

Strategic Plan

**Improving the System of Support for
Children, Youth and Adults with ASD
and Their Families in York Region**

April 16, 2010

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1. Preamble

Autism Spectrum Disorder is one of the most common developmental disabilities. In Ontario, there is an estimated 70,000 individuals with ASD. Yet most of the public, including many professionals in the medical, educational and vocational fields, are still unaware of how autism affects people and how they can effectively work with individuals with autism¹.

Approximately 1 in 125 individuals are purported to have an Autism Spectrum Disorder². With a population of 1,032,000 as of Dec. 31, 2009 (and expected to rise to 1,195,000 over the next ten years³), there are over 8,300 individuals with ASD currently living in York Region. This includes approximately 1,660 children with ASD aged 0-14 years; 1,100 youth aged 15-24 years; and 4,600 adults aged 25-64 years.

In Canada, research indicates that children with disabilities, which includes children with ASD, are five times more likely to be abused than the general population⁴.

This strategic plan is driven by a bold dream – for children, youth and adults with ASD to live to the full potential of their lives at home, at school, at play and at work.

Our aim is high but not unachievable. It was only twenty-five years ago that section 72 of the *Child and Family Services Act* (CFSA) made it a requirement for any person with reason to believe a child had suffered or was about to suffer physical harm, sexual molestation or sexual exploitation to report to the *Children's Aid Society*. Today, most of us cannot imagine doing otherwise; nor are we at a loss for knowing exactly what to do should we become aware of a child in need of protection. And yet, before it was proclaimed in legislation in 1985, many horrible cases of child abuse slipped through the cracks because, as a society, we were uncertain what we should do or what our individual responsibilities were.

It is transformation of that same order that we are striving for in this strategic plan. It is bold – but it is far from impossible.

2. Introduction

This strategic plan is the result of a long effort to improve the system of support for children, youth and adults with ASD and their families in York Region. Beginning in 1973 when *Autism Ontario* was established (then called the *Ontario Society for Autistic Children*), and as programs were added over the years, children the families of children with ASD had to make their way through a confusing and complicated network of agencies – for which access and criteria for service was not always clear.

In 2008, the *York Region Dual Diagnosis and Autism Spectrum Disorder Service System Working Group* partnered with the *Autism Action Committee* and *Autism Ontario York Region* to host two planning days to discuss ways to improve the system of support. About 80 parents, service providers and decision-makers attended the planning days, held on March 25 and April 2, 2009. The participants' vision for the system of support included the following elements:

¹ From the Autism Ontario website page: "What is Autism"
<http://www.autismontario.com/client/aso/ao.nsf/web/ASD+1?OpenDocument>

² Centres for Disease Control, 2009; Baron-Cohen et al., 2009

³ York Region Planning and Development Services Department

⁴ National Clearing House on Family Violence

- A network model of service;
- Parents and families as partners;
- Individualized planning;
- Stream-lined responses;
- Technology to coordinate and communicate;
- Evidence-based practices;
- A comprehensive continuum of 24-7-12 care with lifelong supports;
- Asset-based approaches;
- Increased public understanding of ASD;
- Elevated knowledge /training across all sectors and professions;
- Horizontal coordination of provincial ministries at the local level; and.
- A sustainable, resourced infrastructure for planning at the local level.

The participants agreed on five goals they would work on together:

1. No wrong door; any door leads families to the appropriate resource and action for their family member autism.
2. Knowledge, training and awareness; evidence-based practices.
3. Coordinated plans of care; individualized and single plans of care (SPOC).
4. Partnering and accountability; sustainable, resourced infrastructure for planning.
5. Continuum of services.

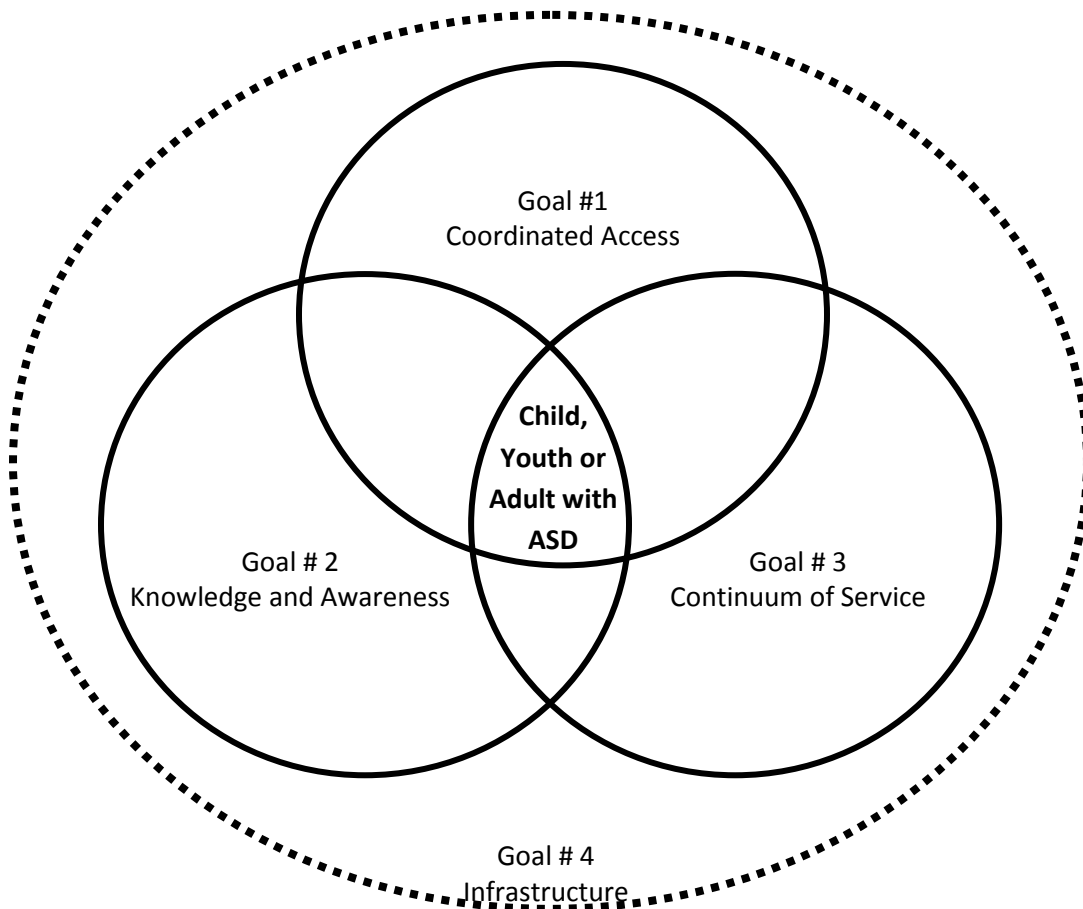
Following the two planning days, the *ASD Action Implementation Group* was formed to establish an implementation plan and a formal collaborative partnership to achieve the ASD vision, strategic directions and goals.

3. The Strategic Plan

The *Implementation Group's* first step was to refine the goals from the planning days and develop logic models. From that work four overarching goals for the strategic plan were developed. Three goals are targeted at directly improving programs and services while the fourth goal builds a sustainable infrastructure so that the work can continue over the longer term in a collaborative way.

Always, at the core of our work together, are the children, youth and adults with ASD.

The four goals of the strategic plan can be illustrated in the following way:



Each of the four goal areas has strategic actions that, when addressed, will ensure achievement of the goals. In total, ten broad strategies have been identified and 46 strategic actions detailed. While each strategic action addresses a specific issue, they all complement and overlap with each other.

The following chart summarizes the goals, strategies and strategic actions. Details are provided in Appendix A.

<p>Goal # 1 Coordinated Access</p> <p>Any door leads families to the appropriate resource and action for their child with autism.</p>	<p>Goal # 2 Knowledge and Awareness</p> <p>Provide opportunities to increase knowledge and awareness about ASD among physicians, service providers, parents and the general public.</p>	<p>Goal # 3 Continuum of Coordinated Services</p> <p>Provide coordinated and individualized plans of care, including more frequent use of electronic single plans of care (SPOCs).</p>	<p>Goal # 4 Infrastructure</p> <p>Formalize partnerships, strengthen collaborative capacity and increase transparency and accountability across the system of support.</p>
<p>1. The public and families know where and how to get information about ASD and services to meet the needs of children, youth, adults and their families.</p> <p>1.1. Partnering with 211.</p> <p>1.2. Offering web and phone access to information.</p> <p>1.3. Providing a directory of providers, services and programs.</p> <p>1.4. Providing access to quick knowledge for short-term support.</p> <p>1.5. Providing information about ASD at every point of access.</p> <p>1.6. Continuing to dialogue with the Ministries of Child and Youth Services (MCYS), Community and Social Services (MCSS), Health and Long-term Care (MHLTC) , Education (MoE) and inter-ministerial committees that have been struck at the provincial policy level.</p>	<p>3. Physicians know more about ASD and how to help their patients and their families.</p> <p>3.1. Providing 0-18 month development package about ASD for physicians.</p> <p>3.2. Providing training on screening tools (i.e. ERIK, Red Flags) to physicians.</p> <p>3.3. Sharing information about ASD and ASD/DD at rounds.</p> <p>3.4. Developing a map of access points and gateway agencies as a physician's resource.</p> <p>3.5. Linking physicians training initiatives with the work of the <i>ASD Implementation Group</i>.</p>	<p>7. Families receive services from providers that are integrated, needs-based and, when considered as a whole, are coordinated plans of care.</p> <p>7.1. Agreeing to a common approach for a coordinated continuum of care.</p> <p>7.2. Informing common approaches through specialized knowledge transfer.</p> <p>7.3. Providing more family resources for navigation and advocacy.</p> <p>7.4. Building on Children's Treatment Network's integrated team and approach, testing ways to coordinate or reconfigure resources to deliver a single plan of care (SPOC).</p>	<p>10. ASD Partnership Committee assumes leadership and maintains the focus on implementing all aspects of the strategic plan.</p> <p>10.1. Building collaborative relationships among service providers.</p> <p>10.2. Developing an on-going forum of parents and service providers.</p> <p>10.3. Linking and aligning ASD planning with other planning tables, activities and initiatives at the local and the provincial levels.</p> <p>10.4. Communicating progress and new developments with families and the broader community.</p>
<p>2. Families experience a simplified assessment processes and navigation of the system is easier.</p> <p>2.1. Supporting parents when they are navigating the system.</p> <p>2.2. Coordinating joint training for intake workers.</p> <p>2.3. Clarifying screening tool protocols.</p> <p>2.4. Providing the best and most up-to-date screening tools.</p> <p>2.5. Developing crisis intervention responses and protocols.</p> <p>2.6. Following a system-wide, common protocol for assessment.</p> <p>2.7. Providing school-aged assessment protocol.</p>	<p>4. Service providers know more about ASD and how to help families.</p> <p>4.1. Developing a <i>Red Flags for School-age Children</i>.</p> <p>4.2. Creating an inventory of training opportunities.</p> <p>4.3. Providing cross-sectoral working and training opportunities for service providers.</p> <p>4.4. Providing joint parent and professional development on successful collaboration.</p> <p>4.5. Using evidence-based knowledge to inform practices.</p> <p>4.6. Developing a curriculum for integrated, transdisciplinary work teams.</p>	<p>8. Families have access to a range of flexible, convenient and comprehensive 24-7-12 lifelong services to support them as their child grows up.</p> <p>8.1. Developing comprehensive pathways and road maps for families.</p> <p>8.2. Identifying duplication, gaps, roles and capacity within the current system.</p> <p>8.3. Refining the funnel.</p>	

	<p>5. Parents can identify ASD in their child more quickly and they can easily access information about local services and programs that can help.</p> <p>5.1. Revising the Healthy Babies/Healthy Children information to include ASD.</p> <p>5.2. Providing local resources about ASD and systems of support for families.</p> <p>5.3. Developing pathways and road maps for parents who have just received a diagnosis.</p> <p>5.4. Raising awareness through media campaigns and presentations to the general public.</p>	<p>9. Families are supported during transition from one developmental age to another, including into adulthood.</p> <p>9.1. Increasing the system's capacity to provide person-centred planning.</p> <p>9.2. Strengthening protocols and resources during transitional stages.</p> <p>9.3. Securing funding for adult services.</p>	
	<p>6. The system continuously monitors, evaluates and improves its policies and practices so that children, youth and adults with ASD in York Region are provided with the best supports possible.</p> <p>6.1. Tracking trends to inform system design.</p> <p>6.2. Reviewing other models in and outside York Region (i.e. DD, CTN).</p> <p>6.3. Identifying promising change management models.</p> <p>6.4. Designing and redesigning protocols that improve the system.</p>		

4. Roles and Responsibilities

With 46 action strategies and many players involved in the implementation of the strategic plan, it is important to manage roles and responsibilities so that duplication and gaps are minimized.

Most significant is the role and responsibilities of the *Partnership Committee*; it will be the “glue” that holds everything together and drives the plan forward. Specific responsibilities include:

- Build collaborative relationships among service providers. (10.1)
- Develop an on-going forum of parents and service providers. (10.2)
- Link and align ASD planning with other planning tables, activities and initiatives at the local and the provincial levels. (10.3)
- Communicate progress and new developments with families and the broader community. (10.4)

At the outset, it will be important to link with the *Coordinated Access Working Group* (accountable to the *Planning Forum on Children, Youth and Families*) and establish a sub-committee to focus on ASD access. That sub-committee will carry responsibilities related to the following action strategies:

- Partner with 211. (1.1)
- Provide information about ASD at every point of access.(1.5)
- Support parents when they are navigating the system.(2.1)
- Develop crisis intervention responses and protocols. (2.5)
- Develop pathways and road maps for parents who have just received a diagnosis.(5.3)
- Develop common approaches by sharing a basic information framework.(7.1)
- Inform common approaches through specialized knowledge transfer. (7.2)
- Provide more family resources for navigation and advocacy. (7.3)
- Develop comprehensive pathways and road maps for families. (8.1)
- Increase the system’s capacity to provide person-centred planning.(9.1)

Another important community-wide initiative for implementation of the ASD strategic plan is 211 (free, confidential, multilingual access to information for community, social, health and government services). The following action strategies will link implementation success with 211 in York Region:

- Partner with 211. (1.1)
- Offer web and phone access to information. (1.2)
- Provide a directory of providers, services and programs. (1.3)
- Provide access to quick knowledge for short-term support. (1.4)
- Provide information about ASD at every point of access. (1.5)
- Support parents when they are navigating the system. (2.1)
- Develop pathways and roadmaps for parents who have just received a diagnosis. (5.3)
- Agree to a common approach for a coordinated continuum of care. (7.1)
- Provide more resources for navigation and advocacy. (7.3)
- Develop comprehensive pathways and roadmaps for families. (8.1)

The action strategies, as detailed in Appendix B, propose the establishment of seven work groups. These work groups can be formalized or more loosely structured but they should be comprised of the people who have the knowledge or the position to bring resources to the table.

Groups can work independently using email and online meetings or part of the regular meeting of the *Implementation Group* can be set aside for work group discussions.

The seven work groups and their responsibilities are summarized in the following table:

Directory Work Group

- Provide a directory of providers, services and programs. (1.3)
- Develop a *Red Flags for School-age Children*.(4.1)

Mapping and Pathways Work Group

- Provide information about ASD at every point of access. (1.5)
- Support parents when they are navigating the system. (2.1)
- Develop a map of access points and gateway agencies as a physician's resource. (3.4)
- Develop pathways and road maps for parents who have just received a diagnosis. (5.3)
- Agree to a common approach for a coordinated continuum of care. (7.1)
- Inform common approaches through specialized knowledge transfer. (7.2)
- Build on Children's Treatment Network's integrated team and approach, testing ways to coordinate or reconfigure resources to deliver a single plan of care (SPOC). (7.4)
- Develop comprehensive pathways and road maps for families. (8.1)
- Refine the funnel. (8.3)

Professional Development Work Group

- Coordinate joint training for intake workers. (2.2)
- Create an inventory of training opportunities. (4.2)
- Provide cross-sectoral training for service providers. (4.3)
- Provide joint parent and professional development on successful collaboration. (4.4)
- Use evidence-based knowledge to inform practices. (4.5)
- Develop a curriculum for integrated, transdisciplinary work teams. (4.6)
- Inform common approaches through specialized knowledge transfer. (7.2)
- Increase the system's capacity to provide person-centred planning.(9.1)

Assessment and Screening Work Group

- Clarify screening tool protocols. (2.3)
- Follow a system-wide, common protocol for assessment. (2.6)
- Build on Children's Treatment Network's integrated team and approach, testing ways to coordinate or reconfigure resources to deliver a single plan of care (SPOC). (7.4)
- Strengthen protocols and resources during transitional stages. (9.2)

Physician Support Work Group

- Provide 0-18 month development package about ASD for physicians. (3.1)
- Provide training on screening tools (i.e. ERIK, Red Flags) to physicians. (3.2)
- Share information about ASD and ASD/DD at rounds. (3.3)
- Link physician's training initiatives with the work of the *ASD Implementation Group*. (3.5)

Communications Work Group

- Raise awareness through media campaigns and presentations to the general public. (5.4)

Tracking and Best Practices Work Group

- Track trends to inform system design. (6.1)
- Review other models in and outside York Region (i.e. DD, CTN). (6.2)
- Identify promising change management models. (6.3)
- Design and redesign protocols that improve the system. (6.4)

Website Information Coordinator

Many of the strategic actions require service providers to contribute and share information on consolidated information sites. A website information coordinator for each service provider should be identified and have responsibility for updating and keeping information current for the following strategic actions:

- Offering web and phone access to information. (1.2)
- Providing a directory of providers, services and programs. (1.3)
- Creating an inventory of training opportunities. (4.2)
- Providing cross-sectoral training for service providers. (4.3)
- Providing local resources about ASD and systems of support for families. (5.2)
- Refining the funnel. (8.3)

5. Implementation Plan

The implementation of the ASD strategic plan will occur in a multi-dimensional way. While there is some sequencing of the 46 action strategies proposed, for the most part, they will occur in parallel. It should also be noted that as the environment changes as a result of the implementation of earlier action strategies, the specifics of subsequent action strategies may need to be adjusted.

In general terms, there will be three phases of implementation.

1. Disseminating and Resourcing the ASD Strategic Plan:

- ✓ Provide copies of the final ASD strategic plan to the broader community through printed copies and PDF format on the Autism Ontario York Region website;
- ✓ Convene participants of the two planning days held in 2009 to provide an overview of the plan;
- ✓ Meet with key leaders and decision-makers in York Region to provide an overview of the plan and request their support;
- ✓ Transition the existing *ASD Implementation Group* into a fully functioning *Partnership Committee*;
- ✓ Develop memorandums of understanding and orientation to the strategic plan with participating partners;
- ✓ Meet with key leaders in the Ministries of Child and Youth Services (MCYS), Community and Social Services (MCSS), Health and Long-term Care (MHLTC) and Education (MoE) to provide an overview of the plan and request their support;
- ✓ Pursue funding opportunities such as Autism Speaks Family Service Grants 2010; and
- ✓ Ensure a website coordinator is identified for each service provider partner.

2. Aligning with existing and on-going initiatives in York Region:

- Establish linkages with two of the primary initiatives identified in the actions strategies:
 - Coordinated Access Working Group; and
 - 211 York Region.
- Look for quick wins with existing resources and partnerships:
 - ✓ Provide the best and most up to date screening tools (2.4)
 - ✓ Connect with Dr. Sullivan and Surrey Place to provide training on screening tools (i.e. ERIK, Red Flags) to physicians. (3.2)
 - ✓ Connect *Physician Support Group* with Autism Ontario and Regional Autism Programs of Ontario Network (RAPON) to link physicians training initiatives with the work of the *ASD Implementation Group*. (3.5)
 - ✓ Connect *Directory Work Group* with *Early Identification Working Group* to include ASD-specific content in the *Red Flags for School-age Children*. (4.1)
 - ✓ Connect with York Region Public Health staff too include ASD information in Healthy Babies/Healthy Children information package. (5.1)
 - ✓ *Mapping and Pathways Work Group* uses funnel and other resources to develop map of access points and gateway agencies. (5.3 and 8.3)
 - ✓ Establish a sub-committee of *the Coordinated Access Working Group* to focus on ASD access. (7.3)
 - ✓ Build on Children's Treatment Network's integrated team and approach, testing ways to coordinate or reconfigure resources to deliver a single plan of care (SPOC). (7.4)

3. Resourcing and organizing for longer-term action strategies:

- Establish all seven working groups;
- Monitor, evaluate and revise.

See appendix B for details of implementation by action strategy.

6. Monitoring and Evaluation

An important factor in the success of any strategic plan is an intentional and thoughtful review of its implementation. Not only is the review necessary to measure achievement towards goals, it is also important to monitor and evaluate for course correction.

As noted previously, the 46 action strategies are interrelated; as goals are achieved in short-term action areas, the environment will change and subsequent actions may need to be adjusted. The monitoring and evaluation process has been developed with the objective of putting in place a relatively simple process, but also one that allows the planning partners to reflect and course correct.

Templates for monitoring and evaluation are included in Appendix C.

7. A Note on Collaborative Capacity

There is increasing acknowledgement that when parents, service providers and decision-makers are working collaboratively together, the end result is a stronger “systems approach” that can better meet the needs of children, youth and adults with ASD. In reality, collaboration can be a difficult process.

The *Wilder Institute* has been conducting research on the successful elements of collaboration since 1992. They have developed twenty factors of successful collaboration, grouped into six categories:

- Environment;
- Membership;
- Process and Structure;
- Communication;
- Purpose; and
- Resources.

Members of the *Implementation Group* completed a survey tool, developed by the *Wilder Institute* and based on the twenty factors of success in December, 2009. The survey results indicated collaborative assets were strong in purpose and overall membership, but people were concerned about the availability of resources to guide the collaborative process and having the decision-makers on board. Appendix E provides a summary of the survey results.

It is recommended that the collaboration survey be conducted each year so the group can monitor changes in its collaborative capacity.

8. Case Studies

It has been said: “A plan without action is just a dream; action without a plan is a nightmare”. The strategic plan for improving the system of support will only be a dream, or even a nightmare, if we do not succeed in improving the lives of children, youth and adults with ASD and their families in York Region.

In the following case studies, we look at real families (with their identities protected) and the ways their children, youth and adults will be able to live their lives to their fullest potential when the vision that we have for our system of support is fully realized.

Case Study #1: Liz

Liz is 15 years old and in a specialized grade nine classroom. Liz has problem controlling her behaviour and acts out a lot at school. When that happens, the school usually calls Mom and asks her to come and get Liz. Once Liz’s behaviour was so disruptive and, when Mom couldn’t be reached, the police were called and Liz was taken to hospital in handcuffs. Workers have made referrals to day treatment for Liz but there are no vacancies.

Liz’s Mom has used only a few community supports because she does not trust them. Mom is getting increasingly frustrated with the school system’s lack of ability to help her daughter and is contemplating filing a complaint with the Human Rights Tribunal.

When the strategic plan is fully implemented, the Liz and her Mom will not get to this point of crisis.

The school will partner with other service providers so that Liz has received coordinated assessment. School teachers and staff will be able to act in a more proactive way to recognize and manage Liz's behaviour; they will have received training in evidence-based practices. The school will know about other services, such as 310-COPE, they can call before they turn to the police. There will be improved communication between the school and the family.

There will be more opportunities for person-centred planning to meet Liz's particular needs. Liz's mom will get more support navigating the system and she will have better access to information and to a circle of support, such as parents peer groups and respite care.

Case Study #2: Megan and Tom

Megan and Tom Smith are a young couple with three children, two boys aged nine and six and a daughter aged two. Their oldest son has been diagnosed with severe ASD and their middle son is on a waitlist for a diagnosis. Tom has a steady but minimum wage job; Megan cannot work because she has back problems and suffers with chronic depression. Tom and Megan get by, but it is always a struggle.

The Smith's are currently receiving childcare subsidy and limited funding from Assistance for Children with Severe Disabilities (ACSD). They have received some respite support but, with Megan's depression, they need more.

Recently the speech support their oldest son was receiving stopped and they don't know why. Megan and Tom know they need more help with the care of their children but they don't know what they need, where to get it or how they will pay for it.

When the strategic plan is fully implemented, Megan and Tom will be able to get the information they need and they will have more support navigating the system.

There will be more support for Megan and Tom at planning tables; there will be better facilitation of their planning needs. As a result they will not be left wondering why their son's speech support was stopped, instead, they will be directly involved in their son's plan of care. They will have access to short-term support while they wait for a diagnosis on their middle son.

It will be easier for Megan to connect with other mothers of children with ASD so that she will not feel as alone and will be able to learn about the network of supports and services available to her and Tom.

Case Study #3: The Kandeepan's

The Kandeepan's moved to York Region from Sri Lanka six years ago. Their 17-year old daughter Ruvini often translates for the family because neither parent is proficient in English. Between their efforts to settle in a new country and to care for 13-year old Rajan, who is non-verbal and has ASD, the family often meets with workers from many different agencies.

The Kandeepan's feel very alone; they do not have any extended family living nearby. They have managed to apply to the Assistance for Children with Severe Disabilities (ACSD) and the Special Services at Home (SSAH) programs by having Ruvini interpret the family's needs to a worker. The family does not know anything about respite services, let alone how to apply.

The special education consultants at Rajan's school have referred him for Intensive Behavioural Intervention (IBI) but he is on waitlist. They are doing their best for him at school, but Rajan needs more support at home, in the classroom and in social and recreational activities.

When the strategic plan is fully implemented, the Kandeepan's will not have to wait six years to get the support they need for their son; they will be treated as whole family.

Rajan's parents will get more support navigating the system and service providers will work collaboratively together to support the Kandeepan's in a culturally appropriate way. Service providers in all sectors will have knowledge of the system of support for children with ASD and their families so that the Kandeepan's receive a "warm" reception and referral no matter where they access the system.

The Kandeepan's will find services that support Rajan at home, at school and in the community are coordinated. Rajan's plan of care will be directed by his family based on ongoing assessments of his current and transitional needs

Case Study#4: Kelly and Emily

Kelly is a single mom with a 7-year old daughter, Emily, who has ASD and a seizure disorder. Kelly is stressed out from working two jobs and constantly dealing with Emily's behaviour. Kelly recently lost the support she received for Emily from Early Intervention Services (EIS) and she has just learned that Emily is not eligible for Intensive Behavioural Intervention (IBI).

When Emily's special education consultant connected Kelly with Behaviour Management Services Simcoe/York (BMSYS), Kelly became frustrated with the consultative model. Kelly wants someone to come to her home and work directly with Emily.

Kelly is tired and discouraged. She loves her daughter very much, but wonders why all this had to happen to her.

When the strategic plan is fully implemented, Kelly will be able to get quick support to help her handle Emily's behaviour. She will be continuously communicating with Emily's Special Education Resource Teacher (SERT), her classroom teacher and staff and consultants from York Support Services Network (YSSN), BMSYS, and Kerry's Place.

Kelly will have a crisis plan with goals for Emily in place that has been developed in partnership with her service providers. And finally, Kelly will have a support network of other parents of children with ASD; she will know about and have access to respite car when she needs it.

Appendix A

Detailed Strategic Plan: Improving the System of ASD Support in York Region

Revised April 16, 2010

Goal #1: Coordinated Access

Any door leads families to the appropriate resource and action for their child with autism.

Strategic Actions

1. The public and families know where and how to get information about ASD and services to meet the needs of children, youth, adults and their families.

1.1 Partnering with 211.

As 211 becomes operational in York Region, coordinated access would be significantly improved if 211 directs families of children and youth with ASD to the right access points and pathways. These strategic actions propose a plan for partnering with 211.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> ▪ <i>Partnership Committee/Coordinated Access Working Committee</i> establishes relationship with 211. ▪ Share ASD strategic plan. ▪ Identify information/resource requirements. 	Short-term: <ul style="list-style-type: none"> ▪ 211 knows the goals of the <i>Partnership Committee</i> and is committed to collaboratively work together to provide coordinated information to parents, families and the general public. 	Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013: 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
Medium-term: <ul style="list-style-type: none"> ▪ 211 has all the necessary information and contact information. ▪ A process for updating information is developed and operational. 	Medium-term: <ul style="list-style-type: none"> ▪ 211 is a good starting point for parents and families of children and youth with ASD. 	
Long-term: <ul style="list-style-type: none"> ▪ Review effectiveness of information provided by 211 to parents and families. ▪ Revise and adjust as necessary. 	Long-term: <ul style="list-style-type: none"> ▪ 211 is a good starting point for parents and families of children and youth with ASD. 	

1.2 Offering web and phone access to information.

The Autism Ontario York Region website (<http://www.autismontario.com/york>) already provides many resources for parents and families. These strategic actions will ensure service providers provide additional information to enhance the website.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> ▪ Identify additional information that can be added to Autism Ontario York Region website. ▪ Identify website information coordinator for each service provider; i.e. person to monitor and update information. ▪ Send names of website information coordinator to Lynda 	Short-term: <ul style="list-style-type: none"> ▪ Better understanding of what could be improved/added on the Autism Ontario York Region website. 	Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013:

<p>Beedham.</p> <ul style="list-style-type: none"> Link phone access actions with strategic action 1.1: Partnering with 211. 		<ol style="list-style-type: none"> Actions ____ % (0-100%) completed. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> Review effectiveness of information provided on Autism Ontario York Region website. Revise and adjust as necessary. 	<p>Medium-term:</p> <ul style="list-style-type: none"> The Autism Ontario York Region website provides complete and comprehensive information and resources for York Region families. 	
<p>Long-term:</p> <ul style="list-style-type: none"> Review effectiveness of information provided on Autism Ontario York Region website. Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> Families can easily get information about ASD, points of access and pathways in York Region through the internet and over the telephone. 	

1.3 Providing a directory of providers, services and programs.

The “funnel” completed in 2009 listed the many programs and services for children, youth, adults and their families with ASD in York Region. It would be helpful if an ASD directory provided a brief description, eligibility criteria and contact information for the programs listed on the funnel . In these strategic actions, an ASD directory will be created using the 211 template.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> Establish a <i>Directory Work Group</i> to review the funnel and review the 211 template for completeness. Collect information from all service providers using the 211(or revised 211) template. 	<p>Short-term:</p> <ul style="list-style-type: none"> Service providers and families work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> Actions ____ % (0-100%) completed. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> Work with 211 to ensure they have all of the information needed for an ASD directory. Create an online directory version for the Autism Ontario York Region website. Website information coordinator for each service provider to monitor and update information. 	<p>Medium-term:</p> <ul style="list-style-type: none"> An easy-to-access directory of services and programs for ASD in York Region, available to families, practitioners and the general public. 	
<p>Long-term:</p> <ul style="list-style-type: none"> Review effectiveness of directory provided on Autism Ontario York Region website. Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> Families and practitioners know where and how to get information and support for children, youth and adults with ASD in York Region. 	

1.4 Providing access to quick knowledge for short-term support.

Sometimes parents of children, youth or adults with ASD encounter a challenge with a family member that does not require intensive intervention, but rather short-term, immediate support. Family members may be looking for assurance, suggestions, tips or reliable information. These strategic actions are directed at better coordination of existing consultation services.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Compile details of consultation provided by Kerry’s Place Autism Services, Early Intervention Services, Autism Ontario, Kinark SSP, TRE-ADD and BMYS. ▪ Prepare an overview of resources to inform reception staff, intake workers and parents. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Service providers and families work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Include information about quick access to short-term support in training modules. ▪ Include information in directory, 211, mapping and pathway resources. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Agencies prepare all staff to give a “warm” response to any parent seeking assistance. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review effectiveness of consultation services for providing access to quick knowledge for short-term support. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families always get a “warm” response when they seek assistance and quick access to short-term support. 	

1.5 Providing information about ASD at every point of access.

Parents spend a lot of time finding all the information they need about ASD and the services and programs that can help them. These strategic actions coordinate information so that it can be easily retrieved by parents and practitioners at every point of access.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Establish a sub-committee of the <i>Coordinated Access Working Group</i> to focus on ASD access. ▪ Develop a workplan for coordinating and disseminating information about ASD to all service provider points of access. ▪ Link sub-committee with 211 work and <i>Mapping and Pathways Working Group</i>. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Service providers and families work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts:

Medium-term: <ul style="list-style-type: none"> Provide cross-sectoral training for service providers (see action 4.3) 	Medium-term: <ul style="list-style-type: none"> Information about ASD is accessible at every point of access. 	<input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet.
Long-term: <ul style="list-style-type: none"> Review effectiveness of providing information about ASD at every point of access. Revise and adjust as necessary. 	Long-term: <ul style="list-style-type: none"> Information about ASD is accessible at every point of access and provided as a “warm” response to any parent seeking information. 	3. Reflections:

1.6 Continuing a dialogue with relevant Ministries and Inter-Ministry Bodies

Two of the Ministry of Children and Youth Services (MC&YS) five strategic goals in its *Strategic Framework 2008-2012* are: 1) Every child has a voice and 2) Every child and youth receives personalized services. In these strategic actions, the dialogue to find innovative solutions must continue with MC&YS, but also with the Ministries of Community and Social Services (MCSS), Health and Long-term Care (MHLTC)/Central Local Health Integrated Network (LHIN), Education (MoE) and the inter-ministerial committees that have been struck at the provincial policy level.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> Meet with the MC&YS Regional Director and staff to present the strategic plan. Meet with representatives from MCSS, MHLTC / LHIN and MoE to present the strategic plan. Share details of strategic plan with members of inter-ministerial committees at every available opportunity. 	Short-term: <ul style="list-style-type: none"> MC&YS, MCSS, MHLTC/LHIN and MoE are aware of the goals of the strategic plan and provide support and assistance. 	Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013: 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet.
Medium-term: <ul style="list-style-type: none"> Establish regular meetings with the MC&YS, MCSS, MHLTC/LHIN and MoE to monitor progress on the implementation of the strategic plan. 	Medium-term: <ul style="list-style-type: none"> Parents, service providers, MC&YS, MCSS, MHLTC/LHIN and MoE work together on same goals. 	
Long-term: <ul style="list-style-type: none"> Review effectiveness of meetings with MC&YS, MCSS, MHLTC/LHIN and MoE. Revise and adjust as necessary. 	Long-term: <ul style="list-style-type: none"> Service providers and families work collaboratively together to improve the system of support. 	3. Reflections:

2. Families experience simplified assessment processes and navigation of the system is easier.

2.1 Supporting parents when they are navigating the system.

Navigating the current system of support for ASD can be daunting. Each program has different contact information, eligibility criteria and the application processes are often not coordinated. In these strategic actions, parents will receive support for navigating the system from every point of access.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Establish a sub-committee of the <i>Coordinated Access Working Group</i> to focus on ASD access. ▪ Enhance CTN service navigation to make it more ASD-friendly. ▪ Develop a workplan for coordinating and disseminating information about ASD to all service provider points of access. ▪ Link sub-committee with 211 work and <i>Mapping and Pathways Working Group</i>. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Service providers and families work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <p>3. Actions ____ % (0-100%) completed.</p> <p>4. Positive impacts:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. <p>3. Reflections:</p>
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Provide cross-sectoral training for service providers (see action 4.3) 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Service providers are better resourced to provide navigation support to parents at every point of access. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review effectiveness of supporting navigation for parents at every point of access. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Support for navigating the system is available at every point of access. 	

2.2 Coordinating joint training for intake workers.

Currently each service provider trains their intake workers on processes and protocols specific to their particular agency. In these strategic actions, intake workers who assist families of children, youth and adults with ASD will attend joint training sessions so that a common base of understanding is developed and intake workers have an opportunity to develop a network of communication.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Professional Development Work Group</i> to review existing training opportunities for intake workers and assess opportunities for joint training. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p>

Medium-term: <ul style="list-style-type: none"> Joint training program for intake workers developed and 2-3 sessions held. 	Medium-term: <ul style="list-style-type: none"> Resources are pooled and shared. 	1. Actions ____ % (0-100%) completed.
Long-term: <ul style="list-style-type: none"> Regular opportunities for joint training and the development of an on-going network of communication. 	Long-term: <ul style="list-style-type: none"> Intake workers know each other and the programs provided at each agency so they can ensure families get quick access to the services they need. 	2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:

2.3 Clarifying screening tool protocols.

There are several different screening tools for ASD in use throughout York Region. It is important that everyone agree on the right screening tools to use in different circumstances so that parents receive consistent and comparable information. These strategic actions will establish a shared understanding and protocols to guide the use of various screening tools.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> <i>Assessment and Screening Work Group</i> to review screening tools and processes and develop protocols for their use; i.e. when to use. Present review and protocols for endorsement by the <i>Partnership Committee</i>. 	Short-term: <ul style="list-style-type: none"> Families and service providers work collaboratively together to improve the system of support. 	Short-term: By Oct. 31, 2010:
Medium-term: <ul style="list-style-type: none"> Review protocols for screening tools. Revise and adjust as necessary. 	Medium-term: <ul style="list-style-type: none"> Resources are pooled and shared. 	Medium-term: By April 30, 2011: <ol style="list-style-type: none"> Actions ____ % (0-100%) completed. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. Reflections:

2.4 Providing the best and most up-to-date screening tools.

Once there is agreement on the use of screening tools and protocols, it is important that all agencies use the latest and most up-to-date tools. These strategic actions will put all the screening tools online and will ensure service providers are informed when a change has been made.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> All screening tools are posted on Autism Ontario York Region website. 	Short-term: <ul style="list-style-type: none"> Families and service providers work collaboratively together to improve the system of support. 	Short-term: By Oct. 31, 2010:
		Medium-term: By April 30, 2011:

<p>Medium-term:</p> <ul style="list-style-type: none"> Changes to screening tools are updated at the CTN Info Centre and service providers informed through the <i>Partnership Committee</i>. 	<p>Medium-term:</p> <ul style="list-style-type: none"> All service providers use the latest and most up-to-date screening tools. 	<ol style="list-style-type: none"> Actions ____ % (0-100%) completed. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. Reflections:
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2.5 Developing crisis intervention responses and protocols.

Families need to know that the support they receive during periods of crisis will be consistent and equitable regardless of where they live or which service provider they are working with. These strategic actions will bring more consistency, transparency and equity to service provider responses during crisis intervention.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> A relationship is established with the <i>Coordinated Access Working Group</i> and the <i>Integrated Crisis Response Services Steering Committee</i>. <i>Partnership Committee</i> reviews existing responses and protocols. 	<p>Short-term:</p> <ul style="list-style-type: none"> Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013:</p>
<p>Medium-term:</p> <ul style="list-style-type: none"> Shared protocols are developed and presented to the <i>Partnership Committee</i> for endorsement. Shared protocols are posted on a variety of websites. 	<p>Medium-term:</p> <ul style="list-style-type: none"> All service providers are using shared protocols for crisis intervention. 	<ol style="list-style-type: none"> Actions ____ % (0-100%) completed. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. Reflections:
<p>Long-term:</p> <ul style="list-style-type: none"> Review crisis intervention responses and protocols. Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> Crisis intervention responses and protocols are more consistent, transparent and equitable from a family's perspective. 	

2.6 Following a system-wide, common protocol for assessment.

Families need to know that the assessments they receive will be consistent regardless of which service provider they work with. These strategic actions will provide consistency so that families can be confident they have received an assessment that they can take from one agency to another and it will be used.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Assessment and Screening Work Group</i> reviews existing assessment protocols and establishes links with other planning tables/service providers (e.g. <i>Integrated Crisis Response Steering Committee, CTN</i>). ▪ <i>Partnership Committee</i> reviews assessment protocols and develops a common system-wide protocol. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Review common assessment protocols. ▪ Revise and adjust as necessary. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Families who have an assessment in hand will know how another service provider will use that assessment. All service providers are using common protocols for assessment. 	

2.7 Providing school-aged assessment protocol.

When children with ASD enter the school system, they are subject to another set of assessment protocols. These strategic actions will provide clarity and transparency so that parents know how their child will be assessed and what the results will mean.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Chief Psychologists and school board representatives meet to review existing school-age assessment protocols and document best practices ▪ Map continuity and revise protocols. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Protocols for school-age assessments are known and transparent. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews and endorses school-age assessment protocols. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review common assessment protocols. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

Goal # 2: Knowledge and Awareness

Provide opportunities to increase knowledge and awareness about ASD among physicians, service providers, parents and the general public.

Strategic Actions

3. Physicians know more about ASD and how to help their patients and their families.

3.1 Providing 0-18 month development package about ASD for physicians.

Physicians are often the first contact families have when they begin to realize that their child is developing differently. These strategic actions will put resources into the hands of physicians so that they can provide accurate and timely information to their families.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> ▪ <i>Physician Support Work Group</i> compiles resources for development package. 	Short-term: <ul style="list-style-type: none"> ▪ Resources for 0-18 month development package is compiled. 	Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013: 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
Medium-term: <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews development package and prepares covering memo for distribution to physicians. 	Medium-term: <ul style="list-style-type: none"> ▪ Physicians have an ASD-specific resource to assist them in the care of their patients and families. 	
Long-term: <ul style="list-style-type: none"> ▪ Review 0-18 month development package for physicians. ▪ Revise and adjust as necessary. 	Long-term: <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

3.2 Providing training on screening tools (i.e. ERIK, Red Flags) to physicians.

The earlier a child can receive support for their ASD, the better. Physicians are often the first people to assess the development of children. These strategic actions will provide physicians with screening tools that can help them identify ASD in their child patients as early as possible.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> ▪ <i>Physician Support Work Group</i> works with Surrey Place and Dr. Sullivan to develop training module for physicians. 	Short-term: <ul style="list-style-type: none"> ▪ Screening tools for physicians are compiled. 	Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013:

<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews training module for physicians. ▪ <i>Physician Support Work Group</i> works with Surrey Place and Dr. Sullivan to determine best training opportunities. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Physicians are trained on ASD screening tools. 	<ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review screening tools and training for physicians. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

3.3 Sharing information about ASD and ASD/DD at rounds.

With all the demands on a physicians time, it can be challenging to hold their attention long enough to provide them with new or additional information about ASD. In these strategic actions, information about ASD and ASD/DD is included during regular physician's rounds in a convenient and efficient way.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Physician Support Work Group</i> prepares information framework and resources. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Information for physicians is compiled. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews information framework and resources. ▪ <i>Physician Support Work Group</i> works with others in York Region who have successfully provided information to physicians at rounds (e.g. CTN). 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Physicians are provided with information about ASD and ASD/DD . 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review information framework, resources and effectiveness of providing information to physicians at rounds. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

3.4 Developing a map of access points and gateway agencies as a physician's resource.

Once a physician is sure that their patient and family needs to use the system of support for ASD, they may not know the best access points and gateways. These strategic actions will provide physicians with an easy-to-use map of access points and gateway agencies for persons of all ages with ASD.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> ▪ <i>Mapping and Pathways Work Group</i> uses funnel and other resources to develop map of access points and gateway agencies for persons of all ages with ASD. 	Short-term: <ul style="list-style-type: none"> ▪ Map of access points and gateway agencies is developed. 	Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013: 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
Medium-term: <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews map of access points and gateway agencies for persons of all ages with ASD and prepares covering memo for distribution to physicians. 	Medium-term: <ul style="list-style-type: none"> ▪ Physicians have a map of access points and gateway agencies as a resource to assist them in the care of their patients and families. 	
Long-term: <ul style="list-style-type: none"> ▪ Review effectiveness of map of access points and gateway agencies for persons of all ages with ASD for physicians. ▪ Revise and adjust as necessary. 	Long-term: <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

3.5 Linking physicians training initiatives with the work of the *Partnership Committee*.

Physicians play an important role in providing support to families of children, youth and adults with ASD. Ideally, physicians-in-training would learn more about ASD, but it is also important that practicing physicians in York Region have access to more information. In these strategic actions, the linkage between families, service providers and physicians will be strengthened so that everyone is working together for the best interests of children, youth and adults with ASD.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> ▪ <i>Physician Support Group</i> links with Autism Ontario and <i>Regional Autism Programs of Ontario Network (RAPON)</i> to better understand existing initiatives efforts around physician support. ▪ Makes recommendations about ways initiatives in York Region can be supported by provincial and national efforts. 	Short-term: <ul style="list-style-type: none"> ▪ Physicians are supported in developing a better understanding ASD. 	Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved

<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> findings of <i>Physician Support Work</i> to establish on-going linkages and representation. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p><input type="checkbox"/> Not achieved yet.</p> <p>3. Reflections:</p>
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4. Service providers know more about ASD and how to help families.

4.1 Developing *Red Flags for School-age Children*.

Red Flags is a quick reference guide to identify potential challenges to infant, toddler or preschool children’s healthy development. It also provides contact information for York Region resources. In these strategic actions, a *Red Flags for School-age Children* will be developed.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Directory Work Group</i> approaches <i>Early Identification Working Group</i> to include ASD-specific content in the <i>Red Flags for School-age Children</i>. ▪ <i>Directory Working Group</i> connects with planning groups in Durham and Simcoe Counties to investigate linkages. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Success of Red Flags is expanded to include school-age children. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews and endorses <i>Red Flags for School-age Children</i>. ▪ Funding for printing of <i>Red Flags for School-age Children</i> secured and copies distributed. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

4.2 Creating an inventory of training opportunities.

Work collaboratively, service providers can receive better value for their training dollars and, together, strengthen the capacity of the system of support. In these strategic actions, opportunities to let people know about training opportunities are proposed.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Professional Development Work Group</i> to review existing training opportunities and develop an inventory. ▪ <i>Partnership Committee</i> investigates the feasibility of applying for Autism Speaks Family Service Community Grants to build the field and scope of educators and trainers, by providing continuing education and training to those working directly with individuals with ASD. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:

<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> to review inventory. ▪ Inventory of training opportunities posted online at Kerry's Place. ▪ Website information coordinator at each service provider to update information on a regular basis. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Resources are pooled and shared. 	
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4.3 Providing cross-sectoral working and training opportunities for service providers.

Working and training together across sectors strengthens the collaborative capacity of the whole system of support and, in time, makes more efficient use of scarce resource. These strategic directions help to bring the sectors together so that, jointly, people and organizations learn how to define and determine the needs of children, youth and adults with ASD in York Region in a common and shared way.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> to work with MCSS and community of ASD service providers and parents to encourage cross-sectoral opportunities for working and training together. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p>
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Professional Development Work Group</i> to review existing training opportunities for service providers and assesses opportunities for cross-sectoral training. ▪ Inventory of training opportunities posted online at various websites ▪ Website information coordinator at each service provider to update information on a regular basis. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Resources are pooled and shared. 	<p>1. Actions ____ % (0-100%) completed.</p> <p>2. Positive impacts:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. <p>3. Reflections:</p>
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Working together in cross-sectoral ways becomes the normal standard of business. ▪ Regular opportunities for cross-sectoral training. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ The development of an on-going network of communication between service providers. 	

4.4 Providing joint parent and professional development on successful collaboration.

Work collaboratively together can lead to better results and more efficient use of skills and resources. But it is not always easy. In these strategic actions, professional development on what makes for successful collaboration will be offered to parents and service providers.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> ▪ <i>Professional Development Work Group</i> to develop an outline for a training module. 	Short-term: <ul style="list-style-type: none"> ▪ Increased awareness of the elements of successful collaboration. 	Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013: 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
Medium-term: <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> to review and endorse training module. ▪ Information on training posted online at various websites. 	Medium-term: <ul style="list-style-type: none"> ▪ Resources are pooled and shared. 	
Long-term: <ul style="list-style-type: none"> ▪ Review collaborative capacity. ▪ Revise and adjust as necessary. 	Long-term: <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

4.5 Using evidence-based knowledge to inform practices.

There is far more known about ASD now than in the past. In addition, the documentation of best practices and the opportunities to learn from the experience of others means that we have a much better understanding of what works. In these strategic actions, the capacity to use evidence-based knowledge to inform practices in working with children, youth and adults with ASD and their families in York Region is enhanced.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> ▪ <i>Professional Development Work Group</i> investigates resources on evidence-based practice available through Jonathan Weiss at York U., TRE-ADD, and Autism Ontario. ▪ <i>Professional Development Work Group</i> develops recommendations for guiding principles and definitions. ▪ <i>Partnership Committee</i> investigates the feasibility of applying for Autism Speaks Family Service Community Grants to sponsor conferences that provide several sessions of training and hands-on opportunities to demonstrate knowledge. 	Short-term: <ul style="list-style-type: none"> ▪ Resources and knowledge about evidence-based practices is consolidated for common understanding. 	Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013: 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved

<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews recommendations on evidence-based practices and shares with the broader community. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Evidence-based practices and encouraged and supported. 	<p><input type="checkbox"/> Not achieved yet.</p> <p>3. Reflections:</p>
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Further research and education on evidence-based practices is disseminated throughout the system of support at conferences, workshops and other gatherings. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

4.6 Developing a curriculum for integrated, transdisciplinary work teams.

As team approaches and person-directed planning for children, youth and adults with ASD becomes more common in York Region, it will be helpful to have a core base of knowledge for workers. In these strategic actions, the elements of a curriculum for integrated, transdisciplinary teams are proposed.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Professional Development Work Group</i> to begin reviewing the elements of a curriculum for integrated, transdisciplinary work teams. ▪ <i>Professional Development Work Group</i> to review work done by CTN to build integrated, transdisciplinary work teams for applicability and integration with the system of support for ASD in York Region. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Professional Development Work Group</i> to complete the curriculum. ▪ <i>Partnership Committee</i> to review and endorse the curriculum for integrated, transdisciplinary work teams. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Resources are pooled and shared. 	

5. Parents can identify ASD in their child more quickly and they can easily access information about local services and programs that can help.

5.1 Revising the Healthy Babies/Healthy Children information to include ASD.

The Healthy Babies/Healthy Children program provided by Public Health provides all new parents with basic information about the healthy development of their child. In these strategic actions, the information packages will include basic information on ASD and resources in York Region.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Connect with York Region Public Health staff. ▪ Provide ASD information to Healthy Babies/Healthy Children information package. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term:</p> <p>By Oct. 31, 2010:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:

5.2 Providing local resources about ASD and systems of support for families.

Autism Ontario provides excellent resources and information about ASD at the provincial level. In these strategic actions, more information about local resources and contacts will be made readily accessible to families in York Region through the Autism Ontario York Region website.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Identify additional information that can be added to Autism Ontario York Region website. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Better understanding of what could be improved/added on the Autism Ontario York Region website. 	<p>Short-term:</p> <p>By Oct. 31, 2010:</p> <p>Medium-term:</p> <p>By April 30, 2011:</p> <p>Long-term:</p> <p>By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Website information coordinator for each service provider to monitor and send updated information to the Autism Ontario York Region webmaster. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ The Autism Ontario York Region website provides complete and comprehensive information and resources for York Region families. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review effectiveness of information provided on Autism Ontario York Region website. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families can easily get information about ASD, points of access and pathways in York Region through the internet and over the telephone. 	

5.3 Developing pathways and road maps for parents who have just received a diagnosis.

When the family of a child or youth receives a diagnosis of ASD, they can be easily overwhelmed by what they should do next and who can help. As some parents have said, “they don’t know what they don’t know”. In these strategic actions, families will receive information about pathways and road maps that will help guide them in the early days.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Mapping and Pathways Work Group</i> uses funnel and other resources to develop map of access points and gateway agencies. ▪ <i>Mapping and Pathways Work Group</i> reviews practices and resources developed by CTN that can be adopted and applied to improving the system of support for ASD in York Region. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Map of access points and gateway agencies is developed. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews map of access points and gateway agencies. ▪ Link with <i>Coordinated Access Working Group</i>, 211 work and <i>Mapping and Pathways Working Group</i>. ▪ Maps of access points and gateway agencies compiled and posted online at various websites. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Parents have a map of access points and gateway agencies as a resource to assist them. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review effectiveness of map of access points and gateway agencies resources. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

5.4 Raising awareness through media campaigns and presentations to the general public.

There are over 8,300 individuals with ASD currently living in York Region. This includes approximately 1,660 children with ASD aged 0-14 years; 1,100 youth aged 15-24 years; and 4,600 adults aged 25-64 years. Yet most of the public, including many professionals in the medical, educational, and vocational fields, are still unaware of how autism affects people and how they can effectively work with individuals with autism. In these strategic actions, a media and communications campaign is proposed to raise awareness of ASD in York Region.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Communications Work Group</i> to begin development of a media and communications campaign. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews and endorses media and communications campaign. ▪ Resources to support media and communications campaign secured; i.e. funding, manpower, sponsors. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review effectiveness of media and communications campaign. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Greater awareness about ASD among parents and the general public. 	

6. The system continuously monitors, evaluates and improves its policies and practices so that children, youth and adults with ASD in York are provided with the best supports possible.

6.1 Tracking trends to inform system design.

6.2 Reviewing other models in and outside York Region (i.e. DD, CTN).

6.3 Identifying promising change management models.

6.4 Designing and redesigning protocols that improve the system.

As the strategic plan is implemented and as the system of support for children, youth and adults with ASD and their families in York Region is strengthened, it will be important to monitor progress and make adjustments as necessary. These strategic actions propose a framework for continuous improvement.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Terms of reference for a <i>Tracking and Best Practices Work Group</i> developed and presented to the <i>Partnership Committee</i> for endorsement. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Tracking and Best Practices Work Group</i> develops a workplan to continuously monitor, evaluate and improve the systems' policies and practices – based on strategic goals 6.1 to 6.4. ▪ <i>Partnership Committee</i> reviews and endorses workplan. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ York Region system of support models best practices. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review effectiveness of <i>Tracking and Best Practices</i> workplan. ▪ Design and redesign protocols as necessary. 	<p>Long-term:</p> <ol style="list-style-type: none"> 2. Children, youth and adults with ASD in York are provided with the best supports possible. 	

Goal # 3: Continuum of Coordinated Services

Provide coordinated and individualized plans of care, including more frequent use of electronic single plans of care (SPOCs).

Strategic Actions

7. Families receive services from providers that are integrated, needs-based and, when considered as a whole, are coordinated plans of care.

7.1 Agreeing to a common approach for a coordinated continuum of care.

To work collaboratively together, families and service providers need to share a common approach in which they continuously exchange information throughout the long-term cyclical processes of assessment, treatment and transition. In these strategic actions, the mechanisms to work together in the integrated delivery of services is fostered and maintained.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Mapping and Pathways Work Group</i> explores the opportunities to build on CTN’s information-sharing framework and tools. ▪ <i>Mapping and Pathways Work Group</i> establishes linkages with <i>Coordinated Access Working Group</i> and 211 work. ▪ <i>Partnership Committee</i> investigates the feasibility of applying for Autism Speaks Family Service Community Grants to educate service providers and increase capacity to foster and maintain integrated delivery of services. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ A better understanding of the opportunities and mechanisms for integrated service delivery. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews and endorses mechanisms and opportunities for integrated service delivery. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Opportunities and mechanisms for integrated service delivery are increased and improved throughout the system of support. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review effectiveness of integrated system of support. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

7.2 Informing common approaches through specialized knowledge transfer. (see 4.3)

One of the best ways to help service providers develop common approaches and coordinated plans of care is to provide opportunities for specialized knowledge transfer. Closely connected to the strategic actions in goal 4.3, these actions will ensure cross-sectoral specialized knowledge transfer.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Professional Development Work Group</i> to include specialized knowledge transfer in its inventory and training opportunities. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Approaches used by service providers start to become more common. 	<p>Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews the <i>Professional Development Work Group</i> plan. ▪ Specialized knowledge transfer opportunities are posted online at various websites 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Basic information framework is accessible by service providers and families. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review ways and methods of transferring specialized knowledge to service providers and families. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

7.3 Providing more family resources for navigation and advocacy. (see 2.1)

Families seeking support for their family members in a system of coordinated and individualized plans of care will need supports to help them navigate the system and advocate for their family, when necessary. These strategic actions will make the system of support more receptive and able to support parents' participation in a coordinated system.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Establish a sub-committee of <i>the Coordinated Access Working Group</i> to focus on ASD access. ▪ Develop a workplan for coordinating and disseminating information about ASD to all service provider points of access. ▪ Link sub-committee with 211 work and <i>Mapping and Pathways Working Group</i>. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Service providers and families work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts:

<p>Medium-term:</p> <ul style="list-style-type: none"> Provide cross-sectoral training for service providers (see action 4.3) 	<p>Medium-term:</p> <ul style="list-style-type: none"> Service providers are better resourced to provide navigation and advocacy to parents at every point of access. 	<ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. <p>3. Reflections:</p>
<p>Long-term:</p> <ul style="list-style-type: none"> Review effectiveness of supporting navigation and advocacy for parents at every point of access. Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> Support for navigating the system is available at every point of access. 	

7.4 Building on Children’s Treatment Network’s integrated team and approach, testing ways to coordinate or reconfigure resources to deliver a single plan of care (SPOC).

In time, the system of support will move towards coordinated and individualized plans of care. In these strategic actions, families and services providers will better understand the system changes that will need to occur and they will know how to make those necessary changes.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> <i>Partnership Committee</i> establishes <i>Mapping and Pathways</i> and <i>Assessment and Screening Work Groups</i>. <i>Mapping and Pathways Work Group</i> explores the opportunities to build on CTN’s information-sharing framework and tools. <i>Partnership Committee</i> explores opportunities to fund and establish a pilot project (e.g. Autism Speaks Family Services Community Grants). 	<p>Short-term:</p> <ul style="list-style-type: none"> Reduced duplication and gaps in system of support. Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> Actions ____ % (0-100%) completed. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> <i>Partnership Committee</i> reviews findings and recommendation of <i>Mapping and Pathways</i> and <i>Assessment and Screening Work Groups</i>. 	<p>Medium-term:</p> <ul style="list-style-type: none"> Service providers are increasing Work in team approaches. 	
<p>Long-term:</p> <ul style="list-style-type: none"> Review effectiveness of resources for navigation and advocacy. Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> Existing resources are reconfigured so that a team approach is the usual model of providing support to children, youth and adults with ASD and their families. 	

8. Families have access to a range of flexible, convenient and comprehensive 24-7-12 lifelong services to support them as their child grows up.

8.1 Developing comprehensive pathways and road maps for families. (see 5.3)

In goal 5.3, strategic actions were proposed to provide parents with pathways and road maps when they first receive a diagnosis. In these strategic actions, resources to guide parents through pathways and gateways will be broadened to cover transition through all stages.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Mapping and Pathways Work Group</i> uses funnel and other resources to develop map of access points and gateway agencies. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Map of access points and gateway agencies is developed. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> reviews map of access points and gateway agencies. ▪ Link with <i>Coordinated Access Working Group</i>, 211 work and <i>Mapping and Pathways Working Group</i>. ▪ Maps of access points and gateway agencies compiled and posted online at various websites. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Parents and service providers have a map of access points and gateway agencies as a resource to assist them. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review effectiveness of map of access points and gateway agencies resources. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

8.2 Identifying duplication, gaps, roles and capacity within the current system.

As children, youth and adults with ASD develop in age, they require a different set of programs and supports. Gap in service or confusion over roles adds additional stress to a family. In these strategic actions, progress towards a stronger system of support will be continuously evaluated and a process to make adjustments established.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> endorses strategic plan and shares plan with broader community of parents and stakeholders. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> monitors and evaluates progress towards strategic plan goals. ▪ Revise and adjust as necessary. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	

<p>Long-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> monitors and evaluates progress towards strategic plan goals. Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. <p>3. Reflections:</p>
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8.3 Refining the funnel. (see 8.1 and 5.3)

The funnel is an important foundation for understanding the system of support in goals 8.1 and 5.3. These strategic actions will ensure the funnel is kept up to date and relevant.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Mapping and Pathways Work Group</i> uses funnel to develop map of access points and gateway agencies. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Funnel is further refined. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Revised funnel is posted online at various websites ▪ Website information coordinator at each service provider to update information on a regular basis. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Funnel is kept up-to-date as a core reference document. 	

9. Families are supported during transition from one developmental age to another, including into adulthood.

9.1 Increasing the system’s capacity to provide person-centred planning. (see 2.1 and 7.3)

Providing support for families to navigate the system and resources for advocacy have already been identified in goals 2.1 and 7.3. When a family member is transitioning between developmental ages, the capacity of the system to provide person-directed planning is especially important. In these strategic actions, solutions to strengthen this capacity are proposed.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Coordinated Access Working Group</i> develops protocols for family-centred transitions into adulthood. ▪ <i>Partnership Committee</i> endorses the protocols for person-centred planning. ▪ <i>Partnership Committee</i> investigates the feasibility of applying for Autism Speaks Family Service Community Grants to support person-centred approaches to improve life/community integration skills for young adults/adults. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Professional Development Work Group</i> includes training opportunities related to person-centred planning. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Training opportunities exist so that capacity to provide person-centred planning is enhanced. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Review systems’ progress towards increasing capacity for providing person-centred planning. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ul style="list-style-type: none"> ▪ Families have more resources for person-centred planning. 	

9.2 Strengthening protocols and resources during transitional stages. (see 2.3 and 2.6)

As discussed in goals 2.3 and 2.6, the system of support will be strengthened when service providers follow the same protocols. This is especially important during transitions from one age to another. These strategic actions address that need.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term:</p> <ul style="list-style-type: none"> ▪ <i>Assessment and Screening Work group</i> to review protocols and resources used during transitional stages. ▪ Present protocols and resources to <i>Partnership Committee</i> for review and recommendations. <i>(is there something here around privacy???)</i> ▪ <i>Partnership Committee</i> investigates the feasibility of applying for Autism Speaks Family Service Community 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed.

Grants to enhance transitional planning for young adults/adults.		2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:
Medium-term: <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> communicates recommendations to strengthen protocols to all service providers 	Medium-term: <ul style="list-style-type: none"> ▪ Resources are pooled and shared. 	
Long-term: <ul style="list-style-type: none"> ▪ Review effectiveness of protocols and resources during transitional stages. ▪ Revise and adjust as necessary. 	Long-term: <ul style="list-style-type: none"> ▪ Increased clarity and expectations around protocols and resources during transitional stages. 	

9.3 Securing funding for adult services. (see 1.6)

Currently there is very little funding available for services or programs for adults with ASD. In goal 1.6, an on-going dialogue with the Ministry of Community and Social Services is proposed. In these strategic actions, proposals to assess the need and advocate for funding for adults services are presented.

Actions	Impacts	Monitoring and Evaluation
Short-term: <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> discusses funding for adult services during regular meetings with Ministry of Community and Social Services. 	Short-term: <ul style="list-style-type: none"> ▪ Increased awareness of need for funding for support services for adults with ASD. 	Short-term: By Oct. 31, 2010: Medium-term: By April 30, 2011: Long-term: By April 30, 2013:
Medium-term: <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> begins to scan need, plan, develop proposals and advocate for funding for adult services. 	Medium-term: <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	1. Actions ____ % (0-100%) completed.
Long-term: <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> advocates for funding for adult services. 	Long-term: <ul style="list-style-type: none"> ▪ Funding is available to support programs and services for adults with ASD. 	2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:

Goal # 4: Infrastructure

Formalize partnerships, strengthen collaborative capacity and increase transparency and accountability across the system of support.

Strategic Actions

10. The *Partnership Committee* assumes leadership and maintains the focus on implementing all aspects of the strategic plan.

10.1 Building collaborative relationships among service providers.

10.2 Developing an on-going forum of parents and service providers.

10.3 Linking and aligning ASD planning with other planning tables, activities and initiatives at the local and the provincial levels.

10.4 Communicating progress and new developments with families and the broader community.

Strengthening the system of support for children, youth and adults with ASD and their families in York Region will require collaborative effort by families, service providers and decision makers. These strategic actions build upon and align with existing infrastructure in York Region (e.g. CTN) to build sustainability and processes to support the collaborative work that will be required to implement innovative and effective solutions.

Actions	Impacts	Monitoring and Evaluation
<p>Short-term: <i>Partnership Committee</i> endorses strategic plan and shares plan with broader community of parents and stakeholders.</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> links with <i>Coordinated Access Working Group</i> and establishes a sub-committee to focus on ASD access. ▪ <i>Partnership Committee</i> establishes seven Work Groups: <ul style="list-style-type: none"> <i>Directory Work Group</i> <i>Mapping and Pathways Work Group</i> <i>Professional Development Work Group</i> <i>Assessment and Screening Work Group</i> <i>Physician Support Work Group</i> <i>Communications Work Group</i> <i>Tracking and Best Practices Work Group</i> ▪ <i>Partnership Committee</i> ensures a website information coordinator for each agency is identified. ▪ <i>Partnership Committee</i> identifies related planning tables, activities and initiatives and formalizes linkages, as necessary. ▪ <i>Partnership Committee</i> posts meeting summaries and progress reports on line at various websites. 	<p>Short-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	<p>Short-term: By Oct. 31, 2010:</p> <p>Medium-term: By April 30, 2011:</p> <p>Long-term: By April 30, 2013:</p> <ol style="list-style-type: none"> 1. Actions ____ % (0-100%) completed. 2. Positive impacts: <ul style="list-style-type: none"> <input type="checkbox"/> Achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Not achieved yet. 3. Reflections:

<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> monitors and evaluates progress towards strategic plan goals and shares with the broader audience of parents and stakeholders. ▪ Revise and adjust as necessary. 	<p>Medium-term:</p> <ul style="list-style-type: none"> ▪ Families and service providers work collaboratively together to improve the system of support. 	
<p>Long-term:</p> <ul style="list-style-type: none"> ▪ <i>Partnership Committee</i> monitors and evaluates progress towards strategic plan goals. ▪ Revise and adjust as necessary. 	<p>Long-term:</p> <ol style="list-style-type: none"> 3. Collaborative capacity of parents and service providers is strengthened. 4. The system of support for children, youth and adults with ASD and their families in York Region is transparent and accountable. 	

**Appendix B
Implementation Plan**

Disseminating and Resourcing the ASD Strategic Plan	Aligning with Existing and On-going Initiatives in York Region	Resourcing and Organizing for Longer-term Action Strategies.
Short-term Actions: May 1 – Oct. 31/10	Medium-term Actions: May 1/10 – Apr. 30/11	Long-term Actions: May 1/10 – Apr. 30/13
<p>Goal # 1: Coordinated Access</p> <ul style="list-style-type: none"> ✓ Continue to dialogue with the Ministries of Child and Youth Services (MCYS), Community and Social Services (MCSS), Health and Long-term Care (MHLTC)/Central Local Health Integrated network (LHIN), Education (MoE) and inter-ministerial committees that have been struck at the provincial policy level. (1.6) <p>Goal #4: Infrastructure</p> <ul style="list-style-type: none"> ✓ Provide copies of the final ASD strategic plan to the broader community through printed copies and PDF format on the Autism Ontario York Region website. ✓ Convene participants of the two planning days held in 2009 to provide an overview of the plan. ✓ Meet with key leaders and decision-makers in York Region to provide an overview of the plan and request their support. ✓ Develop memorandums of understanding and orientation to the strategic plan with participating partners. ✓ Pursue funding opportunities such as Autism Speaks Family Service Grants 2010. ✓ Ensure a website coordinator is identified for each service provider partner. ✓ <i>ASD Implementation Group</i> assumes leadership and maintains the focus on implementing all aspects of the strategic plan. <ul style="list-style-type: none"> • Building collaborative relationships among service providers. 	<p>Goal # 1: Coordinated Access</p> <ul style="list-style-type: none"> ✓ Partner with 211. (1.1) ✓ Offer web and phone access to information. (1.2) ✓ Clarify screening tool protocols. (2.3) ✓ Provide the best and most up-to-date screening tools. (2.4) <p>Goal # 2: Knowledge and Awareness</p> <ul style="list-style-type: none"> ✓ Provide training on screening tools (i.e. ERIK, Red Flags) to physicians. (3.2) ✓ Link physicians training initiatives with the work of the <i>ASD Implementation Group</i>. (3.5) ✓ Develop a <i>Red Flags for School-age Children</i>.(4.1) ✓ Revise the Healthy Babies/Healthy Children information to include ASD. (5.1) ✓ Develop pathways and road maps for parents who have just received a diagnosis. (5.3) <p>Goal # 3: Continuum of Coordinated Services</p> <ul style="list-style-type: none"> ✓ Provide more family resources for navigation and advocacy. (7.3) ✓ Build on Children’s Treatment Network’s integrated team and approach, testing ways to coordinate or reconfigure resources to deliver a single plan of care (SPOC). (7.4) ✓ Refine the funnel. (8.3) 	<p>Goal # 1: Coordinated Access</p> <ul style="list-style-type: none"> ✓ Provide a directory of providers, services and programs. (1.3) ✓ Provide access to quick knowledge for short-term support. (1.4) ✓ Provide information about ASD at every point of access. (1.5) ✓ Support parents when they are navigating the system. (2.1) ✓ Coordinate joint training for intake workers. (2.2) ✓ Develop crisis intervention responses and protocols. (2.5) ✓ Follow a system-wide, common protocol for assessment. (2.6) ✓ Provide school-aged assessment protocol. (2.7) <p>Goal # 2: Knowledge and Awareness</p> <ul style="list-style-type: none"> ✓ Provide 0-18 month development package about ASD for physicians. (3.1) ✓ Share information about ASD and ASD/DD at rounds. (3.3) ✓ Develop a map of access points and gateway agencies as a physician’s resource. (3.4) ✓ Create an inventory of training opportunities. (4.2) ✓ Provide cross-sectoral working and training opportunities for service providers. (4.3) ✓ Provide joint parent and professional development on successful collaboration. (4.4) ✓ Use evidence-based knowledge to inform practices. (4.5)

<ul style="list-style-type: none"> • Developing an on-going forum of parents and service providers. • Linking and aligning ASD planning with other planning tables, activities and initiatives at the local and the provincial levels. • Communicating progress and new developments with families and the broader community. (10.1 – 10.4) 		<ul style="list-style-type: none"> ✓ Develop a curriculum for integrated, transdisciplinary work teams. (4.6) ✓ Provide local resources about ASD and systems of support for families. (5.2) ✓ Raise awareness through media campaigns and presentations to the general public. (5.4) ✓ Track trends to inform system design. (6.1) ✓ Review other models in and outside York Region (i.e. DD, CTN). (6.2) ✓ Identify promising change management models. (6.3) ✓ Design and redesigning protocols that improve the system. (6.4) <p>Goal # 3: Continuum of Coordinated Services</p> <ul style="list-style-type: none"> ✓ Agree to a common approach for a coordinated continuum of care. (7.1) ✓ Inform common approaches through specialized knowledge transfer. (7.2) ✓ Develop comprehensive pathways and road maps for families. (8.1) ✓ Identify duplication, gaps, roles and capacity within the current system. (8.2) ✓ Increase the system's capacity to provide person-centred planning. (9.1) ✓ Strengthen protocols and resources during transitional stages. (9.2) ✓ Secure funding for adult services. (9.3)
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Appendix C
Monitoring and Evaluation Templates

Disseminating and Resourcing the ASD Strategic Plan
Short-term Actions: May 1 – Oct. 31/10

Goal # 1: Coordinated Access

- ✓ Continue to dialogue with the Ministries of Child and Youth Services (MCYS), Community and Social Services (MCSS), Health and Long-term Care (MHLTC), Education (MoE) and inter-ministerial committees that have been struck at the provincial policy level. (1.6)

Goal #4: Infrastructure

- ✓ Provide copies of the final ASD strategic plan to the broader community through printed copies and PDF format on the Autism Ontario York Region website.
- ✓ Convene participants of the two planning days held in 2009 to provide an overview of the plan.
- ✓ Meet with key leaders and decision-makers in York Region to provide an overview of the plan and request their support.
- ✓ Transition the existing *ASD Implementation Group* into a fully functioning *Partnership Committee*;
- ✓ Pursue funding opportunities such as Autism Speaks Family Service Grants 2010.
- ✓ Ensure a website coordinator is identified for each service provider partner.
- ✓ *Partnership Committee* assumes leadership and maintains the focus on implementing all aspects of the strategic plan.
 - Building collaborative relationships among service providers.
 - Developing an on-going forum of parents and service providers.
 - Linking and aligning ASD planning with other planning tables, activities and initiatives at the local and the provincial levels.
 - Communicating progress and new developments with families and the broader community. (10.1 – 10.4)

5. % actions (0-100%) completed.

6. Positive impacts:

- Achieved
- Partially achieved
- Not achieved yet

Reflections: *(what do we need to change or adjust?)*

Aligning with Existing and On-going Initiatives in York Region
Medium-term Actions: May 1/10 – Apr. 30/11

Goal # 1: Coordinated Access

- ✓ Partner with 211. (1.1)
- ✓ Offer web and phone access to information. (1.2)
- ✓ Clarify screening tool protocols. (2.3)
- ✓ Provide the best and most up-to-date screening tools. (2.4)

Goal # 2: Knowledge and Awareness

- ✓ Provide training on screening tools (i.e. ERIK, Red Flags) to physicians. (3.2)
- ✓ Link physicians training initiatives with the work of the *ASD Implementation Group*. (3.5)
- ✓ Develop a *Red Flags for School-age Children*.(4.1)
- ✓ Revise the Healthy Babies/Healthy Children information to include ASD. (5.1)
- ✓ Develop pathways and road maps for parents who have just received a diagnosis. (5.3)

Goal # 3: Continuum of Coordinated Services

- ✓ Provide more family resources for navigation and advocacy. (7.3)
- ✓ Build on Children’s Treatment Network’s integrated team and approach, testing ways to coordinate or reconfigure resources to deliver a single plan of care (SPOC). (7.4)
- ✓ Refine the funnel. (8.3)

7. % actions (0-100%) completed.

8. Positive impacts:

- Achieved
- Partially achieved
- Not achieved yet

Reflections: *(what do we need to change or adjust?)*

Resourcing and Organizing for Longer-term Action Strategies.

Long-term Actions: May 1/10 – Apr. 30/13

Goal # 1: Coordinated Access

- ✓ Provide a directory of providers, services and programs. (1.3)
- ✓ Provide access to quick knowledge for short-term support. (1.4)
- ✓ Provide information about ASD at every point of access. (1.5)
- ✓ Support parents when they are navigating the system. (2.1)
- ✓ Coordinate joint training for intake workers. (2.2)
- ✓ Develop crisis intervention responses and protocols. (2.5)
- ✓ Follow a system-wide, common protocol for assessment. (2.6)
- ✓ Provide school-aged assessment protocol. (2.7)

Goal # 2: Knowledge and Awareness

- ✓ Provide 0-18 month development package about ASD for physicians. (3.1)
- ✓ Share information about ASD and ASD/DD at rounds. (3.3)
- ✓ Develop a map of access points and gateway agencies as a physician's resource. (3.4)
- ✓ Create an inventory of training opportunities. (4.2)
- ✓ Provide cross-sectoral working and training opportunities for service providers. (4.3)
- ✓ Provide joint parent and professional development on successful collaboration. (4.4)
- ✓ Use evidence-based knowledge to inform practices. (4.5)
- ✓ Develop a curriculum for integrated, transdisciplinary work teams. (4.6)
- ✓ Provide local resources about ASD and systems of support for families. (5.2)
- ✓ Raise awareness through media campaigns and presentations to the general public. (5.4)
- ✓ Track trends to inform system design. (6.1)
- ✓ Review other models in and outside York Region (i.e. DD, CTN). (6.2)
- ✓ Identify promising change management models. (6.3)
- ✓ Design and redesigning protocols that improve the system. (6.4)

Goal # 3: Continuum of Coordinated Services

- ✓ Agree to a common approach for a coordinated continuum of care. (7.1)
- ✓ Inform common approaches through specialized knowledge transfer. (7.2)
- ✓ Develop comprehensive pathways and road maps for families. (8.1)
- ✓ Identify duplication, gaps, roles and capacity within the current system. (8.2)
- ✓ Increase the system's capacity to provide person-centred planning. (9.1)
- ✓ Strengthen protocols and resources during transitional stages. (9.2)
- ✓ Secure funding for adult services. (9.3)

9. % actions (0-100%) completed.

10. Positive impacts:

- Achieved
- Partially achieved
- Not achieved yet

Reflections: *(what do we need to change or adjust?)*