The Ontario Autism Program

Recommendations

Presented by the Ontario Autism Coalition
December 7, 2016
What is ASD?

• **Neurodevelopmental** disorder characterized by difficulty in social interaction, verbal and non-verbal communication and presence of repetitive behaviour and/or restricted interests

• **Lifelong** disability

• No two individuals are the same and the impact on families and daily functioning **vary**

• Severity of symptoms vary ... therefore **not all individuals with ASD require the same intensity of services and the qualitative nature of the services may vary as well**

• No cure, however therapeutic interventions can dramatically change the quality of life for those living with ASD
What is ABA (Applied Behaviour Analysis)

• The most **well documented** and **empirically supported** therapeutic intervention for ASD is **ABA**

• Science of behaviour focusing on “analysis, design, implementation and evaluation of social and other environmental modifications to produce meaningful changes in human behaviour” (ABA Guidelines for ASD, BACB)

• Supported by **decades** of research to improve symptoms of ASD and has evolved over the decades to have a broader scope of practice and procedures
The Ontario Autism Program: Mission

• To provide empirically validated therapeutic services and supports for children, youth and adults with ASD and their families that are based on each individual’s and family’s needs and ultimately help improve the quality of life for the individual and their families.

• To provide a broad scope of ABA services and supports to the parents of individuals living with ASD based on their needs with the aim of improving their ability to provide support and foster greater independent living for individuals with ASD.
Preface

• **Promotion of “evidence based” interventions**
  • Implement most effective methods in accordance with **ABA research** and **ABA best practices**

• **Elimination of the terms IBI and ABA**
  • IBI is an ONTARIO term
  • We must move to a more constructive and broader scoped terminology NOW:
    • **Comprehensive ABA/Intensive ABA**
      • 30-40 hours per week
    • **Moderate ABA**
      • 11 -29 hours per week
    • **Focused ABA**
      • 10 hours or less per week
  • Otherwise treatment delivered sub-optimal

• **Build on existing systems infrastructure that already aims to provide supports based on need**, e.g. MCSS Developmental Service Ontario/Passport Program for individuals older than 18 years

• **Individuals must be able to access the system as needed over their childhood, as needs of individual changes**, e.g. teenage years

• The school system is **not equipped** to provide comprehensive, moderated or focused ABA in the classroom

• Recognition that **professional capacity for BCBA with specialism in ASD is building** (please refer to the SEG report)
Flow of Services

1. Referral for Ministry Funded ABA Services to MCYS Regional Office

2. Intake and Approval by MCYS Regional Office

3. Selection of Provider and Submission of Service Plan

4. Approval of Service Plan by MCYS Regional Office

5. ABA Service Delivery

6. Transition to MCSS Developmental Service Ontario (at 18 years)

6. Transition to Completion of Service

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Step 1. Referral for ABA Services to MCYS Regional Office

• Parent submits Intake package to MCYS Regional Office

• Intake package comprised of:
  1. Standard intake form (similar to Developmental Service Ontario)
  2. Proof of diagnosis
  3. Referral for ABA. Approved Referral Sources (similar to California Bill SB946)
     • Medical doctor (family physician, pediatrician, neurologist, psychiatrist)
     • Psychologist
     • Psychological Associate

• Criteria:
  • Diagnosis of ASD
     • Criteria NOT based on severity of ASD
     • Criteria NOT based on age of individual with ASD
     • Criteria NOT based on any co-morbid conditions of individual with ASD
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Step 2. Intake and Approval by MCYS Regional Office

• **File assigned to MCYS Staff “Coordinator”**
  • Coordinator determines eligibility based on transparent administrative criteria NOT clinical criteria (no reassessment is required and no exclusion criteria beyond an ASD diagnosis)

• **If individual approved for services, MCYS Staff Coordinator:**
  • Provides information to families regarding:
    • Online registry for Service Providers
    • Community resources for families
    • Online webinars (e.g. what is ASD, what is ABA)
  • Assigns case manager to individual/family
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Step 3. Selection of Provider and Submission of Service Plan

- **Parents select MCYS approved Provider**

- **Activities of approved provider:**
  - Reviews file
  - Interviews parents/individual
  - Conducts comprehensive behavioural assessment using curriculum-based assessments individually selected based individual’s needs (e.g. VB-MAPP, ABLLS-R, EFL, AFLS, PEAK, Social Skills Checklist)
  - Develops Individualized Service Plan and Report including recommendations for treatment dosage (focused, moderated or comprehensive ABA) based on individualized needs and evidence from literature
  - Report includes specific goals, informed by individual and families with ASD (where possible), parents/caregivers, treatment team and other professionals (where appropriate) and how goals will be monitored though the use of direct, observable and measurable data (see p. 24 of BACB healthcare guidelines)
Clinical Team

- The clinical team may be represented by the following professionals
  - **Clinician in Charge**: Ideally a Clinical Psychologist or otherwise an RHP with education and experience in child development
  - **Senior Therapist**: Ideally Board Certified Behaviour Analyst (BCBA, BCBA-D)
    - A master’s degree level or higher certified behavior practicing within the scope of his or her certification
    - Can conduct ABA assessment, treatment plan development and updates, and direct one-on-one ABA services
  - **Instructor Therapist**:
    - Board Certified Associate/Assistant Behaviour Analyst (BCaBA)
      - A supervised bachelor’s degree level behavior specialist who provides ABA services under the supervision of a BCBA/BCBA-D
      - Assistant behavior analysts cannot practice independently
    - Registered Behaviour Technician (RBT)
      - A supervised ABA team member who meets specified training requirements and can provide one-on-one ABA services under the supervision of an authorized (BCBA/BCBA-D)

** Given limited capacity of BCBAs in Ontario, those with specific training and experience who are not members of the Behavior Analyst Certification Board BACB may be part of the team (please refer to the SEG report) **UNTIL SUFFICIENT CAPACITY IN ONTARIO BUILDS**
*RHP=Regulated Health Professional. RHP may also be a BCBA.

Note:
Some teams may not have a BCBA
Some teams may not have a BCaBA
Some teams may not have a RBT
CIC=Clinician in Charge
ST=Senior Therapist
IT=Instructor Therapist
Sample Program

- For 40 hour per week of 1:1 ABA Program
  - 40 hours of IT time (1:1 time with individual)
  - Minimum of 8 hours of supervision by Senior Therapist: supervision of ITs, report writing, development of treatment plan

- NOTE: present capacity would not enable 8 hours per week of supervision. There must be flexibility and fluidity as capacity builds

- Clinical Psychologist/Psychological Associate functions as Clinical Supervisor due to their expertise in the developmental approach to service delivery (this is presently a contentious argument between BCBAs and Clinical Psychologists)
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Step 4. Approval of Service Plan by MCYS Regional Office

- Service Plan approved based on:
  - Fee guidelines
  - Credentials of provider(s)
  - Supervision of provider(s) (may require virtual supervision in remote areas)
  - Recommendations for clinical intervention i.e. focused, moderated, comprehensive ABA*
  - Data collection and monitoring
  - Component of parent training
  - Inter-professional collaboration (e.g. SLP, OT, School Staff)
  - Approval by individual with ASD/family
- Initial Service Plan authorized for 6 months

* Decision can be challenged by impartial review committee if parent does not agree with MCYS
Fee Guidelines - Use of Fee Schedule to Establish Rates:

• Fee guidelines per discipline:
  • IT
  • BCaBA
  • BCBA
  • Clinical Psychologist
  • Psychological Associate

• Association of professionals who can provide suggestions for fee schedule (similar to FSCO, Ontario Psychological Association, OASIS, Ontario Physiotherapy Association)
• No fee schedule at present but can be developed
• Direct payment to service providers IDEAL
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Step 5. ABA Service Delivery

- Implementation of **Service Plan**
- **Increased supervision** during first few months of service delivery
- Use of **tiered service model** delivery system and inclusion of Regulated Health Professionals who are clinically responsible for the individual’s case
- Ongoing **data collection**
- **Modification** of Service Plan based on response to intervention
- Comprehensive behavioural assessment conducted **every 6 months**
- **Family engagement**
- **Inter-professional collaboration** (similar to school system)
- **Ongoing reporting** to MCYS Regional Office every 6 months (at minimum) including clinical recommendation from Clinician-in-Charge. Report includes curriculum assessment data, mastery of individualized targets and goals
- **Ongoing approval** by MCYS Regional Office
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Step 6. Transition

- Transition to “Completion of Service” or Transition to Developmental Service Ontario (at age 18 years)
- Decision to transition/discharge made by clinical judgment

- Transition to Completion of Service **only if one** of the following criterion are met:
  - Evidence of mastery goals of treatment
  - Individual no longer meeting diagnostic criteria for ASD
  - Frequent/chronic missed sessions
  - Lack of progress on goals across multiple review periods
  - Family initiated discharge
  - Unresolved concerns related to treatment between family and service provider (BACB, 2014; CalABA, 2011)
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Step 6. Transition

• At minimum 6 months prior to completion of service, clinical team develops written plan in consultation with parent, community caregivers, and others involved program that includes:
  • Specific details of monitoring and follow up for both individual and the family
  • Description of roles and responsibilities of all providers
  • Effective dates for mastery of behavioural targets
• Completion of service may involve a fading out process
• Completion of Service from Comprehensive ABA may involve transition to Moderated ABA and then to Focused ABA program as appropriate
• Transition activities and recommendations are implemented by individual’s Clinical Team
• Collaboration with external service providers as appropriate
Independent Review for Autism Services “Behaviour Analysis Review Committee” (based on California Code of Regulations)

• Available as an arm’s length mechanism to appeal decisions by **MCYS Coordinator**
• Responsible for review and consideration for approval or denial of behavior analysis interventions by **MCYS Coordinator**

• Members:
  • 3 individuals
    • One Registered Psychologist who practices Behaviour Analysis
    • One licensed physician
    • One client advocate
  • Physician or Psychologist must have at least:
    • 3 years experience in behaviour analysis
Key References

**Program outline:**
- TRICARE Autism Care Demonstration
  [www.tricare.mil/~/media/AB11B82994884EB3A5AC108E18E4EAC0.ashx](http://www.tricare.mil/~/media/AB11B82994884EB3A5AC108E18E4EAC0.ashx)

**Regulations:**
- The Behaviour Analysis Certification Board (BACB)
  - Professional and Ethical Compliance Code for Behavior Analysts
  - Canadian Code of Ethics for Psychologists [www.cpa.ca/aboutcpa/committees/ethics/codeofethics](http://www.cpa.ca/aboutcpa/committees/ethics/codeofethics)
  - The College of Psychologists of Ontario Standards of Professional Conduct [www.cpo.on.ca](http://www.cpo.on.ca)

**Selecting ABA Providers**

**Appeal Mechanisms**
- California Code of Regulations