



ASD Partnership and the York Region Planning Collaborative Focus Group Recommendations

Members of the York ASD Partnership and the York Region Planning Collaborative for Children, Youth and Families are very interested in the proposal for a Crisis Hub in York Region. A focus group met to provide input on the needs of people with ASD who will access the Crisis Hub.

- 1. The Hub will serve individuals from aged 12 and up.** Some individuals will arrive by police/ambulance others by private vehicle and walk in. When you think of the access/admission process what do you think is important to consider? For example, do you think adults and youth should have separate entry points? What should be considered in the design of the waiting areas, interview rooms? Who is likely to accompany individuals to the Hub and what might their needs be? Are there things that should be considered in relation to sensory, stimuli, lighting, colors, noise etc.?

Intake Environment

- Need to have opportunities to separate people – addictions and mental health may not mix. Youth and Adults may need different spaces
- Youth may be accompanied by parents/guardians, workers, siblings etc. - need space for them in waiting areas
- Lighting, colors, calming pictures/photos, general environment are all important – Hub should not look like a hospital
- Noise may be an issue, offer clients/patients noise cancelling headphones and consider paying attention to sound proofing rooms.
- Snack machines/drinks accessible in the waiting rooms
- Availability of sensory fidget tools and other accommodations while waiting.
- Need to have storage for belongings
- A safe or quiet room would be an asset to avoid the need for mechanical restraints
- Dedicated parking spaces close to entrance to facilitate drop offs

Intake Processes

- Receiving/admitting team members need to be aware of how to modify their approach and communication with individuals with an ASD
- Reception/Greeter needs to be friendly and welcoming
- At Intake need to understand who else is involved and ensure there is a follow up plan.
- Need to have a pre-screening area to detect contraband and deter spread of infection/bed bugs etc.

- May need to have a roster of experts that can be pulled in for consultation. Consider expertise for the intake and treatment teams beyond the usual e.g. autism, DD
- Ability to accommodate – “pre-crisis” walk ins to avoid full blown physical and emotional meltdown crisis stage.

2. The Hub will have sleeping, eating and common area spaces - do you have suggestions on the design of these spaces?

- Placement of patients in rooms will be a challenge - youth, adults, individuals withdrawing, disruptive individuals may need separate spaces
- Glad to hear patients will each have their own bathroom
- Access to quiet spaces is important
Padded quiet room available? De-escalation is critical to try to avoid use of restraints

3. Are there other factors that should be taken into consideration?

- Don't underestimate the population of individuals with an Autism Spectrum Disorder or Developmental Delay, Dual Diagnosis that will come to the Hub
 - Individuals with DD are high users of ED and many have addictions
 - Up to 70% of people diagnosed with ASD have an additional Mental Health diagnosis resulting in frequent crises.
 - People with an ASD have suicide risk 4 to 10X higher than the neuro-typical population.
- Comprehensive ASD training will be needed for all Hub personnel.
- Training in how to adapt mental health approaches for patients with ASD will be critical. The York ASD Partnership (YASDP) provided a 3 day training program to approximately 200 staff in York Region. This training is available through on-line modules which can be accessed through the YASDP. The YASDP also provided training in adapting crisis responses and suicide prevention. This training is also available online. YASDP also developed a wallet card that highlights the Dos and Don'ts of crisis response which is available to all. As well, many agencies in York Region have extensive experience in adapting treatment modalities to meet the needs of individuals with ASD. For example, YSSN has adapted both CBT and DBT programs for individuals with ASD.
- Don't just rely on training - It is important to recruit the right people - people with expertise, skill, ability, aptitude and attitude
 - OT, psychiatry, psychology, SW, Behaviour Technicians, Psychiatry needs to be community based, people with experience working with a range of populations and profiles
- Is there a role for volunteers in the Hub – peer mentors?
- This could be an opportunity for students to learn and build expertise in our community

- York Support Services Network and the DSO should be a partner – The new provincial after hours crisis service will be housed at YSSN. There needs to be a formal connection of this service to the Crisis Hub.
- Consider a shared electronic record so that various care providers can share information
- Consider allowing short term admission of individuals to the Hub to avoid further escalation to crisis

4. After Crisis Planning and Support

- Knowledge of ASD service system and access pathways will be important for discharge and follow-up planning.
- Consider that the identified community organizations and their staff who will be relied on to support patients/clients post discharge, may need specific training and support to build their expertise and capacity
- Consider having Hub staff act as a transition support for e.g. if a client needs to go to hospital or vice versa
- Establish connections to “home-care” system at discharge.
- Consider having Hub staff remain involved post discharge e.g. psychiatry for monitoring of medication
- Consider offering tangible follow up – can someone call and check in on people a day or two after discharge? Life Coach follow-up?
- Partnerships and MOU’s with community services will be key.

Additional Reference Material

Weiss, J.A., Isaacs, B., Diepstra, H., Wilton, A.S., Brown, H.K., McGarry, C. and Lunsky, Y. *Health Concerns and Health Service Utilization in a Population Cohort of Young Adults with Autism Spectrum Disorder*. Journal of Autism and Developmental Disorders, 2017

Pacquette-Smith, M., Weiss, J. and Lunsky, Y. *History of Suicide Attempts in Adults with Asperger Syndrome*, The Journal of Crisis Intervention and Suicide Prevention, 2014

CASDA, National Needs Assessment Survey for Families, Individuals with Autism Spectrum Disorder and Professionals, 2014