Ontario Autism Program
Guidelines
June 26, 2017

Ministry of Children and Youth Services
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Ontario.ca/autism
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Introduction
Introduction to the Ontario Autism Program

1.1 Context

The vision of the Ministry of Children and Youth Services (MCYS) is an Ontario where all children and youth have the best opportunity to succeed and reach their full potential. To achieve this vision, the Ministry is committed to improving and expanding services and supports for children and youth with Autism Spectrum Disorder (ASD) and their families, by implementing a new Ontario Autism Program (OAP).

The new OAP will transform Ontario’s existing autism behavioural services for children and youth to a more flexible and individualized program. The OAP will provide services that are co-ordinated, family-centred and responsive to children’s needs, strengths, goals and unique potential. In 2016, the Ministry committed to implement the new OAP beginning in June 2017.

This first phase of change, beginning on June 26, 2017 is primarily focused on the following key features:

- **A single point of access.** There will be one entry point to the OAP in each of the nine service areas¹ to make it easier for families to access services for their child.

- **Family-centred decision making.** As key partners in their child’s care, families will be actively engaged in the assessment, goal-setting and intervention planning process for their child.

- **Collaborative approach to service.** A foundation of the new OAP is a strong collaborative approach between OAP clinicians and community based clinicians, support services and educators that supports children and youth’s learning at home, in school and in the community.

- **Service based on need.** Services will be flexible and individualized. The intensity and duration of the services a child or youth receives is based on their needs and strengths, regardless of age. Each child’s service plan will be determined by clinical assessment.

These guidelines outline the first phase of implementation of the OAP and the beginning of a transformative process to a new OAP that is focused on family-centred care. There will be a transition and implementation period beginning on June 26, 2017 and continuing throughout the fall. The Ministry has also committed to implementing a new direct funding option for the OAP by the end of 2017.

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¹ For the purposes of this document, MCYS Regions are defined by the former nine service delivery regions: North, North East, Central East, Central West, South, East, Toronto, West, and Hamilton/ Niagara.
The Ministry will continue to work closely with families, clinical experts, providers and other stakeholders in the design of the OAP over the next year as new elements of the program are introduced. These guidelines will continue to evolve throughout this process.

### 1.2 Purpose and Application

The Ontario Autism Program Guidelines (the guidelines) provide operational guidance for autism service agencies, partner providers, subcontractors and private providers (under the former Direct Funding Option – Autism Intervention Program) delivering the OAP for children and youth with autism.

The guidelines set out the Ministry of Children and Youth Services’ (MCYS/the Ministry’s) expectations for the delivery of the OAP across the province.

These guidelines are not a clinical tool. Determining the appropriateness of behavioural interventions is the responsibility of clinicians, who are qualified to conduct behavioural assessments, develop behaviour plans and deliver evidence based behavioural services based on the needs of the child (see Section 5.3 for Clinical Staffing Requirements). As such, providers will use these guidelines in conjunction with the OAP Clinical Framework which guides clinical decision-making in the OAP (see below).

These guidelines should also be used in conjunction with the following, where specifically noted during the phased implementation period:

- Autism Intervention Program – Program Guidelines
- Applied Behaviour Analysis-based Services and Supports Guidelines
- Guidelines: One-Time Direct Funding Autism Intervention Program
- Guidelines: Additional Direct Funding and/ or Applied Behavioural Analysis-based Services and Supports
- Program Guidelines for School Support Program and Addendum: SSP-ASD Consultants’ Responsibilities in Connections for Students Multi-Disciplinary Transition Teams

### 1.3 OAP Clinical Framework

The OAP Clinical Framework (the Framework) guides how OAP clinicians will work with families to assess children’s needs, identify strengths and goals and plan interventions. The Framework will also help families understand how clinical decisions are made for their child. The family and/or youth’s priorities will be the centre of the OAP Family Service Plan and the OAP Behaviour Plan.
Please see the OAP Clinical Framework at the following link
http://www.children.gov.on.ca/htdocs/English/documents/specialneeds/autism/OAPClinicalFrameworkEN.pdf for definitions and descriptions of the Family Service Plan, the Family Support Worker and the Behaviour Plan that are referred to throughout this document.

Beginning in June 2017, the OAP Clinical Framework will be used by providers to guide the assessment of need, the development of the Family Service Plan, and Behaviour Plan and the delivery of evidence based behavioural services. The implementation of Family Support Workers and Family Teams will be phased in across the province with a view towards full implementation of all aspects of the Framework by the Fall 2017.

The OAP Clinical Framework will be used in conjunction with these guidelines.

The OAP Clinical Framework will evolve based on an initial evaluation of the first group of children and youth who enter the program between September 2017 and January 2018. Feedback from this evaluation will inform any changes required before full implementation of the OAP in Spring 2018.

1.4 Transition to the OAP

Children, youth and their families will begin transitioning into the new OAP as of June 26, 2017. Individual family transitions will differ depending on whether their children are new to MCYS autism services, are already receiving service or are waiting for service in the former Autism Intervention Program or the Applied Behaviour Analysis-based Services and Supports program.

The Ministry’s commitment to families is that they will be supported during this phased implementation and that it is as smooth and seamless as possible.

Service providers are required to adhere to the transition planning expectations and waitlist management strategies for children transitioning to the OAP.

Information about the specific family transitions to the OAP is available on the Ministry website at www.ontario.ca/autism.
Outcomes and Guiding Principles
Outcomes and Guiding Principles

The OAP Advisory Committee provides advice to the MCYS on the design and implementation of the OAP. The Committee is comprised of stakeholders, clinicians, educators, parents of children and youth with ASD, and other experts. See the MCYS website for details about the OAP Advisory Committee: http://www.children.gov.on.ca/htdocs/English/specialneeds/autism/oap-advisory-committee.aspx

As part of its work, the Committee developed the following Outcomes and Guiding Principles, which are guiding all phases of this transition and form the foundation for the future design of the OAP.

Outcomes

Child, Youth and Family Outcomes

- All children and youth with autism will have timely access to high quality and evidence-based (where evidence exists) interventions that will optimize long term outcomes.
- Families will experience services that are effective, well-coordinated, family-centered and responsive to their child or youth’s changing needs in order to maximize their potential and quality of life.
- Children and youth with autism are supported to attain long-term success and meaningful and active participation in society.
- Family members are key partners in determining their child or youth’s care; and they will be actively engaged to enable them to acquire skills that support their child’s development.

System Outcomes

The Ontario Autism Program will provide services that are:

- Flexible, relevant and responsive to the needs of individual children and youth with autism. Integrated into the larger service system to allow for seamless transitions and collaboration across multiple providers, schools and care settings as well as all relevant provincial ministries, and their respective services and supports.
- Sustainable and obtain maximum benefit and outcomes for resources invested while allocating resources in the most effective way possible.
- High quality, innovative and rooted in evidence-based practice, and delivered by qualified and trained professionals.
- Available to children, youth and their families within a timeframe that provides maximum therapeutic benefits.
Guiding Principles

Child, youth and family centred services
Children, youth and families are partners and are actively engaged in intervention planning. Evidence-based services are delivered according to a relevant assessment of a child or youth’s needs, strengths and interests and the family’s concerns and priorities. Families will be supported throughout the decision-making process. Informed choice is a key element.

Coordinated and collaborative
Intervention will be integrated and coordinated with other services that a child, youth or their family may be receiving. Families will experience a high degree of inter-professional partnership with mechanisms in place to support information sharing and collaboration amongst services and the community. Collaboration will take place among provincial ministries to support provision of coordinated services.

Flexible and responsive
Children, youth and their families will receive timely and individualized services in accordance with their needs, strengths and goals. The approach to intervention will be guided by an individualized service plan, developed in partnership with the family. Services will be flexible, proactive and continually responsive to the child, youth and families’ needs, recognizing that these needs change over time.

Available and accessible
Children and youth and their families can access the services they need close to home. Services are responsive to cultural, social, geographical and economic diversity and language needs of children, youth and their families. Entry into service will be straightforward and easy to navigate through a single entry point.

Transparency
Decisions regarding access to and provision of service will be transparent to families and other service providers, and information will be shared appropriately.

Continuous quality improvement
Approach to service delivery is outcome oriented and evidence-based. Services are flexible to be responsive to changing evidence and practice, and are accountable through continuous evaluation and monitoring. Capacity-building for families and service providers that incorporates evidence-based strategies and competency-based improvement is an essential component of service delivery.

Equitable and fair
Families with children and youth with autism have an equal opportunity to access equitable services that respond to their individual needs.

Free from conflict of interest
Clinical decisions will be made in the child or youth’s best interest.
Access to the Ontario Autism Program
Access to the Ontario Autism Program

The overall goal is to establish a collaborative, community-based approach to streamline access to the OAP, and to help children, youth and their families access appropriate services and supports quickly and easily.

3.1 Eligibility

All children and youth with a diagnosis of Autism Spectrum Disorder from a qualified professional can access the OAP until the age of 18. Eligibility will not be defined by age or by the severity of a child's autism.

Children and youth may be receiving or waiting for other ASD-specific or general services and supports funded by MCYS or other ministries and they may continue to receive these services in addition to receiving services through the OAP. Other services and supports that children are receiving will be taken into consideration in the development of the OAP Family Service Plan (see page 21).

Children who may have previously been deemed ineligible for the former Autism Intervention Program (AIP), or who have been discharged from the AIP are eligible for the OAP, and will receive service according to their needs, as long as they have a diagnosis of ASD and are under the age of 18.

3.2 Referral for Services

In order to access services through the OAP, families/caregivers can self-refer to the OAP, or with the family’s consent, a referral can be made by a professional such as:

- Family Physician
- Psychiatrist
- Pediatrician and/or Developmental Pediatrician
- Psychologist
- Psychological Associate
- Speech-Language Pathologist
- Occupational Therapist
- Social Worker
- Nurse (includes Registered Practical Nurses, Nurses, and Nurse Practitioners)
- Board Certified Behaviour Analyst
- Early Interventionist/Infant Development Worker

Referrals may also be received directly from the five MCYS-funded regional ASD diagnostic hubs. More information on the hubs can be found on the Ministry’s website at: https://www.children.gov.on.ca/htdocs/English/specialneeds/autism/diagnostic-hubs.aspx

A written diagnosis of ASD from a qualified professional is required for referral to the OAP. Referrals for service will be accompanied by relevant assessments and other information pertaining to the child or youth and their family that will assist in the development of the OAP Family Service Plan. Where a diagnosis of ASD has been made by the referring professional, all required assessment information and documentation pertaining to that diagnosis will be included with the referral.

### 3.3 Single Point of Access

All referrals to the OAP as of June 26, 2017 will be made through a single point of access in each of the nine service areas.³

Specifically, the single point of access is required to:

- Clearly publicize their toll-free phone number and/or electronic access (e.g., email, website) for families and referral sources.
- Identify and make expedient warm referrals⁴ to service providers from other sectors for other services and supports, as required. For example, some children and youth with ASD may require access to mental health services.⁵
- Facilitate an integrated and coordinated intake process to identify initial needs and strengths of each child and family and ensure that families do not need to unnecessarily repeat their information.
- Identify a Family Support Worker who will be the family's primary point of contact with the OAP and will be responsible for assisting families with service and program navigation and support.

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³ [Single point of access website](#)

⁴ A 'warm referral' is a process by which information that may have already been collected from families is transferred directly to the appropriate receiving agencies they are being referred to, so that the family does not need to repeat their story.

⁵ Where reference to sharing of personal information or personal health information is made throughout this document it is expected that information sharing will be done in accordance with all applicable privacy laws including obtaining any necessary consents from individuals.
3.4 Management of Referrals

One service provider in each of the nine service areas is responsible for maintaining the OAP waitlist using a first-come first served principle. Families can call the single point of access in their service delivery area with questions regarding the waitlist and/or wait times. Providers will proactively and transparently communicate estimated wait times to families.

New families entering the OAP as of June 26, 2017 will be added to the OAP waitlist in chronological order based on date of referral. While families may contact the OAP prior to receiving a written diagnosis, their child will not be placed on the wait list until the OAP service provider receives a written diagnosis of ASD from a relevant professional who is qualified to make a diagnosis.

During the phased implementation period from June 2017 to the spring of 2018, families currently waiting for service will enter the OAP based on their position on the current ABA waitlist (chronological order). Where families were on both the waitlist for the Autism Intervention Program and ABA-based services and supports prior to June 26, 2017 and the date of referral is different for each list, the earliest date of referral will be used.
OAP Services and Supports
OAP Services and Supports

4.1 Scope of Services

The focus of all OAP services will be on increasing the capacity of the family and the OAP Family Team, should a family wish to have one, to maximize the child/youth’s functional skills within the context of their home and community. The OAP will deliver a continuum of evidence based behavioural services and family services and training for children and youth with Autism Spectrum Disorder (ASD) and their families based on their needs and strengths across all developmental stages.

4.2 Evidence Based Behavioural Services

The OAP Clinical Framework will guide clinicians in partnering with families to develop an understanding of each child’s/youth’s and family’s strengths, capacities and need for behavioural services and creating a Behaviour Plan with an evidence based approach to meeting those needs. Families can expect to receive services that actively engage them to acquire skills that support their child’s development and skill building.

Applied Behaviour Analysis (ABA)
Many of the effective behaviour interventions for children and youth with ASD are based on the principles of applied behaviour analysis (NAC, 2015). ABA is an applied science, based on the principles of learning and behaviour. ABA uses these principles to assess, understand, and teach behaviours that are important to individuals, their families, and their communities.

ABA interventions are based on scientific research and direct observations and measurement in order to increase or decrease existing behaviours under specific contextual conditions. ABA is used to teach skills across developmental domains, including but not limited to communication, social and adaptive skills, promote independence, and treat challenging behaviour. An important feature of ABA is that the skills learned are maintained and generalized to other settings and with other people.

ABA strategies range from highly structured, adult-led instruction (e.g., discrete trial teaching), to child-led interactions (e.g., incidental teaching, natural environment teaching).

There is an emerging body of research supporting the use of Naturalistic Developmental Behavioural Interventions (NDBI), which are typically used with children under the age of 3, at risk for, or diagnosed with ASD. These approaches follow the sequence of typical development, use the principles of developmental science, are relationship based, child centred and play based (Wagner, Wallace, & Rogers, 2014) and often include an intensive individualized approach to parent/caregiver coaching (Wetherby et al., 2014).
High quality, evidence based behavioural intervention for children/youth with ASD includes the following components that have been identified in the literature as being of key importance:

- An individualized approach that considers the interests and learning style of each child;
- Systematic intervention planning for selecting goals and strategies based on a data-based assessment, monitoring progress and problem solving;
- Predictability and structured environments to help children/youth anticipate transitions between activities;
- Intervention that addresses social communication difficulties and restricted, repetitive behaviours;
- A functional approach to problem behaviour that includes assessing the purpose of the behaviour and selecting intervention strategies accordingly; and,
- Family involvement (Smith & Iadarola, 2015).

4.3 Family Services and Training

The involvement of parents/caregivers is essential to achieving maintenance and generalization of skills learned by children and youth with ASD. There is significant evidence of many positive outcomes associated with parent training and parent/caregiver implemented intervention (Drew, Baird, & Baron-Cohen, 2002; Ingersoll & Dvortcsak, 2006; Feldman et al., 2002; Lafasakis, & Sturmey, 2007; Stewart, Carr & LeBlanc, 2007; Seiverling, Williams, Sturmey, & Hart 2012; Fettig, Schultz, & Sreckovic, 2015). It has also been demonstrated that parents/caregivers who learn the specific techniques to support their children or youth have increased feelings of competence and report positive parent-child interactions (National Research Council, 2001).

The ability of the OAP to lead to improved outcomes for children and youth with ASD is dependent to a significant degree on the involvement of parents/caregivers in learning the strategies being taught to their children and incorporating these techniques into daily activities. This ongoing support is essential for children and youth to maintain the skills they have learned, and to apply these skills in other settings and with other people. As such, the involvement of parents/caregivers is a core component of the OAP, and will be clearly documented in the Family Service Plan.

OAP family services and training will support parents/caregivers to become:

- **ACTIVE** in their child’s intervention with the skills, knowledge and resources required to help their child reach his/her fullest potential;
- **INFORMED** about relevant behavioural terms, how to support family routines, strategies to promote generalization and maintenance of skills;
- **ENGAGED** in effective collaboration with professionals; and,
- **AWARE** of the resources available to them and how to access them.
4.4 Domains of Need

Domains of Need

The OAP will address the needs that children and youth with ASD have across the following domains:

Social/Interpersonal
Individuals with ASD often have significant impairments in social/interpersonal skills, such as difficulties with initiating conversations or sharing emotions with others, use and understanding of nonverbal communicative behaviours, and difficulties establishing and maintaining friendships.

Communication
Communication difficulties or disorders are commonly associated with ASD, including difficulties using and understanding verbal and nonverbal communication. This may include joint attention, which is an early social-communicative skill in which gestures and eye gaze are coordinated and used to share interest in an object or event, and which may be impaired in children/youth with ASD. Other examples of communication difficulties include a total lack of speech, abnormalities in pitch, rhythm and intonation, stereotypical and repetitive language use, idiosyncratic word use.

Cognitive Functions
Cognitive abilities include problem-solving, reasoning, information processing, and executive functioning.

School Readiness
Learning/school readiness includes skills that are prerequisites for success in school, including acquiring new skills within a group setting, independent work, following routines, and self-help skills (e.g. dressing, toilet training).

Motor
Motor skills include gross motor movements (i.e., large movements of legs, arms, feet, or the entire body) and fine motor movements (i.e., fine movements of the hands, fingers and wrists).

Personal Responsibility/Adaptive
Adaptive and personal responsibility skills are practical skills required to function optimally in daily environments and routines, such as maintaining personal hygiene, using kitchen appliances, and community safety skills.

Play and Leisure
Many individuals with ASD lack effective play and leisure skills, including deficits in conventional engagement with play items/activities, engagement in cooperative or imaginative play, and interest in, and friendships, with peers.
**Self-Regulation**
Self-regulation includes the ability to identify and manage one’s behaviour, such as sustaining and shifting attention, self-management and self-monitoring.

**Vocational**
Vocational skills include practical skills and knowledge required for success in a trade, vocation or profession.

**Challenging Behaviour**
Challenging behaviours commonly occur in the ASD population. These behaviours may include aggression, self-injury, and restricted/repetitive or otherwise disruptive behaviours that interfere with skill development and prevent participation in social and community activities.
Delivery of OAP Services and Supports
Delivery of OAP Services and Supports

All OAP services will be delivered in a family-centred approach that promotes the active engagement of parents/caregivers through access to resources and support, informed and transparent decision making and the delivery of flexible and responsive service based on family priorities, strengths and needs. Parents/caregivers will be engaged, oriented, and supported by the Family Support Worker from initial contact throughout their service pathway in the program. Services are planned and captured in each child/youth and family’s OAP Family Service Plan.

For children and youth receiving autism, special needs and/or mental health services concurrently, service providers are encouraged to collaborate with a view to promoting a seamless and coordinated service experience for families.

5.1 Flexibility of Service Delivery

Children and youth with ASD vary greatly in terms of their specific skill building needs and the intensity and scope of services required. Within the context of the local service delivery system, different ways of delivering services may be required to best meet the range of needs, including individual and group-based service. Flexibility is required both in terms of the services and supports that are developed and the ways in which they are delivered.

Providers are encouraged to build upon existing partnerships, such as information sharing agreements and service pathways to optimize seamless service delivery for families of children/youth with ASD.

In all areas of the province, OAP services will:

- Complement and coordinate with existing services available to children and youth with ASD and their families, including relevant community services such as mental health, speech and language, occupational therapy, behaviour services and health services (family physicians, pediatricians);
- Build on the range of services available to children and youth with ASD;
- Address the behavioural needs of children and youth at various ages and developmental stages;
- Offer services in a variety of settings and where possible, in the child’s natural environment;
- Minimize the need for children and youth and their families to travel outside their home communities to receive service; and,
- Respond to the service needs of Francophone children/ youth, and their families, be aware of distinct approaches that may be required to address the needs of First Nations, Métis, Inuit and urban Indigenous children and youth, and provide culturally appropriate services to all families.
A key principle of the OAP is child, youth and family-centred services. As per the OAP Clinical Framework, family-centred care is an approach to planning and delivering care that promotes collaborative partnerships between care providers, children and their families. Family-centred service recognizes that each child, youth and family is unique; that the family is the constant in the child/youth’s life; and that the family has expertise in their child/youth’s abilities, interests and needs. All decisions about supports, behavioural services, and the coordination of services are made in partnership with the family and/or youth and their priorities are at the center of those conversations.

One component of family-centred service is the development of the OAP Family Service Plan.

The OAP Family Service Plan is a living document that changes over time to reflect the shifting priorities of the family, the child’s developmental stage, progress toward goals and objectives and transition planning. The OAP Family Service Plan may include the formation of a Family Team, as described in the OAP Clinical Framework.

The plan will be initiated by the OAP Family Support Worker, who will support the family through its development, revision and delivery of the components illustrated above. Each child/youth and their family will have an OAP Family Service Plan that will be unique to them.
The following sections describe in further detail, the key components of the OAP Family Service Plan.

Family Support Workers will follow the comprehensive information collection process outlined in the OAP Clinical Framework that builds the family story. Families will experience a seamless sharing of family and child information as part of the Family Service Planning process; and the Family Support Worker will review and build on key information, about the child/youth and their family, including relevant assessments and reports such as the Individual Education Plan (IEP).

The family story will be updated at a minimum of every six months, or at the progress reviews.

Providers may want to explore the use of a common consent form across the service area where possible and in keeping with requirements under applicable privacy laws. They will be required to seek consent for information sharing at the beginning of the Family Service Planning process and at key decision points to minimize the amount of time consent will need to be sought.

Inter-professional partnerships and the Family Team are key elements of service delivery in the OAP. OAP providers will work with their partners to ensure they are planning collaboratively and integrating practice and service delivery for children/youth with ASD and their families. The service planning process will include assisting families in navigating and coordinating services for their child/youth. The OAP Clinical Framework focuses on the importance of this collaborative and interdisciplinary approach to service planning; and outlines how the Family Service Plan will be developed, revised, and maintained with input from all relevant professionals and people in the child/youth’s life.

Many children/youth with ASD are active in school, in their communities, with their families and with other services outside of the OAP. They also have natural supports in their life, like friends, community members, caregivers and extended family members. The OAP Family Service Plan will consider the services and supports that those outside of the OAP provide. When working with children/youth in the OAP who are in school, OAP providers are encouraged to develop, promote and maintain strong partnerships with their local school boards.
The OAP Clinical Framework provides further details regarding how the Family Team is formed should parents/caregivers wish to do so, as well as how the Family Team is engaged and updated on a regular basis.

In some situations, if a child/youth receiving services from the OAP has multiple and/or complex needs, the OAP Family Support Worker may refer the family to the local Coordinating Agency for Coordinated Service Planning under the Special Needs Strategy. In these situations, the OAP Family Support Worker will remain involved with the family and will participate in Coordinated Service Planning.

**Family Services and Training**

The approach to family services and training in the OAP is driven by a family-centred, child-focused philosophy that promotes collaboration between families and providers. Caregiver involvement is promoted by providing choice and overcoming potential barriers by offering:

- Service in a variety of formats (e.g. group, individual, self-directed) that respect differences in learning styles;
- Flexible options regarding time, intensity and location of parent/caregiver training; and,
- Learning materials that are written clearly in family-friendly language and when possible translated into a variety of languages based on the needs of the community.

**Foundational Parent/Caregiver Services**

These services include information, workshops, groups and seminars specifically aimed at orienting families who are new to service and providing them with introductory and foundational information about ASD, ABA and how services are provided in the OAP.

Beginning in the Fall of 2017, families who are new to the OAP can expect to be offered foundational parent/caregiver services within six weeks of registration with the OAP.

**Needs and Strengths Based Parent/Caregiver Services**

Evidence based family services and training that are linked to and built upon a parent/caregiver’s new and applied learning goals will be offered according to the needs and priorities of the families in each service delivery area and may include, but are not limited to:
- Parent/Caregiver workshops, information sessions and seminars;
- 1:1 Parent/Caregiver training sessions;
- Online training modules families can work through at home;
- Parent/Caregiver support groups and facilitation of peer to peer connections that offer an opportunity for families to share experiences in a supportive, social and informative atmosphere;
- Brief consultation to support parent-mediated intervention; and/or
- Family resource or clinic days; and/or
- Guidance, information about and navigation of services within and outside of the OAP.

OAP service providers will expand their current service offerings, and collaborate and partner with each other and other sectors to develop a robust continuum of family services and training to meet the needs of the families in their region.

**Evidence Based Behavioural Services**

Evidence based behavioural services, including Applied Behaviour Analysis, in the OAP will be delivered through a strengths based approach that empowers families to develop the skills and knowledge to address needs as they arise. Services will be delivered in a manner that emphasizes and prioritizes the development, maintenance and generalization of functional skills, including those skills that prepare children/youth to more fully benefit from inclusion in typical settings.

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6 Family resource or clinic days are typically open to any family as an opportunity to brainstorm, consult and problem solve with a clinician.
A variety of evidence based behavioural services will be offered in the OAP. The timing, duration, intensity and scope of behavioural services will be adapted to meet the individual needs of each child/youth and their family. OAP providers will continue to collaborate with the education sector to support children in building the skills they will need to be ready for school, to participate fully in school and to transition to school as clinically appropriate.

Evidence based behavioural services in the OAP address the following objectives:

- Increase parent/caregiver and Family Team members’ knowledge of and skills in using behavioural strategies;
- Support early child development to increase the rate of learning in young children in all areas of their development;
- Teach children/youth the skills they need to participate at home, at school and in the community; and/or
- Reduce challenging behaviour that interferes with learning and adaptive functioning.

The OAP Family Service Plan will include the child/youth’s Behaviour Plan as described in the Clinical Framework. The Behaviour Plan will be created through an assessment process that will involve getting to know the family, the child/youth’s strengths, needs and interests, and contextual/practical factors relevant to the provision of evidence based behavioural services (e.g., language and cultural considerations, transportation, scheduling constraints). The Behaviour Plan will describe the assessment and identified approach to meeting the child/youth’s needs, as developed in collaboration with the family.

Learning new skills and the generalization and maintenance of those skills will be the focus of all aspects of the Behaviour Plan. To support this, services should be delivered in a variety of settings when possible and in a manner that is flexible, taking into account each family’s specific needs.

There will be times when the family is actively working on the development and generalization of new skills and/or managing their child’s challenging behaviour. There will be other times when the family will more exclusively practice those skills in new places, and with new people, including the Family Team. The OAP will provide services and supports for families who are learning new skills as well as those who are generalizing these skills.

Opportunities for learning and generalizing new skills may be delivered in the following formats:

- One-to-one, small group and/or peer mediated intervention;
- Parent/caregiver mediated intervention;
- Consultative services;
- Family/caregiver capacity building and training; and,
- Consultation with other professionals involved with the child/youth.
The specific duration, approach, setting and intensity of new learning will be captured in the Behaviour Plan and determined according to:

- Child/youth’s strengths, needs, goals, developmental stage, life stage and circumstance;
- Family’s specific needs and preferences;
- Best available evidence;
- Least intrusive and most effective (BACB, 2016);
- Child/youth’s response to intervention when it is known;
- Family and child/youth circumstances and capacity to participate; and,
- Maintenance of the primary learning environment/educational programming when possible and appropriate.

The Behaviour Plan will be reviewed at least every six months, and will be monitored and evaluated on an ongoing basis. For more information, please refer to the OAP Clinical Framework.

As the identified goal(s) in the Behaviour Plan are attained, the Family Service Plan will be updated to include additional supports and services for the family to apply their learning to real-life situations. The plan may include family services and training and other supports and services delivered through the following modalities:

- Parent led intervention;
- Consultative services;
- Family/ caregiver capacity building and training; and/ or
- Consultation with other professionals involved with the child/youth.

The Family Support Worker will schedule touch points with the family at least every six months, as noted in the OAP Clinical Framework. When a new need or concern arises, the family, the Behavioural Clinician and the Family Support Worker will discuss the appropriate approach to addressing the need and determine whether a new assessment and a new Behaviour Plan is required, and if so, will facilitate the assessment, at the earliest possible time.
Transition is a term often used to describe the passage from one stage of life to another or the movement from one environment or setting to another. Times of transition can be especially stressful and challenging for children and youth with ASD and their families. Knowledge regarding information and resources available and advance preparation can help to reduce stress and facilitate a successful transition.

A family may request to withdraw from the OAP with or without transition support services. The removal of a diagnosis of ASD would also warrant an individualized transition plan out of the OAP.

OAP providers will offer a range of transition supports and services to meet the complex and varying transition needs of children and youth with ASD that may evolve over time. As per the OAP Clinical Framework, transition planning will be individualized, planned in advance and achieved in partnership with the OAP provider, family and/or youth, educators and other service providers, as applicable. These services and supports can vary depending on the identified needs of each child and/or youth and their family. Transition planning can encompass educational transitions (e.g., into kindergarten, from elementary school to secondary school), personal transitions (e.g., a move of the family home, changes in family makeup), and transition to adult services (e.g., specialized training, self-advocacy, employment and independent living skills).

Example: Aamir and Naseem are 3-year-old twins who have just come in to service with the OAP. Based on their individualized assessments and the priorities identified by their family, an OAP Family Service Plan has been developed for each of them. The Family Service Plans for both boys include opportunities for the family to learn some foundational information and to begin to build their capacity as informed mediators. Both plans include direct teaching, opportunities for generalization and maintenance in their natural environments and training and education for their parents and other caregivers.

Aamir and Naseem’s assessments found some differences in their learning styles, strengths and needs and therefore their Behaviour Plans include different goals and approaches to meeting those goals. Aamir was found to need intensive one-to-one Evidence Based Behavioural Services to increase his rate of overall learning and development. Naseem has some age appropriate skills that he has developed through natural learning opportunities at home and childcare and he was found to need Evidence Based Behavioural Services that focus on building his communication and social skills.
Educational Transitions

Partnerships and collaborative planning with OAP providers, families and/or youth, educators and other service providers is instrumental for planning successful transitions to school and maximizing coordination of care and learning.

In the first phase of implementation of the OAP, Connections for Students continues to provide coordinated and seamless transitions to school for school-aged children and youth who are in the former AIP program. Transition planning and process follows the existing Connections for Students model; however, these children/ youth will continue to receive service from the OAP.

Connections for Students:

- Continues to be initiated by an OAP service provider. As per the OAP Clinical Framework and design of the OAP program, children and youth are no longer discharged from service. As such, the Connections for Students program should be initiated when the service plan for a child identifies transition to full-time school and/or a significant decrease in service hours, if clinically appropriate, that enables the child to increase attendance in school when appropriate;
- Continues to be based on a 12-month transition timeframe that best meets the needs of children, youth and families and may be applied in an individualized and flexible way to align with each child and youth’s OAP Family Service Plan; and
- Continues to be a collaborative model and includes OAP providers, local school boards and families in the transition model.

As the design of the OAP evolves over the next year, further communication on the future of Connections for Students will be provided.

Transition to Adulthood

As a family and/or youth plan to transition to adulthood, post-secondary education and/or adult services, successful transition planning is achieved through active partnership and collaboration between the OAP providers, the family and/or youth, educators, and other service providers, as applicable. Optimal transition planning is directed by the individual needs, strengths and interests and identified goals of the family and/or youth to promote independence, and improve quality of life.

Youth with ASD and a developmental disability may be involved with Integrated Transition Planning for Young People with Developmental Disabilities (TAY). This initiative is focused on ensuring that young people with developmental disabilities have a single integrated transition plan to support their transition into adulthood. Upon request, starting at age 14, every young person with a developmental disability can get a written plan that helps him/her prepare for adulthood and the transition from youth-centred services and secondary education, to adult community services in a considered and coordinated manner. Local protocols have been developed and lead agencies identified to lead this process locally, and OAP providers are encouraged to collaborate in this process as appropriate.
5.3 Clinical Staffing Requirements

During the phased implementation to a new approach to Direct Funding by the end of 2017 and the full launch of the OAP in the spring of 2018, the Clinical Staffing requirements as outlined in the Autism Intervention Program Guidelines (and paraphrased below) will continue to apply to those children/youth who are or will be receiving 20 hours or more of weekly intervention as an interim measure until new clinical staffing requirements are developed.


- A Clinical Director with training and extensive clinical experience in intensive behavioural intervention for children with autism, and a doctoral degree in Psychology; and registered or eligible for registration with the College of Psychologists of Ontario will be responsible for overseeing, monitoring and evaluation of the intensive behavioural intervention, as well as overseeing assessments and Individual Program Plans. This will include providing training and supervision of senior therapists, interns and trainees to support the overall quality and consistency of the behavioural intervention approach.
- Senior Therapists will be clinically supervised by the Clinical Director/Supervising Psychologist to support their intervention work.
- Instructor Therapists will be supervised by the Senior Therapists.

For all other children/youth receiving evidence based behavioural services from the OAP, the Staff Qualifications outlined in the Guidelines: Applied Behaviour Analysis-based Services and Supports for Children and Youth (and paraphrased below) will apply.


ABA Professionals with the following qualifications will provide clinical oversight in the assessment, goal setting, development, implementation and evaluation of the Behaviour Plan outlined in the OAP Clinical Framework:

- Board Certified Behaviour Analysts (BCBA);
- Clinical Psychologists registered with the College of Psychologists of Ontario with expertise in ABA; and/or
- Psychological Associates registered with the College of Psychologists of Ontario with expertise in ABA.
Service providers and professionals with varying levels of training and qualifications may appropriately implement other aspects of the OAP Family Service Plan, depending on the type of service being provided and the child’s or youth’s specific needs. The OAP service provider is responsible for ensuring that:

- The development and implementation of all OAP services are conducted by professionals with the appropriate qualifications and expertise; and,

- Appropriate processes are in place for the clinical supervision of professionals involved in implementing the Family Service Plan and the Behaviour Plan.
Monitoring and Evaluation
Monitoring and Evaluation

6.1 Program Outcomes and Data Collection

OAP service providers have service contracts with the MCYS to deliver services. The service contract entered into with the Ministry to deliver OAP services includes requirements for the collection of data consistent with the Ministry’s approach to performance measurement to support decision-making and business planning. During this initial phase of implementation of the OAP, data collection will continue as per current service contracts. To achieve monitoring and evaluation goals, all service providers are required to collect information pertaining to:

- Child and youth outcomes;
- Parent/caregiver outcomes;
- Parent/caregiver and youth satisfaction with service delivery; and
- System outcomes.

Further specification of the data elements for this transition period will be identified and updated through service contracts.

Evaluation measures, data elements and quality assurance indicators for the OAP will continue to be developed throughout the design process.
Appendix A: About Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) refers to a complex developmental disorder that affects the way the brain works. People with ASD experience difficulties in two areas:

- Social communication and social interaction
- Restricted, repetitive patterns of behaviours, interests or activities

ASD is a lifelong disability, with symptoms appearing at an early age. Children and youth with ASD have complex and varying needs that may change in intensity over time and require a range of flexible supports, particularly those that support the development of skills.

The prevalence of children with Autism Spectrum Disorder (ASD) based on American research published by the Centers for Disease Control and Prevention (CDC) is around 1 in 68 (CDC, 2017). Please refer to the following link for more information about the prevalence of autism at [www.cdc.gov/ncbddd/autism/data.html](http://www.cdc.gov/ncbddd/autism/data.html)
Appendix B: References


Appendix C: Resources

For more information on the Special Needs Strategy see: http://www.children.gov.on.ca/htdocs/English/professionals/specialneeds/strategy.aspx

For more information on Moving on Mental Health see: http://www.children.gov.on.ca/htdocs/English/professionals/specialneeds/momh/momh.aspx


For more information on ethical implementation of ABA see Professional and Ethical Compliance Code and BCBA/ BCaBA Task List Fourth Edition document or fifth edition as of January 1 2022 at https://www.bacb.com

The Autism Parent Resource Kit is an online resource to help parents, caregivers and families better understand autism and the range of services and support available in Ontario. The kit is available for download at: http://www.children.gov.on.ca/htdocs/english/specialneeds/autism/aprk/index.aspx


How is Autism Diagnosed? And other information relating to Autism services in Ontario: Reference http://www.autismontario.ca/

