

## PAFC Components – April 3, 2009 Stakeholder Input

PAFC and the professional advisory/expert panel shall continue to develop the details of the centre and the specific programs and services that will be delivered. Based on the December 2008 Strategic Plan, a list of facility components was developed and circulated to a wide range of community stakeholders for comment. The following is a record of their input, compiled from another highly-collaborative facilitated meeting held April 3, 2009 in Vancouver.

The components are labeled as either “core” (i.e., necessary in the initial structure) or “potential” (i.e., equal in importance but may not be included in the original building(s) until their operations are determined). Potential Components are not necessarily secondary, but their inclusion will depend on the site and other specifics. For comments and updates, see [www.pafc1.wikispaces.com](http://www.pafc1.wikispaces.com)

### April 3, 2009 INPUT:

There was general consensus on the following points (the exceptions are noted):

#### PAFC Entire Facility

- Components may or may not be in different structures. There was support for either an intact facility or a more campus/retreat cluster of buildings. Either would include short-term only accommodation for individuals, families and professionals actively involved in programs.
- To ensure benefits across BC, there was general agreement that planning for the “spokes” and broad access must be considered in designing the building(s), e.g., the IT infrastructure. A satellite campus outside the Lower Mainland was also suggested.
- As a general principle, the Centre should be used to support the deliver of services in other locations, i.e., linked to an evaluative component which is intended to inform future services.
- Research links with UBC and SFU will, to a great extent, determine the amount of space required for a good portion of the Centre. There was general agreement that this area (*#20. Research and Assessment*) should effectively be blended with the Treatment Centre, and that the combined space was estimated as well as possible at this point.
- Another theme was the importance of designing space to accommodate integrated teams, rather than administrative stovepipes. Location of facilities should reflect key points of collaboration.
- Most spaces should be multi-purpose, with some possible exceptions such as music therapy rooms (see *Component #16*). Space adaptability will be important to customize interventions and research. Wiring for video and AV should be extensive throughout to enable future uses.
- The Centre should focus intently on early intervention, requiring facilities most appropriate for infants and “at risk” siblings. While it must work for children, the Centre should not appear to be for them only. Adults with ASD need to feel comfortable there as well.
- Security will be critical, and some areas should be key coded. Clinical Areas need to be private, safe and secure from other spaces. Children will need a fenced area [outside?] to safeguard against bolting or wandering.

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- Soundproofing will be more important than in other buildings, due to autistic reactions. Baffles should be installed in the ducts to prevent loud sounds travelling between rooms.
- Visual patterns, colour schemes, lighting, sounds, furniture, etc. will all need to serve the Centre's main purpose, and it was recommended that an expert be asked for advice on how to avoid overloading stimuli. The design should be more like a Community Centre than a hospital. Green fluorescent light should be minimized, and natural light maximized.
- Hallways must be extra wide. Design must also provide accessibility to people with sensory and other impairments.
- An eco-friendly aspect to the building will be important, and LEED standards should be considered. Parking and transit access should be considerations in choosing the site.

### From March Draft:

#### 1. General Building / Knowledge Centre – CORE COMPONENT

Main hub of the centre. The entrance should lead directly to a reception that will be the main staffed area of centre. From here we will coordinate Autism services for families throughout BC. A main switchboard will be the new “one stop” phone area for doctors and families upon diagnosis.

#### 2. Auditorium / Lecture Hall

This space would be used for lectures, presentations, workshops, training, etc. It must be a fully “wired” venue for video presentations to reach “spoke” community centres throughout the province. The space would be available at discounted cost to associations. It could also be configured to allow presentations (e.g., dance, theatre, movies, etc.) for children, young adults, and families. The inclusion of state of the art audio/visual equipment is needed to facilitate real time interactive participation by remote communities throughout BC.

### APRIL INPUT:

- Lecture Hall and other rooms should be fully IT equipped, including 2-way technologies, particularly now that interactive technology has become so inexpensive. Lecture Halls should have a tele-health facility.
- A/V equipment needs to be installed such that it doesn't take away from space in the room. An AV technician should be consulted on the most efficient design, which the group expected would involve the AV equipment located in between rooms, possibly in the IT room [Combining AV and IT probably *not* recommended if the IT room is a server room. See *Component #9. Computer Resource*. L. Colero post meeting]
- There should be an on-site AV/IT service provider to manage technology at the Centre.

### **3. Cafeteria / Vocational Training**

The cafeteria will service the entire centre. It may also be a “work” space for young people to learn basic restaurant skills.

#### **INPUT:**

- Will a Cafeteria be viable? How many people per day would use it? It’s primary purpose is not to feed people, so it should be designed to invite conversation, e.g., nooks. Staff should have comfortable space in the cafeteria which allows them downtime away from clients.
- The Cafeteria might include a coffee kiosk staffed by a young adult. One person suggested an outside franchise like Starbucks would be a good revenue generator through rent, and another person stated that the coffee kiosk should not be a franchise. An alternative location to consider is next to the Book Store.

### **4. Administration Offices / Vocational Training**

Includes all “back of house” operational/office space for the centre. In addition, this space will include a small board room and a “security” room so that the entire centre can be monitored and secure.

#### **INPUT:**

- Confidentiality of conversations and data will be critical, and need to be supported by design, e.g., no cubicles in open areas.
- 1,500 square feet may be too small, unless this component is combined with #6. Office space is required for administrators, individual consultants, and professional staff, as well as the Foundation and Board. Administration will require lots of easily-accessible storage space.
- The Centre’s office area could also serve to provide office experience for adolescents and young adults.

### **5. Toy Therapy / Materials Lending Library**

This area will be used by families throughout BC for borrowing learning aids such as resource books, visual aids, toys, materials, etc. It will offer on-line access to allow for province-wide use.

#### **INPUT:**

- Great idea, but it needs to build on what other libraries have, as well as support them, which requires good links to other libraries throughout the province.
- Should focus on the therapy, i.e.: communication aids; visual aids; use of everyday items; activities; toys the family has rather than setting up a toy lending library, or, restricted to very specific toys designed for specific learning/teaching.
- If toys are lent, need to consider the quality (recall and safety issues) and the type of each toy, whether they are developmentally appropriate, and how the toys will need to be cleaned. A separate space would be required to clean returned toys.

### **6. Lobby Reception and Information and Consultation Call-Centre**

Main entrance for entire centre and check-in for anyone wanting to access information, support, referral, resources, and services. A call-centre room is

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required in this area. This call-centre will be the main hub in BC for accessing information, support, and resources for families, physicians, etc. following diagnosis or at any stage of need.

### INPUT:

- Reception area should feel safe, warm and welcoming (e.g., low reception desks). It should appear as a simple design yet highly engaging (e.g., a train set for children) while not looking so childish that an adult might not feel welcome. It should have comfortable furniture and an adjoining enclosed play area next to the waiting area. The lobby should also contain or be adjoined to quiet areas, e.g. a small side room.
- Where possible, visual breaks should be considered instead of doors [perhaps *optional* doors in these locations in case sound becomes an issue? L. Colero post meeting]
- Reception could have a theme that celebrates the Spectrum, including features which profile works or accomplishments of individuals on the Spectrum and/or their families and friends.
- The welcoming theme should not be taken to a point where it compromises the security of “first contact” staff members, e.g., OSHA guidelines. Call Centre conversations will be highly confidential, so cannot occur in cubicles.
- Information/Knowledge Centre should include a clinical librarian with links to experts in the field, e.g., PARC, SFU, UBC, etc. Goal/objectives is access to the most current research/treatment modalities and to critically review the evidence/research, i.e., not all research is good research. Information is then disseminated to stakeholders by a knowledge broker.
- Parent/Support Group would have a true advisory component – one stop for parents to be advised of all services and financial assistance offered as soon as the child is diagnosed. (Currently the best services go to those who have the ability to advocate well.)

### 7. Video Conference/ Lecture Rooms

Fully wired rooms where seminars could be transmitted to communities across the province. These rooms will also be used for one-on-one communications with different “spoke centres”. One of the main focuses of PAFC is to increase “capacity” and quality of service delivery throughout BC. These rooms will be used for training and supervision of new-professionals to the field as well as providing a space where professionals in the lower mainland can consult face-to-face and in real-time with other professionals and families throughout the province.

### INPUT:

- This component might best be combined with #2. *Auditorium / Lecture Hall*, due to similar requirements, e.g., videoconferencing and technical support, space flexibility for large lectures or small workshops, security, etc.
- Need training rooms of various sizes, e.g., 30 students for teacher training. Rooms may also be needed for volunteers, and possibly a translation facility.
- Apart from the meeting/conference facilities, a Media Room was suggested - a small studio equipped to develop and edit training videos and educational modules.

### **8. Break out Rooms / Consultation**

Neutral spaces for one-on-one family consultations. These rooms can also be used for quiet space for children, treatment, or assessment.

#### **INPUT:**

- Tie this together with #17. *Treatment Centre Meeting/Break Out* rooms, since it's a common need for both Core Components.

### **9. Computer Resources**

IT "back office" space. Electronic library would be centered here, and it may also be the hub of audio/visual delivery. Very important as this allows us to reach communities throughout the province.

#### **INPUT:**

- Provide wireless capability throughout the building, and the IT infrastructure to link with other assessment and treatment centres in BC. Will require IT technical support, and consideration of confidentiality and security issues.

### **10. Book Store**

Envisioned as a retail space but might also serve as vocational opportunity. Would be a source of fundraising for centre.

#### **INPUT:**

- Book Store should be located near the Lecture Hall and classrooms.
- It may offer speech equipment and therapy tools for sale, in which case, space would need to be available for display and inventory.
- Book Store could expand to cover a wide range of child development / special needs issues, and not just ASD.

### **11. Children's Library**

~~A child friendly quiet space. Also, a location to house the many books and resources so that families can browse and learn.~~

#### **INPUT:**

- Unanimous that a Children's Library is not necessary – a lending library is sufficient.

### **12. Office Space for Projects & Non-Commercial Organizations**

Offices for groups like Autism Society of BC, Autism Speaks, Families for Early Autism Intervention, etc.,

#### **INPUT:**

- After-hour access required into this area.
- Design should support team and organizational collaboration
- Different aspects of the Centre could be managed by different groups, e.g., ACT could run the Electronic Library and Book Store.

### 13. Treatment Centre – CORE COMPONENT

An important space to assist with building professional capacity for the province. A place where professionals from a variety of disciplines can receive training and supervision in a model program – subsidies will be available to those who can not afford treatment.

#### INPUT:

- This component category could use a different name, rather than “Treatment Centre”. It overlaps and needs to integrate with *Component #23. Medical*. This area will need to focus on research, learning and the demonstration of model programs, versus actual delivery of treatment (i.e., not another service provider).
- All agreed that this area will need more space than estimated, and that the first item in particular will need more than 2,000 square feet. It was suggested that similar buildings should be used as examples.

### 14. Assessment / Treatment / Observation

A large space separated into private spaces for assessment, treatment, or observation. Requires an observation room with one-way glass to allow observation of students and teachers.

#### INPUT:

- Will require more than 2,000 square feet. Will include counselling rooms for individuals, families and groups, taking the needs of adults with ASD as well as children into consideration. Also for the use of visiting professionals.
- It should reflect consideration of multiple functions, e.g., efficient assessment, treatment, and professional development. It needs to include video recording capability.

### 15. OT therapy Room

Would include an occupational therapy treatment room. Encourage movement and determine aspects of child’s physical treatment. Requires an observation room with one-way glass.

#### INPUT:

- Some felt that components #14, 15 and 16 could be combined into a single component for now until more specifics are available. Others felt it was important to have a dedicated space for certain programming, such as movement/motion treatment or music therapy rooms, which may not combine well with other activities (see below).

### 16. Music / Art therapy

A large art studio and music room. Requires an observation room with one-way glass.

#### INPUT:

- Need to customize dedicated spaces for some specialized uses, e.g., #15, 16 and 19 require special soundproofing, a music room needs proper storage for musical instruments, etc.

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- Could be used to train consultants/therapists to create individualized art/music programs. A Capilano College student practicum could be built in.

### **17. Meeting / Breakout Rooms**

Used for supervision, individual or small group treatment, etc. Each room requires an observation room with one way glass.

#### **INPUT:**

- Requires videoconferencing facilities, to allow for “virtual meetings” so provincial outreach can occur.

### **18. Observation Rooms**

One for each room above with one-way mirrors. Minimal space required.

#### **INPUT:**

- Observation Rooms relate to Components #14 to 17, and should be connected to therapy and classrooms to observe treatment, and for practicum evaluations. The rooms will need to respect patient privacy and confidentiality rights – consent and autonomy are important. Telecast ability is desired.
- Think about one-way mirrors, but also think about sound and how to turn off the intercom.

### **19. Calm-Down Areas**

A place for “time away”.

#### **INPUT:**

- These are just places to calm down, and are not envisioned as Snoozellen or Sensory rooms.

### **20. Research, Assessment, and Medical Space – CORE COMPONENT**

We have included rough estimates of square footage that was supplied by SFU based on an existing Autism research centre in the US.

#### **INPUT:**

- The three sections of this Component must be designed for interdisciplinary collaboration, integrative of multiple persons and places where current ASD research exists.

### **21. Assessment Space**

#### **INPUT:**

- While appropriate to different ages, Assessment Space should feel welcoming to a child. It should contain large enough rooms to observe all features – movements, gait, play, etc. Consider video monitoring to observe eye tracking, joint attention, etc.
- Incorporate an “observational unit” hub that can connect to different assessment rooms, including: windows and audio (with or without headphones); counter space for note taking; able to accommodate several observers.
- Assessment space and Training space should be considered together.

## **22. Research**

A series of open spaced offices to enable researchers to work in concert. A potential home for the new SFU chair in Autism, UBC researchers, BCCH researchers, etc.

### **INPUT:**

- Less laboratory-based electro-clinical facilities for a more welcoming environment for ERPs, hearing tests, EEG, etc.
- Roughly 2,500 square feet required for Research rooms, offices and equipment storage. Configuration - researchers usually work elsewhere; treatment needs to be on-site. Needs to link with SFU/UBC, PARC, BCCH, Mental Health, etc. What about adults?
- Should allow easy integration of team-oriented research – not “silos”. The priority is applied research that integrates seamlessly into the core components of the Centre, with a focus on clinical research that partners with individuals/families to improve individualized therapies and outcomes.
- Not all research is good research, Need to know who does it, that it has passed an ethics approval process, and that it is scientifically valid and peer reviewed.

## **23. Medical**

A family-friendly space where children can receive medical treatments in a setting better suited for those with ASD.

### **INPUT:**

- Whether the Centre should house a Medical Clinic, and whether it should be considered a Core or Potential Component was never agreed. Some wondered if it would be feasible (e.g., volumes versus costs per visit). There would be a significant cost associated with keeping health records, transcription, etc. It may have limited provincial scope, i.e., not accessible outside of local area. Also, physicians providing medical assessments opens a whole level of medico-legal issues, e.g., need to have resuscitation kits, Epipens, etc.
- Incorporate rotating offices and examination facilities for visiting specialists (MDs). Integrate laboratories for blood accessioning that follow the same “welcoming” architectural style. Examination Rooms should also feel welcoming, i.e., non-sterile, not too clinical but functional. Much can be done without the examining table as the main feature. Link to observation rooms so it can be part of a “Biobehavioural Unit”.
- Include medical supports/services for adults with ASD.
- Seek buy-in from Health Authority (PHSA?) to support a Medical facility, including transcription services. Think about speaking with colleges/universities re. practicums for students at the Centre.



**24. Family Support Centre – CORE COMPONENT**

A place for families from throughout BC to stay while receiving consultation, treatment or assessment in Vancouver. The ultimate goal is to provide services in local communities. However, this is not always possible given the current capacity of service providers in BC.

**INPUT:**

- This was changed from a *Potential* to a *Core Component*, as it was seen as critical for provincial outreach.
- Would be like a small community, with accommodation similar to town houses and boarding homes, as well as a community gathering place. In addition to common space for families to connect and network, it needs to allow families private space. Would also include an office for a coordinator/key person.
- Consider short-term (2-3 weeks) residential wraparound options for families to attend with their children for comprehensive training and support.

**25. Three Bedroom**

Designed to accommodate family with aide. Specifically designed so that families need not worry about damage children might cause.

**26. Two Bedroom**

Parents and child.

**INPUT:**

- Need capacity for short family stays at low cost. Might be fewer and smaller, more like a boarding house/residence with private bedrooms and bathrooms, but shared dining and sitting spaces.
- Parking space for RVs/Campers.
- Consider a partnership with existing structures, versus building “new”, e.g., would it be cheaper to lease/rent a suitable offsite facility?

**27. Individual Accommodation**

For other parent, aides seeking training or attending speakers.

**INPUT:**

- Like a boarding home. Could also be for visiting professionals.

**28. Family Common Space**

In order to keep unit size down, will create a space for public time.

**INPUT:**

- Small communal area.
- Include assessment in a “naturalized area” so child need not leave where they are staying.

**29. Family Respite / Day care**

A secure, playful, and professional space where children can be left while parents attend a meeting or training while at the centre.

**INPUT:**

- Child-minding services provided by someone with experience in early child development. Onsite Day Care (across ages) for typical/atypical and siblings.

**30. Vocational / Post Secondary – CORE COMPONENT**

Envisioned as a post secondary facility for young adults with ASD and other developmental disabilities. Programming offered would depend upon the type of facility available, and the need in the province. It will be developed in consultation with the advisory/expert panel..

**INPUT:**

- Changed from Potential to a Core Component.
- Need to consult with adults living with ASD re. what they would like to see in this area.
- How do you support young adults? Tie in to the Family Support Centre so a young adult from the Interior could stay.
- This (or the Treatment Centre) could include a Preschool, as long as it is intended as a model program and evaluated as such. [The Preschool was considered to be a *Potential Component*.]

**31. Classrooms**

At least three rooms set up in standard classroom configuration. Certification programs and literacy as well as some life skills training would occur here.

**INPUT:**

- Classrooms can be for “model” programs, e.g., social thinking group, ABA instruction.

**32. Kitchen**

Vocational training space. This might be linked or located in the cafeteria space.

**INPUT:**

- Connect with Component #3. *Cafeteria / Vocational Training*.

**33. Trade Specific Training Area**

This would be dependent on location and need, and must be appropriate for young adults with ASD.

**INPUT:**

- Could require far more space than estimated, depending on which trades are included. Might be better to collaborate with BCIT, VCC, etc., and the new BC “Customized Employment Initiative”.

### **34. Computer Lab**

Room for young adults to access computers. Many young people with ASD show an aptitude with computers. This program may include training in computer programming, developing computer skills for an office job, etc. May be linked to IT room.

#### **INPUT:**

- Include smaller rooms for 1:1 interaction, rather than just one huge room for computer learning.
- Must be well firewalled, and *not* fully integrated with the Centre network.

### **35. Recreation Space – POTENTIAL COMPONENT**

A space to train community recreation service providers to work with children with ASD. A standard gym space that would again be fully wired so as to allow people throughout the province to participate. It should be noted that the discussion around this space is ongoing and that there is some debate over the size and even the need for this component.

#### **INPUT:**

- Do Recreation facilities make sense for people outside the local area? How many would travel from outside the local area? Might work for visiting families if connected to #24. *Family Support Centre*.
- Do we want segregated recreation at all? Would it be better to train the trainers who would take the benefit back to their home communities? Recreation may work well as a training component and a bridge to integrated community recreation.

### **36. Gymnasium**

Full basketball court sized gymnasium that would be designed to allow for a wide variety of sports training, including inside soccer and other sports.

#### **INPUT:**

- Is a full-scale gym really required?

### **37. Multipurpose Room**

A room for a variety of activities. This space could potentially be part of larger gymnasium.

#### **INPUT:**

- Very important to have a flexible-use recreational room.

### **38. Aquatic therapy / Training Center**

A much needed facility for training people with ASD, especially those for whom sensory issues might preclude them from attending other pools. It might be noted that if the Sunny Hill site is considered, there is an existing pool on site.

#### **INPUT:**

- Lack of agreement on whether a pool should be included in the Centre, or how large a component it should be. Concerns expressed about the optics, the portion of capital budget required (5%) and the need to fund ongoing operating costs.

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- Needs to be soundproof. Should not be used for therapy, other than as a training ground for consultants and therapists, and integrated with other program objectives.

### 39. Fitness Room

Full weight room for day and drop-in programs.

#### INPUT:

- Suggestion to include Pilates equipment, which has worked well for therapeutic programs.

### 40. Games Room

This may also be part of the *Family Support Centre*. A place for young people with ASD and other developmental disabilities to attend social programs, to unwind and enjoy ping pong, video games, pinball, etc.

#### INPUT:

- Could also be part of the *Family Support Centre*. Must be suitable for a large age spread – not too childish and not too adult.

## Miscellaneous – CORE COMPONENTS

### 41. Storage

General storage space.

#### INPUT:

- Will probably require more than 300 square feet.

### 42. Garden

A quiet space both for contemplation but also a space which could be used for vocational experience for young people.

#### INPUT:

- “Quiet and contemplative” may be a stretch. Include serenity nooks and walkways.

### 43. Playground

Somewhere on Centre site is needed for an outdoor playground for young children. Again, dependent on actual site, this might also be part of *Family Support* or *Treatment Centre*.

#### INPUT:

- Safe and welcoming, with a [possible] barbecue picnic area.