

STRATEGIC PLAN REFRESH 2017-18

April 1, 2017 - September 30, 2018

And

**Progress Report on 2013/14 to 2016/17
“How Can We Help You?” Strategic Plan**

APPROVED BY THE BOARD OF DIRECTORS

March 2017

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STRATEGIC PLAN REFRESH 2017-18

“HOW CAN WE HELP YOU?”

Purpose

The purpose of this report is to provide a shorter-term “Re-Fresh” of the strategic plan for the Alzheimer Society of York Region (AS York), which covers the period of April 1, 2017 to September 30, 2018.

This Strategic Plan Re-fresh builds upon the previous four year Strategic Plan (2013/14 – 2016/17) entitled, “How Can We Help You?”. The previous plan outlined the several ways that the AS York Board of Directors set out to improve service quality, increase reach and impact and expand service delivery to individuals with dementia and their families. AS York has been successful in implementing the actions outlined in the previous plan. These achievements are described at a high level within the *Part 1: Summary of Milestone Achievements* section of this document, and in more detail within *Appendix 1*.

Background about the Alzheimer Society of York Region

AS York is a non-profit charity, committed to the care of families and the cure of Alzheimer's disease and other dementias. The organization strives to achieve excellence, innovation and leadership in: Family-Centred Services, Advocacy, Education, and Fundraising through caring professional staff, active volunteers, valued partnerships and a supportive community. The Mission is to alleviate the personal and social consequences of Alzheimer's disease and other dementias and to promote research.

AS York is situated in the Regional Municipality of York, Ontario, which is located within the catchment area of the Central Local Health Integration Network (LHIN). AS York offers a range of services that support individuals with dementia and their caregivers both in the Region and across the Central LHIN.

The **clinical practice model** of AS York is based on the evidence-based intervention approach of supporting individuals with dementia and family caregivers established by Dr. Mary Mittelman at New York University's Caregiver Counseling and Support Intervention (NYUCI). AS York offers a unique and robust practice model led by a team of 10 social workers with specialized knowledge and training in supporting clients with dementia.

The **operating philosophy** is empowering of clients and caregivers through the various phases of the disease trajectory and caregiver journey. The day program model offered is a community-based and “enriched service delivery model” for clients with dementia. Essentially, this enriched model offers caregiver respite through the day program in combination with offering caregivers needed psycho-social supports, educative resources, care planning and navigational supports. More recently, the day program has introduced the additional support of nursing advice. Caregivers receive help with organizing home care and supports, on-going service navigation across the healthcare continuum, on-going counselling and support and transitions such as preparing for, and following, a client's move into a long term care home.

AS York has continually built strategies that expand a partnership philosophy and operating model for care of both the individuals with dementia and their caregivers. The organization strives to put into sustainable practice new ways of supporting the increased number of clients and families in need of support including by sharing expert information about dementia with a wider set of organizations.

These types of service delivery partnerships (e.g. specialized social work supports, student training, caregiver education) may create new opportunities, as described in the Environmental Scan section. More specifics about the opportunities have been included within the recommended strategic priorities for 2017-18.

Some Recent Statistics (2015/16) about AS York are:

The organization provided in-depth and supportive services to 2,228 families (an increase from 1,841 families in 2012/2013, the fiscal year prior to the implementation of *"How Can We Help You?"*). Other key program statistics include:

- 280 unique clients attended AS York adult day programs.
- Over 514 referrals were received from primary care practitioners and health professionals, and provided over 13,300 family contacts (by phone, email or visits face to face).
- Clients received 2,769 home and office visits.
- Community outreach and education efforts reached 9,059 individuals (3,645 of these individuals received training/attended one of the 194 training sessions/talks in the community).
- Students - over 728 hours of training for two Bachelor of Social Work (BSW) students along with over 40 students (12 from Community Colleges 6 High School 22 Personal Support Workers) were provided with over 3,972 hours of training.
- Volunteers - 2,704 hours of volunteer time provided by 93 volunteers.

Funding and Revenues

The revenue for AS York during 2015/2016 from all sources was \$3,014,313. To operate, AS York depends upon the funding from the Government of Ontario through the Central LHIN to deliver programs. During 2015, approximately 61% (2016 - 60%) of revenue was funded from by the Central LHIN. This slight increase in revenue from non-government sources was primarily due to receipt of a \$200,000 second installment of the generous multi-year donation from the Carswell Family Foundation.

Management continues to look at other sources of revenue, such as donations, to reduce the dependence on the LHIN funding. The Board has determined that increasing revenue generated from donations, grants and events is critical to the future growth and sustainability of the organization. During 2015-16, revenues from donations, grants and events increased by 38.3% to \$817,722 as compared to \$591,203 from the previous year.

Part 1: Overview of 2013-2016 Strategic Plan – “How Can We Help You”?

In 2013, AS York began its transformational journey with the development of an ambitious Strategic Plan, titled “How Can We Help You?” The Strategic Directions included the following objectives:

1. Create an understanding among York Region service providers and funders that AS York is an **efficient and effective resource for meeting system needs regarding dementia.**
2. Use a growing appreciation of AS York as a vital resource to **develop and expand dementia services throughout the region and along the continuum.**
3. **Focus on research** as a source of evidence to inform our work, evaluation data to demonstrate our value and to improve our effectiveness, and quality measures to facilitate quality improvement and service integration.
4. **Build the capacity to strengthen dementia services in the community.**
5. **Enhance our Profile and Build Stakeholder Relationships through Communications and Marketing, Advocacy, and New Relationships.**

A *Strategic Implementation Plan* accompanied the *Strategic Plan* to specifically monitor and report to the governing body and staff, progress towards meeting the objectives and action plans.

Balanced Scorecard Approach to the Plan

At a workshop held in December 2013, the strategic action plan items for the “How Can We Help You” *Strategic Plan* were placed into one of four (4) quadrants of a **Balanced Scorecard Framework**. This framework also assisted in identifying who in the organization was in the best position to hold lead accountability for successful execution of each action, including the establishment of high-level timeframes.

As a result, the *Strategic Implementation Plan* ensured that the action plan items emanating from the *Strategic Plan* were incorporated and reviewed as organizational objectives going forward.

Figure 1 illustrates the Balanced Scorecard Strategy Map with the four quadrants (Constituent, Resource, Process and Growth & Learning), used to guide AS York’s *Strategic Plan*. A mid-cycle report was created and shared with the board in July 2015. These Balanced Scorecard quadrants are also used to guide and convey the priorities for the 2017-18 Strategic Plan Refresh, which are presented in Part 2.

For a more detailed and operational level progress report on the 2013/14 – 16/17 achievement of balanced scorecard milestones, please refer to APPENDIX 1.

FIGURE 1:

Balanced Score Card - Strategy Map



High Level Summary of Milestone Achievements within the Strategic Plan: 2013/14 -16/17

Constituent Perspective:

To achieve the social impact in our mission, how we must work with our multiple stakeholders?

Key Strategic Elements (Enablers):



One of the key priority strategic action plans was the relocation of the flagship office and the accompanying Day Program to a new facility in Aurora during the summer of 2014. This strategic relocation enhanced opportunities for system integration and program growth. The new facility, which is shared with multiple health and social service partner organizations (such as CHATS & YSSN), began the creation of a community healthcare hub. Shortly after everyone was settled, the Central LHIN showcased the new facility to the Deputy Minister of Health (Dr. Bob Bell) as a shining example of system integration of a “community service hub model”.

Meeting *the health and community care system* needs related to dementia care has been a high priority. AS York successfully advocated to identify dementia as a criterion for support through participation in the burgeoning regional Health Links (Southlake, Mackenzie Health, & Markham Stouffville), through participating in Steering Committees and Circles of Care Networks. As well, AS York created Evidence Briefs to highlight the growth of dementia in the Central LHIN and advocate for dementia needs within the community. Specifically, AS York's Evidence Brief of 2012, illustrated that there was significant evidence and alignment existing between dementia and the need to provide coordinated, efficient and effective care to clients with complex needs (3 or more co-morbidities), aligned with the objectives of the provincial Health Links.

Furthermore, AS York provided leadership to the Central LHIN's Integrated Health Service Plan (IHSP) 4, with a recommendation focused on a more integrated and sustainable healthcare approach through a dementia lens. This resulted in dementia care becoming a strategic objective identified within the "Seniors" priority section of the IHSP4. The Evidence Brief – *"Dementia: The Common Thread in the IHSP4 Fabric"* (July, 2015) - was authored by AS York and the Alzheimer Society of Ontario and leveraged support from AS York service partners to the Central LHIN, heightened awareness of dementia care needs (for both the client and the caregiver). This effort helped to reinforce AS York's leadership role within the dementia care community.

AS York received many positive responses from other service providers about the July, 2015 evidence brief, similar in tone and content as the following from Paul Cappuccio, BA, MSW, RSW, Director of Mental Health Services at Markham Stouffville Hospital:

*"Loren,
What a wonderful document you have created! You have my support for this and our CEO Jo-Anne Marr has already sent an endorsement representing Markham Stouffville Hospital. I would be happy to send an endorsement with the Southeast York Region Health Link letterhead if you believe that would help. I know that there has been verbal feedback given to the LHIN at meetings I have attended in regards to senior issues around dementia and behavioral management not only in regards to treatment but also in regards to housing. But your document formalizes many of these sentiments and states it better than most of us could."*

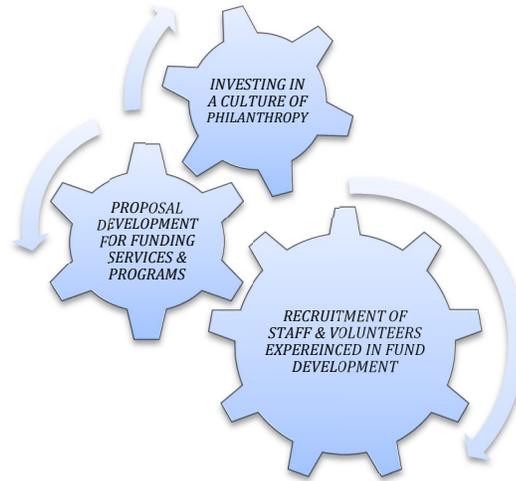
In the spring of 2016, a new Evidence Brief was created and shared with service partners and the Central LHIN (*Dementia in the Central LHIN, 2016*).

Other key initiatives undertaken included, 1) initiation and expansion of the *Finding Your Way* Project to include Retirement Homes and other front line providers, 2) the provision of Caregiver Support for early onset dementia, 3) *First Link* expansion, 4) the creation of a new Sensory Garden (to be completed and fully operational in the Spring of 2017) at the Aurora site, 5) leading Central LHIN training modules for other healthcare providers, 6) increasing our day program service units in order to reduce the day program wait list and increase the access to our services, and 7) expanding staff training offerings to PSW staff.

Resource Perspective:

How we continue to attract resources from our stakeholders?

Key Strategic Elements (Enablers):



The establishment of a new culture in philanthropy (internally and with external stakeholders) has raised substantially more funds and increased AS York's recognition as a leader in the community. Embarking on the five - year comprehensive fund development campaign, (*Today...Tomorrow...Always Campaign*) and fully integrating it into a new comprehensive budget has resulted in AS York meeting its financial obligations while increasing the number of people served. Specific activities to support this culture shift to emphasize philanthropy have included:

- Restructured and increased the level of expertise of the Fund Development Stream with the hiring of a Major Gift Specialist Lead
- Developed a nine-year projected budget for fundraising (funds raised to expenses ratio)
- Reduced cost per dollar raised by over 50%
- Established a New Board Committee for Fund Development & Communications that meets monthly
- Acquisition and Stewardship of a Major Gift (Dr. Carswell)

The three - year \$600,000 gift from Dr. Allan Carswell and the Carswell Family Foundation had a transformative impact on AS York in many ways. It not only enabled AS York to broaden and diversify programming, it also helped pay for the cost of accreditation and increased the number of clients served by AS York Day programs. It also tangibly jump-started the Major Gift Campaign.

Process Perspective:

The processes we must excel at in order to meet expectations of our constituents and resource providers?

Key Strategic Elements (Enablers):



AS York invested resources in 2015/2016 to develop a comprehensive external Strategic Communication Plan [funded by a grant from The Ontario Trillium Foundation]. The firm Quiller & Blake was retained for Communication advice. The Board approved the new Communication Plan in the fall of 2016, with the objective to focus on increasing awareness of AS York’s programs and services. A Marketing and Social Media Strategy with performance indicators was implemented. The key theme and accompanying core message of this marketing and social media strategy invites people to:

“Change the dialogue. When we change the dialogue for people living with Alzheimer’s, we acknowledge the value of their lives”

Also during this period, AS York firmly dedicated itself to a culture of quality and client safety through demonstrating the achievement of a successful Accreditation process. Quality, safety and risk management are now considerations applied across the organization, built into every process, ensuring that AS York not only meets but also exceeds Accreditation Canada (AC) standards. The journey to accreditation has involved significant learning by the staff team, and dedicated efforts. The successful first stage of accreditation during 2015, call the Primer stage, allowed management to augment and enhance programs, increase quality, manage risk and promote client and staff safety. A Nurse Consultant has become a valuable component of the organization’s day programming activities, and the senior staff team have educated staff and have supported the organization with becoming a “no blame” culture, when staff members identify quality and safety risks or areas that require improvements.

In order to monitor quality, risk management & safety, the AS York Board established a Quality, Safety & Performance (QSP) committee which combines Board and staff that meets quarterly to provide oversight in

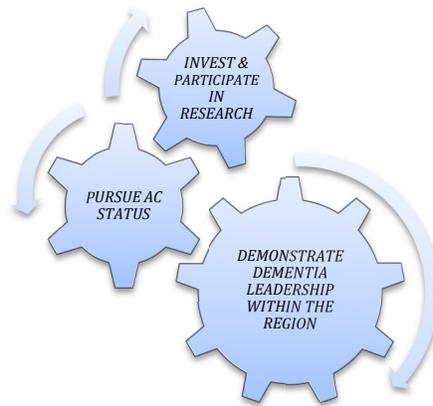
monitoring key performance indicators (e.g. service volume variances, incidents & complaints, staff training and accreditation activities).

Accreditation certification has positively impacted the organization’s reputation already, and will continue to affect future funding opportunities, because it demonstrates the organization’s commitment to best practices including the most effective and efficient use of donor dollars. AS York is scheduled to complete the second stage of the accreditation cycle, called “Qmentum,” by the end of September 2017.

Learning & Growth Perspective:

The skills, capabilities, information & culture we must supply our staff to improve our critical processes

Key Strategic Elements (Enablers):



During this transformational journey, AS York has been building its internal capacity to lead dementia care within the region. Consequently, AS York was selected by the Central LHIN to lead a response to the \$3 M Change Foundation proposal request entitled “Changing CARE”. The collaborative development of this proposal offered an opportunity to develop a guiding framework for caregivers, ultimately improving the caregiver experience. Stewarding this significant proposal and framework development has involved AS York gathering best practices and directly working in partnership with other healthcare providers and caregivers to co-design better experiences for caregivers – by reducing stress and burden, and increasing skills, training and supporting services and resources for caregivers.

Given that research is an emerging component of the work that AS York and other healthcare organizations do, AS York has supported research projects such as; Art Therapy with the University of Toronto and York University and other Master/PHD Student research projects as approved.

More recently, discussions have been initiated with York University as they consider establishing a new academic centre on Aging. AS York is exploring the development of a new day program centre in the Markham area which could provide York University’s proposed academic centre on Aging with a hub of activity for student placement, teaching, research, policy development and dementia advocacy components. This initiative is discussed in more detail within the next section of the report – Strategic Plan Refresh – 2017-18 Priorities.

Lastly, as previously mentioned, AS York achieved full primer accreditation status in September 2015 and is now preparing to be accredited by Accreditation Canada according to Qmentum standards by the end of September 2017.

Summary

There are inter-relationships amongst activities and achievements within the four scorecard perspectives. For example, by achieving the move to the new Aurora site (as outlined in the Constituent Perspective), this meant that AS York had the capacity to serve more clients, which fostered an increase in the resource capacity for meeting the requirements of the new major gift (as outlined in the Resource Perspective). This ability to foster a new culture of philanthropy has been a result of seeking out opportunities to provide this increased service capacity.

Over the period of 2013-17, the organization has achieved several new levels of performance and internalized key new aspects of organizational culture (quality and safety, and enhancing philanthropy). Through these developments, the organization has been elevated and is poised to explore and respond to the opportunities and challenges in the environment.

AS York continues the transformational journey in providing leadership, capacity building and advocacy for ongoing health system changes that better serve persons impacted with dementia.

Part 2: Continuing the Journey - *Strategic Plan Refresh: 2017-18*

In creating and implementing the ambitious 2013-14 – 2016-17 Strategic and Implementation Plans, AS York has been hard at work in engaging partners, stakeholders, and the community in recognizing the value and need of quality dementia services within the community.

AS York has now developed the following 18-month “Refresh” to the Strategic Plan covering the period of April 1, 2017 to September 30, 2018. This plan covers a shorter period of time due to the uncertainties outlined within the environmental scan presented below that relate to significant policy, governance and structural changes underway at the LHIN, at provincial and federal government levels and within the federated model of the Alzheimer Society in Ontario.

Findings of Environmental Scan

The following section provides a context for contemplating a refresh of the Strategic Plan. This section includes a high level overview of the findings from an environmental scan which indicate recent changes and developments underway at the LHIN and at provincial and federal levels that present both challenges and opportunities to grow and strengthen the impact of AS York. Over the next 12-18 months, AS York will likely be at a “crossroads” in terms of responding to the various challenges along with pursuing the opportunities for growth, program expansion, fund/resource development and partnership development.

Federal Context: *Dementia in Canada: a National Strategy for Dementia-Friendly Communities*

During the spring and summer of 2016, the Standing Senate Committee on Social Affairs, Science and Technology examined the issue of dementia in Canadian society and released a report in November of 2016. The report was based on the advice of patients, families and several experts from the fields of research, public health, health professional groups, organizations representing dementia and mental health, seniors housing and home care, First Nations, and more. A Senate report was issued in November 2016. As of February 2017, the key elements of this national Senate Report are contained in draft legislation (Bill C-233), and it is hoped that this Bill will receive Royal Assent during 2017.

The report cited the major concern that over the next 15 years, the healthcare system will be overwhelmed by the nearly doubling of dementia cases, unless the situation is addressed head on with targeted programs, clear goals, and proper monitoring and accountability. Similar to strategies at a national level for other health related issues, this report recommends a comprehensive and partnership approach to addressing dementia. Among the key recommendations that affect AS York’s opportunities and plans going forward:

- Establish a Canadian Partnership to Address Dementia – with representation from various levels of government, professional organizations, healthcare and housing organizations – with a mandate to implement a National Dementia Strategy and minimum federal funding of \$30 million annually
- Allocate approximately \$100 Million annually to Canadian Institute for Health Research (CIHR)’s Dementia Research Strategy
- Develop a comprehensive public awareness campaign via the Public Health Agency of Canada that includes promotion of healthy eating, healthy and active lifestyles, and increases profile of the

Dementia Friends Canada website as well as other high impact approaches regarding prevention, early diagnosis, symptom recognition, quality of life, etc.

- Ensure that the National Dementia Strategy encourages the implementation of Alzheimer Society of Canada’s First Link © early intervention program across Canada.
- Expanding Employment Insurance (EI) compassionate care benefits beyond palliative care and amending the Caregiver Tax Credit to benefit lower income caregivers
- Workplace best practices to support caregivers
- Additional educational, training and respite supports to caregivers
- Enhanced home care (both funding and delivery) – through comprehensive packages of service, promote innovative technologies and offer an integrative models of health and social services that includes specialists in the provision of home care. (“Home Care Plus”)

Although the funding amounts contained in the Senate Report are not included in the draft Bill, the above stated recommendations are, for the most part, included in the draft Bill C-233. The draft legislation also calls for the creation of a National Advisory Board and the convening of a National Conference within 180 days of the legislation passing.

Assuming that Bill C-233 receives Royal Assent (and the funds associated with the strategy are made available) this federal initiative may present unique opportunities for AS York to be involved in implementing local dementia-related program strategies. This, in combination with a possible partnership with York U, could enable AS York to significantly increase its participation in research related to dementia, health and community service provision, and training for clinical disciplines such as social work, aging/gerontology and nursing.

Provincial Context: *Ontario Dementia Strategy Discussion Paper*

The Ministry of Health and Long-Term Care, based on the advocacy efforts and feedback of experts such as the Ontario Dementia Advisory Group (ODAG) and the Alzheimer Society of Ontario (ASO), and its members, carried out consultations about a Dementia Strategy Discussion Paper in 2015/16. The Ministry has indicated a commitment to improving access to dementia supports through the creation and implementation of a new Dementia Strategy. The six themes in the “Green” discussion paper are:

1. **Supports for people living with dementia** that include a variety of services to support a person with dementia
2. **Accessing dementia services** – that includes the expanded adoption of First Link © early intervention program, (adapted as necessary to be culturally appropriate), and enabling more supportive communities through design of transportation, health, housing and social services – both for the people living in them and working in them – to help care partners and people with dementia to live well)
3. **Coordinated Care** – exploring new ways to provide better and more co-ordinated care that assist people with dementia and their care partners in navigating the system and accessing the right mix of services.
4. **Supports for care partners (or caregivers)** that recognize that they are integral part of the care team. Accessible and flexible dementia services can include home care services, respite care

services, specialized healthcare services in the home, education and training, social support services such as counselling, support groups, workplace support, etc.)

5. **Well-trained dementia workforce** – this involves looking more broadly at the various roles in public services, transportation, housing, police, private businesses, and non-profit/community/and religious organizations and providing dementia specific training to help them provide appropriate services to people with dementia, and their care partners.
6. **Awareness, stigma, and brain health** – this would involve awareness raising efforts to both promote brain health and dementia-friendly services, while reducing the false assumptions, and misunderstandings about the signs and symptoms of dementia. Aimed at combating the negative stereotypes and stigmas about people with dementia (and their care partners), including their decision-making capabilities and ability to contribute meaningfully.

The Ministry of Health and Long-Term Care recognizes the importance of a dementia strategy in that the number of people living with dementia will grow in the province from the current 228,000 to more than 430,000 in 2038. During this time period, the economic impact of this increased incidence of dementia (between 2008 and 2038) is estimated to cost \$325 billion in health care, lost wages, or out-of-pocket expenses for people living with dementia and their care partners.

Given the alignment between the national and provincial strategy directions and program themes (e.g. First Link adoption, Day Program Respite, etc.) there may be opportunities for AS York to lead the local/regional implementation of both of these strategies - with expertise, program consistency and quality.

Provincial Context: Alzheimer Society IN Ontario's (ASiO) New Federation Agreement Including a Shared Services Governance Model

Over the last year or more, the Alzheimer Society In Ontario (ASiO), comprising the ASO and the local Societies, has been undergoing significant planning to change the existing governance model. These proposed changes are reflected in a revised federation agreement.

The Alzheimer Society of Ontario has worked with its local Society members to develop a concept of a shared service model for a refreshed and innovative federated model. In this revised model, the provincial organization becomes, in part, a Shared Service corporation with local chapters to position the organization for a much longer-term growth and sustainability including the high quality and consistent, efficient delivery of the several program and provincial strategy opportunities being presented within the Ontario and federal Dementia Strategies.

As of the third week of March 2017, the new federation draft agreement has received support from 94% of the local Alzheimer Societies, representing 88% of Ontario's population. By March 31st 2017, the formal voting on the new federation agreement will be completed.

The initial phase of implementing the shared model will likely involve the integration of mainly back office functions, such as information technology, procurement, whereas other functions such as fundraising would largely remain the purview of the local Alzheimer Societies.

The ASiO is in the process of developing a “go forward plan” by developing implementation options for this new shared services model. As the more detailed implementation planning evolves over the coming 12-18 months, this may affect AS York’s administrative planning for example in HR supports, financial/back office supports, and information technology solutions.

Provincial Context:

Patient’s First Act, 2016 and LHIN Renewal and Integration of LHINs/Community Care Access Centres

On December 7, 2016, Ontario passed Bill 41, *the Patients First Act, 2016*. The approval of this legislation is a significant step in supporting the transformation of the health system, and is intended to put the needs of patients and their caregivers at the centre of health care delivery.

As part of this transition, the home care programs in Ontario being managed by the Community Care Access Centres (CCACs) will be integrated into the LHINs beginning as early as May 1, 2017. In transferring the functions and employees of the CCACs to the LHINs, the priority will be to maintain the continuity of patient care, and continue to support those involved in the delivery of that care. The current CCAC functions of centralized intake, referral and assessment for day programs and other home care and respite services may also be re-designed over time, as a part of implementing this transformation. The details of the new design and directions are still not evident.

To support this integration of CCAC functions provincially, a new crown agency called “Health Shared Services Organization” is being established as of March 1, 2017. This entity will receive all of the assets and employees of the Ontario Association of CCACs, the LHIN Shared Services and the LHIN Collaborative. The new crown corporation will provide and maintain the provincial home care and LHIN IT infrastructure, Shared Services, and will provide Clinical Program Implementation and Communications supports to the LHINs.

In addition to the transfer of the CCAC functions to the LHINs, each of the 14 LHINs are also planning on establishing sub-regions. In the Central LHIN, 6 sub-regions have been planned as a mechanism of further integration of healthcare delivery within smaller catchment areas.

This change in the governance structure and operation of home care services, in combination with establishing the sub-LHIN regions, will involve several transitions – many of which are uncertain. What will the transition mean to Community Support Service (CSS) organizations, such as AS York? How will the CSS organizations relate to the LHIN or sub-LHINs going forward? How can AS York and other healthcare providers work with the LHIN to determine “high needs” areas (e.g. rural or urban) and serve specialized patient populations such as complex/frail seniors with dementia, and their caregivers? Over the course of the next 12-18 months, the answers to these questions will become more evident.

Regional Context (Central LHIN):

Enhanced Day Program Model Planning

AS York is serving as an active member of the Central LHIN's Enhanced Adult Day Program (ADP) Working Group. Over the course of the last several months, the Central LHIN has been planning revisions to the funding and delivery model of ADP Programs, in order to resource services in the community in a different way – to meet the rising demand and pressures for respite services for elderly individuals living at home with increasingly complex care needs. The LHIN is considering changes to the ADP model to increase supports for individuals with high physical care needs, due to the fact that no new Long-Term Care beds will be built in the coming years. This planning process will continue until August 2017 with the goal of making recommendations about service levels (either via enhancing the services currently provided or expanding services throughout the LHIN) and the associated resource/ funding levels, as of September 2017.

The planning underway at the Central LHIN involves examining alternative models for the ADP – which is referred to as “Enhanced ADP”. At this stage, the Central LHIN's proposed Enhanced ADP model does not explicitly include dementia-specific services along with addressing the physical/medical complexity of health conditions.

AS York offers an “**Enriched**” adult day program model (referred to by AS York internally as D.A.Y program) which includes crucial dementia-specific and caregiver support program elements such as:

- Counselling supports (Psycho-social supports)
- Care Plans for the caregiver
- Caregiver education/training
- Ongoing referral and navigational supports

The above cited services are ongoing and vital to caregivers in order to sustain their responsibilities for the care of the client with dementia for 24 hours a day, 7 days a week. Assuming that the Central LHIN includes these dementia-specific elements within the day program model, they would also need to be included in the costing model/funding assumptions for the Enhanced Model of ADP.

The Enhanced ADP model planning at the Central LHIN coincides with a time of significant operational changes of integrating the leadership and operations of the LHIN and CCAC (Patients First Act 2016 implementation), and a new way of operating home and community care in sub-regions. Through active participation in the Central LHIN committees and planning forums, AS York will continue to advocate for the inclusion of dementia-specific programming (such as its own version of the enriched day program model and psycho-social supports for caregivers) in the sub-region model of home and community care. If additional provincial or federal funding becomes available for dementia-specific initiatives, this will strengthen AS York's leverage in advocating for specific services across the Central LHIN.

Proposed Strategic Priorities: April 1, 2017- September 30, 2018

Given the synergy between the recommendations within the national Senate Report on a Dementia Strategy and draft Bill C-233, and the directions of the Ontario's Discussion Paper on the provincial Dementia Strategy, and the philanthropic partnerships on the horizon, there are a number of opportunities to expand the resources and service offerings to increase AS York's impact during the next 12-18 months.

Six key strategies have emerged as the proposed strategic priorities for the organization, which will need to be undertaken simultaneously. These priorities are not presented in any particular order, and are linked back to the four components of the Balanced Scorecard.

It is also important to note that there are several inter-relationships among the six proposed strategic priorities. Therefore, as progress is made on one priority, it is likely to impact another priority. And, as the new opportunities present themselves; this will mean new choices and decisions for AS York, about the risks or opportunities within another priority area.

For each of the six strategic priorities, goals and estimated resources are presented to support the fulfilment of these priorities. It is important to note that the achievement of these priorities and associated goals are subject to the available funding and policy environment.

Constituent Perspective:

To achieve the social impact in our mission, how we must work with our multiple stakeholders?

STRATEGIC PRIORITY #1: Expand the Availability and Sites of Enriched Day Program Model (e.g. new location(s), additional spaces and extended hours) across the Central LHIN.

Given the staggering number of individuals that will be diagnosed with dementia over the coming 15 years, the capacity of essential day programs must increase both quickly and significantly. Both the provincial and federal strategies call for significant increases in respite for caregivers/care partners.

Given the success of AS York's enriched day program model (which combines day program respite and social work ongoing education, navigation supports for caregivers), a key strategic priority is of AS York to expand the availability of this enriched day program capacity over the coming 18 months. This ambitious day program expansion plan can only be achieved with the infusion of new resources (either Provincial Dementia Strategy, or in partnership with others). **Four possible options** for achieving program expansion are as follows:

- 1) By AS York creating and directly operating a new DAY Centre ideally located in Markham at York U's new campus, or through another site nearby to be found).
- 2) Through AS York collaborating with new or expanded day programs operated by other healthcare and community organizations in the Central LHIN.
- 3) By increasing the days of the week (e.g. over the weekend), and/or extending the times of day that the existing day programs operate, and increase the number of clients and families reached).

4) Sustaining the 15 extra spaces at our current sites that were provided over the past three years from funding from the Carswell Family Foundation.

The AS York leadership team is already actively seeking out new sites to create a new day program location in Markham and/or other options for locations. A meeting with the Markham Mayor, Frank Scarpitti, was held in March 2017 to explore his advice and contacts about potential sites, and talks have begun with the Knights of Columbus about potentially taking over their entire building at Thornhill.

Timeline	Proposed Goals	Proposed Resources to Achieve Goals NOTE: THESE ARE ESTIMATES ONLY AND SUBJECT TO FUNDING AVAILABILITY
18 Months	<p>Enhanced Day Program Model - Expanded Site (s)</p> <ul style="list-style-type: none"> • Identify Site (s) and site plans developed for site/capital/physical renovations of a new DAY Centre ideally located in Markham. • Seek Operating Funding for other additional day program spaces in Thornhill, Stouffville, and Aurora. • Explore potential partners as collaborators with AS York to deliver the Central LHIN approved Enhanced Day Program model, assuming funding is available. • Identify and secured to increase the days of the week (e.g. over the weekend), and/or extending the times of day that the day program operates, and increase the number of clients and families reached). 	<ul style="list-style-type: none"> • Reorganize staff structure to enable ADP Program expansions and extended service hours, (e.g. into Sundays, evenings and volume levels) add new position of ADP Senior (Overall) Manager Role, reporting to the Director Programs and Client Services and supporting each individual ADP site manager). *There will be a cost for this as it will be a NEW position approximately \$ 50 – 55K plus benefits. • Secure \$500,000 (one-time) for capital improvements to proposed new day program site in Markham • Secure \$600,000 (annualized) for operations of new day program site – (6 days per week, and including social work staff) in Markham • Secure funding for a 3rd day of service at the existing AS York day program in Stouffville (1000 units of service per year) – \$100,000 annualized) • Secure funding for increased services at existing ADPs by total of 1000 units of service (will require increased staff) \$100,000 Annualized • Increase Administrative supports for expanded day program administration (for increased

		billing/payroll etc.) \$15,000 <ul style="list-style-type: none"> increase in the "INTAKE" position to support increased client which is currently part time \$15,000
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By assertively and simultaneously pursuing **all four** avenues to this enhanced day program and funding expansion plan, this would position AS York in the longer term as a leader for the Central LHIN in expanding dementia-specific programs and services for people with dementia and their caregivers.

Process Perspective:
 The processes we must excel at in order to meet expectations of our constituents and resource providers?

STRATEGIC PRIORITY #2: Continue to expand the public understanding of dementia and cultivate changes in attitudes and increase advocacy efforts

In order to support the achievement of the other strategic priorities such as the partnership with York University and AS York service delivery expansion for higher social impact, (such as Enhanced Day Programs, and Caregiver Support and Education, Staff Training and First Link Implementation), it will be important to heighten the communications and advocacy efforts to increase public education and further establish the expert credibility and leadership of the AS York in the field of dementia.

Timeline	Proposed Goals	Proposed Resources to Achieve Goals NOTE: THESE ARE ESTIMATES ONLY
18 months	<ul style="list-style-type: none"> Increase media coverage of AS York. Expand social media efforts. Increase the understand of Alzheimer’s disease and other dementias (ADOD) and its effects by York Region residents, reducing the stigma of the disease. Increase awareness of local benefits that AS York provides locally and the growing needs for expansion of its services. Create a strategy to utilize the imagery/brand “Change the Dialogue” and invite audience participation. Firmly position AS York as the leading regional authority of Alzheimer’s and dementia care. Increase awareness and participation in signature events like the annual Walk for Alzheimer’s. 	Social media co-ordination and visual identity graphics resources TBC

STRATEGIC PRIORITY #3: Provide Local Leadership to Dementia-Related Program and Service Delivery Expansion, including the provincial Dementia strategy

AS York has led the delivery of First Link © within the Central LHIN for over 5 years. While the LHIN funding has not covered the demand to date, it is anticipated that provincial dementia strategy will include additional funding for First Link © implementation. It is recommended that AS York seek out the leadership role of an expanded First Link © implementation across the Central LHIN, by directly administering the funding and providing the training for implementation.

In addition, opportunities are arising via the provincial and federal dementia strategies, for AS York to build upon several areas of mutual interests in awareness raising, dementia-care research, program expansion. Programs to be expanded can include, the D.A.Y. Centre programs, Finding Your Way, the Music and Memory (IPOD) program, Caregiver Support and Educational programs, staff and community agency training and curriculum development. By directly offering more of the various Alzheimer Society programs, AS York can provide a wider range of experiential student internships that build upon the operational knowledge, strength and expertise of AS York.

In addition, AS York will continue to explore options for building upon the collaborative delivery of psycho-social in partnership with other healthcare organizations who wish to offer a version of the AS York enriched service model. This can provide caregivers with a consistent level of service expertise in dementia, a similar approach to supporting the caregiver regardless of the location or operating organization of the day program.

Given the success of the partnership model, AS York is already highly regarded and utilized by families across the Region as well as by service providers (e.g. Circle of Care, CHATS and Mackenzie Health). AS York could potentially expand this enriched initiative across a broader number of partners (e.g. other community support service providers of respite/day programs), subject to available funding.

This collaborative delivery of the psycho-social model can also be extended to evolve into an Integrated Team Model for Specialized Home Care at a sub-region level, for individuals with dementia. As the design and implementation work unfolds with the sub-region model in the Central LHIN, it will be valuable to keep an eye on the opportunities to embed AS York social workers into these teams to improve the supports for complex seniors with dementia and their caregivers.

In considering opportunities to improve and expand the educational training and supports for caregivers that support individuals living with dementia, AS York will explore the model of “Minds in Motion” program offering more and different specialized support groups (such as expanding on our *Early Onset* and *Spouse-Only* groups), expanding and offering more modules of the First Link Learning Series and also looking at other caregiver training in collaboration with the Central LHIN chronic disease self-management Healthy Living program (i.e. bringing the “Powerful Tools for Caregivers” module to the Central LHIN [it is currently available in Central East LHIN]). AS York can also expand the current “**Next Steps/First Steps**” training to offer the modules that have not yet been implemented due to resource limitations.

Other opportunities include expanding the service offerings related to **staff training for staff that** provide care to individuals with dementia. Currently AS York is contracted to provide training to Personal Support Workers (PSWs) for fellow social service agencies such as the Reena Foundation, and health service organizations such as York Region EMS staff, and Bayshore Health. This expanded training delivery can be a source of revenue for AS York, and is subject to funding from Ministry of Health and Long-Term Care and/or the Ministry of Community and Social Services.

For AS York to fulfill the expanded delivery capacity and provide increased education and supports to caregivers, AS York will need to consider organizational structure changes, including the creation of the role of a Senior Leader of Training/Education (or at least an additional educator). Other key resources needed by caregivers to access these new or expanded educational supports are transportation services and respite services (in various forms such as in home respite, day programs, short-term residential respite).

Timeline	Proposed Goals	Proposed Resources to Achieve Goals NOTE: THESE ARE ESTIMATES ONLY
18 months	<p>Expand First Link © Delivery</p> <ul style="list-style-type: none"> • Seek Funding and MSAA Agreement for First Link Expanded Program Delivery • Develop Communications and roll-out plan to First Link © expansion – early implementation <p>Expand Programs and Resources for Caregiver Education</p> <ul style="list-style-type: none"> • <i>“Powerful Tools for Caregivers”</i> – explore implementation/seek LHIN funding for this program developed specifically for caregivers of individuals with dementia • Explore expansion funding for First Link Family Education modules including <i>“Next Steps/First Steps”</i> caregiver education and delivery across Central LHIN/Sub-regions. <p>Expand Delivery of Staff Training/Student Internships Programs</p> <ul style="list-style-type: none"> • AS York to continue to expand staff training offerings to home care service providers, retirement homes, PSW staff in community support service settings, etc. subject to MOHLTC/Community and Social Services funding for PSW training. • AS York Staff/Team participation in staff training delivery and Health Links community circles for integrated care • AS York Training Lead Manager Role to develop annual plan for staff training offerings (internally and externally with partners). This plan can include the continuation of the co-operative delivery model with Behaviour Supports Ontario (BSO), for example. • U-First – training program expansion 	<ul style="list-style-type: none"> • Additional Staffing to Support First Link (Cost will depend upon scale of program and potential dementia strategy funding) • Collaborate with the Lead for <i>Central LHIN Healthy Living Now</i> initiative to seek additional funding for caregiver educational resources • Additional Staffing to be added to resource the expanded caregiver education programs e.g. Education/Training Manager and additional part-time educator (s) on an <i>ad hoc</i> basis. (Cost estimated at \$45,000)

	<ul style="list-style-type: none"> • Gentle Persuasive Approach (GPA) to care <p>Broaden the Dementia specific Supports via Sub-Region Implementation</p> <ul style="list-style-type: none"> • AS York to contribute to the Central LHIN sub-region design and plan development and advocate for the inclusion of assessment of needs, care planning, navigation and a psycho-social and health service delivery model is implemented to meet the needs of dementia patients and their caregivers. 	<ul style="list-style-type: none"> • Senior Team Members of AS York to carry this out within existing resource
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Resource Perspective:
How we continue to attract resources from our stakeholders?

STRATEGIC PRIORITY #4: Proactively Implement the Comprehensive Fund Raising Campaign

A key thrust for AS York is to increase the financial resources and fund development strategies. Therefore, it is a strategic priority to aggressively pursue resources through the \$ 6 Million comprehensive campaign entitled, “*Today...Tomorrow...Always*”. [which began in 2016, and covers a minimum of a four-year timeframe].

The campaign integrates existing fundraising procedures and initiatives with a new emphasis on developing and soliciting major gifts. This ambitious campaign will raise the resources necessary for AS York to provide a continuum of care to the thousands of men and women with dementia and their families.

The success of the original campaign concept proposed a \$6 Million campaign of new funding has been achieved to a large degree by the \$600,000 Carswell Family Foundation gift. AS York continues to undertake a campaign of this magnitude and will continue to build upon its established a culture of philanthropy across the organization.

This Comprehensive Campaign is the common structure to be used to ensure that operational fundraising is not sacrificed for the goals of the larger campaign. By **counting ALL gifts and all sources of revenue**, it enables all donors to feel engaged and supportive of the campaign, regardless of the size of their gift. In essence, everyone involved with the organization becomes a fundraiser. This all-inclusive approach (board, staff, families, students, volunteers) will help the Society reach its financial and mission objectives, and by attracting new and more major gifts will grow the pool and capacity of donors for future and often larger gifts.

This campaign is helping to spread awareness of the impact of this fatal disease and encourage support at community, corporate and government levels, strengthening our reputation in the community. And, the campaign will attract additional senior leaders to the organization, thereby expanding the network of partners and supporters. Importantly, the campaign will enhance subsequent levels of operational funding by expanding the donor base, including a focus on major donors to ensure a stronger financial foundation for the Society’s future.

Timeline	Proposed Goals	Proposed Resources to Achieve Goals
18 - 24 months (note: an exception to the 18 month timeline has been set in order to correspond to the Comprehensive Campaign)	<ul style="list-style-type: none"> Secure \$762k in major gifts by March 2019 Hold 60+ meetings per year; approx. 3 per week to seek out funding and engage donors Engage board with prospect review, identification, and call making Recognize and steward for future gifts Hold Annual Donor Recognition Events 	<ul style="list-style-type: none"> Board involvement with prospect identification and solicitation CEO's availability 1-day/week to go on donor calls Continued Communications support Recognition Event Costs Resources required - hire additional Campaign Staff [min 2-year contract]

STRATEGIC PRIORITY #5: Develop a Formal Philanthropic Partnership with York University

During meetings in the fall of 2016 regarding renewing the funding by Dr. Carswell, he encouraged AS York to pursue something larger and more impactful, through a partnership with York University. To follow-up on this advice, AS York has met the President and Vice-Chancellor of York University, and the Chief Advancement Officer. This opening within the leadership environment at York University, presents significant climate of opportunity for AS York to collaboratively shape the design and implementation of the new day centre in Markham, and related joint academic activities.

Early in 2017, various meetings and conversations occurred between AS York staff and York University faculty and staff to generate plans. These meetings have included the Dean of Health, Paul McDonald, and a number of senior program directors and development officers.

To implement this innovative partnership, the respective and joint areas of interest and potential funding sources have been mapped out for AS York and York University. Some of the emerging mutual interests in the field of aging and dementia-care include: research in day program delivery innovations, caregiver education program development, curriculum development for a new graduate diploma program in dementia, and experiential internships in the proposed new day program Centre, to be located in Markham and aligned with York University's new Markham campus. Further plans will be developed during the first 6 months of 2017 to identify the specific opportunities for student placement, teaching, research, policy development and dementia advocacy components.

Timeline	Proposed Goals	Proposed Resources to Achieve Goals
18 months	Philanthropic Partnership with York University <ul style="list-style-type: none"> Development of an Agreement/Memorandum of Understanding (MOU) between York University and AS York Seek and Plan a Day Program Site in Markham Develop a plan for Marketing and Program Launch 5 Program Interns in place 	Resource targets under development with York U staff.

	<ul style="list-style-type: none"> • Intern & Senior Director of Training/Education Hired • New DAY Centre Secured/Renovations underway (to commence operations April 2018) • Develop operational plan for AS York to support the other aspects of York U partnership - including Staff Training Manager, programs identified for service or clinical (e.g. social work) research, etc. 	
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Learning & Growth Perspective:

The skills, capabilities, information & culture we must supply our staff to improve our critical processes

STRATEGIC PRIORITY #6: Continue to strengthen the culture of quality improvement, and an environment that supports continuing staff and caregiver education.

AS York will continue to place priority focus on preparing for the 2017 Accreditation to foster an increased capacity and a **culture of improvement** and learning at AS York. A key milestone will be the achievement of a renewed and higher level of Accreditation Canada status, called Qmentum, by the end of September 2017. In preparing for this new level of accreditation, many process and policy improvements are being made to achieve this higher level of quality performance. Staff will continue to be involved in designing and be trained to implement improvements.

AS York will continue to offer internal educational activities that reinforce the culture of staff knowledge and skills in providing services according to the operating philosophy of supporting caregivers. In addition, **AS York will continue to lead efforts to build a culture of improved supports for caregivers in the Central LHIN.** The latter will be achieved by AS York continuing its role in leading the development of a Framework for Caregiver support for the Central LHIN and following through on the key elements of the Changing CARE proposal (in collaboration with partners, clients and caregivers) such as *expanded adoption of First Link ©* and a *Plan of Care for Caregivers*. In advancing these initiatives, AS York will be contributing to an improved culture of supporting and educating caregivers and health service providers.

The Caregiver Support Framework the can be used to guide further investments, training or activities across the LHIN to improve the supports to caregivers in the Central LHIN. In addition, the members of this collaborative team will participate in provincial efforts such as:

- Offer co-design(experiential method of improvement planning) training to other providers based on the training received on March 22, 2017 from the Change Foundation
- Share the draft Central LHIN Caregiver Framework for discussion/feedback with other providers and service partners
- Seek opportunities to exchange caregiver support models and practices with other jurisdictions
- Continue collaborative work with Behaviour Supports Ontario and the range of health service providers to increase the education and supports

Timeline	Proposed Goals	Proposed Resources to Achieve Goals
18 months	Culture of Safety and Accreditation Canada Preparation <ul style="list-style-type: none"> • Prepare for Accreditation through staff and board 	Existing staff resources will be used to achieve

	<p>training/education about updated and revised policies, procedures, and staff</p> <ul style="list-style-type: none"> • Complete Accreditation Canada – Qmentum level accreditation process (Sept 30 2017) <p>Culture of Improved Supports for Caregivers (AS York Internal)</p> <ul style="list-style-type: none"> • Regularly provide staff training/education about updated and plans and new strategies for providing better supports to caregivers. <p>Culture of Improved Supports for Caregivers (Central LHIN)</p> <ul style="list-style-type: none"> • Complete Caregiver Framework to be submitted to Central LHIN (April 2017) • Participation in Change Foundation Caregiver Team Co-Design Training and disseminate to other health service providers) (March 2017) • Continued knowledge exchange via BSO and healthcare providers to increase the channels for Caregiver Support 	<p>these goals.</p>
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Summary and Conclusion

There are clearly several levels of change and policy implementation underway at the local, regional, provincial and federal levels that present both challenges to the future planning and opportunities for AS York over the coming 12-18 months. Assuming that some or all of the various levels of initiatives are approved and/or funded, AS York can continue to strengthen its leadership role in the field of Alzheimer’s disease and other related dementias within the Central LHIN.

Over the coming months, the AS Board, CEO and Senior Team will continually monitor the landscape to seek program enhancement opportunities, partnerships and funding opportunities, and leadership opportunities within the Central LHIN. As York University carries out its planning for an Academic Centre on Aging, this will present unique opportunities for AS York to strengthen its capacity for training, student internships and service delivery evaluation.

Progress Reports will be provided to the AS York Board on a quarterly basis by the Governance Committee in relation to the proposed six Strategies, Goals and Resources. The CEO will provide a progress report to the Governance Committee at each of its meetings. The first of these progress reports will cover the period of the spring and summer of 2017, as the ASiO governance plans and the government funding and policy directions (federal, provincial, Central LHIN) become more clear.

APPENDIX 1: DETAILED SUMMARY OF STRATEGIC IMPLEMENTATION PLAN ACTIONS TAKEN – 2013/14-2016/17

To support the implementation, the AS York developed a *Strategic Implementation Plan* aligned with the *Strategic Plan*. Referring to the four quadrants illustrated in Figure 1 (pg. 3), **Appendix 1** provides a comprehensive summary of milestone indicator results aligned with the *Strategic Plan*. A status key is also included within the table to indicate the progress towards the specific milestone.

Status Key

The status key is coded as follows:

-  - Achieved
-  - Partial Achievement
-  - Deferred

Constituent Perspective: To achieve the social impact in our mission: How we must work with our multiple stakeholders

STRATEGIC DIRECTION	STRATEGIC ACTION PLAN	LEAD	STATUS Key:  - Achieved  - Partial Achievement  - Deferred	MILESTONE INDICATORS
AS York is an efficient & effective resource for meeting system needs regarding dementia	1. Work with coordinating organizations in the region to define a specific meaningful role in the Health Link Business Plans they are developing. <i>[Specific reference to AS York in business plans]</i>	CEO		Health Links Version 1.0 <ul style="list-style-type: none"> • Participated in three (3) innovative Governance Counsel/Steering Committee Health Links (Southlake, Mackenzie Health, & Markham Stouffville), designed to meet the unique needs of the community • Collaborated with members to achieve the approved Central LHIN Business Plans for: <ul style="list-style-type: none"> - Southwest YR Health Link (SWYR) - Southeast YR Health Link (SEYR) • Successfully advocated to identify dementia as a criterion for support • Supported a system integration focus for dementia care through Senior Leadership's participation in Networks/Working Groups & submission of Funding Proposals such as: <ul style="list-style-type: none"> - Behavioral Support Ontario (BSO) - Ethics Network - CCAC Working Groups - Change Foundation - Trillium, United Way & Horizon Grants

<p>AS York is an efficient & effective resource for meeting system needs regarding dementia</p>	<p>2. Work with the new and emerging Health Links in the region. <i>[Specific AS York role identified]</i></p>	<p>CEO</p>	<p style="text-align: center;"></p>	<p>Health Links Version 2.0</p> <ul style="list-style-type: none"> Collaborated with Central LHIN to support the direction to standardize criteria across the Central LHIN with an emphasis on: <ul style="list-style-type: none"> Establishing new criteria, which included a diagnosis of three or more co-morbidities Developing “Community Circles” consisting of front line providers meeting monthly with the goal of identifying client issues & sharing agency information Continuing to participate in regional Governance Counsel/Steering Committees & Community Circles Three Physician Health Links training conducted (2015), to increase dementia / Health Links awareness Case reviews & Identification of AS York client’s eligible for Health Link referral on-going Continue to advocate with on-going dialogue about establishing priorities for dementia programming <p>ASO & AS York Activities</p> <ul style="list-style-type: none"> Met with MPPs to increase dementia knowledge & awareness Participation in Provincial Dementia Strategy (to be released in 2017)
<p>AS York is an efficient & effective resource for meeting system needs regarding dementia</p>	<p>3. Identify and advocate the role of dementia in the top 1% and 5% of York Region service users <i>[% of HL clients with diagnosis of dementia]</i></p>	<p>CEO</p>	<p style="text-align: center;"></p>	<ul style="list-style-type: none"> AS York’s Evidence Brief created in 2012, illustrated that significant evidence & alignment exists between dementia & the need to provide coordinated, efficient & effective care to clients with complex needs (3 or more co-morbidities), aligned with the objectives of the provincial Health Links AS York provided leadership in the Central LHIN IHSP 4 with a recommendation to focus on a more integrated & sustainable healthcare approach with a dementia focus. This resulted in dementia care becoming a strategic objective within the senior priority section within the IHSP4. The Evidence Brief – <i>Dementia: The Common Thread in the IHSP4 Fabric</i> (July, 2015), authored by AS York & leveraged with partners to the Central LHIN, heightened awareness of dementia care needs (client & caregiver) & AS York’s leadership role within the dementia care community In December 2015 & the spring of 2016, the Evidence Brief - <i>The Thread of the IHSP4 Fabric</i> (July, 2015), was updated & shared with partners & the Central LHIN (<i>Dementia in the Central LHIN</i>)
<p>AS York is an efficient & effective resource for meeting system needs</p>	<p>4. Explore opportunities for efficient/effective delivery of</p>	<p>CEO Senior</p>	<p style="text-align: center;"></p>	<p>Re-Location of Main Office</p> <ul style="list-style-type: none"> Successful relocation to the Cartwright Centre (240 Edward St. Aurora), in 2014 resulted in: Enhanced opportunities for system

<p>regarding dementia</p>	<p>specialized services to seniors through broader collaboration or service integration with CHATS, others. <i>[MOU or other inter-agency agreement]</i></p>	<p>Leads</p>	<p style="text-align: center;">✘</p>	<p>integration & efficiencies with partners (e.g. Participation on Network Committees such as IPAC, Ethics & Falls)</p> <ul style="list-style-type: none"> • Capacity building for PSWs in dementia care by providing training by AS York • Increased space capacity to serve more clients within the new site safely • Space capacity for staff meetings, training & educational opportunities • Back office opportunities explored for HR, Fundraising, data collection & event planning. Currently not feasible, however GoldCare Collaborative continues <p>Broader Integration Activities</p> <ol style="list-style-type: none"> 1. DAY Programming <ul style="list-style-type: none"> - Memory & Music Program launched in partnership with AST (75 IPODs) - Art & Dementia Research Program U of T (this has been delayed) 2. Training <ul style="list-style-type: none"> - Finding Your Way Project initiated & expanded to include Retirement Homes, EMS, staff, with a focus on building knowledge transfer with ethno specific senior agencies within the community (e.g. Italian, Russian) - Professional dementia training services with PSWs & Program Workers with programs such as GPA, UFirst & other dementia related training with community agencies 3. Professional Dementia Education <ul style="list-style-type: none"> - Reena (presentations showing links between developmentally challenged and dementia) offered - Board of Education PSW GPA training. - Participation in Dementia conferences as guest speaker - Secured PSW training opportunities that AS York received training dollars from (not sure if this should be here or above?) 4. Caregiver Support <ul style="list-style-type: none"> - Establishment of early on-set support group and spouse only group - First Link implementation - First Link Memory Café initiated in partnership with Mosaic Home Health with two (2) locations in YR (Markham & Thornhill) - Expansion of Circle of Care Social Work service provision from 2 days/week to 5 days/week - Bloomington Cove LTC Social Work service provision ½ day every other week and Parkview LTC Social Worker service provided ½ day per week <p>Other</p> <ul style="list-style-type: none"> • Region of York Subsidy for DAY Program clients (Awaiting outcome no longer
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				<p>waiting we got it))</p> <ul style="list-style-type: none"> • Caregiver Tool Kit developed in partnership with CHATS and BSO • Working with BSO lead activities that benefit caregivers. • Panera Bread agreement to donate food to supplement DAY Program meals at no cost •
AS York is an efficient & effective resource for meeting system needs regarding dementia	<p>5. Identify and use the most appropriate performance measures in terms of demonstrating effectiveness in a system role, coordination of care, comparability among providers.</p> <p><i>[Receive advice on performance measures from colleagues in CCAC, hospitals, major community providers]</i></p>	Director of Client Service & Program		<ul style="list-style-type: none"> • AS York has adopted a Continuous Quality Framework – Plan-Do-Study-Act • AS York has developed a Quality, Safety & Performance (QSP) Board & Staff led Committee which meets a minimum of quarterly & provides oversight to monitoring key performance indicators such as: <ul style="list-style-type: none"> - Volumes (variances) - Budget (variances) - Incident & Complaint reporting as % of unit of service - Infection Prevention & Control measures (Hand Hygiene compliance, Flu immunization) - Staff safety incidents - Training/education - % of Performance Reviews completed - Monitoring & oversight of the activities aligned with the Integrated Quality, Risk Management & Safety Plan (2015 - 2018) - Oversee progress towards Accreditation activities • Development of the following Board & staff Committees with specific performance measures identified is also in place and includes the following: <ul style="list-style-type: none"> - ARC - Fund Development & Communications - Human Resources - Governance
Develop & expand dementia services throughout the region & along the continuum	<p>6. Develop a proposal for increased services based on meeting client needs and helping to solve significant regional health system issues.</p> <p><i>[Proposals developed collaboratively with one or more other provider will be more successful, as will proposals designed to address identified system priorities]</i></p>	Director of Client Service & Program		<p>DAY Programming</p> <ul style="list-style-type: none"> - Memory & Music Program launched in partnership with AST (75 IPODS) 2016 (delayed implementation) - Carswell Major Gift provided an increase in unique clients served annually over the 3 year agreement (10-12 clients attending DAY Program per year) & fundraising matched by Carswell Major Gift over the 3 year agreement provided funding to support additional programming & service needs - Sensory Garden in Aurora constructed (2016) <p>Training</p> <ul style="list-style-type: none"> - Finding Your Way Project initiated & expanded to include Retirement Homes, EMS, staff, with a focus on building knowledge transfer with ethno specific senior agencies within the community (e.g. Italian, Russian)

				<ul style="list-style-type: none"> - Professional dementia training services with PSWs & Program Workers with programs such as GPA, UFirst & other dementia related training with community agencies <p>Education</p> <ul style="list-style-type: none"> - Reena (presentations showing links between developmentally challenged and dementia) - PSW training of GPA with Board of Education <p>(see above same edits) Caregiver Support</p> <ul style="list-style-type: none"> - Establishment of early on-set support group - First Link implementation - First Link Memory Café initiated in partnership with Mosaic Home Health with two (2) locations in YR (Markham & Thornhill) - Annual Awareness Breakfast with guest speaker(s) & local sponsorships continues to heighten dementia awareness -- repeated - Expansion of Circle of Care Social Work service provision from 2 days/week to 5 days/week - Bloomington Cove Social Work service provision 2 days/week - Change Foundation Proposal (2016) submitted for \$ 3 M with AS York as lead (Regional Health System Change) <p>Other</p> <ul style="list-style-type: none"> - Ontario Trillium Foundation Grant - New Horizons for Seniors Grant - United Way of Toronto & York Region - Region of York proposal to fund costs associated with Accreditation Canada Primer (2014, 2015) - Panera Bread (no cost) supplement food at the DAY programs
Enhance our profile & build relationships with Communications/Marketing/Advocacy/Relationships	<p>7. Develop a Primary Care Engagement Plan, outlining how AS YORK will build support among FHTs and other primary care providers for First Link,</p> <p><i>[Includes identified stakeholders and schedule for engagement]</i></p>	Director of Client Service & Program	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • AS York's Primary Care Engagement Plan was developed/implemented & included: <ul style="list-style-type: none"> - Quarterly meetings with AS York's First Link Coordinator & Geriatric Emergency Management (GEM) Nurses to share information - Quarterly meetings with AS York's First Link Coordinator & Regional Geriatric Practitioner (RGP) teams to share information & resources - First Link meetings with Family Health Teams conducted & ongoing, either together with BSO lead or AS York's First Link Coordinator - Three physician engagement sessions facilitated in 2014 - 2015 in collaboration with Behaviour Supports Ontario (BSO). The sessions focused on the use of anti-psychotic medication and highlighted AS York's First Link project. A total of 60 physicians & 20 allied health professionals participated in the

				<p>sessions</p> <ul style="list-style-type: none"> It was noted that a substantial increase of First Link referrals by physicians and allied healthcare professionals following the implementation of the AS York Primary Care Engagement Plan: <ul style="list-style-type: none"> 2012-2013 – 183 referrals 2013-2014 – 522 referrals 2014-2015 – 542 referrals
Enhance our profile & build relationships with Communications/ Marketing/Advocacy/ Relationships	8. Execute Primary Care Engagement Plan. <i>[All elements of approved plan are completed]</i>	CEO Senior Leads		See Above

Resource Perspective

How we continue to attract resources from our stakeholders

STRATEGIC DIRECTION	STRAGETIC ACTION PLAN	LEAD	STATUS Key:  - Achieved  - Partial Achievement  - Deferred	MILESTONE INDICATORS
Build the capacity to strengthen dementia services in the community	9. Support the Layered Fund Development Plan with a major gift specialist	CEO		<ul style="list-style-type: none"> Restructured Fund Development Stream with a Major Gift Specialist Lead. Developing an organizational culture of philanthropy, shifting onus from special events to major gifts Major Gift Specialist Consultant hired 2014 after unsuccessful hires Director of Philanthropy hired 2016 Eliminated golf tournament & focus on direct marketing, the annual "Walk for Alzheimer's" and 3rd party events Complement focus on major gifts
Build the capacity to strengthen dementia services in the community	10. Develop and Execute a Major Gift Development Plan	CEO Director of Philanthropy		<ul style="list-style-type: none"> Five (5) Year comprehensive Campaign developed & approved by Board (<i>Today... Tomorrow... Always Campaign</i>) with a goal to raise \$6 million Major Gift stewarded with acquisition in 2015 (Carswell Major Gift) Development of Fund Raising Policies & Procedures Track donors through Call Reports; information entered on eTapestry database; conduct donor prospect research both on-site, and online through subscription-based outlet Fundraising projections developed through 2021

				<ul style="list-style-type: none"> • Reduced cost per dollar raised from 50% in 2012-13 to 26% currently; not projected to raise about 25% out to 2021 • Consistently meeting development revenue targets; maintaining expenditures within budget • Created a Major Gift Volunteer Solicitor Handbook on how to make a donor call and presented workshop on Major Gifts to Board • Utilizing a major gift campaign matrix to track donor prospects from initial contact through to successful gift conclusion • Held first annual Donor Recognition event October 20, 2016 attended by donors and Board • Make thank you calls to all donors \$250+
Build the capacity to strengthen dementia services in the community	11. Recruit board members with fundraising capabilities; create opportunities for the board to be more involved in fundraising. <i>[Identify FD skill/experience on recruitment matrix; recruit and elect director(s) with requisite skills]</i>	Board Chair		<ul style="list-style-type: none"> • New Fund Development & Communications Committee developed with Board & staff membership • Annual Terms of Reference • Continue to recruit Board Members with fund raising capacity & volunteers with interest in philanthropy • Engaging board members in prospect calls, follow-ups and prospect identification and screening

Process Perspective

The processes we must excel at in order to meet expectations of our constituents and resource providers

STRATEGIC DIRECTION	STRATEGIC ACTION PLAN	LEAD	STATUS Key:  - Achieved  - Partial Achievement  - Deferred	MILESTONE INDICATORS
Enhance our profile & build relationships with Communications/ Marketing/Advocacy/ Relationships	12. Build standard description of AS YORK's value proposition, including programs, measures. <i>[Standard description approved, used in external communication]</i>	Director of Philanthropy		<ul style="list-style-type: none"> • Value proposition paper has been developed and is currently used by Development and Communications staff. A more detailed value proposition will be discussed in 2017 with the newly formed Fund Development & Communications Committee.

<p>Enhance our profile & build relationships with Communications/ Marketing/Advocacy/ Relationships</p>	<p>13. Develop a strategic communications plan that supports marketing (understanding partner needs, demonstrating how we are meeting them), advocacy, and fund development <i>[audiences identified, key messages segmented, specific engagement activities]</i></p>	<p>Director of Philanthropy</p>	<p><input checked="" type="checkbox"/></p>	<ul style="list-style-type: none"> • RFP issued to develop New Strategic Communication Plan (2015) • Quiller & Blake retained as Communication Consultants, funded through an external grant • New Communication Plan developed approved by Board Fall 2016 • Fund Development & Communications Committee developed Fall 2016 to assist with identifying new donor prospects and Communications PR professionals, and monitor activities • 1.4 million impressions received through social media/online banners/print media in December 2016 campaign • Goal to obtain unpaid strategic, audience-targeted media exposure minimum one time/month
<p>Enhance our profile & build relationships with Communications/ Marketing/Advocacy/ Relationships</p>	<p>14. Execute strategic communications plan <i>[Aligns with Strategic Direction1]</i></p>	<p>Director of Philanthropy</p>	<p><input checked="" type="checkbox"/></p>	<p>External Communication Plan</p> <ul style="list-style-type: none"> • Strategic Communication Plan implemented to increase awareness of AS York’s programs and services offered in York Region. Focus groups held to test/tweak the messaging with theme “He was...He is.../”She was...She is...” and images resonating with the public. Core message invited people to, “Change the dialogue. When we change the dialogue for people living with Alzheimer’s, we acknowledge the value of their lives” • Social Media Plan developed/implemented <p>Internal Communication Plan</p> <ul style="list-style-type: none"> • AS York’s staff, clients & caregivers, donors and sponsors receive communication through: <ul style="list-style-type: none"> - Kitchen Chatter (electronic & paper) - Connections Newsletter sent to all donors, sponsors, clients/caregivers; online version on website for general public - Service Agreement & Intake Package - AS York’s website & Intranet
<p>AS York is an efficient & effective resource for meeting system needs regarding dementia.</p>	<p>15. Develop professional education for private home care and residential care organizations, delivered on a cost recovery basis. <i>[Work with prospective clients in identifying learning needs, appropriate learning situations, etc.]</i></p>	<p>Director of Client Service & Program</p>	<p><input checked="" type="checkbox"/></p>	<ul style="list-style-type: none"> • Gentle Persuasive Approach (GPA) trainer, led or co-led 14 training sessions attended by 230 PSWs – 2 more in house GPA coaches trained • Reena professional dementia education with clients with dementia/developmental delays provided 5 times annually (fee for service) In addition 2015- 2016 Ministry of Community and Social Services contracted Reena/AS York to provide 7 training sessions – facilitated to nearly 150 front line workers from 20 agencies, and a further 4 sessions contracted in 2016 2017. Also several private training sessions arranged with other non-profit agencies servicing the developmental community. • U-FIRST (A program intended to support workers who provide care for people with AD. Specifically educating on core competencies & best practices relating to their role in providing care in the community), certified leaders in place to provide professional training to outside organizations (4 trainers now certified to teach)

				<ul style="list-style-type: none"> Ongoing PSW dementia training within the community sector 2016 -2017 Bayshore has contracted AS York to deliver a minimum of 10 sessions training approximately 200 PSWs
Develop & expand dementia services throughout the region & along the continuum	16. Implement First Link with broad involvement of primary care providers	Director of Client Service & Program	<input checked="" type="checkbox"/>	<p>Active participation in Health Links, working closely with the geriatric specialists in the Region and continued attempts to reach out to primary care physicians continues.</p> <p>See Strategic Action Plan #5</p>
Develop & expand dementia services throughout the region & along the continuum	17. Expand First Link volumes, deepen relationship with referring MDs, and provide education events.	Director of Client Service & Program	<input checked="" type="checkbox"/>	See Strategic Action Plan #5 for details of how relationships to referring MDs were developed and what education events were organized
Enhance our profile & build relationships with Communications/ Marketing/Advocacy/ Relationships	18. Publicly report to the community on performance, quality and attainment of strategic priorities.	CEO Senior Leads	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> AS York publically reports results on performance, quality & progress towards strategic plans/directions through the following mechanisms: <ul style="list-style-type: none"> Quality, Safety & Performance (QSP) Committee (A Board & Staff Committee which meets quarterly & reviews performance measures including incident & complaint reports, OH & SC reports & other performance measures). Results reported to Governance Body quarterly & posted on Intranet & Boards at all sites to be viewed by staff, clients & caregivers Achievement of full accreditation status through Accreditation Canada (AC) with certificate posted at all sites, letter head, Internet/Intranet communications, website Regular staff, client & caregiver communiqués which report on quality, safety & performance activities within the organization Strategic Plan & implementation on web-site Provide communications to stakeholders/community through Annual Report, Connections newsletter (print and e-version), Facebook page, Instagram, online banners, monthly RogersTV segment, local radio station 105.9, and stories in local newspapers/online sites Central LHIN M-SSA agreement posted on web-site, hard copy at reception & shared results by Central LHIN <p>AS York staff complete annual AC surveys – WorkLife Pulse & Canadian Patient Safety Culture. Results are reported to AC, the Governance Body, staff, clients & caregivers. Year over year trending & action plans are developed & posted at all sites.</p>
Build the capacity to strengthen dementia services in the community	19. Develop a multi-year staffing plan in order to forecast the fundraising,	CEO	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Succession Planning was undertaken to support forecasting of staffing Job descriptions reviewed & revised Director of Client Services & Programs developed/implemented

	communications, program, and administrative staffing changes required to meet changing needs.			<ul style="list-style-type: none"> Up to date Organizational Chart Human Resource Risk Assessment conducted resulting in hiring of part-time HR Manager Nurse Consultant hired to provide medical consulting advice & achievement of AC Primer 2015 recommendations Finance & Support Services Stream was restructured to add Intake Coordinator (as identified in Trillium proposal), eliminated administrative support in Georgina office, consolidated certain bookkeeping functions to better manage data base functions Fund Development & Communications Stream fortified with Director hire & retention of Strategic Counsel (contract) Comprehensive Campaign plan includes projected hiring of Campaign Assistant
Build the capacity to strengthen dementia services in the community	<p>20. Develop a governance development plan to ensure that the organization has the best possible Board to guide it through the next phase of development and that the board is operating with quality <i>[Governance plan should deal with board quality, process, structure, engagement]</i></p>	Board Chair	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Through the AC Qmentum process, the Governing Body has undergone a Needs Assessment & Gap Analysis & completed a Governance Functioning Tool Self-Assessment aligned with the AC Governance Standards (2015) The analysis of the results identified areas for improvement related to: <ul style="list-style-type: none"> Professional development opportunities Receiving Feedback about individual performance Policy & Procedure currency & development gaps An Action Plan has been developed & specific Governance Sub-Committees will be prioritizing action plans, obtaining approvals & communicating results An Accreditation Working Group has been stuck to support Qmentum in 2017
AS York is an efficient & effective resource for meeting system needs regarding dementia.	<p>21. Investigate the feasibility of creating a Medical Advisory/Liaison role at AS YORK. <i>[Letter of confirmation, expectations]</i></p>	CEO	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> Explored opportunity & established an informal liaison with Dr. Moser during the establishment of First Link AS York has had a physician represented on the Board. The physician (resigned formally from Board 2016), now leads the QSP Committee
AS York is an efficient & effective resource for meeting system needs regarding dementia.	<p>22. Demonstrate willingness to hold ourselves to the same standards as our health care partners by seeking accreditation by Accreditation Canada. <i>[Working back from date of survey, set intermediate targets]</i></p>	CEO Senior Leads	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> AC Primer 2015 successfully achieved meeting 100% of AC Standards Preparation for next phase of "Quality Journey" AC Qmentum 2017 in progress Scheduled site visit September 11th – 13th 2017 Needs Assessment & Gap Analysis & Self-Assessment surveys completed in all areas: <ul style="list-style-type: none"> Governance Leadership IPAC Home Support Medication Management WorkLife Pulse Canadian Patient Safety Culture survey Accreditation activities at this time on track with focus on Governance, Revision of

				Policies, Procedures & Manuals, Staff & Client/Caregiver reviews
Build the capacity to strengthen dementia services in the community	23. Develop an accommodation plan to determine space requirements, especially with respect to Newmarket and other locations. <i>[Other locations added during workshop]</i>	Fin. Mg.		Re-Location Aurora: <ul style="list-style-type: none"> Accommodation Plan for relocation into Aurora at 248 Edward St. completed with input from clients/caregivers & staff. Redesign included research into best practice design for caring for dementia clients Health & Safety legislated requirements applied including establishing certified JOH & S trained manager & staff to lead the organizational OH& S Committee Sensory Garden completed at Aurora (2016) Annual Staff Education/Training Plan established Vaughan: <ul style="list-style-type: none"> Vaughan satellite office relocated to Mackenzie Health (2015), providing an annual savings in rent of approximately \$18,000

Learning & Growth Perspective:

The skills, capabilities, information & culture we must supply our staff to improve our critical processes

STRATEGIC DIRECTION	STRATEGIC ACTION	LEAD	STATUS	
			Key:	MILESTONE INDICATORS
			 - Achieved  - Partial Achievement  - Deferred	
Focus on Research	24. Use ASC Research Program as a platform for evaluating the efficacy of the Day Program <i>[Potentially identify a local donor willing to fund the evaluation]</i>	Director of Client Services & Program		<ul style="list-style-type: none"> In progress with York University, a proposal & research project which includes student placement, teaching, research, and Policy & advocacy components. <i>ASC Research is a peer-reviewed national research program that funds 2 streams: bench/clinical research, and quality of life research. For ASY's program to receive ASC funding, a formal and rigorous application process would be required. Instead, AS York's DAY Program model will be studied by York U in their research on caregiving.</i>
Focus on Research	25. Build in mechanisms for the continuous improvement of programs on the basis	Director of Client Services & Program		<ul style="list-style-type: none"> AS York conducts client/caregiver experience Surveys annually. The results are included in the Performance measures report & is reported to the QSP Committee & Board The results have been consistently high AS York conducts exit interviews with Clients/ Caregivers who utilize the ADP

STRATEGIC DIRECTION	STRATEGIC ACTION	LEAD	STATUS Key:  - Achieved  - Partial Achievement  - Deferred	MILESTONE INDICATORS
	of feedback from clients and partners and from advice from research on best emerging practices.			Annual survey of satisfaction of Support Groups, Caregiver Support Program and also Learning Sessions (First Link/ Next Steps) <ul style="list-style-type: none"> • AS York has adopted a CQI Framework • As York has a 3-year Integrated Quality, Risk Management • Change Foundation Proposal - Client/Caregiver Support / Framework (Central LHIN Lead for \$3 M Proposal) • AS York has successfully achieved Accreditation Canada's Primer 2015 & is pursuing AC Qmentum in 2017. AC Standards provide guidance in using the most appropriate performance measures to support quality, safety & risk management within the organization

APPENDIX 2: Strategic Plan Refresh – Stakeholder and Senior Staff Interviews

Alzheimer Society of York Staff Leaders

- Loren Freid, CEO
- Andrea Ubell, Director of Programs and Client Services
- Janice Clarke, Manager of Finance and Support Services
- Linda Clemow, Director of Philanthropy
- Holly Benson, Philanthropic Counsel

AS York Board Members

- Zahid Salman, Chair of the Board
- Sue Noble, Chair of Governance Committee

Alzheimer Society of Ontario

- Chris Dennis, CEO

External Stakeholders

- Chris Lindley, Chairman, Quiller & Blake, (Communications)
- Christel Galea, Accreditation and Nursing Consultant
- Peter Smith, Caregiver