Guidelines
Bridging Children from Intensive Behavioural Intervention Services to the New Ontario Autism Program*

Ministry of Children and Youth Services

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Introduction
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As the Minister of Children and Youth Services communicated on June 29, 2016, during the transition to the new Ontario Autism Program (OAP), children who are five years and older who are currently receiving Intensive Behavioural Intervention (IBI) services will not be removed from services. These children will continue with their current service plans until their next regular clinical progress assessments. At that time, the Autism Intervention Program (AIP) clinician will work with the child’s family and, if the child is receiving services through the Direct Funding Option, in collaboration with the supervising psychologist of the private program to develop an individualized service plan that will bridge the child to the new Ontario Autism Program beginning in June 2017. The intensity of services will not be based on age or on any predetermined level. The intensity of services will be based on the child’s individual needs. The individualized service plan will provide the framework for each child’s successful transition into the new OAP.

Children will transition to the new Ontario Autism Program when a space becomes available. Unless a child had an agreed-upon discharge plan in place before March 30, 2016, they will be included in the transition process outlined in this document. Discharge plans in place prior to March 30, 2016 will be honoured by service providers.

This document is intended to provide AIP providers with direction for developing children’s service plans to bridge them to the new program.

The principles and guidelines in this document apply equally to both the Direct Service and Direct Funding Options. For children who are receiving service through the Direct Funding Option, the respective roles and responsibilities of the regional programs and private providers will continue per the status quo as set out in the Autism Intervention Program Guidelines.
Principles

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Principles

The following principles are intended to guide decision-making about the transition process for children five and over.

1. Child-centred and family-focused:

   Service plans will be based upon clinical considerations and will respond to children’s individual needs and input from families.

2. Individualized and flexible:

   Service intensity and the types of services delivered will be focused on the child’s individual needs, within the parameters of these guidelines. Services can continue to evolve over time as the child’s and the family’s needs and goals change.

3. Transparent and equitable:

   Parents/caregivers and service providers will have access to clear information, particularly about decisions around service intensity. Decisions should be made in a way that promotes fairness and consistency.

4. Developmentally appropriate and evidence-based:

   Services and decisions about service intensity will be appropriate for the child’s developmental stage and tailored to their particular needs, based on most recent evidence.

5. Accessible and inclusive:

   Services will be offered in ways that are most accessible and meaningful for families and that are responsive to cultural/social diversity and language needs of children/youth and their families.
Collaborative, integrated and seamless:

Services will be offered in a coordinated way, taking into account the child’s and family’s needs, and connecting the various service providers, educators, and support persons and organizations in his/her life.

Transition planning, including transitions to school or to other identified learning environments, if applicable, will be a collaborative process between service providers, parents and caregivers, other family members and support persons, community supports, and schools.
Guidelines
Guidelines

The following guidelines set out the expectations for designing and implementing individual service plans during the transition to the new autism program. During the transition period, services will be continuous. Where clinically appropriate, they will be gradually reduced in intensity. Children’s progress against goals will also be regularly reviewed throughout the transition period.

The guidelines are intended to allow flexibility to adjust or tailor service plans based on individual children’s and families’ needs. The intensity of services that each child receives will be based on clinical considerations related to the individual needs of the child and the most recent evidence.

Individualized Service Plans

At the child’s next regular scheduled six-month clinical assessment during the transition, AIP providers will work collaboratively with the family to develop an individualized service plan to bridge the child to the new OAP, beginning in June 2017.

To inform the development of the transitional service plan, a progress assessment report will be drafted. This document will summarize the child’s progress up to that point, including all programs mastered, targets achieved, areas of strength and areas of continued growth and focus.

The service plan will be individualized based on the child’s needs within the parameters of the guidelines outlined in this document. For transitions to publicly funded school, the child’s transition plan will be based on the existing Connections for Students model; and current regional AIP, School Support Program and local school board practices related to transitions to school.

The intensity of service throughout the transition will be based on the child’s individual needs, and their individualized service plan. Decisions about service intensity will be determined based on clinical considerations according to the child’s needs as well as, where applicable, the timing of the child’s transition to publicly-funded school or increased school attendance. If service intensity gradually reduces, i.e. when clinically...
appropriate, and if school attendance gradually increases, AIP providers will work closely with school board partners to plan for the child’s school attendance.

Children will have transition reviews every six months until they transition to the new autism program. At these reviews, the clinician will assess whether any changes to the intensity of service are required, based on the individual needs of the child.

Children will continue to receive services through the AIP at the level of intensity established, based on clinical considerations, until they transition to the new Ontario Autism Program when their spot becomes available beginning in June 2017.

Services Available During the Transition to the New Ontario Autism Program

Throughout the transition period, continuous service will be provided. Service can be offered and delivered in either one-on-one or group settings, based on the child’s individual needs. Services may be delivered in a variety of creative ways depending on what is most appropriate, accessible and meaningful for the child and the family (for example, in person, over the telephone or through online video conferencing).

Hours will be provided within available resources of the regional program. Service hours lost as a result of unavailability of staff or child cannot be “banked” and made up at a later time. Every effort will be made to minimize service hours that are lost as a result of unavailability of staff.
Transition to School / Connections for Students

Transitions to publicly-funded school will be consistent with the existing Connections for Students model as per the memo from MCYS and Ministry of Education Deputy Ministers from March 29, 2010 regarding “Supporting Children and Youth with Autism Spectrum Disorders (ASD): Provincial Implementation of the Connections for Students Model”, and with the current regional AIP, School Support Program, and local school board practices related to transitions to school.

Multidisciplinary, student-specific and school-based Connections for Students transition teams will be initiated by the AIP provider approximately six months before the child transitions to school or increases his/her attendance in school – in a publicly funded school – and will provide support for the student for at least six months after the child transitions to, or continues in, publicly funded school.

AIP providers will work closely with school board partners to plan for the child’s school attendance. The timing of a child’s transition to school will be based on the child’s individual needs.