

ADDENDUM

CHANGES TO THE FRENCH VERSION OF THE AUTISM INTERVENTION PROGRAM GUIDELINES

Effective May 2011

The following addendum outlines a change to the French version of the Autism Intervention Program (AIP) guidelines to ensure that the French version of the guidelines is interpreted the same that the English version is interpreted and to prevent the eligibility criteria for the program being misinterpreted. This change should be read in concert with the corresponding section of the AIP guidelines.

On page 7 of the AIP guidelines, section 2.1, replace:

“avoir été diagnostiqués par un médecin ou un psychologue comme étant atteint de l'autisme ou d'un trouble du spectre autistique qui se situe à l'extrémité supérieure du spectre autistique.”

with :

“avoir reçu d'un médecin ou psychologue un diagnostic d'autisme ou d'un trouble du spectre autistique dont les symptômes sont d'intensité élevée.”

NOTICE

AUTISM INTERVENTION PROGRAM GUIDELINE REVISION

Effective as of January 1, 2007

On January 18, 2007, the Ministry of Children and Youth Services announced a plan to make intensive behavioural intervention (IBI) services immediately available to 225 more children currently on Autism Intervention Program waitlists.

For families selecting service delivery through the Direct Funding Option, the Autism Intervention Program Guidelines (August 2006) are being amended to expedite approval of private providers.

The current guidelines require approval of a private provider on a case-by-case basis. Effective January 1, 2007, the regional autism service provider may pre-approve existing and new private funding arrangements where the private provider:

- has previously been approved as a private provider to deliver IBI within that region;
- has a proven record for providing quality programming;
- has previously been determined to have adequate clinical supervision;
- continues to have clinical supervision provided by a clinical psychologist registered or eligible for registration with the College of Psychologists of Ontario who also has training and extensive experience in intensive behavioural intervention for children with autism; and
- agrees to regular reviews of each child's program and progress by the regional Autism Intervention Program provider.

Date of Revision: February 12, 2007

Autism Intervention Program

Program Guidelines

Ministry of Children and Youth Services

Revised August, 2006

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1. Purpose of Guidelines; Goal, Objectives and Components of Program

1.1 Purpose of the Guidelines

These revised program guidelines govern the delivery of intensive behavioural intervention and associated services to children with autism by the nine Regional Program Providers delivering the Autism Intervention Program.

1.2 Program Goal and Objectives

Goal

The goal of the program is to provide high quality, evidence-based intensive behavioural intervention (IBI) and associated services, such as Child and Family Supports and Transition Services, that are coordinated with other services that children and youth with autism and their families are receiving.

Objectives

The objectives for the child with autism are to:

- have a program plan with clear goals that is based on the child's strengths and needs;
- receive evidence-based intensive behavioural intervention, where appropriate;
- make a smooth and effective transition into school programs and/or other community services; and
- demonstrate measurable gains and achievement of identified goals.

The objectives for the program are to:

- deliver a range of services including Child and Family Supports, Intensive Behavioural Intervention and Transition Support Services that are responsive to the child's assessed needs;
- enhance capacity within the system of Regional Programs to provide effective, evidence-based, intensive behavioural intervention to children with autism, including local training of Senior and Instructor Therapists;
- develop effective links with other services and supports so that children with autism and their families have access to service coordination, information, and other appropriate services; and
- develop capacity in others (family members, community services, volunteers and paraprofessionals) to provide appropriate behavioural interventions that support services received in the Autism Intervention Program.

Regional Programs are expected to integrate with and build on the success of other services and supports available to children and their families locally and regionally. They will link and coordinate with other programs and services such as:

- the *Healthy Babies Healthy Children* program;
- the *Preschool Speech and Language* program;
- Ontario Early Years Centres;
- child care programs and services, including special needs resources;
- infant development programs;
- hospital-based multidisciplinary diagnostic and assessment services;
- behaviour management programs;
- rehabilitation and developmental services;
- family resource centres;
- recreation programs;
- child and youth mental health services;
- service coordination entry points and information systems;
- school programs;
- family support, counseling, and respite services; and
- private practitioners in a variety of disciplines.

Policies and procedures developed for the program will be consistent with local systems of services under *Making Services Work for People*, *Healthy Babies Healthy Children*, and *Preschool Speech and Language* programs.

Regional Programs are expected to provide services in French in designated areas of the province, as described in the *French Language Services Act*.

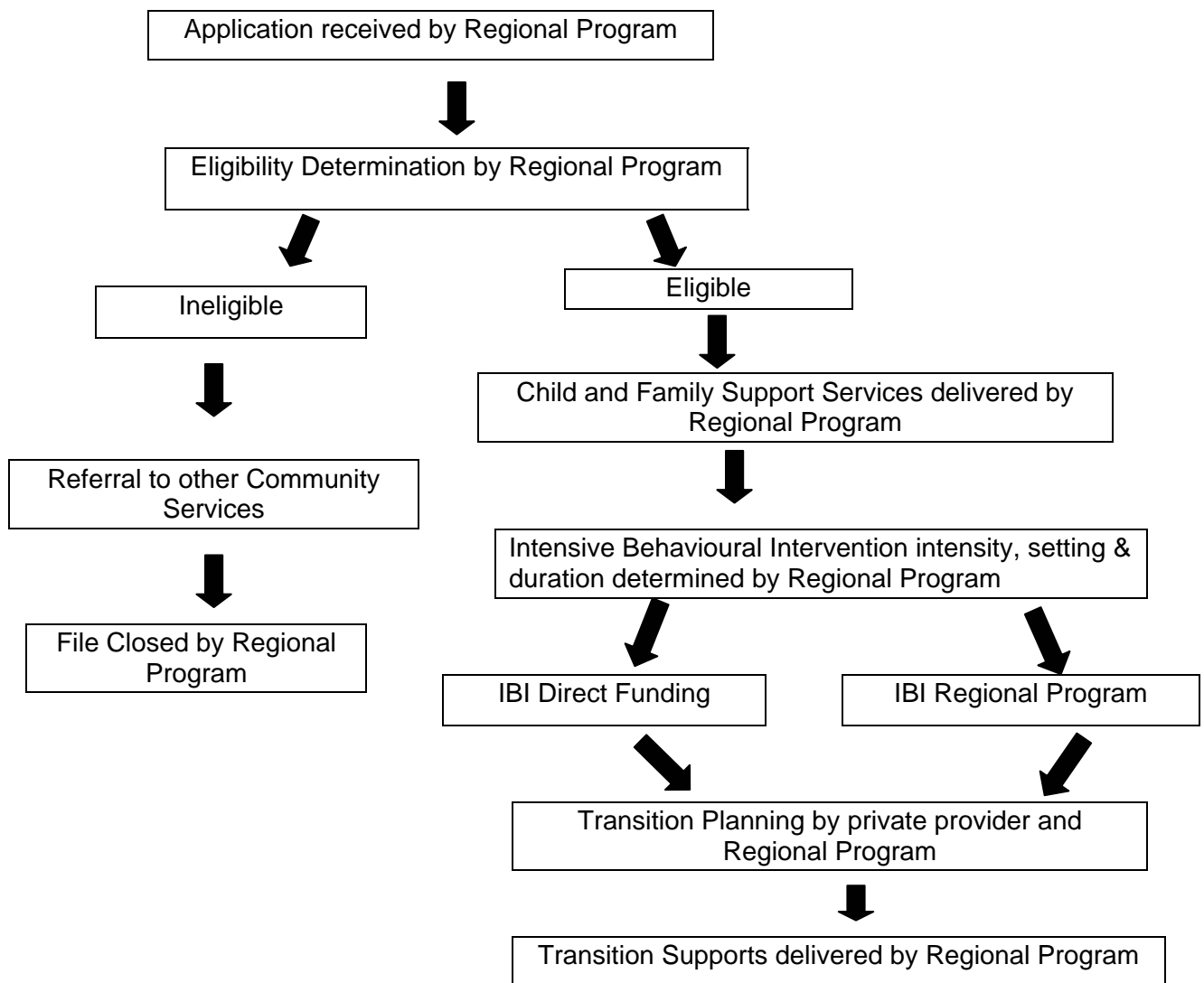
1.3 Program Components

The Autism Intervention Program will operate within the geographic boundaries of the nine regional offices of the Ministry of Children and Youth Services and may provide, as appropriate for the child and family, the following:

- Assessment to confirm eligibility for intensive behavioural intervention (IBI) services;
- Child and family support services;
- Assessment to determine level of intensive behavioural intervention service;
- Development of a program plan for children eligible for IBI;
- Delivery of intensive behavioural intervention based on best practices; and
- Transition planning and transition supports for children discharged from IBI.

Figure 1

The flow of service components is illustrated by the decision tree below:



2. Access to the Program

2.1 Referral

Through *Making Services Work for People, Healthy Babies Healthy Children, Ontario Early Years Centres* or *Preschool Speech and Language* programs, most communities have identified point(s) of access for services. The Autism Intervention Program should use these points of access for intake, whenever appropriate and possible. Depending on the local service system, the program may develop a suitable alternate intake process.

Criteria for Referral

Referrals will be accepted for children who meet **all** of the following eligibility criteria:

- live within the geographic boundaries of the program; and
- have a diagnosis from a physician or psychologist that states the child has autism or an autism spectrum disorder considered to be towards the severe end of the autism spectrum disorder¹.

In addition, signed parental consent for the Regional Program to access and/or release any assessment results and reports is required.

Referral or application to the program does not constitute a commitment for intensive behavioural intervention. Before a child begins receiving IBI services, the Regional Program must conduct an eligibility assessment. This assessment should not unnecessarily duplicate other assessments. If the assessment results suggest the child has a different or very mild form of developmental disorder, or that a different approach to intervention would better meet the needs of the child and family, appropriate referrals will be made.

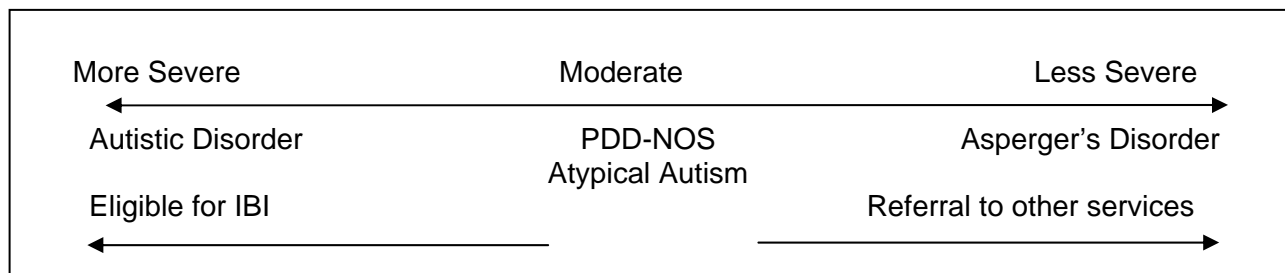
2.2 Eligibility Determination

Autism can be viewed as a continuum or spectrum, known as autism spectrum disorder. The disorders on the spectrum vary in severity, but have certain common core symptoms.

¹Children should be diagnosed by a physician or psychologist prior to contacting the Regional Program. The Regional Program's assessment will determine eligibility, and should not provide an initial diagnosis. Depending on the adequacy and thoroughness of the referring diagnostician's report, it may be necessary for the Regional Program to conduct further assessment.

This initiative is intended to provide services, including intensive behavioural intervention, for children with autistic disorder or a disorder considered to be towards the more severe end of the spectrum (see Figure 2).

Figure 2: Severity of Autism Spectrum Disorder



Clinical staff will review assessment information provided through the referral process to determine eligibility for IBI. When the Regional Program accepts a new referral to the program, it should identify if there are existing recent assessments for the child, whether appropriate assessment tools have been used, and if these have been completed by qualified health professionals. The assessment to determine eligibility to receive IBI will occur within four to six weeks after a referral has been received.

If additional information is required, Clinical Directors or Supervising Psychologists of Regional Programs will use the same specific core tools. The Regional Program's eligibility determination assessments will not duplicate other assessments. Clinical Directors, as a group, may determine additional, relevant and appropriate tools to be used provincially. It is important to note that not all children will meet the eligibility criteria. Families of children who do not meet the eligibility criteria will be informed and referred to other appropriate services.

3. Child and Family Support Services

All families of children who meet the eligibility assessment for the program will be offered support services while waiting for intensive behavioural intervention to start. Families will be offered training specifically to help ready their child for IBI, to promote skill development and foster integration into small groups. Building on the best practices that already exist across the province, these services promote positive outcomes and may include the following:

- **overview on autism** e.g., general overview of autism and related developmental delays and disorders; research on effective interventions; other approaches;
- **behavioural principles and techniques** e.g., basic information on theory supporting behavioural techniques; principles of reinforcement; effective reinforcement strategies; strategies for breaking tasks into smaller components that are more easily taught; handling problematic behaviour; promoting social interaction and communication.

3.1 Wait List Management

Every effort will be made to effectively manage and minimize waiting lists. A consistent wait list management strategy based on date of referral and geography will be used.

The assessment to determine eligibility to receive IBI services will be conducted within four to six weeks after the referral is received. Families, whose children are found to be ineligible, are to be provided with information about other services available in the community.

Each Regional Program must provide Wait List Coordination through a designated position or assignment of the function to other staff. Wait List Coordination is to:

- access, coordinate and link families to formal and informal resources; and
- develop training sessions for families.

The wait list for service (after eligibility for the program has been determined) is to be chronological with the date of initial referral to the program used as the reference date. Date of initial referral is defined as the point of contact at which the provider begins to collect information about the child. Geography is a factor to be used to recognize the service communities within a region.

4. Intensive Behavioural Intervention

The Ministry of Children and Youth Services contracts with service providers (Regional Programs) in the nine regions of the province to provide intensive behavioural intervention.

Before a child starts receiving IBI services, the Regional Program must conduct a full assessment to determine eligibility and, where there is eligibility, intensity, setting and duration.

4.1 Assessment

Diagnostic and assessment information provided in the referral process will be used to determine eligibility, intensity, setting and duration for intensive behavioural intervention. If the information is not adequate or available, additional assessments may be required or administered. Regional Program assessments for intensive behavioural intervention include the following components:

- Diagnostic Assessment
- Developmental/Psychological Assessment

Periodically, Regional Programs, in consultation with the Ministry of Children and Youth Services, may revise the standardized assessments used based on experience and best practices. All Regional Programs must use certain tools (e.g., Diagnostic and Statistical Manual - IV criteria, Childhood Autism Rating Scale (CARS) and Vineland Adaptive

Behaviour Scale) to reduce clinical variation, to allow for continuous quality assurance monitoring and to form the basis for outcome evaluation of the overall program. These are also used to demonstrate and measure progress in children.

Prior to initiation of service, the Regional Program will conduct an assessment of family resources, strengths and needs. This may include measures of stress and family functioning.

Responsibility for Assessment

It is the responsibility of the Regional Program to determine **eligibility, intensity and setting** of a child's intensive behavioural intervention. This applies to both children whose families choose the direct funding option and private service delivery, or regional program service delivery. Once eligibility has been determined and the service delivery option selected:

1. The program provider (regional or private) **completes baseline skill assessments** for the child; and
2. The program provider (regional or private) **evaluates progress** of the child at regular intervals, minimally every six months.

If the Regional Program determines that a child is ineligible for intensive behavioural intervention, and that a different approach to intervention would better meet the needs of the child, referrals to other community supports and/or programs will be made.

Determining Service Intensity, Setting(s), and Duration

The behavioural intervention should be provided at an appropriate level of intensity in appropriate setting(s) for an appropriate period of time, depending on the child, family and community. Clinical determinations of service intensity, settings and duration are designed to facilitate the child's goal attainment. There is no clear-cut research-based decision-making process for determining optimal intensity, setting(s), or duration of intervention. These are essentially clinical decisions, which should be based on a number of factors described below.

The recommended service intensity, duration and setting will be included in the child's Individual Program Plan. At regular intervals (minimally, every six months), the clinical team and the family will review the plan and, if indicated, adjust service intensity and setting(s) to meet the child's changing needs.

Intensity

"Intensity" is more than simply the number of hours a child spends in intervention. More importantly, it depends on the *quality* of intervention provided during those hours. Children may be eligible to receive a number of hours, to a maximum of 40 hours per week, of intensive behavioural intervention. While it is expected that the number of hours will generally fall within the 20 to 40 hours per week range, the exact number of hours is

determined by means of a clinical assessment and based on the individual goals for each child. With approval by the Clinical Director/Supervising Psychologist, services delivered by other professionals or qualified paraprofessionals trained in IBI/ABA may be included in the total number of service hours if the service supports achievement of the child's clinically determined goals.

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.

In determining the intensity of each child's program, the Clinical Director or Supervising Psychologist should consider:

- the child's tolerance for intervention, and other health factors, e.g. very young children may not be able to tolerate as many hours as older children;
- the child's developmental level, severity of autism and interfering behaviours;
- the stage the child is at and rate of progress made, e.g. children may need to start with one-to-one intervention and, as they progress, can benefit from small group settings, with one-to-one services for only a few hours per week; and
- the level of family participation in the child's intensive behavioural intervention, e.g. parents should provide a certain amount of intervention themselves to support their child's progress at home and to extend the intervention past transition; and
- other circumstances which, in the clinical judgement of the Clinical Director or Supervising Psychologist indicate that fewer than 20 hours per week would be appropriate for the individual child.

Setting(s)

Effective early intensive behavioural intervention programs can be delivered in a variety of settings, including:

- segregated centre-based models;
- home-based programs;
- a progression from segregated to integrated settings; and
- a variety of settings combined, usually involving a home component.

Regional Programs are expected to use a variety of settings based on clinical decisions, made in consultation with parents, to meet the child's needs. The Clinical Director or Supervising Psychologist will determine if the home is an appropriate setting for service. If the home setting is selected, a parent or other responsible adult must be in the home during intensive behavioural intervention sessions.

In determining the setting(s) of each child's program, the Clinical Director or Supervising Psychologist should consider, in consultation with the child's parent(s) and appropriate staff:

- the availability of options for settings depending on their community and location;
- the principle of placing children in the most natural setting in which the child can learn and function effectively; and
- maximizing the benefits of setting(s) a child may already be in, e.g. if the child is appropriately placed in a supportive child care centre, part of the intervention -- particularly social skills development -- could take place there, and be supplemented by home-based individual work.

Duration

A child's service needs will change over time. The Clinical Director/Supervising Psychologist will review the child's progress at regular intervals, using information from service providers and the parents, and will modify the child's Individual Program Plan accordingly. This may result in increased or decreased intensity.

As a child is identified as approaching transition from the program to school or other community settings, various additional assessments may be undertaken. A discharge assessment is required.

4.2 Individual Program Plans

Regional Programs are responsible for working with families to develop an Individual Program Plan for every child who is eligible to receive IBI and will receive service through its program. The regional program will also review and approve Individual Program Plans developed by private providers for children receiving IBI through the direct funding option.

The Individual Program Plan will describe the targeted goals for the services the child receives, guide his/her program and link the child and family to the range of appropriate community services. Regional Program staff will review the child's Individual Program Plan at regular intervals, minimally every six months, and modify or adjust it based on the child's progress.

The type of community services that children and families need will vary. Service providers in the community, with parental consent, may be called upon to advise on and participate in elements of a child's Individual Program Plan. Some of these may include:

- speech/language pathologist;
- teacher and/or principal;
- occupational therapist and/or physiotherapist;
- recreation staff;
- respite workers;
- counselors;
- home visitors;
- special services at home staff;

- special needs resource staff; and
- child care staff.

Regional Programs will develop an Individual Program Plan, in concert with parents of children eligible for intensive behavioural intervention through its program. The Plan will be developed prior to or as intensive behavioural intervention services are initiated.

The Individual Program Plan:

- describes the services the child requires, based on his/her strengths and needs and the range of services and supports available in the community;
- identifies attainable goals for the child;
- guides his/her IBI while in the program;
- indicates the level of intensity, the setting(s) and the duration for the intensive behavioural intervention;
- links the child and family to the range of appropriate and available community services;
- sets out the roles of the family and other service providers in the child's individual program;
- includes transition planning to the child's next environment, usually to child care and school when the time is appropriate;
- is reviewed and modified at regular intervals; and
- is signed by the parents, Regional Program and, if appropriate, by other community service providers involved in the implementation of the plan.

When an Individual Program Plan includes additional services beyond those provided directly by the Regional Program, the program will assist families to apply for appropriate services through existing mechanisms in their communities. Regional Programs must make sure that all parties, including families, understand who is responsible for service coordination and direct families to ancillary support material.

4.3 IBI Services

For those eligible, the Regional Program and private providers offer intensive behavioural intervention which is based on the principles of Applied Behaviour Analysis (ABA), a scientific approach that describes a method to change behaviour and measure the resulting change.

- ABA can be applied to all populations and difficulties.
- IBI, an intensive application of ABA, is an approach delivered to children with autism, to decrease challenging behaviours, increase appropriate behaviours and promote development.

The standards for intensive behavioural intervention are derived from research findings, expert opinion, and clinical practice guidelines developed in other jurisdictions.

Regional Programs are required, according to their service contracts, to provide high quality intensive behavioural intervention services.

Regional Programs and private providers shall deliver IBI services that:

- are a direct service to the child;
- have the level of service determined by a clinical assessment;
- are delivered by trained staff using a curriculum designed to meet the child's clinically determined goals;
- involve parents/caregivers directly in the child's program and teach them to supplement the program at home (when possible and appropriate); and
- use teaching methods based on the principles of Applied Behaviour Analysis, including, when appropriate:
 - discrete Trial Training in one-to-one structured programming;
 - small group instruction;
 - activity-based learning; and
 - incidental teaching.

Programs should deliver IBI services in a variety of settings to maximize generalization, maintenance, independence, and flexibility in children's behaviour and skills, from the beginning of service. IBI services will teach functional, relevant skills.. Program deliverers will record children's behavioural responses and monitor the responses. Content will be based on the most current scientific evidence available for efficiency, safety and appropriateness.

Teaching methodology will use an ethical, positive approach to any serious behaviours (e.g., self-injury, aggression), based on a comprehensive biopsychosocial assessment, including but not limited to functional analysis; in accordance with Ministry standards and other applicable ethical and professional guidelines.

Regional and private programs **do not** provide BEHAVIOURAL services that use unproven or experimental approaches.

Regional Programs and private providers will, when children are eligible, provide INTERVENTION services, which:

- develop attainable goals from thorough assessment, as outlined in these guidelines;
- individualize programs to reflect the child's developmental level, strengths and needs;
- enhance parental capacity through parent training and inclusion in the delivery of IBI;
- plan for and support the transition to other settings, such as integrated child care or school;
- co-ordinate and integrate with other services the child or family may need; and
- are sensitive to the parents' values and preferences, cultural context, and language, including being available in French in designated areas.

5. Transition Services

There are two components of Transition Support Services: transition planning and transition supports. Both these services are provided by the Regional Program. It is the expectation that families who choose the direct funding option will contact the regional program at least six months prior to the child's transition to school and/or community agency if they are looking for transition support services.

5.1 Transition Planning

Good transition planning facilitates the integration of children into new environments. Transition planning should begin early and be part of each child's Individual Program Plan. Each child will have a transition plan that reflects individual strengths and needs. The plan should be integrated with other service providers involved with the family and existing community transition processes.

The following describes the steps Regional Programs, schools, community agencies, families and program staff should take to support smooth transitions.

Laying the Groundwork

The Regional Program should meet with community partners (e.g. child care) and school boards in its catchment area to discuss:

- how transition will be planned and managed;
- the special education resources available for children with autism in schools;
- the protocols the Regional Programs should follow in working with schools and community partners;
- key dates for the Regional Program to know; and
- any resources or assistance the Regional Program may be able to provide to community partners and schools (e.g., seminars for teachers or aides).

To help school boards plan special education services for children with autism, Regional Programs should, in accordance with appropriate freedom of information rules and confidentiality considerations, offer to provide school boards and community stakeholders with regular updated statistics on the number of children receiving services from the Regional Program including:

- their ages;
- the date they are likely to start school;
- where they live (location) so the boards know which schools the children are likely to attend;
- their transportation needs; and
- any other information that Boards and community stakeholders would find helpful.

Planning Ahead

Most of a child's transition planning takes place long before the child leaves the Regional Program and/or direct funding option and should include the following steps:

- Assignment of a Transition Coordinator to co-ordinate planning for the transition.
- Development of a child profile that includes diagnostic, developmental and functional assessment information that may be useful in the planning processes. The profile should also include detailed information about the child's participation in the Autism Intervention Program including identifying language, social and academic skills needed to support successful school entry. Agreements about staff or services to continue after the child attends school are to be included.
- Invite relevant community stakeholders, including the principal and school board personnel to meet before the child's transition commences, to:
 - identify the skills the child will need to be taught and reinforced by the Regional Program before the child transitions;
 - discuss the range of appropriate programs, resources and services that the child is currently using and discuss the range of services that may be available in the new environment; and
 - plan for the child's successful transition.
- Provide opportunities for community and school personnel to observe and discuss the child's intensive behavioural intervention program – either in person or on video -- to become familiar with the techniques used and the child's responses.
- Familiarize the family and child about what to expect when starting school or transitioning to the community. For example, the support worker and parent(s) will:
 - introduce/rehearse important routines (e.g., toilet routines, putting coats and shoes away) that the child will have to know;
 - use pictures, videos and a number of visits to the school or community placement to build familiarity with the setting;
 - introduce the child to people at the school (teachers, aides and peers) or community placement on whom the child can rely to answer questions and to help when he/she starts school or the community placement; and
 - establish transportation routines that the child will need to know to go to school or the community placement (e.g. buses, taxis).

5.2 Transition Supports

Transition planning will complement the entry to school planning provided through the Ministry of Education. To provide limited ongoing support to the child and family through the first year of school, the Regional Program will make transition supports available for up to twelve months following discharge from the intensive behavioural intervention program to school.

Ongoing Support

During the 12 months following discharge, transition supports provided to the child may include the following:

- Small group activities to generalize learning skills;
 - Parent education and seminars on advanced topics, based on community need;
 - Consultations with parents to identify ongoing goals for the child and discuss how these goals can be achieved;
 - Consultations with community service providers to work towards achieving desired goals; and
 - Consultations with educators to identify strategies to support the child in school.
- The Regional Program may be available, upon request of the principal, community partners and the parents, to provide consultation and support to the family and the school / community team by:
- Participating in team meetings with the school / community;
 - Observing the child in the school / community environment and acting as a resource to the school / community. * **Note:** Many schools and school boards, however, have specific expectations regarding the presence and participation of non-school board personnel in the school environment. Regional Programs will work with the school board and principals of individual schools to develop protocols for Autism Intervention Program staff observing children at school.

Families, who choose not to receive Transition Support Services immediately following their child's discharge, may become involved at a later time, within the 12-month window. For families who become involved later, services will only be available until 12 months post-discharge from intensive behavioural intervention.

Transition Support Services may be discontinued prior to 12 months, if based on consultation with the family and school, the Regional Program determines the support is not required or is no longer of benefit to the child or family.

5.3 Sharing Information

Any exchange of information must be done in accordance with privacy legislation and appropriate regard for confidentiality. The Regional Program will work with the family, school board and community partners within the context of privacy legislation, to establish a protocol for sharing information. The protocol may include things like:

- describe each partner's ongoing role and responsibility for communication and sharing information;
- indicate the contact person for the child, the school / community program(s) and the Regional Program;
- outline the kind of information that will be shared;
- set out when (i.e., how often) and how (i.e., in writing, on the phone, in face-to-face interviews) information will be shared; and
- indicate the timing of meetings between the family, Regional Program staff and school / community personnel. Provide an opportunity to share any information that might be of assistance to either the Regional Program or the school / community program(s) planning for an individual child.

6. Program Delivery

Intensive behavioural intervention services can be provided directly by the Regional Program, or purchased with funding, from private providers.

6.1 Receiving IBI Services From Regional Programs – Direct Service Option

If a family chooses to receive IBI services directly from the Regional Program, the Regional Program will:

1. determine eligibility for intensive behavioural intervention services;
2. determine the service intensity/setting/duration of IBI required;
3. develop a Service Agreement with the family that identifies:
 - roles/responsibilities of the Regional Program;
 - the family's role/responsibilities;
4. develop a specific program to meet the child's Individual Program Plan goals; and
5. review the child's Individual Program Plan at regular intervals, minimally every six months and modify or adjust it based on the child's progress.

6.2 Purchasing Services Privately – Direct Funding Option

Direct Funding Option Overview

All Regional Programs must offer families the option of funding to purchase intensive behavioural intervention services privately. They will support families who choose this option and assist them in its implementation.

To receive funding, parents must provide information about the child's diagnosis and other personal contact information, including a copy of the child's formal assessment and diagnosis. The Regional Program determines eligibility and approves funding based on the clinically recommended level/intensity of service.

The Regional Program will provide the family with information about the funding available for private IBI services. Funding is consistent with the range of costs for Regional Program IBI services. It is based on the average salary costs of instructor-therapists and psychologists in the Regional Program. Rate calculation *includes* the average costs of services provided by the instructor-therapists who work directly with the child and supervision costs.

The hourly rate will be multiplied by the number of IBI hours of services approved by the Regional Program in the child's Individual Program Plan to reach a total amount of funding. On signing an IBI Services Funding Agreement families will receive a lump-sum payment for the first quarter of service delivery.

Available funding *may not cover all of the costs* incurred through a private arrangement. Parents must pay any additional *out of their own resources*.

Funding is to be used for approved intensive behavioural intervention services only, and may not be used to pay for any other services. For example, if the child is attending a centre that provides services such as physiotherapy and music therapy in addition to IBI, this funding can only be used for his/her IBI services.

Regional Programs will provide funding for services which they determine as being adequately clinically supervised. Funding levels will be reviewed at least every six months to ensure that funding is consistent with services being provided. In addition to providing funding to families to purchase services privately, the Regional Program will also offer these families other services including: parent/family training programs and transition supports.

Transition supports for families who purchase intensive behavioural intervention services through the direct funding option will be provided by the Regional Program. It is the family's responsibility to advise the Regional Program if they are in need of transition supports at least six months prior to the child's entry into school and/or community agency.

Roles and Responsibilities of Regional Programs for the Direct Funding Option

If the family chooses to receive funding to purchase IBI services from a private provider, the Regional Program will:

1. determine eligibility for intensive behavioural intervention services;
2. determine the service intensity/setting/duration of IBI required;
3. give the family information about funding available, including the hourly rate for services and supervision;
4. refer the family to *Autism Ontario* for information about known private agencies currently providing intensive behavioural services for children in the region;
Note: *The family is responsible for finding and contracting with a private provider, not the Regional Program.*
5. approve the service provider
6. develop a Funding Agreement with the parents that at a minimum identifies the level of funding provided by the Regional Program; the approved level of IBI service; the supervisor for the instructor therapist providing the service; the level of supervision required/expected; and any other information required from the parents and/or IBI service provider that will aid the Regional Program in monitoring IBI services
7. administer funding, according to the Funding Agreement, and reconcile any unspent funds;
8. reassess the child's progress and continuing service needs, at least every six months, in collaboration with the Supervising Psychologist of the private program and the child's file; and
9. provide transition supports if requested to do so by the family.

Roles and Responsibilities of Private Providers

The selected private provider will, in accordance with the program guidelines:

1. develop a program to meet the goals of the child's Individual Program Plan;
2. deliver IBI services;
3. provide clinical supervision to staff providing the service by a psychologist registered or eligible for registration with the College of Psychologists of Ontario who also has training and extensive clinical experience in intensive behavioural intervention for children with autism. **Note:** In some circumstances the Regional Program may approve a professional with a Master's level degree in psychology or a related discipline plus several years of direct experience in supervising IBI programs and with access to a consulting registered psychologist to perform this role. In these cases the clinical accountability will remain with the approved clinical supervisor and not with the Regional Program;
4. provide input into regular Individual Program Plan reviews; and
5. develop a plan to discharge/transition the child from the program, providing appropriate linkages to the Regional Program.

6.3 Families Who Move While Receiving IBI

When a family that is receiving IBI, moves to an Ontario community outside the boundaries served by their Regional Program, there is no guarantee that the family will continue to receive services or that a vacancy for IBI services will be available in the new home region. This applies regardless of whether service was provided through the Regional Program or a private provider.

The **sending agency** must:

- notify the receiving Regional Program immediately upon notice of the family's decision to move, and then discharge the child from their program; and
- notify the family that there is no guarantee it will receive services or that a vacancy for services will be available in its new home region.

The receiving Regional Program **must** make accommodations to meet the family's needs as best it can, given current program demands, i.e. provide IBI services if available, or refer to other services/supports.

6.4 Staffing

Regional Programs will require a range of staff to address all of the components of the program, including management and administration, assessment, IBI delivery, child and family support services and transition supports.

In addition, Regional Programs are required to develop short- and long-term strategies for recruiting and training the clinical staff needed to deliver high quality intensive behavioural intervention. Training Supervisor positions exist within each Regional Program.

6.4.1 Core Clinical Staffing

It is expected that each Regional Program will have the following core clinical staff to deliver the intensive behavioural intervention:

A **Clinical Director** is 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. It will also involve responsibility for fulfillment of the provincial information and evaluation requirement. Regional Programs may need to employ additional clinical psychologists/psychologist associates to support the program.

Qualifications: The Clinical Director will have training and extensive clinical experience in intensive behavioural intervention for children with autism; have a doctoral degree in Psychology; and be registered or eligible for registration with the College of Psychologists of Ontario.

Senior Therapists are responsible for a set number of children and for supervising the instructor-therapists who are working with these children. Senior Therapists will also participate in intensive one-on-one and small group instruction. They will need to accept ongoing clinical supervision from the Clinical Director/Supervising Psychologist to support their intervention work. They will provide families with training related to behavioural intervention and home programming. **Qualifications:** Senior Therapists should have or be working towards a master's level graduate degree in psychology or related field, and six months to a year of direct clinical experience in an intensive behavioural intervention program for children with autism. Alternative combinations of extensive clinical experience in intensive behavioural intervention with children with autism and other educational backgrounds might also be appropriate for Senior Therapists. The number of Senior Therapists necessary will vary across regions depending on the number of children to be served.

Instructor Therapists are responsible for providing intensive one-on-one and small group instruction. To support this work, these therapists will be responsible for maintaining a daily data book for each child that will help in monitoring the child's progress. Senior Therapists supervise Instructor Therapists. **Qualifications:** Instructor therapists should be community college or university undergraduates in a related field. Previous experience providing intensive behavioural intervention would be of benefit. Alternative combinations of experience and educational background may also be appropriate for Instructor Therapists.

6.4.2 Other Resources

Regional Programs are expected to access existing community services to the greatest extent possible, for assessment, service coordination and administrative purposes. In addition, Regional Programs have been provided with the following:

Wait List Coordinators assist families waiting for assessment or for Intensive Behavioural Intervention services, coordinate and link families to formal and informal resources. In addition, the Wait List Coordinator delivers child and family support services. **Qualifications:** Wait List Coordinators should be community college or university undergraduates in a related field and have experience in delivering intensive behavioural intervention. Alternative combinations of experience and educational background may also be appropriate.

Transition Coordinators work with school boards and community agencies to set up protocols for the transition of children from the Autism Intervention Program. Coordinators will work with the child's family and Senior Therapist, and invite schools and community agencies to help develop a transition plan, based on the skills the child will need in school and the community. Transition Coordinators provide a one-point of contact for families and school personnel to implement and coordinate a smooth transition. They provide consultation on working with children with autism to schools or community agencies, upon request. They also provide the twelve months of ongoing transition supports for children discharged from IBI and making the transition to school. **Qualifications:** Transition Coordinators should have a community college diploma or university undergraduate degree in a related field. Direct clinical experience in an intensive behavioural intervention program for children with autism is recommended as is in-depth knowledge and experience in community-based services and awareness of special education policies and procedures. Alternative combinations of experience and other educational backgrounds may also be appropriate.

Training Supervisors deliver therapist training. **Qualifications:** The key requirements for these positions include:

- advanced competencies in the delivery of Intensive Behaviour Intervention for children with autism;
- advanced competencies in the design and revision of IBI instructional program and curricula;
- a thorough understanding of principles and conceptual issues of Applied Behaviour Analysis; and
- proficiency in delivering adult education.

Regional Programs may also, where appropriate, use **paraprofessionals** to support program delivery. Paraprofessionals incorporate into other settings the principles and approaches proven effective in the Autism Intervention Program.

6.5 Training/Education in Broader Service Delivery System

Regional Programs have the ongoing responsibility to provide staff training for Instructor and Senior Therapists according to provincially approved curriculum. Training and education of the broader service delivery system is essential to achieving the goals of this autism initiative including:

- early identification of autism;
- effective transition to schools and other programs for older children; and
- promoting opportunities for generalization of learning.

Each Regional Program must have designated Training Supervisors who meet the criteria established by the ministry for the position.

Other responsibilities of Regional Programs with respect to training include:

- developing a training plan for their own staff;
- linking with colleges and universities to enhance recruitment of staff; and
- training and monitoring the work of paraprofessionals where they are supporting generalization of skill areas contained in the child's Individual Program Plan.

Through a negotiated agreement, the Regional Program will provide training to staff working with the child in these settings. Paraprofessionals may include, but are not limited to: parents, volunteers, child care workers, child and youth workers and/or educational assistants.

6.6 Accountability

Families

Families are to be provided every opportunity to be involved in program decisions that affect their children. In addition to providing informed consent at various stages of assessment, program planning, discharge and transition, families have opportunities for education and training to support their children.

The family is responsible for monitoring the quality of service delivered by private providers through the direct funding option. The family is also responsible for contacting the Regional Program at least six months prior to the child's transition to school and community agency if they require transition support services.

Regional Programs

Regional Programs are accountable to the families they serve for the quality of their services. They are required to develop procedures for:

- involving families in program decisions that affect their children and obtaining fully informed consents in writing;
- involving parents in the development of a Individual Program Plan;

- providing families with clear written materials regarding the Regional Program's philosophy and policies;
- establishing mechanisms that families can use to provide feedback on the services they receive (e.g., consumer satisfaction surveys or interviews); and
- establishing mechanisms for regular ongoing communication and information-sharing (e.g., newsletters, meetings).

In addition, Regional Programs are accountable to the Ministry of Children and Youth Services for the management of the program and service delivery, in accordance with government policies, service contract requirements and guidelines.

Ministry of Children and Youth Services

The local office of the Ministry of Children and Youth Services will negotiate a service contract that:

- describes the service objectives of the program;
- commits the Regional Program to provide services in accordance with the government's policies, requirements and guidelines;
- itemizes quarterly service deliverables;
- itemizes the budget for the program;
- gives Ministry of Children and Youth Services regional staff the authority to observe and evaluate the services offered by the Regional Program and to inspect all records and books of account;
- describes the various tools the regional office will use to hold the program accountable, including audit/program reviews, legal agreements, data reports and yearly financial reports; and
- outlines expectations for the provider training plan.

The regional office will monitor on a regular basis.

Evaluation

The Ministry of Children and Youth Services is committed to monitoring the Autism Intervention Program to determine that the program achieves its goals and objectives and makes efficient use of public resources. Systemic processes and outcome evaluation will be done periodically by the ministry and the results reported.

Revision of Program Guidelines

It is expected that, when required, the program guidelines for the Autism Intervention Program will be revised to incorporate policy clarifications and program adjustments.

Revision History: September 2000
 September 2004
 November 2004
 August 2006