



ONTARIO AUTISM COALITION

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Solutions for the Ontario Autism Program

1. Put Expert Clinicians in Charge

The Independent Intake Organizations led by Accerta Inc., a benefits program administrator with no experience in the field of autism. They have been tasked with assessing the needs of children with autism and assigning funding, using a “determination of needs tool” invented by the ministry.

The DON tool is based on an American questionnaire used to determine the support needs of seniors living in the community. The questionnaire has not been scientifically tested, and the American agencies that developed it are now moving away from using it. It is administered by “care coordinators” who have one day of training, rather than clinical professionals. The expert panel that submitted advice to Minister Smith recommended that care coordinators only “forecast” need rather than assess it, and that assessment should be done only by clinical professionals. Ministry staff have disregarded this recommendation, despite Minister Smith stating that he accepted it.

550 of these care coordinator bureaucrats are being hired, at a cost of tens of millions, and they do not deliver a single second of therapy. A 2017 survey of OAC members found that fewer than 40% felt they needed the services of a worker who could assist with and coordinate accessing different services.

Solutions

- Make the use of a care coordinator “opt-in” only, and limit hiring to only the number needed to serve those that request them.
- Remove the “determination of needs” from the care coordinators and place it with clinical professionals where it belongs.

2. Remove Age Caps

Age is not part of the diagnostic criteria for autism. Level of need does not magically change on a child’s birthday. Any program for autistic children that includes age caps cannot be called “needs based.”

Given that children who are at the bottom of the waitlist will wait for an estimated seven years to enter service*, it is only reasonable to expect that their needs will increase while they wait without receiving therapy. Lowering available funding based on their increasing age is morally wrong.

Solution

- Remove age caps

* 54,000 waitlisted children entering service at a rate of 8,000 per year.

#50KIsNotOK