

## ADP Providers Service Network meeting notes

24 Sept 2024 at 10 am

**Attendees:** Colleen Taylor, Chair (Olde Forge), Monique Thibodeau-LaFlamme (Montfort Renaissance), Carole Green (DSORC), Sydney Flegg (J.W. MacIntosh), Penny Bodnoff (ADPA Chair & The Good Companions), Nicole Piche & Amanda Quenville (Alzheimer Society, Cornwall), Jessica Chong (Pearly Health), Tracey Delarge (GlenStorDunn Lodge, Cornwall), Kaitlyn Veinotte (J.W. MacIntosh), Lucie Davignon (Service Communautaire P-R), Erin Wilson (Bonnechere Manor ADP), Isabelle Meunier (Ontario Health at Home, formerly HCCSS), Chris Cobus, Chantal Jolicouer, and Reem Haddad (CSS Shared Resources).

1. **Welcome and Introductions**

Colleen welcomed everyone. Both the agenda for today and notes from the last meeting (18 April 2024) were.

2. **Agenda Review and Acceptance**

Accepted as circulated.

3. **Acceptance of last meeting notes (18 April 2024) and any old business arising**

Accepted as circulated.

**Action:** Chris to circulate approved Terms of Reference to the group. Add Misia McMillum, DSORC to the invitation list for future meetings.

4. **Update from sub-Committee/working group (Champlain, SE, CE) on Best Practice Guidelines**

Sub-Committee met three times since forming to review both the Champlain ADP Guidelines document and the ADP Guidelines document previously created by ADP providers throughout CE (including representation from SE). While there are a lot of commonalities between the two documents, integrating them into one document for review by ADP providers across the full OHE region is a substantial endeavour. The sub-Committee brought a 'chart' (circulated to ADP Providers prior to today's meeting) to ADP providers in all three sub-regions this month, to obtain feedback on: the various categories of ADP programs, the description of each, and the 'ideal' staffing ratios proposed for each type of ADP program.

**Feedback received:**

- Change 'Traditional to 'Frail Elderly' and reduce staff ratios from 1:5 to 1:3/4, due to the increased level of complexity in clients. Many living with disabilities or mild to moderate dementia.
- Other resources to consider: Sudbury ADP; Northern Ontario resource.
- in many smaller/rural programs there are not the resources to have several 'specialized' ADP programs. Instead, ADP programs tend to serve a mixed bunch of people with several special needs blended into the one program. Don't want readers to assume that all of the 'specialized programs' exist in all regions, because they don't.
- Some programs admit people less than 65, if their conditions dictate the program would be a good fit, e.g., 2SLGBTQIA+ program accepts people 55+, as do some of the other ADP programs

- Careful with the language, as we don't want to encroach on other services available e.g., some for people living with development disabilities.
- Ratio for dementia program makes sense...Alzheimer Society...sometimes 1:3 due to client absence; other times 1:5 if staff shortages; ideally, 1:4.
- Should the most comprehensive list of current day programs...part of appendices?
- Do ratios include volunteers? NO. What about ADP Coordinators? Some programs do not include coordinators in the staff ratio numbers as Coordinators are not involved directly in the programming.

**Action:** Feedback received from the group to be taken back to the sub-Committee to reach agreement on the chart's content based on feedback from all three sub-regions. ADP Providers across OHE will have opportunity to review the full draft of the integrated document, to ensure it reflects the experience of ADP providers and speaks to their collective efforts to provide quality services in as consistent a fashion as possible throughout the full region.

**5. Impact of change in Employment regs. (Bill 27 – July)**

Recent change in Employment Regs. has had an impact on both agencies who sub-contract PSW's from another agency to support their ADP programs, and agencies who are in the position of providing PSW's (part-time) to other agencies. An example was given whereby an agency that previously provided PSW's decided not to continue to do so, as it would mean additional cost and administrative requirements. This impacted on an ADP program who had been receiving PSW's from the provider agency for many years, having now to find another source and pay more for the PSW's obtained. **Action:** Colleen Taylor, Chair, to consider bringing these concerns to the CSS Collaborative Table (formerly OHE CSS Advisory table) as anything impacting the ability of ADP programs to have PSW support is of concern, noting the increasing complexity of clients being served.

**6. Caredove, consistency in service messaging**

Chantal Jolicouer, CSS Shared Services, explained current efforts underway to make both Caredove and the network's website easier when searching for specific service needs. She is in the process of approaching the various Provider Service Networks to discuss this and recruit assistance to develop service descriptions using common words, simplified to promote easier access. **Action:** anyone interested to contact Chantal [cjolicouer@ccsn-rscc.org](mailto:cjolicouer@ccsn-rscc.org) as soon as possible to assist in moving this effort forward.

**7. Pre-scheduling ADP Meeting dates**

To help Providers in planning their participation, it has been suggested that future Provider Service Network meetings be pre-scheduled to get them into peoples' calendars. ADP meeting will be planned for the fourth Tuesday of every other month (starting in November) at 10 am (Nov 26, Jan 28, Mar 25, May 27 and June 24). The 'extra' meeting planned for June, is in case there is a need to meet prior to a break in meetings, during summer months.

**Action:** Invites to be distributed to all involved.

**Next meeting:** 26 November 2024 at 10 am.