

Community-School Transitions:

Our Collective Responsibility to
Children, Youth and Families

Service Provider Version

from *ideas* to *Action*
supporting children together



Ministry of Education and Ministry of Children & Youth Services

STUDENT SUPPORT LEADERSHIP INITIATIVE

Oxford | Elgin | London/Middlesex



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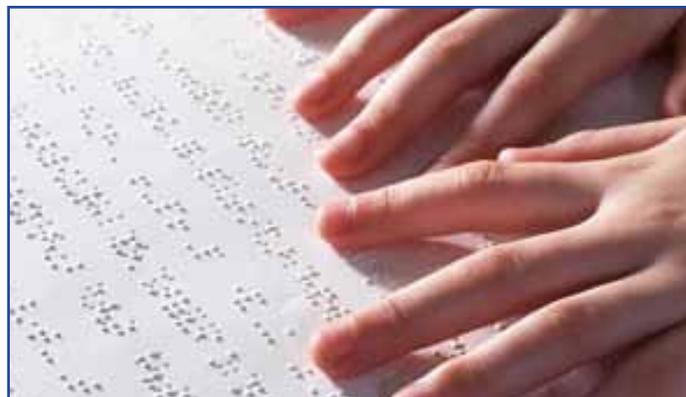
Background

The Student Support Leadership Initiative is focused on finding ways to better support children, youth and their families who experience mental health challenges. Working together, community and schools are creating collaborative pathways to enhance mental health programs and services. In our area, over the past five years, this initiative, a partnership between the Ministry of Education, the Ministry of Children and Youth Services and the Ministry of Health, has focused on the following:

- Creating a comprehensive resource list of all of the programs and services in the Thames Valley Region (Elgin, London/Middlesex and Oxford). Visit www.mentalhealth4kids.ca to take advantage of this amazing portal.
- Creating guidelines, protocols, and resources for school boards and community organizations to better serve children, youth and families. Such as:
 - Checklist for Partnership Protocols
 - Threat Assessment Protocol
 - Tragic Events Protocol
 - Transitions Guidelines
 - Exchange of Information Toolkit and video clips
- Joint Training and Communities of Practice initiatives in areas such as Resiliency, Threat Assessment, Tragic Events, Addiction, Privacy and Confidentiality

Rationale for Transition Framework

For the families of children with a special need, transitions such as the first day of elementary school, summer camp or high school are not always filled with feeling of positive anticipation. Transitions can be an on-going stressor compounded by meetings, assessments, reports, consents, appointments with doctors, therapists, pre-school transition meetings, school transition



meetings, and discharge planning. The list is endless as each transition requires the child or youth to be introduced to a new environment, new people and new expectations.

Agencies and school boards have developed transition planning that is relevant to their mandate. To date the region has no protocol to encompass all children and youth requiring additional supports to be successful.

Through the Student Support Leadership Initiative, the City of London and counties of Oxford, Elgin and Middlesex, have committed to the development and implementation of a transition protocol which will provide a consistent framework for all community agencies, health organizations and school boards, families, children and youth.

Development

In February of 2011 a community forum was held to gather input into what the ideal transition would look like. Representatives from Elgin, Oxford, London and Middlesex in the areas of developmental services, children's mental health and education participated. Over the next several months, information from that day was compiled and reviewed by a committee of community members led by a facilitator. Through this process the values, guiding principles, and key elements were identified. In the winter of 2012, further community input was sought to finalize the details that would build the framework of this protocol and form the following guiding principles.



Transition planning will utilize universal design and the six best practices for transitioning youth with special needs.	
BEST PRACTICE	GUIDING PRINCIPLES
Person centred; Youth involved	The child or youth is the focus of the plan. Whenever possible, their opinions, goals and concerns are solicited and reflected in the plan. The plan mirrors the experiences of the child or youth, not the reverse. The strengths and needs of the child or youth form the foundation for any plan.
Family involved	Parents, grandparents, siblings, guardians or others who the child or youth may invite to be a part of their planning team are welcomed. Parents, caregivers and guardians know the child or youth best, they are often the strongest advocate the child has and must be invited to share their opinions goals and concerns.
Community agencies and partners involved	With the consent of the child/youth/family, stakeholders and involved community agencies are invited to be part of the transition team. Advocates are welcomed. This team will be fluid, members will reflect where the child/youth is emotionally, physically, socially and academically.
A designated transition lead	Roles and responsibilities are clearly defined. Where possible, a key person is identified as the organizer for meetings and conduit for communication.
Collaboration between all members	Whenever possible, necessary information will be shared with the team in a timely manner. Problem-solving will be a team effort with a focus on positive outcomes. All members will treat each other with respect and dignity.
Accountability and responsibility	Members of the transition team are accountable to each other, their respective agencies, organizations, school boards and Ministerial directives. A written plan will establish the tasks, those responsible and the timeline for completion.

Scope

This protocol applies to the following areas and sectors:

- Counties of Oxford, Elgin, Middlesex and the city of London.
- Children and youth between the ages of 3 years and 21 years.

- Education
- Children’s Mental Health
- Developmental Services
- Childcare
- Health
- Youth Justice



Transition Points

This list is not exhaustive. Within each physical transition, emotional and psychological

transitions exist that impact on the well-being of the individual.

Children's Mental Health Transitions	
SCHOOL BASED	SECTOR BASED
Child Care to School	School to Residential stay
Elementary to High School (including grade to grade, school to school)	Residential stay to School
High School to Post-Secondary (including grade to grade, school to school)	Residential stay to Home
High School to Employment	School to Hospital
High School to Community Services	Hospital to School Hospital to Residential stay Hospital to Home School/Home to Community Services (incl. respite and recreation) Children's to Adult Services

Developmental Services Transitions	
SCHOOL BASED	SECTOR BASED
Child Care to School	Home/School to Hospital
Elementary to High School	Hospital to Home/School
High School to Post-Secondary	Hospital to Residential stay
High School to Employment	School/Home to Community Services (incl. respite and recreation)
High School to Community Services	Children's to Adult Services

Youth Justice Transitions	
SCHOOL BASED	SECTOR BASED
Elementary to High School (including grade to grade, school to school)	School to Residential stay
High School to Community Services	Residential stay to School Residential stay to Home



Existing Protocols for Children and Youth

Autism

For students leaving Intensive Behaviour Intervention therapy and entering school the *Connections for Students* model must be followed. More information on the *Connections* process can be found on the CODE website, by contacting your local school board or Thames Valley Children's Centre.

Developmental Disabilities

The Transition Protocol developed regionally by the MCYS/MCSS offices comes into effect when a youth with a developmental disability turns 14 years of age.

Key points:

- The plan for youth with a developmental disability to transition to adult services starts at the age of 14 years.
- Application for adult services must be made to the Developmental Services Ontario office.
- Families will require a psychological assessment* which identifies a developmental disability as determined under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 c. 14, s. 3 (1)

3. (1) A person has a developmental disability for the purposes of this Act if the person has the prescribed significant limitations in cognitive functioning and adaptive functioning and those limitations,
- (a) originated before the person reached 18 years of age;
 - (b) are likely to be life-long in nature; and
 - (c) affect areas of major life activity, such as personal care, language skills, learning abilities, the capacity to live independently as an adult or any other prescribed activity.

*A copy of an existing psychological assessment can be made available upon request to the agency or school board that completed it.

Goals

- Consult with community members across sectors throughout the development process
- Identify a clear communication process for families, agencies and school boards
- Provide a unified community transition process that links mandatory elements across sectors
- Develop a centralized template that is accessible to all community partners and can be shared electronically
- Create a conflict resolution process which focuses on problem-solving at each level of authority
- Increase the knowledge base of terms and processes within and between organizations and school boards
- Develop training materials
- All community partners agree to and sign off on the protocol

Outcomes

- Families experience a consistent response across service providers and school boards
- Service providers and school boards collaborate when possible to reconcile differing mandates and philosophies
- Everyone involved with the child/youth supports their success and independence
- All partners utilize a transition template that honours the guiding principles and includes the common elements identified within this protocol

Key Elements

- Communication pathway
- Conflict resolution process
- Transition Plan Templates
- Electronic access to materials through www.mentalhealth4kids.ca



Communication Pathway

Within our collective communities we have a number of successful service coordination models; Healthy Babies, Healthy Children London Middlesex (HBHC), Community Services Coordination Network (CSCN) and the Community Plan for Infants Living in High Risk Environments are three examples. The two latter models were built upon the initial HBHC initiative. Effective service coordination requires good communication between service providers and the family.

Conflict Resolution

Expectations	Define roles Explain communication path Be clear about what service will look like; time frames, people involved, anticipated outcomes
Resources	Explain in plain language how resources are distributed within the agency or school board.
Different Values	Ask yourself and others on the team what is most important; helps to establish common values and recognize the differences.
Inaccurate Assumptions	Don't assume, ask the question instead. If you believe someone else has made the wrong assumption, take the steps necessary to address it immediately either in a team meeting or privately.
Styles of Communication	Know your own style and your audience. Jargon can be confusing and intimidating. Lots of detail can be overwhelming.

“ In the event of a communication breakdown, decide whether you will dwell in the negative or rise above the angst and turmoil in a firm, positive manner and encourage all parties to listen and be heard. ”

Lorii Myers



Must haves:

Goals are stated in plain language and to all members of the team.

Action items have a time frame and a team member is responsible

Families know what to expect and when

Agendas and minutes are shared with all team members

Families have contact information and a link with each agency



Conflict is not always negative; it has been shown to prompt change through creative and collaborative problem solving, the key is recognizing the potential for conflict and working through it as part of the process.

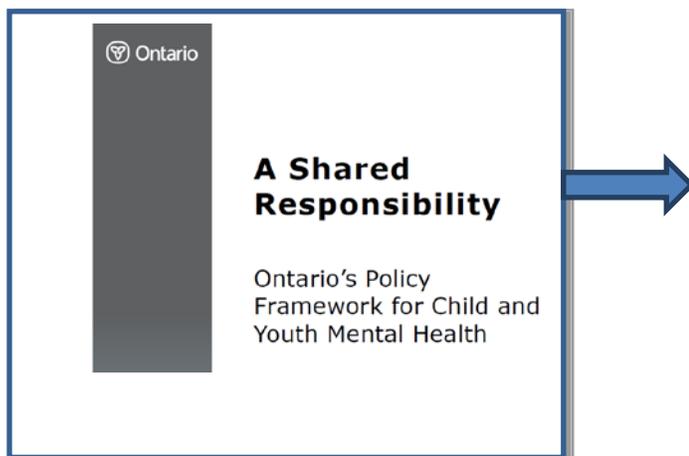
Even with the best intentions and commitment to collaboration, conflict does arise. Most professionals have internal procedures for working with and resolving differences with colleagues and also the population they serve. This provides a foundational context, however resolving differences at the community level can

be more of a challenge. We are fortunate to have resources that have been developed to provide educators and those working in Children’s Mental Health the tools and support to resolve conflicts.

A Shared Responsibility: Ontario’s Policy Framework for Child and Youth Mental Health,

(Ministry of Children and Youth Services, November 2006)

As shown by the goals and priorities set out in the provincial framework; priority action items were identified with transitions being second only to an enhanced integration of services.

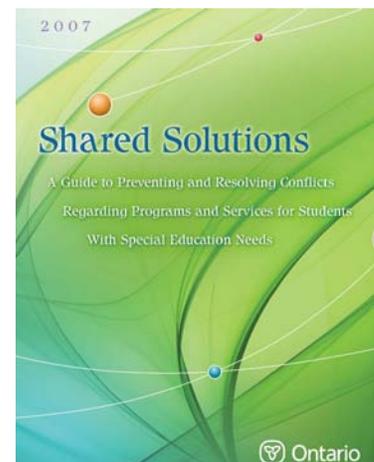


Facilitate effective transitions at multiple points that will support continuity of services and supports for children/youth with mental health problems/illnesses, including during:

- various developmental stages (e.g., childhood to adolescence)
- school/education transition points (e.g., early childhood education programs to school)
- transitions to adult mental health services and supports (e.g., adolescent mental health to adult mental health services)

Shared Solutions: A Guide to Preventing and Resolving Conflicts Regarding Programs and Services for Students with Special Education Needs
(Ministry of Education, 2007)

Shared Solutions provides detailed descriptions of common situations that have the potential for conflict and suggestions for finding a common ground. The document also provides the words and approaches to move beyond differing opinions, miscommunication and misunderstanding so that a resolution can be reached that is fair and equitable.



The Transition Process

Throughout the document, family is identified as a key participant in transition planning and decision making. It must be recognized that not all youth have a family that is actively involved or legally able to make decisions. For a child or youth in care, a Children's Aid Society worker may be the guardian; in the event of Youth Justice involvement, the Probation Officer will be the primary decision maker.

Transition Protocol Comes Into Effect - Day 1

In consultation with the family, the child or youth is identified by a service providing agency or school board as requiring support beyond the typical response to a transition.

Organizing the Team Members

- Transition team is developed. Team members are selected in collaboration with the family and may include service providers involved currently or in the past, service providers not involved but by nature of the needs would be of assistance, and additional familial supports.
- Consents are obtained and shared with team members prior to disclosure of any confidential information.
- Service provider/school board contacts the potential team members to explain that a child or youth is transitioning and requests a representative for the initial team meeting.

Pre-Meeting Tasks

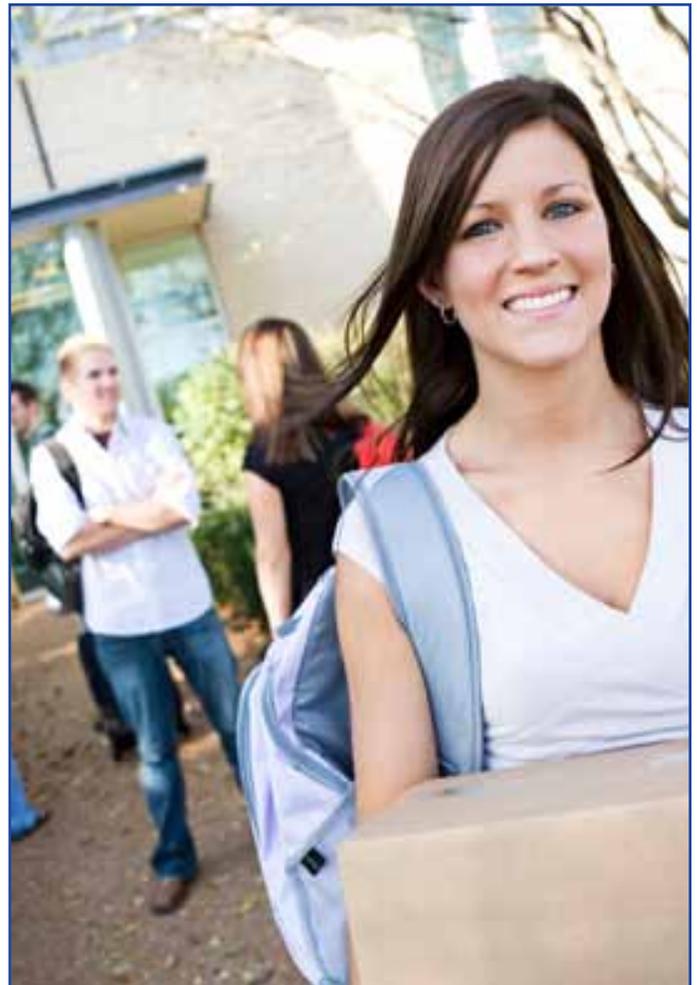
- Time and location are chosen with respect for the time and responsibilities of the team members.
- Agenda template is provided in advance when possible, available at mentalhealth4kids.com.
- Assessment reports are requested (with consent).
- If the transition was unexpected the necessary Safety Plan or Plan of Care is developed.

The Initial Meeting

Identifying agency chairs the first meeting ensures the following tasks are completed:

- Recorder for the meeting chosen
- Service coordinator for the child/youth/family identified
- Chair of future meetings decided
- Areas of priority determined
- Transition plan developed at the meeting with copies distributed to each of the team members
- Date for follow up meeting established and check-in points for the family identified

*See Appendix 2 for Meeting Agenda and Minute Templates



Overview of Transition Processes in our Communities - February 2012

LEAD	Ministry of Child and Youth Services (MCYS)	Ministry of Child and Youth Services & Ministry of Education	Ministry of Child and Youth Services & Ministry of Education	Ministry of Education			Ministry of Child and Youth Services & Ministry of Education	Ministry of Child and Youth Services & Ministry of Education, Ministry of Health and Long Term Care	Ministry of Attorney General
		Regional Transition Planning Protocol for Young People with Developmental Disabilities	Connections for Students (C4S)	Student Support Leadership Initiative Transition Planning Protocol	London Regional Elementary/ Secondary Curriculum Council	Regulation 181/98	Grade 8 Grade 9 Transitions *See notes	CPRI-Elgin County Transition Pilot	Speech Integration project
FOCUS	Province wide guideline-with region specific protocols Developmental Disabilities	Province wide process for transitioning students from Intensive Behavioural Intervention (IBI) to school based Applied Behaviour Analysis (ABA)	Counties of Elgin, Middlesex, Oxford and the City of London,	Province wide Addressing transition needs for students as it relates to curriculum development and implementation	Province wide Addressing transition needs for students	Province wide Addressing transition needs for students in Grade 8, special focus on students at risk	Children in Elgin County transitioning into and out of CPRI residential / intensive services	Provincially-7 regions involved Locally-Children accessing speech services in two demonstration sites	
AGE RANGE	14 years-adulthood	Students living with mental health challenges along with other exceptionalities.	0-21 years	4-21 years	14 years +	14 years		Birth –Grade 3	
KEY INFORMANTS INVOLVED	Community Services Coordination Network Children’s Aid Society of London Middlesex Community Living (Elgin, London, Middlesex County, Oxford) School boards: London District Catholic School Board (LDCSB) Thames Valley District School Board (TVDSB) Leads Various Ministry representatives	School Boards: LDCSB, TVDSB Thames Valley Children’s Centre (TVCC)	School Boards: LDCSB, TVDSB Children’s Mental Health Agencies: Vanier, Oxford Elgin Child and Youth Centre, Anago, Western Area Youth Services, Craigwood Developmental Services for children and youth: Leads, Community Living All Kids Belong, Rehabilitation Services for children and youth: Thames Valley Children’s Centre, Parents	Ministry of Education Regional Curriculum Coordinators from the southwest region (Windsor-Niagara)	School Boards: LDCSB, TVDSB	School Boards: LDCSB, TVDSB Community Agencies involved with the student	CPRI OECYC TVDSB LDCSB CSCN Family and Children Services, Elgin Parents	TVCC Tyke TALK (Pre-school Language program) School Boards: LDCSB, TVDSB University of Western Ontario -Centre for Communications Disorders South-west Region Community Care Access Centre	



LEAD	Ministry of Child and Youth Services (MCYS)	Ministry of Child and Youth Services & Ministry of Education	Ministry of Child and Youth Services & Ministry of Education	Ministry of Education			Ministry of Child and Youth Services & Ministry of Education	Ministry of Child and Youth Services & Ministry of Education, Ministry of Health and Long Term Care	Ministry of Attorney General
KEY ELEMENTS	System wide protocol for youth transitioning into adulthood Transition plan development beginning at age 14 or when youth requests. Plan must be in place at age 16. Seamless transition to adult services	Province wide initiative 12 month time line including 6 months pre-entry to school and 6 months post entry. Monthly agendas and minute templates Identification of, and planning for School Staff, Student, Family and Environment	System wide protocol for children and youth transitioning between, within and among school boards and community services	Identification of the transition points for a student -in class -in school -in school system Implementation of the curriculum in consideration of how the transition impacts learning.	IEP for students with an exceptionality must include a transition plan for post-secondary, work or community involvement. Specific elements are required.	Individual student profiles that highlight the strengths, needs, and interests of each student. A caring adult is partnered with students, partnerships are coordinated and monitored by the Student Success Team.	Localized process for identifying students who require CPRI residential services for those within the project parameters. Timeline for case conferencing; communication with key people and a mapping of what families can expect.	Response to Intervention model followed by all Speech Language Pathologists from each agency. Common language. Understanding and valuing of the different types of intervention. Wait times provide an opportunity to access community based Tier 1 and 2 services rather than wait for Tier 3 service only.	
NEEDS TO BE ADDRESSED	Youth being discharged from children's services and requiring support in planning for adult supports where available	Children being discharged from an IBI program and returning to or remaining in school with ABA intervention	Challenges for children/youth and their families as they move through the common life transitions as well as the more complex transitions faced by those with exceptionalities	Challenges that transitions pose for students and how that impacts access to the curriculum			The group identified that we have a transition process that at times is confusing for families accessing tertiary services.	Long wait times for some Tier 3 service. Lack of awareness of community resources Communication process results in families not always knowing the status of referrals or anticipated wait times for service.	
WHERE WE ARE....	Protocol in place	Fully implemented	Guiding principles and draft document complete. School boards waiting for PPM 155		In place	In place			



LEAD	Ministry of Child and Youth Services (MCYS)	Ministry of Child and Youth Services & Ministry of Education	Ministry of Child and Youth Services & Ministry of Education	Ministry of Education			Ministry of Child and Youth Services & Ministry of Education	Ministry of Child and Youth Services & Ministry of Education, Ministry of Health and Long Term Care	Ministry of Attorney General
OUTSTANDING ELEMENTS	Who will take the lead in the event that community agencies are not involved? Adult services are not mandated, youth may have no place/service to transition to.		Multiple transition planning groups are in existence. MCYS, MOHLTC and EDU are all developing transition documents, community working within a number of protocols	December 1, 2011 meeting to review the document developed by the working group			Evaluation plan complete Pilot has started	Parent and Staff survey developed by Deloitte, FOCUS and GAS are assessment tools being used.	
TIMELINE	Implementation January 2012	Complete						Tri-Ministry request for proposals announced in June 2011. End date August, 2013	

NOTES

Regulation 181/98 requires that the IEP for an exceptional student who is 14 years of age or older must include a plan for the student’s transition to appropriate postsecondary activities, such as work, further education, and community living. The Transition Plan is optional for students who are identified as exceptional solely on the basis of giftedness.

Grade 8 to 9 transition supports the individual needs of students as they move from elementary school to secondary school.

The regulation also requires the principal, in developing the transition plan, to consult with such community agencies and postsecondary institutions as he or she considers appropriate.

A Transition Plan must be included in the student’s IEP. The plan must include the following elements:

- specific goals for the student’s transition to postsecondary activities. The goals must be realistic and must reflect the strengths, needs, and interests of the student;
- the actions required, now and in the future, to achieve the stated goals. The actions identified must build on the student’s identified strengths, needs, and interests;
- the person or agency (the student, parents, educators, providers of specialized support and services, community

agencies) responsible for or involved in completing or providing assistance in the completion of each of the identified actions;

- timelines for the implementation of each of the identified actions.

The components of Grade 8 to 9 Transition are the following:

- A caring adult who is a school staff member is partnered with students, according to student need, to assist students in their transition from Grade 8 to Grade 9. These student-adult partnerships are coordinated and monitored by the Student Success Team.
- Schools develop individual student profiles that highlight the strengths, needs, and interests of each student (e.g., academic, emotional, social, physical).
- Schools develop individualized timetables for Grade 9 students, based on students’ strengths and interests, with a focus on at-risk students. These are developed prior to the first semester to help give students a positive start in secondary school.
- Boards develop, implement, and monitor their Grade 8 to 9 Transition Plan (including student orientation activities and other interventions and strategies for transition).



Common Acronyms

MCYS	Ministry of Child and Youth Services
ACSD	Assistance for Children with Severe Disabilities
BCFPI	Brief Child and family Phone Interview
CAFAS	Child and Adolescent Functional Assessment Screen
CANS	Child and Adolescent Needs and Strengths (Assessment)
CPRI	Child-Parent Resource Institute
CSCN	Coordinated Services Coordination Network- single point access to intensive and/or residential services
EDI	Early Development Instrument (a population based assessment of predictors of adult health, education and social outcomes)
F.S.P.	Family Service Plan (Treatment Plan, Plan of Care, Case Plan)
I.B.I.	Intensive Behaviour Intervention
I.S.P.	Individual Service Plan
VMAPP	The Verbal Behavior Milestones Assessment and Placement Program - “a criterion-referenced assessment tool, curriculum guide, and skill tracking system that is designed for children with autism, and other individuals who demonstrate language delays.” Mark L. Sundberg
MOE	Ministry of Education
A.B.A	Applied Behaviour Analysis
CSDCSO (formerly)	Conseil scolaire viamonde
CSDECSO	Conseil scolaire de district des écoles catholiques du Sud-Ouest
E.A.	Educational Assistant, provides support in the areas of personal care and safety
EQAO	Education Quality and Accountability Office provincial examinations held in grades 3, 6 and 9
I.E.P.	Individual Education Plan

I.P.R.C.	Identification Process Review Committee
LDCSB	London District Catholic School Board
OSSLT	Ontario Secondary School Literacy Test
P.P.M	Program Policy Memorandum: a directive from the Ministry detailing specific responsibilities for school boards.
SAL	Supervised Alternative Learning
TVDSB	Thames Valley District School Board
WJIII	Woodcock Johnson 3rd edition is an intelligence test
MOHLTC	Ministry of Health and Long Term Care
CCAC	Community Care Access Centre, the conduit for accessing home and school based health care including but not limited to; physical, occupational, speech therapies, nursing care, palliative care.
Circle of care	Describes the professional support staff involved with a patient or client. Often this circle includes a multi-disciplinary group. Important to note that those members of the circle of care may share information amongst the HICs, without written consent.
Health Information Custodian (HIC)	A regulated health care professional or organization who has personal health information of an individual as the result of the work being carried out by the professional or the organization.
interRAI	Refers to a variety of comprehensive assessments used within Health, Mental Health and Developmental Services
Plan of care	A written plan detailing the course of treatment or intervention, risk and benefits, anticipated outcomes and follow up.
MAG	Ministry of the Attorney General
Reintegration	The process of youth returning to the community after a period of detention.



Referenced Legislation

Ministry Children and Youth Services	
C.F.S.A.	• Child and Family Services Act
Ministry of Education	
*Regulation 181/98	• Requires that the IEP of an exceptional student who is 14 years of age or older must include a plan for the student's transition
D.N.A.	• Day Nurseries Act-Regulates licensed Child Care
Education Act	• Sets out the responsibilities of School Boards, Staff, Parents and Students
PPM 140	• Directs school boards on the use of Applied Behaviour Analysis as the primary intervention for students with Autism Spectrum Disorder, and for other students exhibiting behavioural challenges
PPM 155 (Pending)	• Directs school boards on the Ministry's expectations for student transitions
PPM 81	• Directs school boards on matters related to School Health Support Services. Outlines the Ministry responsible for specific health related tasks • Community Care Access Centres coordinate the activities deemed the responsibility of the Ministry of Health
Ministry of the Attorney General	
Ontario Human Rights Code	• Gives equal rights and opportunities for everyone in Ontario
Youth Criminal Justice Act	• Directs the police, community and judicial response to youth ages 12-17 involved with the justice system
Ministry of Health and Long Term Care	
Health Care Consent Act	• Guidelines for informed consent for treatment, personal care services or admission to a long-term care facility • The roles and responsibilities of substitute decision-makers
Mental Health Act (Bill 68)	• Guidelines for admitting a person to a psychiatric facility as a voluntary or involuntary patient • The rights of patients in psychiatric facilities • Guidelines for issuing, renewing or terminating community treatment orders
Municipal Freedom of Information and Privacy Act MFIPA	• Addresses the right to information about individuals while protecting the privacy of the information by defining when and to whom that information can be disclosed
Personal Health Information Protection Act (PHIPA)	• Defines how personal information can be used by those who have access
Regulated Health Professions Act	• Regulates 23 health professions, including physicians, nurses, nurse practitioners and psychologists • Establishes regulatory bodies to govern and hold professionals accountable
Substitute Decisions Act	• Deals with guardianship and powers of attorney
Ministry of Community and Social Services	
Accessibility for Ontarians with Disabilities Act	• Develops and implements standards of accessibility to buildings, work opportunities, goods and services
Ontario Disability Support Program Act	• Provides for income support for those individuals unable to work



Language of the Systems

	Education	Mental Health	Developmental Services	Health	Child Welfare	Youth Justice
Document outlining the child, youth or family plan	<ul style="list-style-type: none"> Individual Education Plan 	<ul style="list-style-type: none"> Case plan Plan of Care Treatment Plan 	<ul style="list-style-type: none"> Family Service Plan Individual Service Plan Individual Transition Plan 	<ul style="list-style-type: none"> Plan of care Treatment Plan 	<ul style="list-style-type: none"> Plan of Care 	<ul style="list-style-type: none"> Case Management Plan
Individual working with the family to access service and develop goals		<ul style="list-style-type: none"> Service Coordinator System Navigator Community Case Manager 	<ul style="list-style-type: none"> Case Manager Case Worker Community Case Manager 	<ul style="list-style-type: none"> Case Manager Primary Care Provider 	<ul style="list-style-type: none"> Social Worker 	<ul style="list-style-type: none"> Probation Officer
Support person		<ul style="list-style-type: none"> Parent Mentor Peer mentor Parent Navigator Parent Support Partners 	<ul style="list-style-type: none"> Parent Mentor Personal Support Worker Family Support Worker 			
Individuals connected to each sector that could have contact with the child, youth and or family	<ul style="list-style-type: none"> Teacher Student Program Support Teacher (SPST) Learning Support Teacher (LST) Educational Assistant (EA) School Social Worker Psychologist Psychological Associate Psychometrist Speech-Language Pathologist (SLP) Communication Assistant (CA) Communication Disorder Assistant (CDA) 	<ul style="list-style-type: none"> Child and Youth Worker Mental Health Professional Child and Family Therapist Social Worker Psychologist Psychiatrist Pediatrician Crisis Intervention Worker Therapist Community Behaviour Consultant 	<ul style="list-style-type: none"> Developmental Services Worker (DSW) Child and Youth Worker (CYW) Personal Support Worker (PSW) Developmental Pediatrician Speech Language Pathologist (SLP) Psychologist Psychological Associate Occupational Therapist Resource Consultant Senior Therapist Parent-Infant Therapist ASD Consultant Recreation Services (Therapist) 	<ul style="list-style-type: none"> Occupational Therapist Personal Support Worker (PSW) Developmental Pediatrician Speech Language Pathologist (SLP) Nurse Practitioner Pediatrician Nurse Physiotherapist Psychometrist Social Worker 	<ul style="list-style-type: none"> Social Worker Nurse Child and Youth Worker (CYW) Pediatrician Guardian Family Support Worker 	
Formal access to service points	<ul style="list-style-type: none"> School registration (at the receiving school) 	<ul style="list-style-type: none"> Community Services Coordination Network (CSCN) Crisis Intake Team (CIT) Intake 	<ul style="list-style-type: none"> Developmental Services Ontario, DSO (CSCN) 	<ul style="list-style-type: none"> Urgent Care Emergency Room Family Doctor Middlesex London Health Unit Community Care Access Centre 	<ul style="list-style-type: none"> Intake 	<ul style="list-style-type: none"> Youth Court Mental Health Court



References

Boydell, Katherine M.; Bullock, Heather ; Goering, Paula N.: **Getting our acts together: Interagency collaborations in child and youth mental health.** Health Systems Research and Consulting Unit. Centre for Addiction and Mental Health. March 2009.

Davidson, Simon; Cappelli, Mario: **We've got growing up to do -Transitioning youth from child and adolescent mental health services to adult mental health services.** Ontario Centre of Excellence for Child and Youth Mental Health, May 2011.

Madden, James; Ralyea, Susan; Larsen, Lorna : **An Evaluation Of Healthy Babies Healthy Children System Service Coordination Pilot Project London, Ontario.** Middlesex-London Health Unit, 2001.

Manion, Ian; **Making mental health matter in 2014 and beyond: It all begins with children and youth.** Ontario Centre of Excellence for Child and Youth Mental Health, 2011.

Myers, Lorii; **3 off the Tee: Targeting Success: Develop the Right Business Attitude to be Successful in the Workplace.** Leda Publishing Corporation March 1, 2011.

Policy Framework for Child and Youth Mental Health: A Shared Responsibility. Ministry of Children and Youth Services, Queen's Printer November 2006.

Shared Solutions: A guide to Preventing and Resolving Conflicts Regarding Programs and Services for Students with Special Education Needs. Queen's Printer Ministry of Education, 2007.

Sundberg, M. L. (Under preparation). **The Verbal Behavior Milestones Assessment and Placement Program.** The VB-MAPP. Concord, CA: AVB Press.

Websites

The Council of Ontario Directors of Education, (CODE)
www.ontariodirectors.ca

The Student Support Leadership Initiative, Oxford, Elgin, London-Middlesex, 2010
www.mentalhealth4kids.ca

Ontario Centre of Excellence for Child and Youth Mental Health
www.excellenceforchildand youth.ca

Centre for Addiction and Mental Health
www.camh.ca

www.thehealthline.ca

www.mindyourmind.ca



Appendix 1

Communication Scenarios

Communication Example 1

February- A 3.5 year old child with Autism will be entering JK the following September. Registration for school has been completed and the Principal informs his/her system team of the strengths and needs that are anticipated for the following school year. The Autism Intervention Provider (AIP) contacts the school to confirm their involvement. The team may not come together physically before May or June however, discussions with the family, plans to observe the child at home or childcare, review of assessment reports and communication with others working with the child, may all be arranged within that two to three month window. A full meeting is held in mid-May, where plans for the first day of school are arranged and a schedule for relevant professional development is set. The family is included in selecting the goals and the first meeting in September is booked. A plan for monthly meetings is established and the family is encouraged to communicate with the school. All of this is recorded and distributed to the team members within a week of the meeting.

What contributed to the success of this transition?

✓ Those involved were notified in advance.	✓ Both long and short term goals were set.
✓ Needs of those involved are identified with corresponding actions. (PD, sharing of information, communication lines opened).	✓ Engagement in the process is explicit.
✓ The focus remained on the process of preparing everyone who would impact the success of the transition.	✓ The communication path was followed and remained open.
✓ An underlying knowledge that a transition is a process not an event.	



Communication Example 2

A nine year old child has been in a residential centre for 6 weeks of an expected 12 week stay. Prior to admittance the family, school and centre worker met to discuss what the transition to residence would look like. Arrangements were made to spend a day at the Section 23 school and tour the residence. The timeline was worked out so that the child would go into residence at the beginning of January, a natural break in the school year and would likely start to transition back after March Break. It was agreed that a meeting would be held mid-February to review goals and begin to plan for the child's return to their home school. No specific plans were made for on-going communication or coming back together and each party believed the other would be initiating the meeting. On Friday February 10th the family contacted the school to inform them that the child would be returning to school on Monday, although not said aloud, the relationship between the family and service provider appeared strained. The family was very reluctant for the school to contact the service provider to get further details. No plan was in place for the student's re-entry.

What contributed to the success of this transition?

✓ The child was introduced to their new environment in advance.	✓ School and family were part of that planning.
✓ Long term goals for the physical transition were in place.	✓ Transition dates occurring at natural breaks in the school schedule.

What could be improved upon with the return transition?

A shared identification of goals from the outset and across the sectors.	A clear plan for on-going communication-if concerns arise they can be addressed before they become a major barrier to the process.
Meetings booked in advance with agendas prepared ahead of time.	



Appendix 2

Transition Team Contact Sheet

Team Meeting Agendas

Team Meeting Minute Templates

Transition Plan Templates

Transition Plan Sample



Initial Transition Meeting Agenda

Date:

Attendees:

Regrets:

Chair:

1. **Welcome and introduction of Transition Team members (5mins)**
2. **Housekeeping items; request volunteer for minute taking, chair selected (2 mins)**
3. **Review purpose of meeting and expected outcomes (3 mins)**
(Immediate needs identified by family/child/youth and service provider, problem-solving, setting of long term goals with manageable short term goals that will form the plan, service coordinator/primary contact for team)

4. **Priority Areas to Review (5 mins)**
 - Safety
 - Health
 - Socio-emotional
 - Educational
 - Legal

5. **Goal Setting (20 mins)**
includes time lines,
person(s) responsible,
resources needed

6. **Follow up (5 mins)**
 - Date of next meeting
 - Communication between team members
(What will that look like?)



Follow-up Transition Meeting Agenda

Date: _____

Attendees: _____

Regrets: _____

Chair: _____

1. **Welcome and introductions of any new members (2 mins)**
2. **Review purpose of meeting and expected outcomes (1 min)**
3. **Review the Plan**
 - Progress of goals
 - Achievements and celebrations
 - Problem-solving
 - Relevant new information
4. **New Goals/Adjust Plan**
5. **Next Meeting**



Transition Plan Sample 1

Child or Youth: Nicole Marriott		Phone: xxx-xxxx		
Parent(s) or Guardian: Anne Marriott, Tim Marriott		Address(es): Email address(es):		
Transition type: residential treatment to home and school- Additional details		Coordinator: John Taylor		
Team Members				
Name	Agency	Phone	Email	Notes
Susan Smith	XXXX School Board Social Worker	XXX-XXXX	ss@xxxx.ca	
John Taylor	Children's Mental Health	XXX-XXXX	jt@xxxx.ca	
Karen Peters	Hospital	XXX-XXXX	kp@xxxx.ca	
Dawn Scott	CSCN	XXX-XXXX	ds@xxxx.ca	
Pat Millar	XXXX School Board Social Worker	XXX-XXXX	pm@xxxx.ca	
List areas of strength for child/youth and their family		List areas of priority for child/youth and their family		
Anne and Tim are positive in outlook and have strong family support.		Nicole's anxiety will often lead to episodes of isolation, refusal to go to school and in the recent past self-harm. Stabilizing the anxiety through medication and therapy is the number 1 priority.		
Nicole wants to be at home with her family and feels safest there. Nicole is creative and social when she is feeling well.		Regular school attendance		
Tim has a flexible work schedule which allows him to get Nicole to appts during the day.		Post-secondary education		



Transition Plan Sample 1 (continued)

Areas of priority (Only those that apply)	Short Term Goals	Long Term Goals	Person(s) Responsible	Review Date
Personal	Increased family time and opportunities to re-connect Family will have at least one meal together per day	Increased capacity to manage stress		
Supports	Access the professional supports that are available. See therapist bi-weekly Check in with school social worker on a weekly basis or as needed.	Remain healthy and feeling well. Reduced risk of anxiety induced self-harm behaviours	Marriott family Nicole	
Education/ Training	Assist the school to better understand the signs of anxiety, recognize when Nicole is struggling and how to respond in a proactive and supportive manner. Access class assignments via website portal when unable to attend class	Improved school attendance Increased school understanding and responsiveness Improved grades	School Social Worker Mental Health worker Attendance Counsellor Marriott Family Nicole	
Physical	Get on a regular sleep schedule			
Financial	N/A	N/A		
Legal	N/A	N/A		
Educational Resources				
Environment	Computer will be removed from the bedroom		Marriott family	
Community				
Recreation				
Health Supports	Start a routine of taking medication		Nicole with support of Anne	
Employment				



Transition Plan Template 2

The Plan / The Team	Strengths	Needs (current and long term)	Goals to address the needs:	Action plan Who is responsible? When will the task be completed? How will it be communicated?
Child/Youth				
Family				
The current environment				
The receiving environment				
The receiving staff				



Components of the Transition Plan Checklist

Based on the Guiding Principles and Best Practice

- Identified strengths of the child/youth/family. Focus should be on what the child or youth can do, what they are proud of and the resiliency skills that are present for each individual/family
- Current needs, where possible linked to future needs to allow for proactive planning
- Goals that are reflective of the child/youth/family/school
- Child/youth and family input is evident
- Action items that are directly linked to the goals
- Timelines for completion of action items and goal attainment
- Participants identified and roles defined at the initial transition meeting
- Meeting schedule developed
- Communication pathway articulated
- Assessment data and/or reports are shared as appropriate and with the proper consents





Ministry of Education and Ministry of Children & Youth Services

STUDENT SUPPORT LEADERSHIP INITIATIVE

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