be available next year however we do not yet have information about the amount of funding or who will receive the funding.</li> </ul> <p><b>All items listed above can be found on the Ontario government website :</b>  <a href="https://www.ontario.ca/page/autism-ontario">https://www.ontario.ca/page/autism-ontario</a></p> <ul style="list-style-type: none"> <li>MCCSS News Release January 10, 2021 – Ontario Provides Funding for Autism Training. MCCSS is providing \$7.5 million to help educators better support children with Autism Spectrum Disorder. The funding will be used to deliver online course and training opportunities for teachers and educational assistants in all 72 of Ontario's district school boards. The training program will be delivered by the Geneva Centre for Autism. (Appendix A)  <a href="https://news.ontario.ca/en/release/59909/ontario-provides-funding-for-autism-training">https://news.ontario.ca/en/release/59909/ontario-provides-funding-for-autism-training</a></li> <li>CCR has yet to receive information regarding the OAP funding allocations for April 2021-2022. As each component of the new OAP is implemented it is anticipated that this will be the official transition year. As the new OAP begins to take form CCR's role will continue to reduce.</li> </ul>
4.0	<b>Progress Updates – District and Regional Goals</b>
	<ul style="list-style-type: none"> <li>The Data Collection &amp; Progress Updates for January 2021 was reviewed by the group. (see Appendix B).</li> <li>Lisa, provided an overview of the work to date and shared that the goal is advancing well. A survey was sent to throughout the district to gather information from families about their specific needs; THRIVE obtained great results. The response from rural parts of the district was low but THRIVE will work with community partners to reach more families. Lisa will send to Sherry a brief summary of the funds spent to date but also shared that the full allocation will not be utilized before March 31, 2021. Lisa invited the group to continue to share ideas and feedback as it has been helpful to inform the development and implementation of the goal.</li> <li>Sherry provided an overview of the funding utilized to date. Suggestions to utilize the remaining funds this fiscal and opportunities for next were shared with the committee for consideration.</li> <li>CCR has not yet been officially informed by MCCSS about the funding allocation for next year however it was recommended we plan so we are prepared.</li> </ul>

<b>5.0</b>	<b>Next Steps</b>
	The committee will be contacted as soon as the Ministry confirms the funding allocation for the next fiscal. Committee members may be contacted to meet prior to the next scheduled meeting if decisions need to be made quickly. A meeting with committee chairs may also occur to discuss plans beyond March 31, 2021.
<b>6.0</b>	<b>Adjournment</b>
	The meeting was adjourned at 6:15pm
<b>7.0</b>	<b>Committee Action Items</b>
	<b>Members are asked to provide the following by the next meeting February 23; please send your comments to <a href="mailto:npoitras@ccrconnect.ca">npoitras@ccrconnect.ca</a> :</b>
	<ul style="list-style-type: none"> <li>• Minutes review and provide feedback prior to February 23, 2021</li> </ul>

*News Release***Ontario Provides Funding for Autism Training**

January 10, 2021

***Program will help educators better support students on the Autism Spectrum***

TORONTO - The Ontario government is providing \$7.5 million to help educators better support children with Autism Spectrum Disorder. The funding will be used to deliver online courses and training opportunities for teachers and educational assistants in all 72 of Ontario's district school boards. The training program will be delivered by the Geneva Centre for Autism.

"This investment underscores our commitment to improving the learning experience for students with Autism Spectrum Disorder," said Minister Lecce. "We recognize the difficulty this pandemic has imposed on parents. That is why we are enhancing this investment to further train our education staff to better support students on the autism spectrum and to foster a culture of respect, inclusion and opportunity in our schools."

The training provided through the Geneva Centre for Autism will increase the understanding of Autism Spectrum Disorder and Applied Behavioural Analysis (ABA) methods and approaches amongst educators. As students on the autism spectrum may have complex needs, this specialized training will help educators to support the educational, social, communication, and behavioural outcomes of those students. The training program will begin in 2021.

"The Sonderly autism training program, allows educators to apply evidence-based techniques to classroom settings, helping students with autism to succeed in their academic year," said Andrew Davis, Director - Sonderly, Geneva Centre for Autism.

"Our government is building a brand new Ontario Autism Program that offers a range of services aligned and coordinated with our education and health systems," said Todd Smith, Minister of Children, Community and Social Services. "The Geneva Centre for Autism will assist educators in better understanding and responding to the individual needs of children and youth on the autism spectrum."

Since 2005, Ontario has invested in Geneva Centre for Autism to implement a wide range of programs and training opportunities for educators. This includes training school board staff and schools teams to support implementation of ABA-based methods in classrooms and training over 10,000 Educational Assistants.

In addition to online training, Ontario is investing in subsidies for educators to take the ASD-specific Additional Qualification course, and funding to build the capacity of school leaders to support students on the autism spectrum. In 2019-20, the Ontario government significantly increased investments to support students with ASD, with funding in 2020-21 directed towards increasing behaviour expertise and student supports in schools; funding to promote professional learning for educators; and funding to support after-school skills development programs.

Stephen Lecce, Minister of Education, was joined on Friday by Todd Smith, Minister of Children, Community and Social Services, Amy Fee, MPP for Kitchener South-Hespeler and Parliamentary Assistant to the Minister of Children, Community and Social Services (Children and Autism), Jeremy Roberts, MPP for Ottawa West-Nepean and Parliamentary Assistant for the Minister of Children, Community and Social Services (Community and Social Services) and Robin Martin, MPP for Eglinton Lawrence and Parliamentary Assistant to the Minister of Health to virtually share this news with the Geneva Centre.

## **QUICK FACTS**

- More than 24,700 students identified as being on the autism spectrum are currently enrolled in the publicly funded school system, as reported by school boards in 2018-2019.
- Autism Spectrum Disorder is the fastest growing exceptionality in Ontario's publicly funded school system, growing by 111 per cent over the past decade.
- ABA therapy helps people on the autism spectrum develop new life skills, communications skills and social skills.
- In 2020-21, the ministry is providing approximately \$31.1 million in funding to school boards for the Behaviour Expertise Amount. This provides funding to hire professional staff at the board level who have expertise in ABA, as well as offer training opportunities to build school board capacity in ABA.

## ADDITIONAL RESOURCES

- [Supporting Students on the autism spectrum](#)
- [Geneva Centre for Autism](#)

## CONTACTS

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The following information has been collated to provide the Northern Capacity Building Advisory Committees with updates relevant to each of the opportunities and goals developed to support capacity building across the North Region. The information included in this report is not intended to be exhaustive, as it is anticipated that additional data will be made available as the project progresses.

The information below is gathered and reported upon as per the *Progress Monitoring and Evaluation Matrix* included in the Northern Capacity Building Project overview.

### Regional Opportunities (1)

To enhance capacity and knowledge of Autism Spectrum Disorder and available service options within a First Nations Community.

#### Updates

Nishnawbe Aski Nation advised they could not take on the funding due to time limitations (i.e. funding to be used by March 31<sup>st</sup>, 2021).

Metric	Updates
First Nations' Participant Feedback Survey collects feedback from community Elders and caregivers (collected by facilitators), indicates enhanced knowledge and access to resources within the First Nations' Community	TBD - Community (Survey(s) to be developed in collaboration with Nishnawbe Aski Nation based on intended outcomes of training – once selected).

### Regional Opportunities (2)

To work with the Minister of Children Community and Social Services (Todd Smith), the Minister of Colleges, Training and Universities (Ross Romano), and representatives from northern colleges and universities to develop a northern strategy to attract new professionals and support existing professionals in the field.

To engage academic institutions throughout the province to inform the strategy, partner and mentor where possible.

#### Updates

No activity – Correspondence has been sent to the Ministry however no response has been received to date.

Metric	Updates
Progress towards achievement of individual activities and timelines is tracked regularly using the Goal Tracking Worksheet.	TBD
Commitment from the Ministry to re-establish the Northern Grant for Professionals.	TBD – Anecdotal
Commitment from one college and/or one university to develop/deliver curriculum.	TBD – Anecdotal

Regional Opportunities (3)

To increase accessibility to Autism services in rural or remote communities.

Updates

A total of \$130,000 is available to support providers with the following travel-related costs:

- Mileage (at \$0.54/km) – minimum of 50 km return trip
- Travel expenses such as:
  - o Car rental
  - o Fuel costs (if renting a vehicle)
  - o Airfare (e.g. for fly-in communities)
- Accommodations
- Meals (maximum of \$60/day)
- Staffing costs for travel only (i.e. costs associated with the time the staff is travelling to / from the rural community)

Metric	Updates
Remote Communities Access Funds, Data Collection and Reporting Template captures evidence to support enhanced capacity in rural or remote communities, such as:	
Number of ‘new’ children, youth, or families served	Creative Therapy Associates – 5 Ignite Behaviour Consulting – 2  <b>Total: 7</b>
Number of direct/indirect hours of service delivery	Creative Therapy Associates – 4 Ignite Behaviour Consulting – 93  <b>Total: 97</b>
Cost to deliver service in rural or remote community	Creative Therapy Associates – \$362.55 (1 trip) Ignite Behaviour Consulting - \$6,935 (3 trips)  <b>Total: \$7,300.55</b> (\$122,699.45 remaining)
Describe the barriers and successes associated with travelling to remote / rural communities	<ul style="list-style-type: none"><li>- Inclement weather and poor travel conditions in Northern communities results in cancellations and rescheduling</li><li>- Staff time required to travel to remote communities has a significant impact on human resource capacity resulting in difficulty managing case loads</li><li>- High costs associated with travel to communities – may not be sustainable post-grant</li><li>- Accessibility to staff who have the skills required to work independently and willing to travel</li></ul>

Regional Opportunities (4)

To establish a formal strategy to support families in the area of navigation / coordination, access to diagnostic assessments, and to create a formal linkage to connect families to parent advocates and mentors.

Updates

Please see roundtable notes.

Metric	Updates
Families report they are adequately supported in making informed decisions regarding Foundational Family Services for their child, youth, or family.	Foundational Family Feedback survey is sent to all families registered for foundational services. Feedback to date is positive, with 100% of respondents (n=18) indicating they are satisfied with the support received from the Regional Family Service Coordinator. Additionally, anecdotal feedback references families' appreciation for support with selecting appropriate services.
The Regional Family Service Coordinator will track calls and contacts to assess demand for services associated with role.	Please see Foundational Family Feedback Survey Report.  Types of contacts from families (multiple topics may be discussed on same call):  System Navigation (Diagnostic Hub, OAP): <b>23</b> Foundational Services: <b>372</b> Linkages with parent advocates: <b>61</b> (AO, Coordination, other services) Consultative Support: <b>206</b> Request for case coordination: <b>16</b>
The Regional Family Service Coordinator tracks the number of referrals to service providers from families requesting a 1-hour consult.	Total number of individual families who have expressed a need to speak with a clinician for a consultation due to multiple complex needs or a gap since the previous assessment: <b>10</b>
Referrals to relevant services or community partners indicate the Regional Family Service Coordinator has supported families with system navigation.	See above:  Requests for Case Coordination: <b>16</b> System Navigation: <b>23</b>

Regional Opportunities (5)

To work in collaboration with advisory committee members, specifically parents that are currently experiencing the lack of services and supports for their youth; and to work in collaboration with regional and provincial providers to explore service options and supports that are available to address this need.

Updates

Please see roundtable notes (Appendix C).

Since the last report, additional services have been added to the Foundational Family Service offerings, to address the need for support groups for families whose child has received a new diagnosis of ASD as a youth or teen, and for newly diagnosed youth and teens to learn about ASD and cope with the new diagnosis.

Metric	Updates <i>*note – only programs with registrations shown below</i>
Foundational Family Services data collection indicates attendance from youth.	<b>108</b> registrations to date for services tailored to youth age group:  1. Anxiety in Children and Youth with ASD: 7 2. Anxiety Workshop for Caregivers: 12 3. ASD & Me for Teens with a Diagnosis: 2 4. Become A Social Superhero: 1 5. Brief Consultations for youth: 2 6. Building Resilience in Children and Youth with ASD: 5 7. Conversation Cues - Model Me Kids® - For teens aged 12 – 17: 10 8. Daily Living Skills Workshop: 4 9. Enhancing Independent Behaviours: 7 10. Job P.R.E.P.: 6 11. Life Transitions and Autism Spectrum Disorder: 7 12. Mental Health 101 for Adolescents on the Spectrum: 5 13. Mental Health Clinics for Youth with ASD: 5 14. Mindfulness Group for Adolescents: 1 15. Puberty Series: Live Virtual Sessions: Boys and Girls: 4 16. Supporting Youth with Aggressive Behaviour: 10 17. Supporting Youth with Anxiety: 8 18. Supporting Youth with ASD: Sexual Health and Wellness: 4 19. Technology Based Social Skills Group: 5 20. Vocational Training: 3
Number of hours of service.	TBD – Data collection to commence following completion of services.
Feedback from families and youth indicates they are satisfied with the services they have received.	Please see Foundational Family Feedback Survey Report (Appendix B).
Feedback from mental health training attendees, indicates enhanced capacity and knowledge related to mental health system navigation.	TBD – Survey to be developed once specialty clinics selected.

Regional Opportunities (6)

To enhance the capacity of parents and caregivers in the North Region, to better support their child or youth’s development and manage behaviours, as parents and caregivers are better equipped to address the needs of their child or youth.

Updates

CCR is actively collection both a waitlist for past or full sessions, as well as feedback from families on services that were not available as part of Foundational Family Services. This information is being used to determine interest in future sessions, as well as to offer additional, new services to families.

Metric	Updates
Foundational Family Services are available and delivered to families throughout the region	16 providers across the North Region delivering 125 unique Foundational Family Services until March 31 <sup>st</sup> , 2021.
Number of youth and families served.	211 unique families have registered for 559 sessions.
Number of hours.	TBD – Data collection to commence following completion of services.
Feedback from mental health training attendees, indicates enhanced capacity and knowledge related to mental health system navigation.	TBD – Survey to be developed once specialty clinics selected.
Feedback from families as indicated on Foundational Family Services Feedback Survey indicates they are satisfied with the services they have received, and that they have increased capacity to support their child or youth due to services received	Please see Foundational Family Feedback Survey Report (Appendix B).

Thunder Bay and Sudbury-Manitoulin District Opportunity

To provide Capacity Building Grants to providers within the Thunder Bay and Sudbury-Manitoulin Districts, to enhance professional capacity and serve more children, youth and families with Autism Spectrum Disorder.

Updates

Capacity-Building grants have been approved for the following providers:

- Creative Therapy Associates (\$70,800)
- Ignite Behaviour Consulting (\$57,739.66)
- Roots and Wings (\$30,000)
- Behaviour Analysis North (\$30,000)
- S. Grenier Consulting (\$57,510)

Metric	Updates
Capacity Building Grant Data Collection and Reporting Template captures evidence to support enhanced capacity, such as:	
Number of newly trained staff	Creative Therapy Associates – 3 staff Ignite Behaviour Consulting – 3 staff (1 ‘district’ + 1 BCBA initial coursework) Behaviour Analysis North – 2 staff S. Grenier Consulting – 2 staff
Number of direct training hours	Creative Therapy Associates – 254.5 hours Ignite Behaviour Consulting – TBD Behaviour Analysis North – 80 hours S. Grenier Consulting – 188 to 288
Number of ‘new’ children, youth, or families served	Creative Therapy Associates – 9 children Ignite Behaviour Consulting – multiple children (TBD) Behaviour Analysis North – 3 children Roots and Wings – 6 to 10 children S. Grenier Consulting – 2 to 6 children
Number of direct/indirect hours of service delivery	Creative Therapy Associates – 750 hours Ignite Behaviour Consulting – 360 hours Behaviour Analysis North – 546 hours Roots and Wings – 550 hours S. Grenier Consulting – 2 to 20 hours per week, per family
Number of hours of supervision	Creative Therapy Associates – 113 hours Behaviour Analysis North – 26.45 hours Roots and Wings – 145 hours S. Grenier Consulting – 124 to 224 hours

**Kenora-Rainy River District Opportunity**

To establish a formal strategy to enhance the existing respite program at a local service provider and to support the recruitment, training, deployment, and retention of respite workers. Special attention will be dedicated to supporting families in rural and remote areas.

Updates

A purchase of service agreement was formed with FIREFLY, which outlines the responsibilities and data collection requirements associated with this goal and funding (\$130,000). (Appendix D)

Metric	Updates
Needs assessment conducted to identify key areas of improvement for Respite Services.	Joel provided a link to the survey as a reference: <a href="https://bit.ly/3p6myj1">https://bit.ly/3p6myj1</a>
Plan of Action to address key areas of improvement.	TBD
Evidence to support enhancement of recruitment model (e.g. use of social networks).	TBD
Type, description and implementation plan for free, quality training opportunities, and subsequent number of trainings provided, individuals trained, and overall satisfaction of training.	TBD - Survey to be developed / distributed based on intended outcomes of training – once identified / selected.
Strategy implemented to address service gaps in remote or rural communities and subsequent number of additional families served due to strategy.	TBD
Evidence to support enhancement of virtual respite services.	TBD
Strategy design and implementation plan to support future professional development opportunities.	TBD

Algoma District Opportunity

To enhance and support system-wide capacity of providers in the Algoma District to support children, youth, and families with Autism Spectrum Disorder. **Strategy to be piloted with Respite Services prior to broader system-wide capacity building.**

Updates

A purchase of service agreement was formed with THRIVE Child Development Centre, which outlines the responsibilities and data collection requirements associated with this goal and funding (\$130,000).

Metric	Updates
Needs assessment conducted to identify key areas of improvement for Respite Services.	Complete – survey distributed; responses received from 32 families. (Appendix E)
Plan of Action to address key areas of improvement.	Complete – plan of action created based on needs assessment (Appendix F).
Evidence to support enhancement of recruitment model (e.g. use of social networks).	TBD
Type, description and implementation plan for free, quality training opportunities, and subsequent number of trainings provided, individuals trained, and overall satisfaction of training.	TBD - Survey to be developed / distributed based on intended outcomes of training – once identified / selected.
Strategy implemented to address service gaps in remote or rural communities and subsequent number of additional families served due to strategy.	TBD
Evidence to support enhancement of virtual respite services.	TBD
Strategy design and implementation plan to support future professional development opportunities.	TBD



## **Lack of pre- and post-diagnosis support**

Round Table Discussion – December 2, 2020

### **Regional Opportunity 4**

Lack of pre- and post-diagnosis support, including the need to improve navigation and coordination supports, develop formal connections between parent advocate groups, mentors, and Ontario Autism Programs (i.e. Foundational Family Services, Northern Collaborative, organizations).

### **Participants**

Kathy Sutherland, parent, Algoma District  
Fallon Cody, parent, Kenora Rainy River District  
Patty Haynes, parent, Thunder Bay District  
Alina Cameron, parent, Thunder Bay District  
Danielle Pannanen, parent, Thunder Bay District  
Michelle Bascom, Sudbury District  
Sheelagh Reid, Kenora Rainy River District  
Liz Hizahti, Thunder Bay District  
Marcia Morgan, CCR Regional Family Service Coordinator  
Kim Einarson, CCR Support Services  
Sherry Fournier, CCR

### **Progress Update**

Sherry provided a brief update regarding the work to date in relation to **3 key areas** listed in the opportunity.

#### **1. Lack of pre- and post-diagnosis support**

CCR introduced Kim Einarson, Support Services Supervisor who works in collaboration with Marcia Morgan, Regional Family Service Coordinator, to support families with access to Diagnostic Assessments and Early Intervention Services (i.e. Pivotal Response Training (PRT)).

CCR is the Diagnostic Hub for the North and North East Regions of the Province. CCR works in collaboration with 6 service providers and multiple private providers to complete assessments. Each community in the north has developed referral and service pathways to access a diagnostic assessment. This year families identified a gap in Thunder Bay, specifically, there is no referral pathway due to changes in the local system. CCR has agreed to fill this gap in the interim. Families are invited to reach out to the Regional Family Service Coordinator if they need a diagnostic assessment, who will connect the Support Services Supervisor to the family. Currently the Support Services Supervisor is supporting 7 families in Thunder Bay currently seeking a diagnostic assessment.

In addition to coordinating diagnostic assessments, the Support Services Supervisor also supports the PRT Team. PRT is available to all children under the age of 48 months. The Support Services Supervisor ensures that families receiving a diagnosis are enrolled in PRT. She also works closely with the PRT therapists and partner agencies to ensure every family that is eligible has access to this service.

The Diagnostic Hub was funded to complete 156 assessments. In addition, CCR advocated for additional funding providing opportunity to complete an additional 165 assessments (for a total of 321 assessments in the 2019/2020 fiscal year). All assessments are underway. Although the additional funds almost eliminated the waiting list at April 2020, referrals continue to arrive on a daily basis.

CCR is working with community partners throughout the region and province to improve the diagnostic process. Training opportunities for physicians and community partners will be available in the new year. CCR will continue to fill the gaps in communities until local processes are in place.

## **2. Improve navigation and access to services**

Since the introduction of the Regional Family Service Coordinator, families have access to a skilled professional to respond to questions, connect to local service providers, and support families in selecting the most appropriate Family Foundational Service offered through the Northern Collaborative.

The Regional Family Service Coordinator responds to families within 24 hours of initial contact (via phone, email or the new chat function on CCR's enhanced website). The Regional Family Service Coordinator supports multiple families daily, and has established relationships with Autism Ontario and service providers throughout the region.

In addition to providing these supports the Regional Family Service Coordinator can also offer a one-hour clinical consultation to families if required. Families are invited to select a provider of their choice and CCR will cover the cost.

The role does not include service coordination or case management however it does support the family in connecting to these roles within their local community.

Families and professionals are encouraged to contact the Regional Family Service Coordinator should they have any questions. The Coordinator will ensure that if the question is not a part of the role, the family will be connected to the appropriate resource.

Data is collected on a weekly basis to capture the types of requests, feedback and gaps expressed by families. CCR utilizes the data to improve processes, adjust service offerings and share feedback with Northern Collaborative members and partner organizations to improve the family experience.

### **3. Develop formal connections between parent advocate groups, mentors and Ontario Autism Programs (Foundational Family Services, Northern Collaborative, organizations)**

The introduction of the Capacity Building Advisory Committees and the family feedback surveys have provided critical information.

Establishing a formal connection with parent advocacy groups and mentors will significantly enhance the role of the Regional Family Service Coordinator, the Support Services Supervisor and the overall system.

CCR will continue to work closely with Autism Ontario to ensure all resources and opportunities are maximized.

This item in particular is the focus of the round table discussion with the goal of initiating work in January.

#### **Round Table Discussion Questions**

Are we missing anything?

What are the next appropriate steps to develop a formal relationship?

Is there interest in accessing formal training options for parents interested in becoming a mentor?

#### **Discussion**

- The group confirmed there is interest in training. Michelle Bascom shared a training opportunity SAAAC CARES Caregiver Support Program offered by Autism Ontario, on a quarterly basis. Danielle completed this training and highly recommended it. The group agreed that it would be beneficial to continue to promote this training. As this training is already available and free of charge, the group agreed that there is no need to seek other training opportunities at this time.
- The group is interested in developing a formal strategy to connect mentors and professionals. All parents participating in the discussion have expressed interest. The group agreed that 2 to 3 parent mentors/advocates per district would be a good start. In January, Marcia and Kim will schedule the first meeting. The goal is to meet every second month. The purpose of the meetings is to discuss how things are going, what is working well, what is not, identify gaps, etc.
- The members of this group will be available to Kim and Marcia. This will ensure that families are receiving support from professionals but are also connecting them to parent mentors and advocacy groups.
- Suggestions were also put forward to improve access to diagnostic services – annual training for early years' professionals (RITA-T, etc.), training and support for physicians and nurse practitioners, ongoing commitment to long-term capacity building related to diagnostic services.

## Next Steps

- Kim and Marcia will work with Patty, Alina, Kathy, Fallon, and Danielle to recruit additional members (the goal is 3 parents per area)
- The first meeting will take place in January (date to be determined)
- Parents are encouraged to register for the SAAAC CARES Caregiver Support Training (see flyer attached)
- Michelle and her team will continue to work closely with Marcia and Kim to ensure we are maximizing all resources
- Following the January meeting Marcia and Kim will host a service provider meeting for the north region, invitations will go out to organizations that employ service coordinators, navigators, case managers etc. to share the work of the group, lessons learned so far, discuss gaps and potential solutions to improve the family experience
- CCR will continue to advocate for additional Diagnostic funding
- CCR will initiate the community training process to support current and new capacity related to diagnostic assessments
- CCR will maintain the Regional Family Service Coordinator and Support Services Supervisor roles until the new OAP is established
- Similar to all opportunities listed in the Capacity Building Report progress, updates for this opportunity will be included in the monthly report provided at each Advisory Committee meeting(s)
- Potential goal if funding continues to introduce a peer mentoring group for youth

***CCR would like to extend our thanks to all involved. We look forward to making this opportunity a reality.***



The Caregiver Feedback Survey was emailed to all families who registered for one or more Foundational Family Services on December 15<sup>th</sup> (n=197).

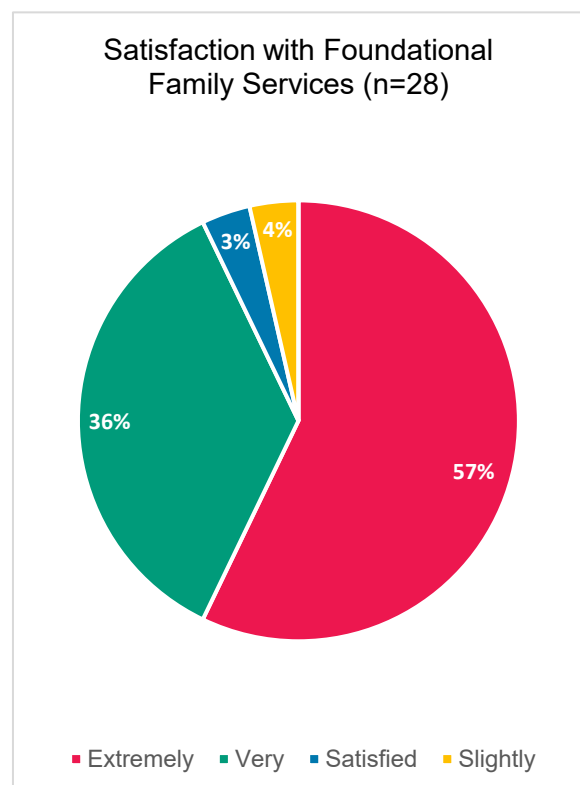
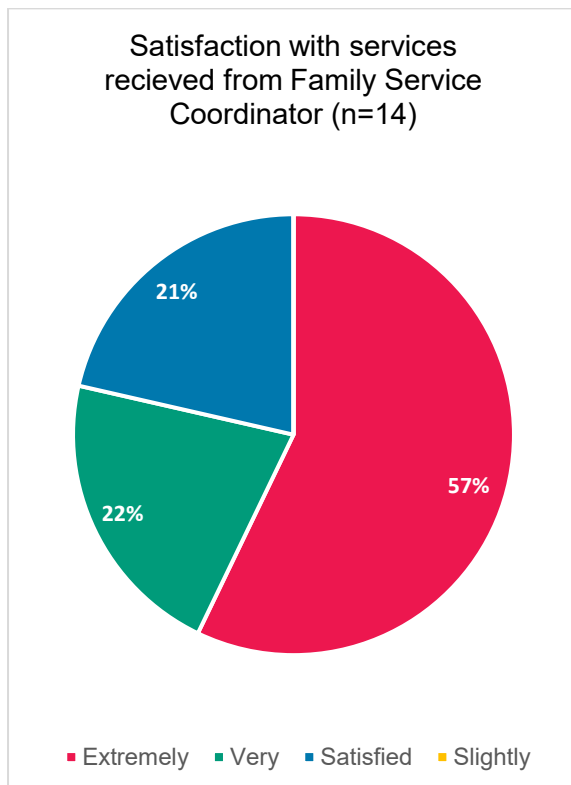
The following report includes data gathered from both the Caregiver Feedback Survey, and from the Regional Family Service Coordinator.

### Recommendations / Solutions based on Feedback Received in Previous Report

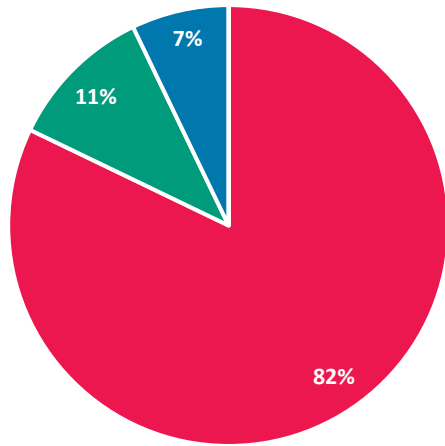
Last Report (November, 2020)	Status
Additional promotion of the Regional Family Service Coordinator	Complete – November 27 <sup>th</sup> post generated considerable response on social media (850 people reached).
Timely follow-up with families by providers is required	Complete – Expectation of timely follow-up shared with partners. Ongoing work with web developer to enhance registration process for families and partners resulting in more timely access to registration lists thereby reducing time between registration and initial call with family.
Additional in-person Services	Complete – Providers encouraged to offer in-person at their discretion.
Additional promotion of the impact of the services	Complete – Social media strategy in place to address recommendation including additional posts referencing family feedback on services received.

### Summary of Overall Satisfaction with Services

Overall results are very positive across all metrics (as indicated by charts below).

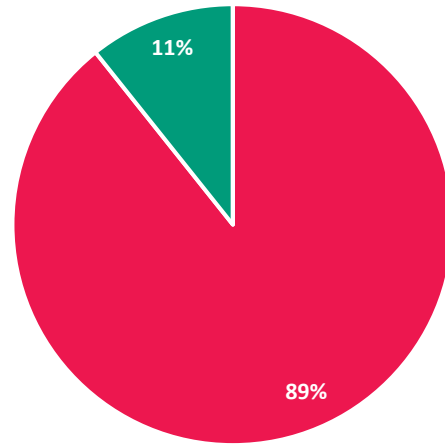


Services increased knowledge and provided tools to support child or youth (n=28)



■ Greatly ■ Somewhat ■ Very Little ■ Not at All

Likelihood of recommending services to other families (n=28)



■ Very ■ Somewhat ■ Neither ■ Unlikely ■ Not

## Regional Family Service Coordinator: Data and Feedback

### Demand for Service Data (cumulative – September 11<sup>th</sup> to December 15<sup>th</sup>, 2020)

Reportable	Count
Total contacts with families	498 <sup>a</sup>
Total contacts with providers	157 <sup>b</sup>
Referral requests for one-hour Consult	10
<b>Notes:</b> <sup>a</sup> includes support with system navigation, Foundational Services, links to parent advocates, consultative support, case coordination <sup>b</sup> includes support with system navigation, links to parent advocates, support with Foundational Service registration, case coordination	

### Feedback received by Family Service Coordinator (point in time as of December 15<sup>th</sup>)

Feedback	Action Plan
Limited spaces available for some sessions (e.g. Early Diagnosis Support, JASPER, Focused ABA Services).	Ongoing waitlist and budget monitoring to determine feasibility of offering additional rounds of service. Additional rounds of service have been offered based on the above and partner availability.
Families of youth and teens with new diagnosis would benefit from services and support groups tailored for this age.	Call for proposals to address need resulted in 3 new, unique service offerings (ASD & Me for Teens with a Diagnosis, Parent Lunch & Learn, Corner Pieces: ASD Diagnosis in Teen Years)

## Combined Anecdotal Feedback

### What did you like most about the service you received?

- The fact that it was in person and had high therapeutic value.
- Having the copies to read over helps with somethings we forget so I am grateful for that.
- Structured, well researched and planned
- Small classes and personalized instruction.
- It was all good!
- Highly recommended to families.
- Flexible and helpful.
- Well educated professionals. Very personable and it felt like more of a collaboration of both professional and personal experience.

### What (if anything), did you like least about the service you received?

- Provide more comprehensive, in person, therapeutic services.
- We need better early screening. My son should have been diagnosed in the early years when he received support for language delay, gross motor, fine motor and eating. He should have been flagged to be assessed. The lack of social communication support for these kids is appalling. It is time to assume that any child struggling with peers is at risk & in need of social communication support. We need more programs in schools. Kids who get 'bullied' struggle with either social communication or self-advocacy. Let's stop turning a blind eye because we don't know how to help them and make it a priority.



## **Access to services and support to youth (specifically in rural and remote areas)**

Round Table Discussion – December 1, 2020

### **Regional Opportunity 5**

Access and services to support youth (specifically in rural and remote areas of the district), which includes the development of, and access to “specialty clinics”.

### **Participants**

Kathy Sutherland, parent, Algoma District

Fallon Cody, parent, Kenora Rainy River District

Danielle Paananen, parent, Thunder Bay District

Julien Bonin, parent, Sudbury Manitoulin District

Natalie Croteau, ABA Northern Services and Training inc., Sudbury Manitoulin District

Nicole Deschamps, George Jeffrey Children's Centre, Thunder Bay District

Sherry Fournier, CCR

### **Progress Update**

Sherry provided a brief update regarding the work to date in relation to **3 key areas** listed in the opportunity.

#### **1. Developing a model that will identify gaps**

With the introduction of the Northern Collaborative and the Regional Family Service Coordinator, CCR has been collecting feedback from families on a regular basis. To date the feedback received has resulted in improved services, identified gaps in service as well as challenges in accessing service. CCR will continue with the Regional Family Service Coordinator role until the new Ontario Autism Program is introduced. CCR will also continue to work with Northern Collaborative partners to respond to service gaps wherever possible. If partners throughout the region are unable to provide the service, CCR will also reach out to provincial partners for support.

#### **2. Securing expertise, and successfully implementing the priority service in rural areas to determine if this approach will ensure youth continue to have access to these much needed services in the future.**

This will be the focus of the round table discussion this evening.

### **3. Establishing relationships with local specialists to host “Specialty Clinics” tailored to meet the unique needs associated with youth transitions.**

There are multiple service options available through Family Foundational Services however registration varies depending on the session topic. Covid has also significantly impacted the ability to deliver these services in person. Although these services are helpful more support from a variety of disciplines is required.

The goal is to identify priority areas, seek out professionals to offer two to three clinics before the end of the fiscal, March 2021.

## **Round Table Discussion Questions**

Are we missing anything?

### **Discussion**

- Many families and youth are in crisis, specifically youth that require support in multiple areas (e.g. ASD, mental health, medical needs, etc.)
- Families struggle to find professionals that have the experience and expertise, when they do it does not last long in rural areas as professionals stay for a while then move to urban centres
- Overall lack of capacity amongst all professionals exists in the north, especially in rural areas
- Multiple wait lists, and lack of coordination leaves families with a piecemeal plan for intervention
- An integrated, multi-disciplinary strategy is required along with an investment in supporting and training local professionals in the youth and family's community
- Many youth are in hospitals because there is no other alternative
- On occasion, some support has been provided by external experts (outside of community) however the follow-up plan is often limited or not realistic
- Families have expressed that if someone is in crisis there is no help

## **Next Steps**

Throughout the discussion the following **three ideas** were selected.

### **1. Support with recruitment and retention**

A work force strategy is required, incentives will be necessary to attract and retain professionals from all disciplines. Although the Capacity Building Funding is available to this project, it is time limited. Without a long-term strategy, short-term solutions create further barriers and disappointment as services are made available for a short time and then disappear.

The implementation of an interdisciplinary crisis team supported by all ministries is required. If a crisis team is not possible, families would benefit from a coordinated interdisciplinary consultation service. Access to a multidisciplinary team along with training for the family and local professional's crisis may be prevented. This approach would also ensure children and youth are supported in their home and community.

There is some work occurring at MCCSS related to assessing the current work force for OAP services however inter-ministerial discussions are necessary to ensure Ministry of Health, Education and Child, Community and Social Services are working together especially in rural and isolated communities.

The group is aware that this idea is massive and may be challenging to achieve before the end of the project however Sherry will share this information with the Provincial Working Group, community, and Northern Collaborative members. Next steps related to this goal are also dependent on the structure of the new OAP. For example, some areas may be addressed through care coordinators, core services, urgent response, etc.

## **2. Interdisciplinary Panel – Consultation**

If possible, there is interest in hosting 2-3 panel opportunities for families in the north region.

Members of the group shared that Holland Bloorview has hosted something similar in the past for northern communities. In addition to reaching out to Holland Bloorview, Sick Kids and NEO Kids will also be approached.

Families are seeking consultation and support from developmental pediatricians, geneticists, neurology, etc. In addition, it is crucial that members from the youth and family team is invited to participate in the consultation to ensure continuity of care.

The group is aware of the complexity of organizing such an event(s) however we will try.

Sherry will contact the partners above to determine what is possible before March 2021.

## **While you wait for service**

Currently George Jeffrey Children's Centre offers "while you wait" services. As many families are waiting months, if not years to see specialists it was suggested that this might be a viable option to explore and where possible mitigate a crisis.

The group discussed what this might look like. Natalie shared some ideas from the perspective of a BCBA and the potential to provide this level of support.

The group agreed for this type of service to be helpful it would require weekly support over a 3-month period at a minimum. The support would include BCBA supervision, access to trained therapists as well as access to all professionals currently working with the youth and family.

In addition to providing meaningful support additional data can be collected to help inform upcoming appointments with specialists etc.

The group agreed this is worth exploring and if possible, trying before the end of the fiscal year, March 2021.

***CCR would like to extend our thanks to all involved for the great discussion and commitment to ensuring families in the north receive the services they deserve.***



## **Access to services and support to youth (specifically in rural and remote areas)**

Round Table Discussion #2 – January 6, 2021

### **Regional Opportunity 5**

Access and services to support youth (specifically in rural and remote areas of the district), which includes the development of, and access to “specialty clinics”.

### **Participants**

Kathy Sutherland, parent, Algoma District

Fallon Cody, parent, Kenora Rainy River District

Danielle Paananen, parent, Thunder Bay District

Julien Bonin, parent, Sudbury Manitoulin District

Natalie Croteau, ABA Northern Services and Training inc., Sudbury Manitoulin District

Michelle Bascom, Autism Ontario

### **Progress Update**

As discussed at the December meeting the group met to discuss the potential of establishing a “while you wait” service.

Natalie Croteau presented a model for consideration (see attached).

After the presentation and discussion all those in attendance agreed we should proceed with bringing the model forward to the Advisory Committees in each district.


If approved, CCR will work with Northern Collaborative partners to determine capacity to deliver.

The group also agreed that priority should be given to families that do not have access to behavioral services.

If approved, capacity will be determined and based on provider availability. A process to inform families of this new short-term service will also be established.

There is enough funding available to cover costs for providers delivering this service in rural and remote areas.

Sherry also provided an update regarding Specialty Clinics. As promised discussions with NEOKids and hospitals throughout the province have taken place. Although it was the hope to host 2-3 clinics before March 31, 2021 it will not be possible for a number of reasons, timing, Covid, coordination etc. Although it is not possible this year, early discussions are promising and there is positive interest to work together if funding is approved for 2021-2022.



**Focused Clinical  
Applied Behaviour  
Analysis (ABA)  
Consultation  
Services**



# STRATEGIES AND BEHAVIOURAL SERVICES

Natalie P. Croteau, M.A., BCBA

# AIMS OF THIS ABA FOCUS SERVICE

Increase skills in social, communication and self regulation through parent mediation

Teach parents behavioural strategies

Assessment of skills

Development of a behaviour goal

Altering behaviour through intervention and consultations

Ongoing data collection

# Satellite Model for Focused Clinical ABA Services

- ▶ 12 weeks
- ▶ 3 workshops with a BCBA in a group format
- ▶ Five in person 1:1 consultations with a BCBA
- ▶ Six virtual 1:1 consultations with a BCBA
- ▶ Summary of consult and follow up recommendations



# DRAFT OF THE SERVICE WEEK TO WEEK

## Month 1: January

		Consultations with the BCBA
Week: 1	One Friday/month: Group Workshop	Saturday or Sunday: 1:1 in person clinics
Week: 2		Saturday or Sunday: 1:1 virtual clinics
Week: 3		Saturday or Sunday: 1:1 in person clinics
Week: 4		Saturday or Sunday: 1:1 virtual clinics

## Month 2: February

		Consultations with the BCBA
Week: 5	One Friday/month: Group Workshop	Saturday or Sunday: 1:1 in person clinics
Week: 6		Saturday or Sunday: 1:1 virtual clinics
Week: 7		Saturday or Sunday: 1:1 in person clinics
Week: 8		Saturday or Sunday: 1:1 virtual clinics

## Month 3: March

		Consultations with the BCBA
Week: 9	One Friday/month: Group Workshop	Saturday or Sunday: 1:1 in person clinics
Week: 10		Saturday or Sunday: 1:1 virtual clinics
Week: 11		Summary
Week: 12		Review Summary with family virtually

[illegible]

# Questions or Comments?



**Thank you!**



### Goal Tracking Worksheet

**Overview:** The Goal Tracking Worksheet has been created to provide a template to record and track progress towards the achievement of strategies created to address opportunities identified by caregivers and professionals participating in the Northern Capacity Building Project.

**Title:** Kenora/Rainy River region Building Respite Capacity

**Participants:** Joel Willett, Dawn Lessard

**Date:** January 7, 2021

Opportunity / Goal	Tasks / Activities / Strategies	Assignment	Projected Timeline	Cost	Notes
Identify opportunity to be focused on. Opportunity should evolve to a measurable goal.	Track the tasks, activities and strategies discussed to address the opportunity and / or goal.	Who will participate to ensure tasks, activities and / or strategies are undertaken? Where more than one individual or agency is participating, highlight individual tasks, activities and strategies.	What are the projected timelines associated with the implementation of strategies designed to address the opportunity and / or goal?	What is the projected cost (known or anticipated), to implement strategies?	Includes notes to track discussions related to successes and / or barriers to implementation of strategies.  Notes should also include (where possible), recommendations for evaluation of intended outcome(s) associated with the Opportunity / Goal.
Needs assessment	Develop survey  Survey families to determine where needs exist and what would be helpful to them  Analyze findings to guide sessions offered	Joel and Dawn	Have data collection completed by January 15, 2021	\$100.00 participation incentive prize	Poor uptake from social media for survey responses over Christmas break, so reposted with increased engagement Will share with partner agencies to share to clients with goal of increased participation

Recruitment of project lead	Staff person focused on connecting and follow through on brainstorm	Joel recruited a past FIREFLY staff who worked frontline and understands the region and has strong community connections	January 11, 2021-March 31, 2021	\$80.00x 14 hours/week x 12 weeks = \$13440.00	
Provide a fulsome respite training program	Develop respite training sessions on a variety of topics	FIREFLY clinicians with skills in these areas	January 31, 2021	\$60/hr x 4 hours (prep and record presentation) x 12 topic areas= \$2880.00	Put recorded videos on FIREFLY website using YouTube channel link
Recruitment of potential respite workers	Advertising	Respite project lead	January-March 2021	\$500	
Renumeration for training of respite workers	Recognizing the time commitment of respite staff who likely already have work commitments, we wanted to provide incentive to complete training	Respite workers  Respite project lead  FIREFLY finance	March 26, 2021	200 trainees x \$40= \$8000.00  200 trainees x 20hrs training x \$14/hr= \$56000.00	Once workers have completed <a href="https://www.safeguards-training.net/course/respiteservices-training-certificate/">https://www.safeguards-training.net/course/respiteservices-training-certificate/</a> training session workers can be listed on <a href="http://www.respiteservices.com">www.respiteservices.com</a> for families to hire and receive renumeration for time spent on training sessions
Basic safety training for workers	Provide first aid and CPR training sessions		March 26, 2021	200 trainees x \$27= \$5400.00	
Empower caregivers to employ respite staff	Provide sessions with lawyer and accountant	Respite lead to connect with:	March 26, 2021	\$1000	

## Q1 What is going well in your current respite experience?

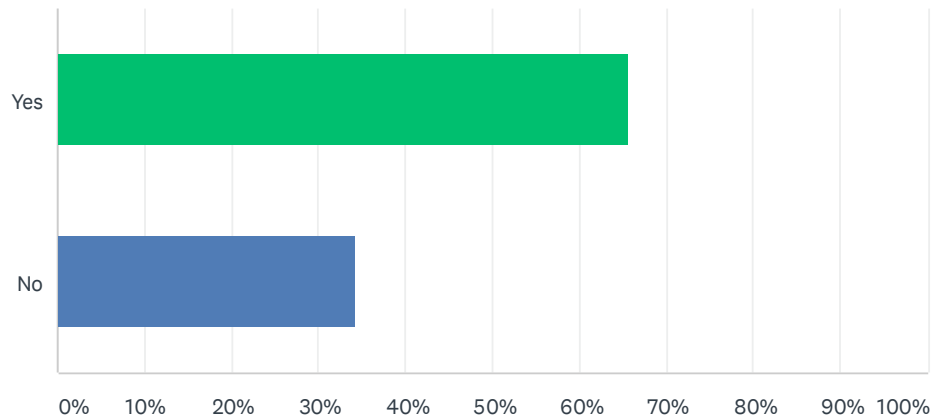
Answered: 31   Skipped: 1

## Respite Survey for Families

#	RESPONSES	DATE
1	No respite worker	12/15/2020 10:08 AM
2	Support	12/9/2020 1:39 PM
3	Workers spend active/quality time with our child	12/8/2020 8:30 PM
4	nothing really, its a struggle. Hard to find respite workers, no places to bring kids for respite and funding is a HUGE battle	12/8/2020 6:28 AM
5	Nothing	12/7/2020 6:34 PM
6	I have a reliable family member providing respite which gives me time for myself and opportunity for my son to spend time with family and involvement in recreation	12/7/2020 1:20 PM
7	Excellent respite worker, who works well with my child	12/7/2020 9:38 AM
8	Great	12/6/2020 3:23 PM
9	It help me have time to myself	12/5/2020 5:31 PM
10	Funding and worker	12/5/2020 4:06 PM
11	The children like going out with their respite workers	12/5/2020 2:22 AM
12	Its hard to find a Respite worker that will commit to the child.	12/4/2020 8:29 PM
13	I have had a couple of heart attacks recently and thank God for respite oh, I don't think I would have been able to recuperate without it especially so close to Christmas	12/4/2020 7:33 PM
14	Everything is going I'm using it weekend!	12/4/2020 7:14 PM
15	Respite care worker is finding different things to do despite recent covid-19 restrictions.	12/4/2020 6:31 PM
16	Using family members for care	12/4/2020 5:29 PM
17	Waiting to get respite still...	12/4/2020 4:34 PM
18	Not using it right now	12/4/2020 4:22 PM
19	Having the freedom to use my funding as I see fit. Having someone who can come into my home for extended (days) periods of time so my husband and I can have time on our own to reconnect.	12/4/2020 4:11 PM
20	love our worker, she is the best	12/3/2020 2:51 PM
21	No respite	12/1/2020 6:28 PM
22	Receiving it	12/1/2020 5:30 PM
23	Using family	12/1/2020 12:52 AM
24	My son is now in a therapeutic home after many years of failed respite attempts and CLA supports. But perhaps others can learn from my experience	11/30/2020 9:31 PM
25	Everything.	11/30/2020 9:18 PM
26	It's scheduled and our respite provider is the boys' EA.	11/30/2020 11:07 AM
27	My son loves going with the respite worker. Having a consistent worker has meant that he is very comfortable with her in all types of settings.	11/30/2020 9:44 AM
28	As trust our provider and have a great relationship with her	11/30/2020 9:35 AM
29	Our son likes his respite workers and they interact with him and provide him experiences that are different from a parents guiding hand.	11/30/2020 9:32 AM
30	one on one interaction	11/30/2020 9:30 AM
31	I use family so i feel secure and confident that she is given proper care.	11/30/2020 9:30 AM

## Q2 I currently have a respite worker and am able to use all my respite dollars?

Answered: 32 Skipped: 0

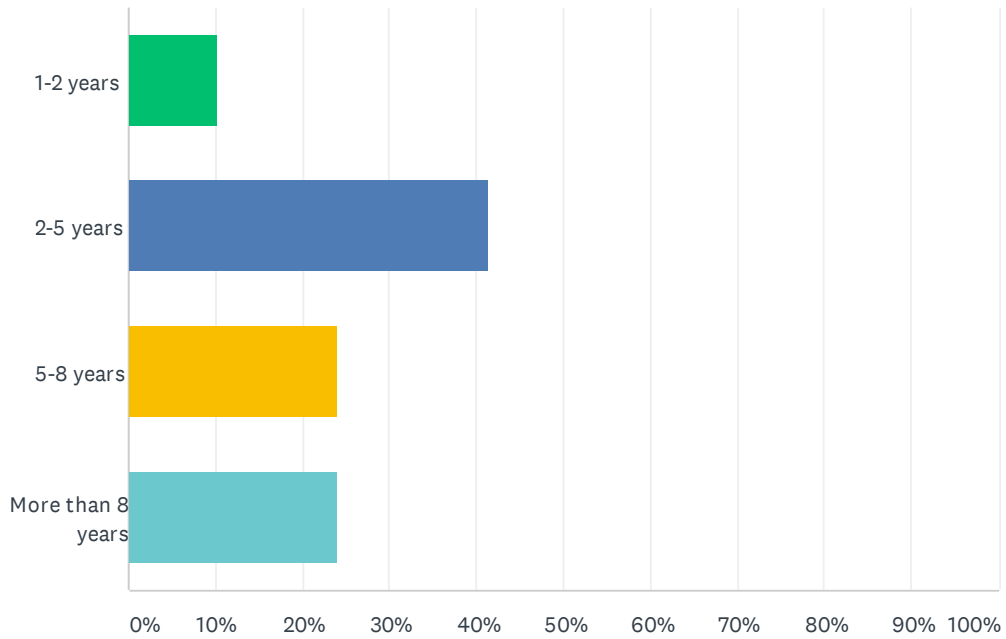


ANSWER CHOICES	RESPONSES
Yes	65.63% 21
No	34.38% 11
TOTAL	32

#	IF NO, PLEASE EXPLAIN THE BARRIERS TO ACCESSING A RESPITE WORKER AND/OR USING YOUR RESPITE DOLLARS	DATE
1	Nobody available that I know that I would be comfortable during Covid to come into my home	12/15/2020 10:08 AM
2	I need to find a new worker as mine moved away	12/9/2020 1:39 PM
3	Covid and difficulty finding a second worker have been barriers	12/8/2020 8:30 PM
4	finding funds is always a battle	12/8/2020 6:28 AM
5	He is almost 17 and high functioning and we live in rural Algoma	12/7/2020 6:34 PM
6	Still waiting to get a respite worker	12/4/2020 4:34 PM
7	Just have not found anyone	12/4/2020 4:22 PM
8	Never qualified	12/1/2020 6:28 PM
9	Respite only works if the staff have training however it takes longer to explain my sons complex needs then it does to just do it myself. Sometimes the only people who can give adequate respite are family members and therefore they shouldn't be eliminated as paid respite workers	11/30/2020 9:31 PM
10	I don't use all of my respite dollars, I am horrible at asking for help	11/30/2020 11:07 AM
11	COVID has limited the amount of time with the respite worker. We do have a consistent worker.	11/30/2020 9:44 AM
12	She works and has limited time and we do not trust anyone enough to hire a secondary worker	11/30/2020 9:35 AM
13	I use family because in the past I have had not good experiences with respite workers being able to take on the full responsibility	11/30/2020 9:30 AM

### Q3 I have been receiving respite funding for:

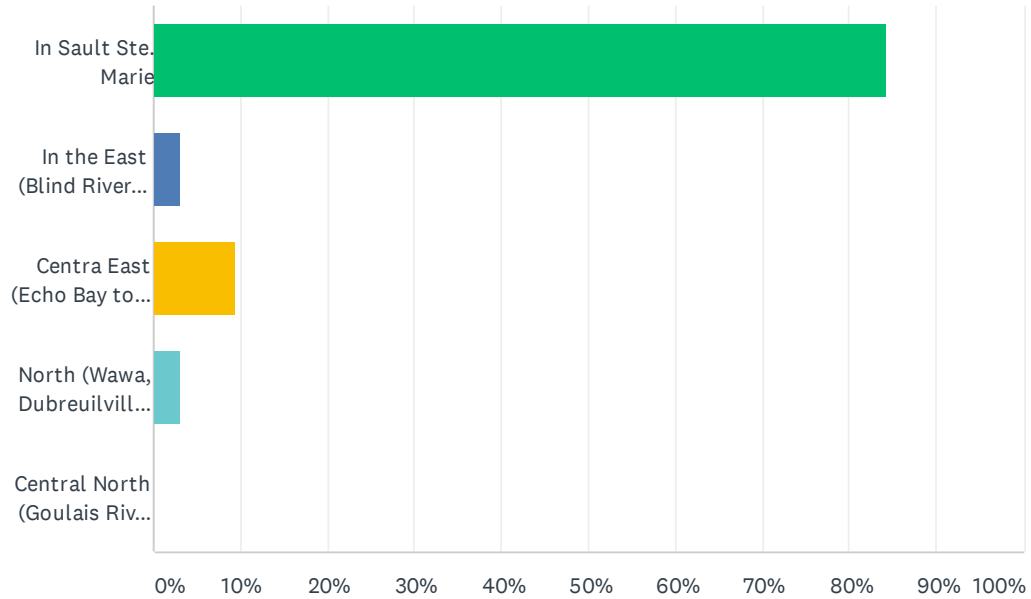
Answered: 29 Skipped: 3



ANSWER CHOICES	RESPONSES	
1-2 years	10.34%	3
2-5 years	41.38%	12
5-8 years	24.14%	7
More than 8 years	24.14%	7
TOTAL		29

## Q4 I currently reside:

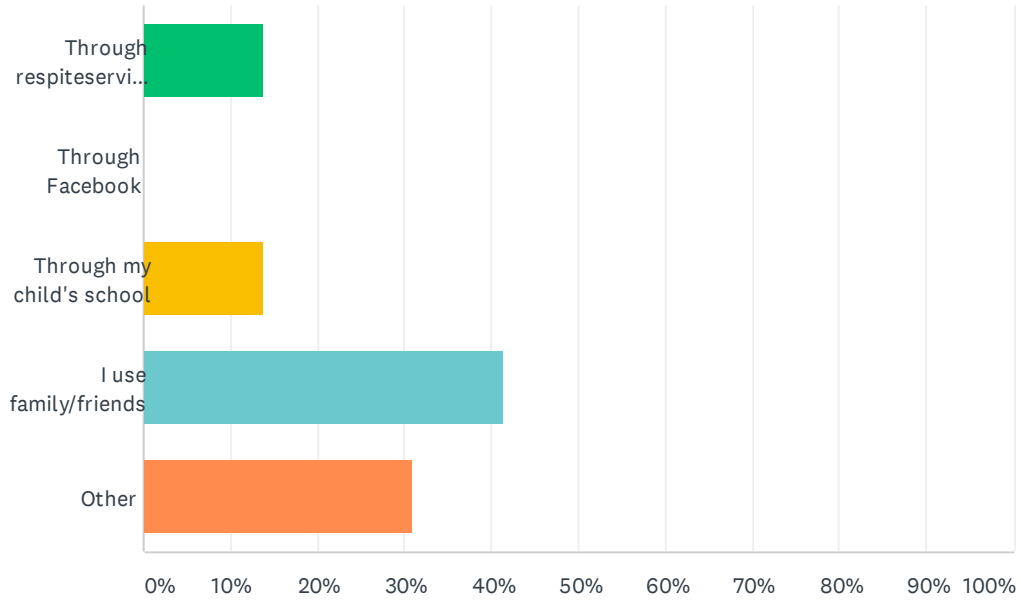
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
In Sault Ste. Marie	84.38%	27
In the East (Blind River to Elliot Lake)	3.13%	1
Centra East (Echo Bay to Thessalon)	9.38%	3
North (Wawa, Dubreuilville, White River, Hornepayne)	3.13%	1
Central North (Goulais River, Heyden)	0.00%	0
TOTAL		32

## Q5 I found my current and/or respite provider:

Answered: 29 Skipped: 3



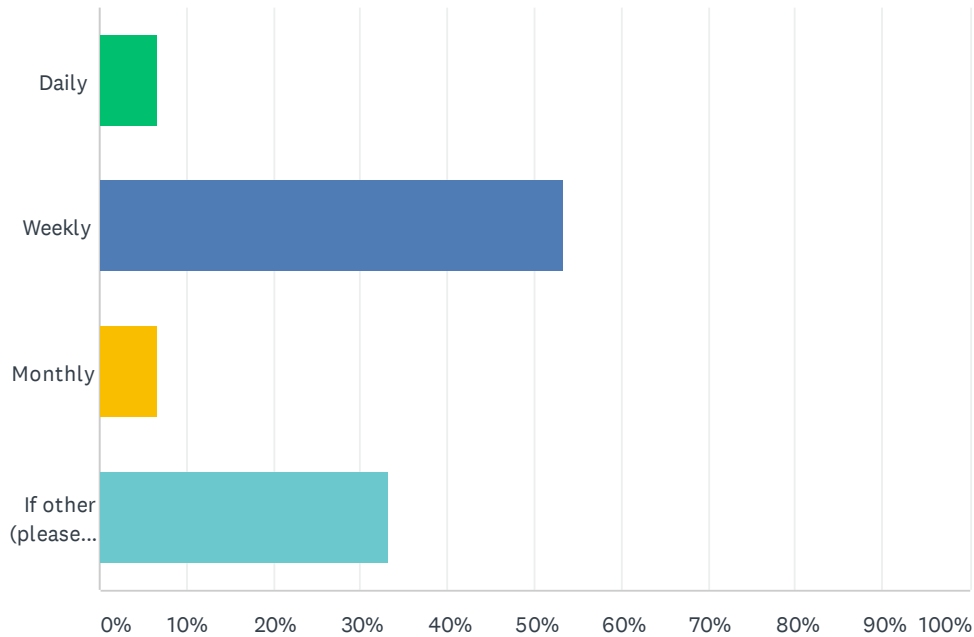
ANSWER CHOICES	RESPONSES	
Through respiteservices.com	13.79%	4
Through Facebook	0.00%	0
Through my child's school	13.79%	4
I use family/friends	41.38%	12
Other	31.03%	9
TOTAL		29

## Respite Survey for Families

#	IF OTHER (PLEASE EXPLAIN)	DATE
1	Through THRIVE - thanks Amanda!	12/8/2020 8:30 PM
2	Placed a job posting	12/7/2020 9:38 AM
3	Previous daycare worker and friends	12/5/2020 4:06 PM
4	Child and youth students and older adults	12/5/2020 2:22 AM
5	Daycare worker	12/4/2020 8:29 PM
6	Co worker	12/4/2020 5:11 PM
7	I need respite	12/4/2020 4:34 PM
8	No one yet	12/4/2020 4:22 PM
9	Don't have one	12/1/2020 6:28 PM
10	family	12/1/2020 5:30 PM
11	Friends made through family school	11/30/2020 9:18 PM
12	Through daycare provider	11/30/2020 9:44 AM
13	Through past daycare	11/30/2020 9:35 AM
14	Friends knew of Educational Assistants and provided the names	11/30/2020 9:32 AM

## Q6 I currently utilize my respite:

Answered: 30 Skipped: 2

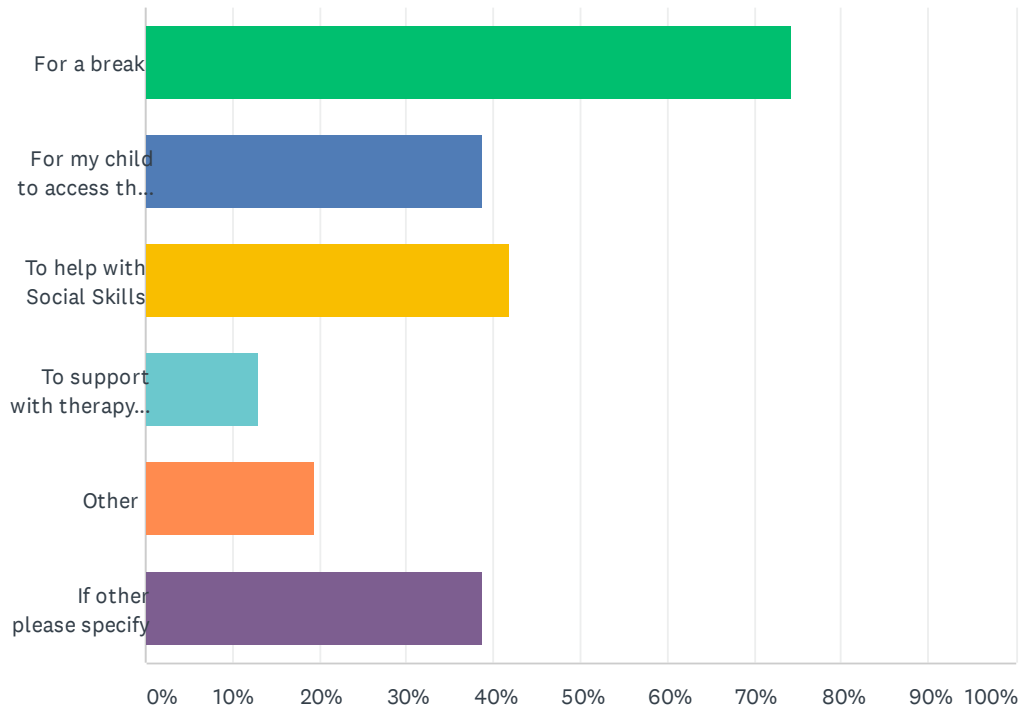


ANSWER CHOICES	RESPONSES	
Daily	6.67%	2
Weekly	53.33%	16
Monthly	6.67%	2
If other (please explain)	33.33%	10
TOTAL		30

#	IF OTHER (PLEASE EXPLAIN)	DATE
1	Have not used since start of pandemic	12/15/2020 10:08 AM
2	Have not used in a while	12/7/2020 6:34 PM
3	Random when needed	12/5/2020 4:06 PM
4	I am very ill so I use it for appointments and operations and breaks	12/5/2020 2:22 AM
5	I try monthly but covid has put a damper on things	12/4/2020 5:11 PM
6	Random times. When our family situation requires some time for everyone to regenerate	12/4/2020 4:11 PM
7	Zero hours	12/1/2020 6:28 PM
8	I use to use it daily	11/30/2020 9:31 PM
9	Bimonthly	11/30/2020 9:44 AM
10	Try once a week but usually once biweekly	11/30/2020 9:35 AM

## Q7 I use my respite primarily: (check all that apply)

Answered: 31   Skipped: 1



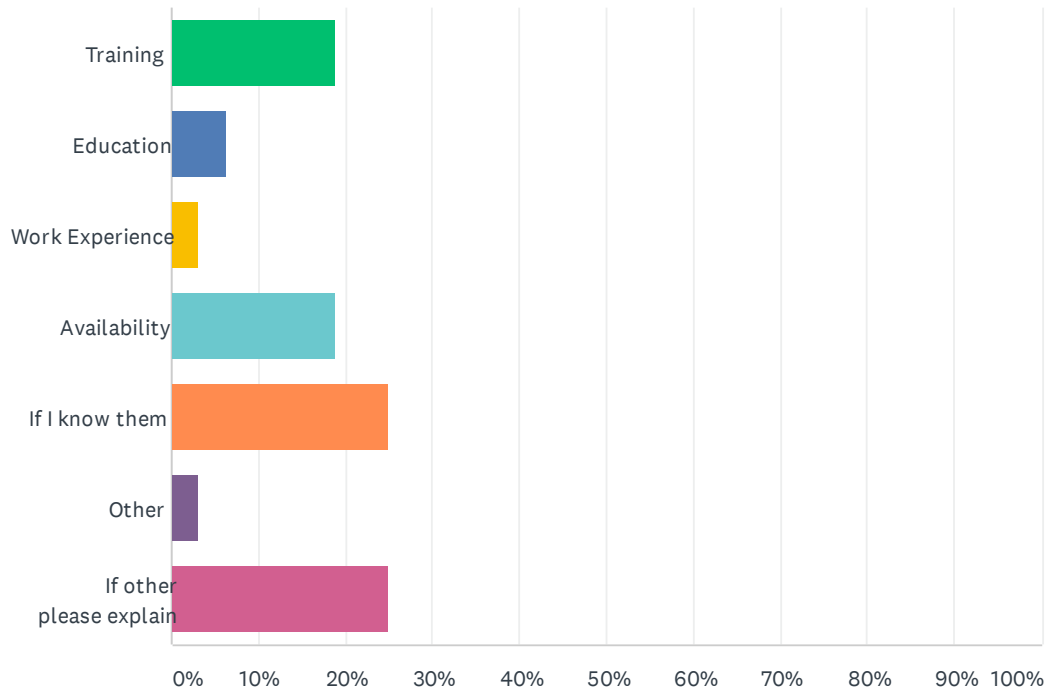
ANSWER CHOICES	RESPONSES	
For a break	74.19%	23
For my child to access the community	38.71%	12
To help with Social Skills	41.94%	13
To support with therapy goal	12.90%	4
Other	19.35%	6
If other please specify	38.71%	12
Total Respondents: 31		

## Respite Survey for Families

#	IF OTHER PLEASE SPECIFY	DATE
1	For a break so I can get other things done	12/8/2020 8:30 PM
2	after school care	12/8/2020 6:28 AM
3	Do one on one things with other sibling	12/5/2020 4:06 PM
4	I'm very ill	12/5/2020 2:22 AM
5	Get our child out of the house and doing things has been good for him and he has been learning too.	12/4/2020 6:31 PM
6	Groceries and appointments	12/4/2020 5:29 PM
7	Still waiting for funding	12/4/2020 4:34 PM
8	Zero hours	12/1/2020 6:28 PM
9	Groceries,errands,appointments	12/1/2020 12:52 AM
10	So I could go to work	11/30/2020 9:31 PM
11	For social skills and community interacting I can not or do not provide	11/30/2020 9:18 PM
12	bridge childcare between school and when I get home	11/30/2020 11:07 AM

## Q8 When selecting your respite provider what is important to you:

Answered: 32 Skipped: 0



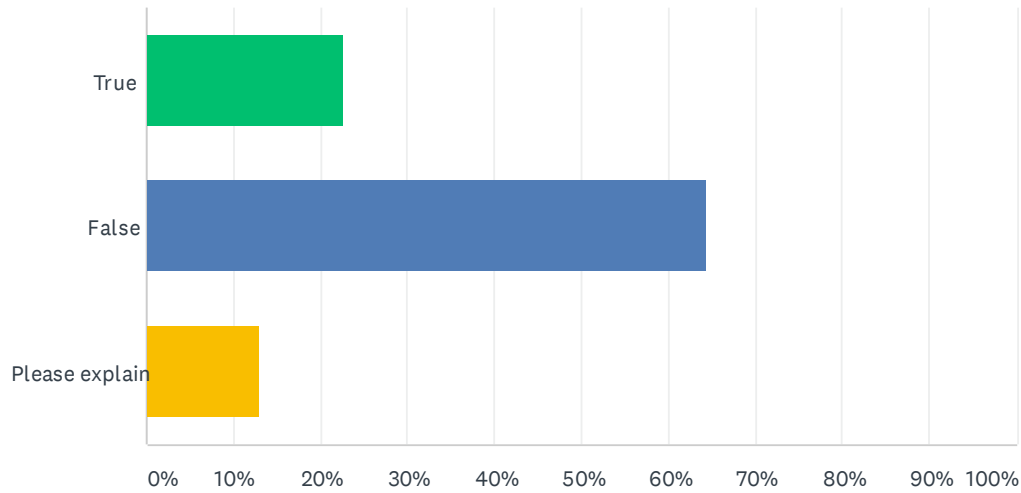
ANSWER CHOICES	RESPONSES	
Training	18.75%	6
Education	6.25%	2
Work Experience	3.13%	1
Availability	18.75%	6
If I know them	25.00%	8
Other	3.13%	1
If other please explain	25.00%	8
TOTAL		32

## Respite Survey for Families

#	IF OTHER PLEASE EXPLAIN	DATE
1	Police check	12/15/2020 10:08 AM
2	Getting along with my child, understanding and appreciating them	12/8/2020 8:30 PM
3	training, availability, are they in the best interest of the child	12/8/2020 6:28 AM
4	Training, education, work experience, availability, CPR & First Aid	12/5/2020 4:06 PM
5	Experience and if the children like the person	12/5/2020 2:22 AM
6	Training in feeding , tube feeding, my child disability.	12/4/2020 8:29 PM
7	The comfort level of playing with my child without viewing him as different because he has some challenges.	11/30/2020 9:44 AM
8	Comfortable with our sons needs	11/30/2020 9:32 AM

## Q9 I have had a hard time keeping a respite worker for my family.

Answered: 31 Skipped: 1

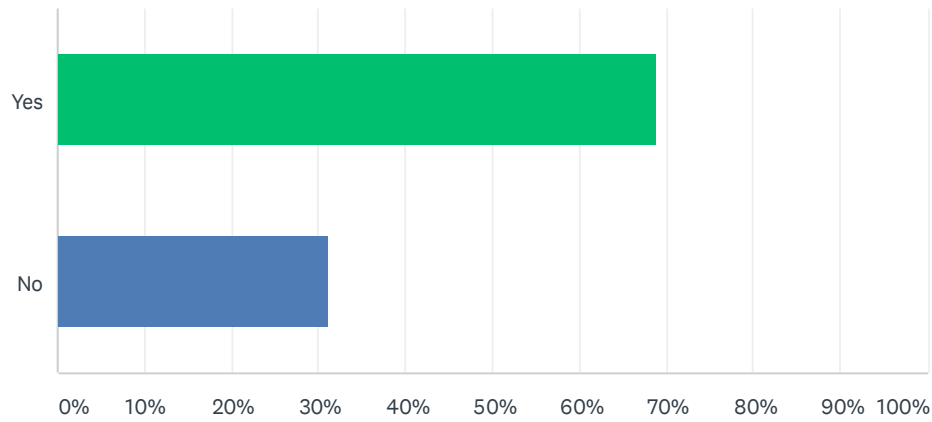


ANSWER CHOICES	RESPONSES
True	22.58% 7
False	64.52% 20
Please explain	12.90% 4
TOTAL	31

#	PLEASE EXPLAIN	DATE
1	Hard to find a new one when the old one was unavailable for a period of time	12/8/2020 8:30 PM
2	Still looking for one	12/4/2020 4:34 PM
3	Never had one	12/1/2020 6:28 PM
4	committments change	11/30/2020 11:07 AM

## Q10 Would you be more likely to hire a new respite worker if you knew they had specific respite training?

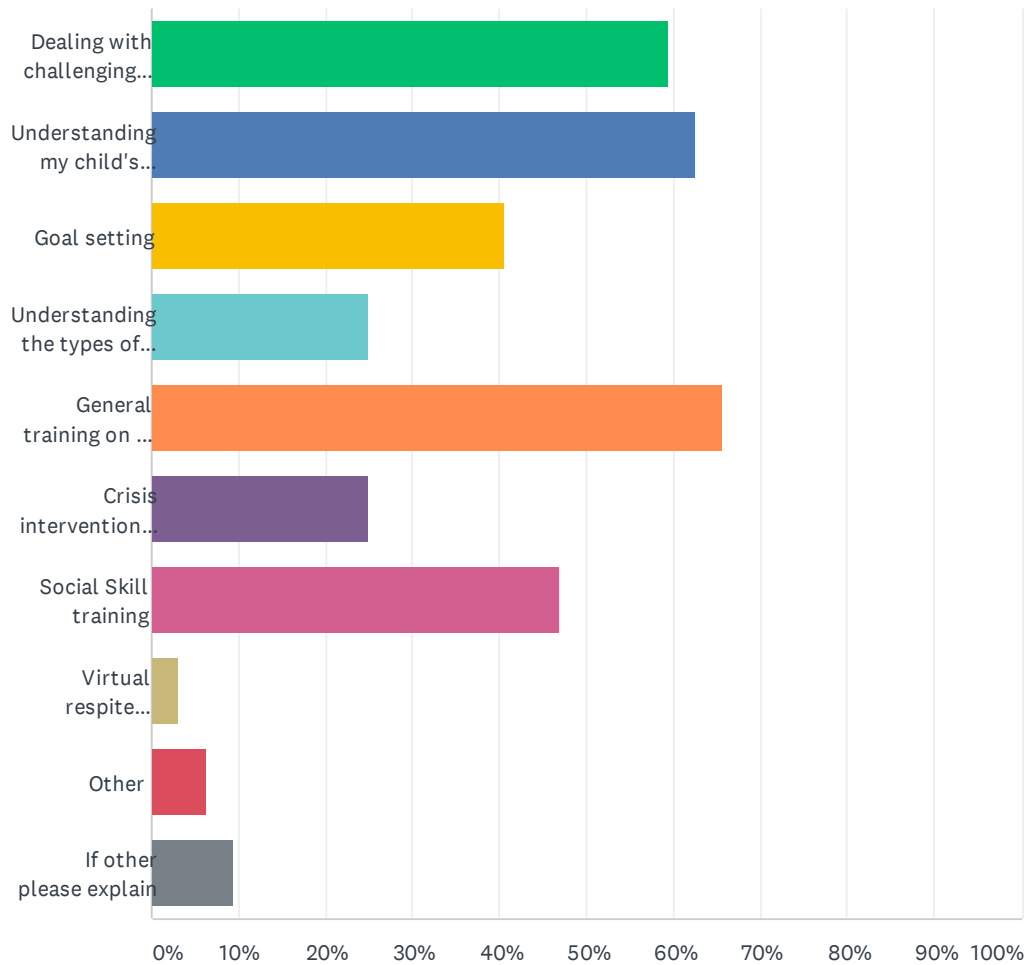
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	68.75%	22
No	31.25%	10
TOTAL		32

## Q11 What type of training would be important for your respite worker to have (check all that apply):

Answered: 32 Skipped: 0



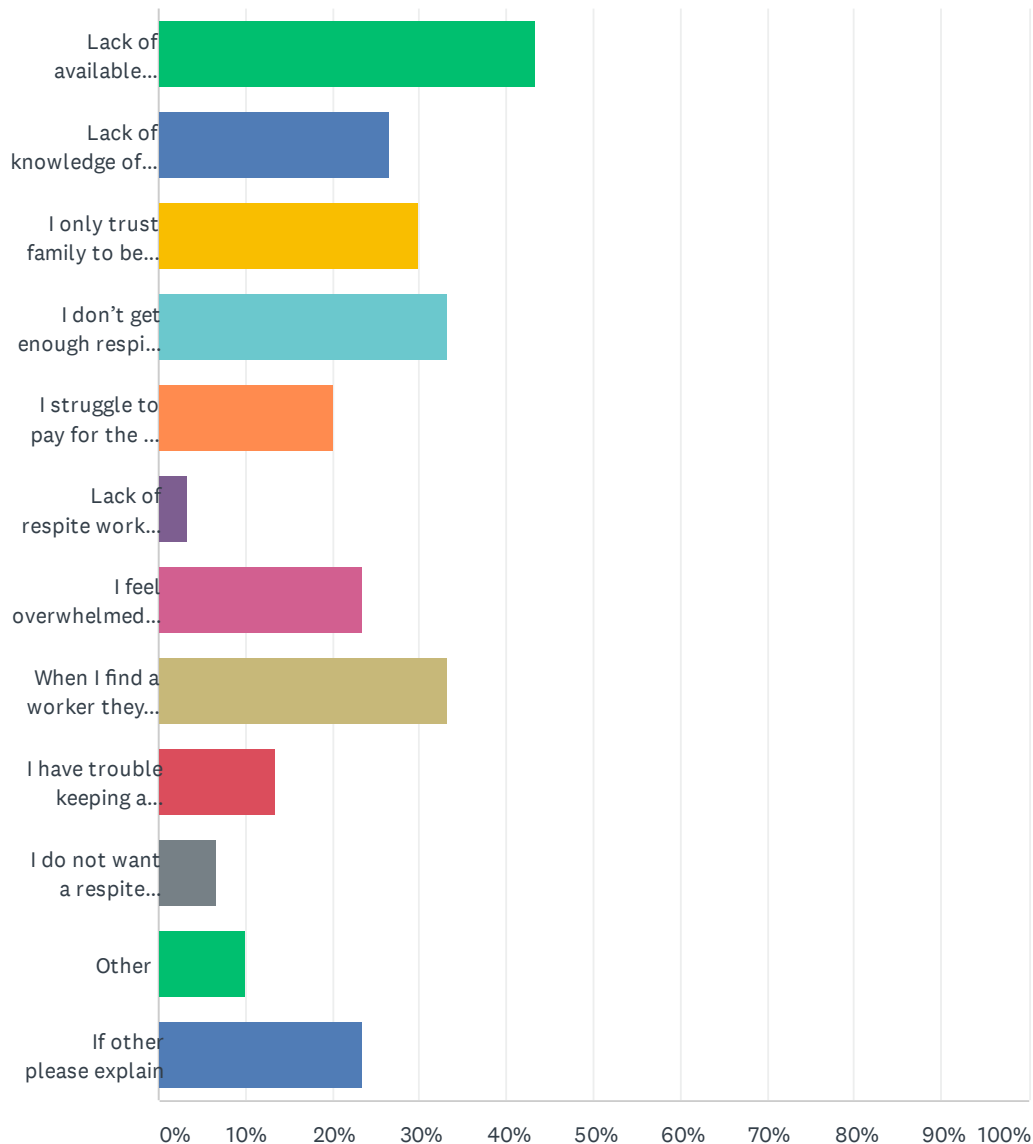
## Respite Survey for Families

ANSWER CHOICES	RESPONSES	
Dealing with challenging behaviour	59.38%	19
Understanding my child's diagnosis	62.50%	20
Goal setting	40.63%	13
Understanding the types of equipment my child uses	25.00%	8
General training on how to make the most of their time with my child	65.63%	21
Crisis intervention skills	25.00%	8
Social Skill training	46.88%	15
Virtual respite (respite over video conference)	3.13%	1
Other	6.25%	2
If other please explain	9.38%	3
Total Respondents: 32		

#	IF OTHER PLEASE EXPLAIN	DATE
1	They have to be related to me and get along well with my son	12/7/2020 1:20 PM
2	Training is always too general. My child's diagnosis has little to do with how to deal with challenging behaviours. Specific individual training is key	11/30/2020 9:31 PM
3	Understanding how difficult flight risks can be/become	11/30/2020 9:18 PM

## Q12 The following have been barriers to me accessing respite for my family: check all that apply

Answered: 30 Skipped: 2



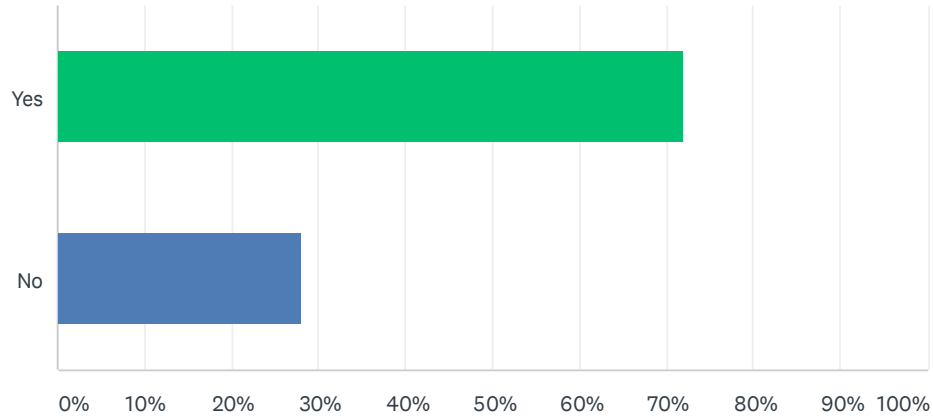
## Respite Survey for Families

ANSWER CHOICES	RESPONSES	
Lack of available workers	43.33%	13
Lack of knowledge of how to find a respite worker.	26.67%	8
I only trust family to be with my child/youth	30.00%	9
I don't get enough respite funds.	33.33%	10
I struggle to pay for the out of home recreation activities for my child and respite worker.	20.00%	6
Lack of respite workers who understand my family's culture.	3.33%	1
I feel overwhelmed providing all the training to a new worker.	23.33%	7
When I find a worker they have limited availability.	33.33%	10
I have trouble keeping a worker.	13.33%	4
I do not want a respite worker in my home and have challenges planning out of home activities for my child.	6.67%	2
Other	10.00%	3
If other please explain	23.33%	7
Total Respondents: 30		

#	IF OTHER PLEASE EXPLAIN	DATE
1	Mostly Covid	12/8/2020 8:30 PM
2	My son will not go to anyone but my respite worker and we are out of funds	12/4/2020 7:33 PM
3	No barriers	12/4/2020 7:14 PM
4	Never qualified	12/1/2020 6:28 PM
5	I prefer out of home interactions because most kids r home too much or parents provide different simulates when outside of the home. Aka independance	11/30/2020 9:18 PM
6	I have trouble giving up things to experience with my children. Even though I am tired!	11/30/2020 11:07 AM
7	I dont want the respite worker calling/texting me all day about things. They need to be able to handle things.	11/30/2020 9:30 AM

## Q13 I would be interested in information and support to help me get the most out of my respite.

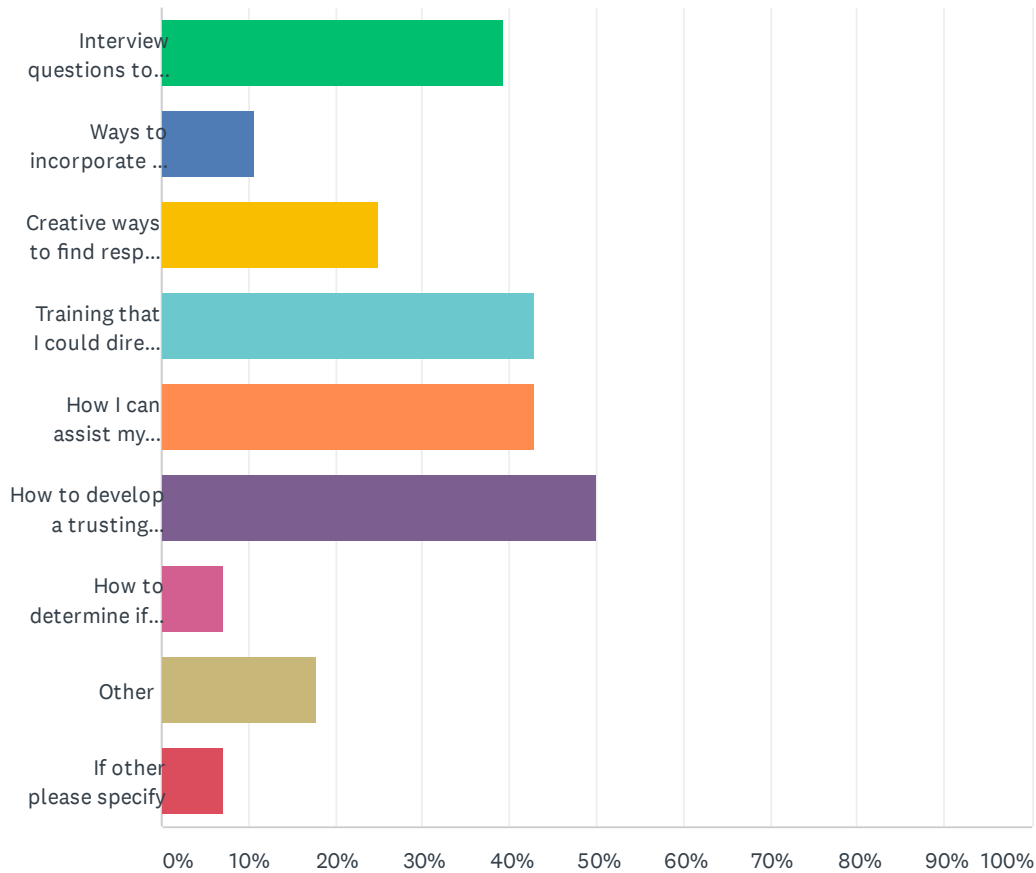
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	71.88%	23
No	28.13%	9
TOTAL		32

## Q14 If support was available I would be interested in the following:

Answered: 28 Skipped: 4



ANSWER CHOICES	RESPONSES	
Interview questions to ask prospective workers	39.29%	11
Ways to incorporate my culture into respite	10.71%	3
Creative ways to find respite workers	25.00%	7
Training that I could direct my respite worker to access	42.86%	12
How I can assist my respite worker in having meaningful experiences with my child.	42.86%	12
How to develop a trusting relationship with your respite worker.	50.00%	14
How to determine if virtual respite is a possibility for my family.	7.14%	2
Other	17.86%	5
If other please specify	7.14%	2
Total Respondents: 28		

## Respite Survey for Families

#	IF OTHER PLEASE SPECIFY	DATE
1	setting up a days care center / after school program	12/8/2020 6:28 AM
2	Not needed	12/4/2020 7:14 PM

## Q15 Please provide any other comments or suggestions for any other ways we can improve respite in Algoma.

Answered: 19 Skipped: 13

#	RESPONSES	DATE
1	During pandemic to trust someone to wear mask, wash hands etc	12/15/2020 10:08 AM
2	we need a place where these kids can go after school and in the summer and even in the evening.	12/8/2020 6:28 AM
3	More events for high functioning people	12/7/2020 6:34 PM
4	Funding can be a challenge because most respite worker would like more hours but I can't always afford to pay out of pocket when funding runs out.	12/7/2020 9:38 AM
5	If you need a back up how do I find it	12/6/2020 3:23 PM
6	Unsure	12/5/2020 4:06 PM
7	I believe that special Circumstances be taken into consideration such as a parent being extremely ill. In order too perhaps receive more funding	12/5/2020 2:22 AM
8	Make sure respite worker are available and have training for certain disabilities. Not just kids with Autism. There many other disabilities.	12/4/2020 8:29 PM
9	I just wish there was more funding for my respite worker	12/4/2020 7:33 PM
10	Nothing in my opinion. I appreciate everything thank you!	12/4/2020 7:14 PM
11	Having more community-based places	12/4/2020 5:11 PM
12	I need funding for respite badly	12/4/2020 4:34 PM
13	getting more funding	12/3/2020 2:51 PM
14	To have respite workers educated concerning DCD/autism and the comorbidity that accompanied the diagnosis.	12/1/2020 6:28 PM
15	More boots on the ground. Stop funding paper pushers and start funding day programs that take the child out of the home and out in the community with supportive staff and meaningful activities. Lots of talking not a lot of action is what we saw over the years! Plenty of talk of activities but no one to actually put in the hands on work with the children. Too much time spent pushing papers and writing reports! You need a separate degree to follow all the acronyms and agencies that supposedly provide care. All adds to parents exhaustion and kids disappointment!	11/30/2020 9:31 PM
16	More funding as respite is becoming more and more pricey	11/30/2020 9:18 PM
17	Perhaps structured respite groups targetting certain skills for children and learning experiences for respite workers?	11/30/2020 11:07 AM
18	I way that respite workers could connect with each other so that they can support each other in finding solution to problems, ideas for activities and maybe even have play dates. I would love for my son to get more friends that might be at his level, and other respite families may be appropriate. It would be nice for them to connect at the park or something. Also then the other respite worker would be more familiar with my child if I lost my worker. It wouldn't feel like starting over.	11/30/2020 9:44 AM
19	I think that if we were able to have trained respite workers then it would make me feel more confident that my child would get better care and the worker would know the real responsibilities of being a respite provider.	11/30/2020 9:30 AM

## Algoma Respite Capacity Building Project Plan of Action

Through our needs assessment it became evident that people are looking to access respite workers that are well trained and that they can trust. Families also spoke about wanting someone reliable with plenty of availability. Unfortunately this survey did not capture many of our district families. This is unfortunate because we know our district is where some of our biggest challenges with respite are. We sent out the survey a second time and tried to target the district – but in the end we only heard from 5 families outside of the Sault Ste Marie Area.

One piece of our plan is to enhance our respite recruitment strategy. Although we have recruited in the past we have never had a full and robust strategy. In January and February of 2021 our plan is to attend college and university classes in fields where there may be interest in respite (social service worker, child and youth worker, and Physio and Occupational Therapy assistant programs) and talk about respite and also offer our training package to those interested. We will also design an ad to go into local papers, and Facebook pages associated to our districts (Elliot Lake, Blind River, D'Urberville and Hornepayne) we will also use our local contacts in each of those areas to help us spread the ad. Finally we will reach out to those families receiving respite and those who will be next fiscal year and ask them to identify up to two people they would like to receive respite training (in our survey many families identified that they would like the provider to be someone that they know) Once we have established this pool of interested respite providers we can offer them our training package.

A second piece in our plan is the training itself. In March and April Kerry Maisels, BCBA consultant, has offered to host three trainings: A 4 hour Core Skills Workshop (What is ABA, reinforcement, functions of behavior etc.) and she is also willing to develop a second training for respite workers on job skills such as how to do an intake with your new family, how to plan your respite sessions, and how to prepare for a respite interview. Our thought was that if respite workers completed both of these trainings we could provide them with a certificate of completion that they could then use on their resume. Kerry is also willing to prepare training for parents on interview questions, activities, and how to structure their respite to make the most of it. Kerry is working on a quote for us to provide this training.

We have also discussed the possibility of providing first aid and CPR to potential respite workers. This could be offered in Wawa, Sault Ste Marie and Elliot Lake. The approximate cost of this is 150 dollars per person. If we are able to get a group together we may be able to get a group rate. I am not sure the level of interest in this or the logistics if we do have a lockdown of longer duration this winter.

We also would like to have some training available to respite workers beyond the end of the project. In researching resources we found the Safeguards training available. This is a 2 part e-learning course available to respite workers. People who complete the course get a certificate. The first course is a Respite Training course and the second is for Respite providers working specifically with children on the Autism Spectrum. We can bulk buy licenses for 25 dollars each and give them out to all potential respite providers.

Parents also expressed an interest in some training videos that they could access and use with new respite workers. Our plan is to create several short videos to have on our website for families to access. We would like to create videos on self-regulation, lifts and transfers, FASD, sensory issues,

augmentative communication, behaviours, etc. We have a video producer who is working with THRIVE right now who will be able to edit and produce these videos for us so they will be professional. She charges 50.00 an hour. We will be completed filming by the end of February and hopefully they will be edited and ready to post by the end of March.

Our final plan is to create respite kits. These would be full of materials and instructions for new respite workers. Crafts, activities and projects would be included to help new respite workers plan successful and fun sessions with the children that they are working with. These could be accessed by workers and/or families accessing respite. We will cost out these kits in January and order the materials by the end of the month. We hope to have these ready to go by the end of February.

In terms of service gaps in rural communities we are going to post ads in local papers, and newsgroups that are widely accessed in hopes of recruiting new workers. Local colleges and universities will also have students who live outside Sault Ste Marie – we will be sure to include in our presentation a call out specifically to them. Also – our plan to ask families to bring forward two names of people they would like trained and this should help increase our pool. In the survey many parents said they wanted someone they knew so this should help with that trust as well. Our hope is to develop and launch this recruitment strategy in early 2021 but then continue it on a yearly basis each late winter/early spring. We know that providing respite is often an entry level position before people find more full time work and so that it will be essential to continuously recruit. We are hopeful that by providing the right training respite workers will be more prepared and that they will stay longer in their positions.