Ministry of Children and Youth Services

Ontario Autism Program Guidelines

Ministry of Children and Youth Services

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Introduction

Introduction to the Ontario Autism Program

1.1 Context

The vision of the Ministry of Children and Youth Services (MCYS) is an Ontario where all children and youth have the best opportunity to succeed and reach their full potential. To achieve this vision, the Ministry is committed to improving and expanding services and supports for children and youth with Autism Spectrum Disorder (ASD) and their families, through the Ontario Autism Program (OAP).

The OAP was introduced on June 26, 2017 with clear points of access, family-centred decision making, a collaborative approach to service, and delivery of flexible and individualized services based on the needs, strengths and goals of children/youth with autism and their families.

MCYS is continuing to build on the foundation of the OAP by introducing a direct funding option for families within the OAP and a number of key program enhancements to clarify clinical accountability and oversight and quality assurance for OAP services. The changes present more choice for families in how they receive behavioural services, improve the consistency of OAP service delivery across the province, and increase parent confidence.

Beginning on January 15, 2018, key program enhancements include:

- Increasing the maximum hourly rate for evidence based behavioural services purchased through the OAP from $39 per hour to a maximum of up to $55 per hour, for families who choose the direct funding option.
- Introducing new **qualification requirements for clinical supervisors** so that families feel confident that they are receiving consistent, high-quality behavioural services. The requirements will be phased in over time so services are not disrupted for families. The ministry will continue to collaborate with industry partners to build up workforce capacity, including supporting OAP service providers to obtain the qualifications they need to supervise OAP services. This work will inform the establishment of a timeline by which all Clinical Supervisors will need to be in compliance with the required qualifications.
- **Change accountability and clinical oversight** for behavioural services. Clinical supervisors will be accountable for OAP behaviour plans. Regional providers will no longer provide clinical oversight for evidence based behavioural services delivered through the direct funding option.
- Implementing an **Independent Clinical Review Process** to give families in the OAP the opportunity to request a review of key components of their child or youth's OAP behaviour plan by a team that includes two clinicians and a family representative.

The OAP guidelines have been updated to reflect the introduction of the direct funding option and the program enhancements noted above. The ministry will continue to work closely with families, clinical experts, service providers and other stakeholders to study how the OAP is delivered for the purpose of continuous improvement, to help children and youth with ASD reach their full potential and to improve the service experiences of families. These guidelines will continue to evolve throughout this process.

1.2 Purpose and Application

The Ontario Autism Program Guidelines (the guidelines) provide operational guidance for regional providers, partner providers, subcontractors and direct funding providers delivering the OAP for children and youth with autism.

The guidelines set out MCYS's expectations for the delivery of the OAP across the province.

These guidelines are not a clinical tool. Determining the appropriateness of behavioural interventions is the responsibility of clinicians, who are qualified to conduct behavioural assessments, develop OAP Behaviour Plans and deliver evidence based behavioural services based on the needs of the child (see Section 5.4 Clinical Staffing Requirements As such, all providers delivering OAP services will use these guidelines in conjunction with the OAP Clinical Framework which guides clinical decision-making in the OAP (see below).

1.3 OAP Clinical Framework

The OAP Clinical Framework (the Framework) guides how OAP clinicians will work with families to assess children's needs, identify strengths and goals and plan interventions. The Framework will also help families understand how clinical decisions are made for their child. The family and child/youth's priorities will be the centre of the OAP Family Service Plan and the OAP Behaviour Plan.

Please see the OAP Clinical Framework at the following link: http://www.children.gov.on.ca/htdocs/English/documents/specialneeds/autism/OAPClinicalFrameworkEN.pdf for definitions and descriptions of the OAP Family Service Plan, the Family Support Worker, Family Team and the OAP Behaviour Plan that are referred to throughout this document.

The OAP Clinical Framework will be used by all OAP service providers to guide the assessment of need, the development of the OAP Family Service Plan, and OAP Behaviour Plan and the delivery of evidence based behavioural services. The implementation of Family Support Workers and Family Teams is being phased in across the province.

The OAP Clinical Framework will be used in conjunction with these guidelines.

1.4 Transition to the OAP

Children, youth and their families began transitioning into the OAP as of June 26, 2017. Individual family transitions will differ depending on whether their children are new to MCYS autism services, waiting for services or already receiving services. The direct funding option will be available to all families in the OAP as of January 15, 2018.

The ministry's commitment to families is that they will be supported to enter the OAP as smoothly and seamlessly as possible.

Service providers are required to adhere to the transition planning expectations and waitlist management strategies for all children, youth and families transitioning to the OAP,

For families who continue to access the one-time direct funding payment of $8,000 or the additional direct funding payments of $10,000, the posted guidelines (Guidelines: One-Time Direct Funding Autism Intervention Program; and Guidelines: Additional Direct Funding and/ or Applied Behavioural Analysis-based Services and Supports) continue to apply while they receive these payments. No new payments will be issued after March 31, 2018.

Information about the specific family transitions to the OAP is available on the Ministry website at www.ontario.ca/autism.

Outcomes and Guiding Principles

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Outcomes and Guiding Principles

The OAP Advisory Committee provides advice to the MCYS on the design and implementation of the OAP. The Committee is comprised of stakeholders, clinicians, educators, parents of children and youth with ASD, and other experts. See the MCYS website for details about the OAP Advisory Committee: http://www.children.gov.on.ca/htdocs/English/specialneeds/autism/oap-advisory-committee.aspx

As part of its work, the Committee developed the following Outcomes and Guiding Principles, which are guiding all phases of this transition and form the foundation for the future design of the OAP.

Outcomes

Child, Youth and Family Outcomes

- All children and youth with autism will have timely access to high quality and evidence based (where evidence exists) interventions that will optimize long term outcomes.
- Families will experience services that are effective, well-coordinated, family-centered and responsive to their child or youth's changing needs in order to maximize their potential and quality of life.
- Children and youth with autism are supported to attain long-term success and meaningful and active participation in society.
- Family members are key partners in determining their child or youth's care; and they will be actively engaged to enable them to acquire skills that support their child's development.

System Outcomes

The Ontario Autism Program will provide services that are:

- Flexible, relevant and responsive to the needs of individual children and youth with autism. Integrated into the larger service system to allow for seamless transitions and collaboration across multiple providers, schools and care settings as well as all relevant provincial ministries, and their respective services and supports.
- Sustainable and obtain maximum benefit and outcomes for resources invested while allocating resources in the most effective way possible.
- High quality, innovative and rooted in evidence based practice, and delivered by qualified and trained professionals.
- Available to children, youth and their families within a timeframe that provides maximum therapeutic benefits.

Guiding Principles

Child, youth and family centred services
Children, youth and families are partners and are actively engaged in intervention planning. Evidence based services are delivered according to a relevant assessment of a child or youth's needs, strengths and interests and the family's concerns and priorities. Families will be supported throughout the decision-making process. Informed choice is a key element.

Coordinated and collaborative
Intervention will be integrated and coordinated with other services that a child, youth or their family may be receiving. Families will experience a high degree of inter-professional partnership with mechanisms in place to support information sharing and collaboration amongst services and the community. Collaboration will take place among provincial ministries to support provision of coordinated services.

Flexible and responsive
Children, youth and their families will receive timely and individualized services in accordance with their needs, strengths and goals. The approach to intervention will be guided by an individualized service plan, developed in partnership with the family. Services will be flexible, proactive and continually responsive to the child, youth and families' needs, recognizing that these needs change over time.

Available and accessible
Children and youth and their families can access the services they need close to home. Services are responsive to cultural, social, geographical and economic diversity and language needs of children, youth and their families. Entry into service will be straightforward and easy to navigate through a single entry point.

Transparency
Decisions regarding access to and provision of service will be transparent to families and other service providers, and information will be shared appropriately.

Continuous quality improvement
Approach to service delivery is outcome oriented and evidence-based. Services are flexible to be responsive to changing evidence and practice, and are accountable through continuous evaluation and monitoring. Capacity-building for families and service providers that incorporates evidence based strategies and competency-based improvement is an essential component of service delivery.

Equitable and fair
Families with children and youth with autism have an equal opportunity to access equitable services that respond to their individual needs.

Free from conflict of interest
Clinical decisions will be made in the child or youth's best interest.

Access to the Ontario Autism Program

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Access to the Ontario Autism Program

The overall goal is to establish a collaborative, community-based approach to streamline access to the OAP, and to help children, youth and their families access appropriate services and supports quickly and easily.

3.1 Eligibility

All children and youth with a diagnosis of Autism Spectrum Disorder from a qualified professional can access the OAP until the age of 18. Eligibility will not be defined by age or by the severity of a child's autism.

Children and youth may be receiving or waiting for other ASD-specific or general services and supports funded by MCYS or other ministries[1] and they may continue to receive these services in addition to receiving services through the OAP. Other services and supports that children are receiving will be taken into consideration in the development of the OAP Family Service Plan (see page 21).

Children who may have previously been deemed ineligible for the former Autism Intervention Program (AIP), or who have been discharged from the AIP are eligible for the OAP, and will receive service according to their needs, as long as they have a diagnosis of ASD and are under the age of 18.

3.2 Referral for Services

In order to access services through the OAP, families/caregivers can self-refer to the OAP, or with the family's consent, a referral can be made by a professional such as:

- Family Physician
- Psychiatrist
- Pediatrician and/ or Developmental Pediatrician
- Psychologist
- Psychological Associate
- Speech-Language Pathologist
- Occupational Therapist
- Social Worker
- Nurse (includes Registered Practical Nurses, Nurses, and Nurse Practitioners)
- Board Certified Behaviour Analyst
- Early Interventionist /Infant Development Worker

[1] Visit www.children.gov.on.ca/htdocs/English/topics/specialneeds/autism/index.aspx for information on services for children and youth with autism in Ontario.

Referrals may also be received directly from the five MCYS-funded regional ASD diagnostic hubs. More information on the hubs can be found on the Ministry's website at: https//www.children.gov.on.ca/htdocs/English/specialneeds/autism/diagnostic-hubs.aspx

A written diagnosis of ASD from a qualified professional is required for referral to the OAP. Referrals for service will be accompanied by relevant assessments and other information pertaining to the child or youth and their family that will assist in the development of the OAP Family Service Plan. Where a diagnosis of ASD has been made by the referring professional, all required assessment information and documentation pertaining to that diagnosis will be included with the referral.

3.3 Single Point of Access

All referrals to the OAP are made through a single point of access in each of the nine service areas.2 (Appendix D: Service areas for single points of access)

Specifically, the single point of access is required to:

- Clearly publicize their toll-free phone number and/or electronic access (e.g., email, website) for families and referral sources.
- Identify and make expedient warm referrals3 to service providers from other sectors for other services and supports, as required. For example, some children and youth with ASD may require access to mental health services.4
- Facilitate an integrated and coordinated intake process to identify initial needs and strengths of each child and family and ensure that families do not need to unnecessarily repeat their information.
- Identify a Family Support Worker5 who will be the family's primary point of contact with the OAP and will be responsible for assisting families with service and program navigation and support.
- Administer funding and complete reconciliation processes for families choosing to receive direct funding to purchase evidence based behavioural services through the OAP.

[2] Single point of access website

[3] A 'warm referral' is a process by which information that may have already been collected from families is transferred directly to the appropriate receiving agencies they are being referred to, so that the family does not need to repeat their story.

[4] Where reference to sharing of personal information or personal health information is made throughout this document it is expected that information sharing will be done in accordance with all applicable privacy laws including obtaining any necessary consents from individuals.

[5] Please note that the Family Support Worker title may differ across regional providers. After initial contact, families will be able to choose if and when they access the services of a Family Support Worker.

3.4 Management of Referrals and Inter-Regional Transfers

The single point of access in each of the nine service areas is responsible for maintaining the OAP waitlist using a first come first served principle. Families can call the single point of access in their service delivery area or their Family Support Worker with questions regarding the waitlist and/or wait times. Providers will proactively and transparently communicate the following information with families:

- The date on which a child or youth was referred;
- The date of referral for children or youth most recently served;
- The local factors influencing current wait times; and
- The availability of foundational family services and training to support the active engagement of parent/caregivers in their child's or youth's care.

New families entering the OAP will be added to the OAP waitlist in chronological order based on date of referral. While families may contact the OAP prior to receiving a written diagnosis, their child will not be placed on the wait list until the OAP service provider receives a written diagnosis of ASD from a relevant professional who is qualified to make a diagnosis.

If a family on the OAP waitlist moves to an Ontario community outside the boundaries served by the local single point of access, upon notice from the family and with their consent, the sending agency will contact the single point of access in the new home region and transfer the child or youth's date of referral and all relevant documentation to the receiving agency in the new home region. The child or youth will be added to the OAP waitlist in the new region based on the original date of referral.

If a family receiving OAP services from either a regional provider or a direct funding provider, moves to an Ontario community outside the boundaries served by the local single point of access, upon notice from the family and with their consent, the sending agency will notify the single point of access in the new home region and transfer the child or youth's date of referral and all relevant documentation to the receiving agency. The receiving single point of access in the new home region will work in partnership with the family to meet their needs and reduce any disruption in service. All efforts will be made to maintain service continuity, however, it is based on provider availability in the new home region.

If there is not currently a spot available or if the new home region is serving children or youth referred to the OAP before that of the family, the child or youth will be added to the OAP waitlist in the new region based on the original date of referral. The family will be provided with the support of a new Family Support Worker who will provide the family with information about available resources, including family services and training. The Family Support Worker will continue to support the development and/or revision of the existing OAP Family Service Plan.

OAP Services and Supports

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OAP Services and Supports

4.1 Scope of Services

The focus of all OAP services will be on increasing the capacity of the family and the OAP Family Team, should a family wish to have one, to maximize the child/youth's functional skills within the context of their home and community. The OAP will deliver a continuum of evidence based behavioural services, family services and training for children and youth with Autism Spectrum Disorder (ASD) and their families based on their needs and strengths across all developmental stages.

4.2 Evidence Based Behavioural Services

The OAP Clinical Framework will guide clinicians in partnering with families to develop an understanding of each child's/youth's and family's strengths, capacities and need for behavioural services and creating a OAP Behaviour Plan with an evidence based approach to meeting those needs (See Section 5.2.1 for additional information on the OAP Behaviour Plan). Families can expect to receive services that actively engage them to acquire skills that support their child's development and skill building.

Applied Behaviour Analysis (ABA)

Many of the effective behaviour interventions for children and youth with ASD are based on the principles of applied behaviour analysis (NAC, 2015). ABA is an applied science, based on the principles of learning and behaviour. ABA uses these principles to assess, understand, and teach behaviours that are important to individuals, their families, and their communities.

ABA interventions are based on scientific research and direct observations and measurement in order to increase or decrease existing behaviours under specific contextual conditions. ABA is used to teach skills across developmental domains, including but not limited to communication, social and adaptive skills, promote independence, and treat challenging behaviour. An important feature of ABA is that the skills learned are maintained and generalized to other settings and with other people.

ABA strategies range from highly structured, adult-led instruction (e.g., discrete trial teaching), to child-led interactions (e.g., incidental teaching, natural environment teaching).

There is an emerging body of research supporting the use of Naturalistic Developmental Behavioural Interventions (NDBI), which are typically used with children under the age of 3, at risk for, or diagnosed with ASD. These approaches follow the sequence of typical development, use the principles of developmental science, are relationship based, child

centred and play based (Wagner, Wallace, & Rogers, 2014) and often include an intensive individualized approach to parent/caregiver coaching (Wetherby et al., 2014).
High quality, evidence based behavioural intervention for children/youth with ASD includes the following components that have been identified in the literature as being of key importance:

- An individualized approach that considers the interests and learning style of each child;
- Systematic intervention planning for selecting goals and strategies based on a data-based assessment, monitoring progress and problem solving;
- Predictability and structured environments to help children/youth anticipate transitions between activities;
- Intervention that addresses social communication difficulties and restricted, repetitive behaviours;
- A functional approach to problem behaviour that includes assessing the purpose of the behaviour and selecting intervention strategies accordingly; and,
- Family involvement (Smith & Iadarola, 2015).

4.3 Family Services and Training

The involvement of parents/caregivers is essential to achieving maintenance and generalization of skills learned by children and youth with ASD. There is significant evidence of many positive outcomes associated with parent training and parent/caregiver implemented intervention (Drew, Baird, & Baron-Cohen, 2002; Ingersoll & Dvortcsak, 2006; Feldman et al., 2002; Lafasakis, & Sturmey, 2007; Stewart, Carr & LeBlanc, 2007; Seiverling, Williams, Sturmey, & Hart 2012; Fettig, Schultz, & Sreckovic, 2015). It has also been demonstrated that parents/caregivers who learn the specific techniques to support their children or youth have increased feelings of competence and report positive parent-child interactions (National Research Council, 2001).

The ability of the OAP to lead to improved outcomes for children and youth with ASD is dependent to a significant degree on the involvement of parents/caregivers in learning the strategies being taught to their children and incorporating these techniques into daily activities. This ongoing support is essential for children and youth to maintain the skills they have learned, and to apply these skills in other settings and with other people. As such, the involvement of parents/caregivers is a core component of the OAP, and will be clearly documented in the OAP Family Service Plan.

OAP family services and training will support parents/caregivers to become:

- **ACTIVE** in their child's intervention with the skills, knowledge and resources required to help their child reach his/her fullest potential;
- I**NFORMED** about relevant behavioural terms, how to support family routines, strategies to promote generalization and maintenance of skills;

- **ENGAGED** in effective collaboration with professionals; and,
- **AWARE** of the resources available to them and how to access them.

4.4 Domains of Need

Domains of Need

The OAP will address the needs that children and youth with ASD have across the following domains:

Social/Interpersonal
Individuals with ASD often have significant impairments in social/interpersonal skills, such as difficulties with initiating conversations or sharing emotions with others, use and understanding of nonverbal communicative behaviours, and difficulties establishing and maintaining friendships.

Communication
Communication difficulties or disorders are commonly associated with ASD, including difficulties using and understanding verbal and nonverbal communication. This may include joint attention, which is an early social-communicative skill in which gestures and eye gaze are coordinated and used to share interest in an object or event, and which may be impaired in children/youth with ASD. Other examples of communication difficulties include a total lack of speech, abnormalities in pitch, rhythm and intonation, stereotypical and repetitive language use, idiosyncratic word use.

Cognitive Functions
Cognitive abilities include problem-solving, reasoning, information processing, and executive functioning.

School Readiness
Learning/school readiness includes skills that are prerequisites for success in school, including acquiring new skills within a group setting, independent work, following routines, and self-help skills (e.g. dressing, toilet training).

Motor
Motor skills include gross motor movements (i.e., large movements of legs, arms, feet, or the entire body) and fine motor movements (i.e., fine movements of the hands, fingers and wrists).

Personal Responsibility/Adaptive
Adaptive and personal responsibility skills are practical skills required to function optimally in daily environments and routines, such as maintaining personal hygiene, using kitchen appliances, and community safety skills.

Play and Leisure
Many individuals with ASD lack effective play and leisure skills, including deficits in conventional engagement with play items/activities, engagement in cooperative or imaginative play, and interest in, and friendships, with peers.

Self-Regulation
Self-regulation includes the ability to identify and manage one's behaviour, such as sustaining and shifting attention, self-management and self-monitoring.

Vocational
Vocational skills include practical skills and knowledge required for success in a trade, vocation or profession.

Challenging Behaviour
Challenging behaviours commonly occur in the ASD population. These behaviours may include aggression, self-injury, and restricted/repetitive or otherwise disruptive behaviours that interfere with skill development and prevent participation in social and community activities.

Delivery of OAP Services and Supports

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Delivery of OAP Services and Supports

All OAP services will be delivered in a family-centred approach that promotes the active engagement of parents/caregivers through access to resources and support, informed and transparent decision making and the delivery of flexible and responsive service based on family priorities, strengths and needs. Parents/caregivers will be engaged, oriented, and supported from initial contact throughout their service pathway in the program. Services are planned and captured in each child/youth and family's OAP Family Service Plan.

For children and youth receiving autism, special needs and/or mental health services concurrently, service providers are encouraged to collaborate with a view to promoting a seamless and coordinated service experience for families.

5.1 Flexibility of Service Delivery

Children and youth with ASD vary greatly in terms of their specific skill building needs and the intensity and scope of services required. Within the context of the local service delivery system, different ways of delivering services may be required to best meet the range of needs, including individual and group-based service. Flexibility is required both in terms of the services and supports that are developed and the ways in which they are delivered. This includes offering families with the choice of either receiving evidence based behavioural services through a regional provider or funding to purchase these services from a direct funding provider.

Providers are encouraged to build upon existing partnerships, such as information sharing agreements and service pathways to optimize seamless service delivery for families of children/youth with ASD.

In all areas of the province, OAP services will:

- Complement and coordinate with existing services available to children and youth with ASD and their families, including relevant community services such as mental health, speech and language, occupational therapy, behaviour services and health services (family physicians, pediatricians);
- Build on the range of services available to children and youth with ASD;
- Address the behavioural needs of children and youth at various ages and developmental stages;
- Offer services in a variety of settings and where possible, in the child's natural environment;
- Minimize the need for children and youth and their families to travel outside their home communities to receive service; and,
- Respond to the service needs of Francophone children/ youth, and their families, be aware of distinct approaches that may be required to address the needs of First

Nations, Métis, Inuit and urban Indigenous children and youth, and provide culturally appropriate services to all families.

5.2 OAP Family Service Plan

A key principle of the OAP is child, youth and family-centred services. As per the OAP Clinical Framework, family-centred care is an approach to planning and delivering care that promotes collaborative partnerships between care providers, children and their families. Family-centred service recognizes that each child, youth and family is unique; that the family is the constant in the child/youth's life; and that the family has expertise in their child/youth's abilities, interests and needs. All decisions about supports, behavioural services, and the coordination of services are made in partnership with the family and/or youth and their priorities are at the center of those conversations.

One component of family-centred service is the development of the OAP Family Service Plan.

The OAP Family Service Plan is a living document that changes over time to reflect the shifting priorities of the family, the child's developmental stage, progress toward goals and objectives and transition planning. The OAP Family Service Plan may include the formation of a Family Team, as described in the OAP Clinical Framework.

The plan will be initiated by the OAP Family Support Worker, who will support the family through its development, revision and delivery of the components illustrated above. Each child/youth and their family will have an OAP Family Service Plan that will be unique to them.

The following sections describe in further detail, the key components of the OAP Family Service Plan. The development of the OAP Family Service Plan and services offered by a Family Support Worker are provided to families through a regional service provider.

Family and Child Information (Family Story)

Family Support Workers will follow the comprehensive information collection process outlined in the OAP Clinical Framework that builds the family story. Families will experience a seamless sharing of family and child information as part of the Family Service Planning process; and the Family Support Worker will review and build on key information, about the child/youth and their family, including relevant assessments and reports such as the Individual Education Plan (IEP). Ongoing involvement of the Family Support Worker will be optional for families.

The family story will be updated at a minimum of every six months, or at the progress reviews.

Providers may want to explore the use of a common consent form across the service area where possible and in keeping with requirements under applicable privacy laws. They will be required to seek consent for information sharing at the beginning of the Family Service Planning process and at key decision points to minimize the amount of time consent will need to be sought.

People/ Organizations (Family Team)

Inter-professional partnerships and the Family Team are key elements of service delivery in the OAP. OAP service providers will work with their partners to ensure they are planning collaboratively and integrating practice and service delivery for children/youth with ASD and their families. The service planning process will include assisting families in navigating and coordinating services for their child/youth. The OAP Clinical Framework focuses on the importance of this collaborative and interdisciplinary approach to service planning; and outlines how the Family Service Plan will be developed, revised, and maintained with input from all relevant professionals and people in the child/youth's life.

Many children/youth with ASD are active in school, in their communities, with their families and with other services outside of the OAP. They also have natural supports in their life, like

friends, community members, caregivers and extended family members. The OAP Family Service Plan will consider the services and supports that those outside of the OAP provide. When working with children/youth in the OAP who are in school, OAP service providers are encouraged to develop, promote and maintain strong partnerships with their local school boards.

The OAP Clinical Framework provides further details regarding how the Family Team is formed should parents/caregivers wish to do so, as well as how the Family Team is engaged and updated on a regular basis.

In some situations, if a child/youth receiving services from the OAP has multiple and/or complex needs, the OAP Family Support Worker may refer the family to the local Coordinating Agency for Coordinated Service Planning under the Special Needs Strategy. In these situations, the OAP Family Support Worker will remain involved with the family and will participate in Coordinated Service Planning to promote streamlined service delivery and avoid duplication of roles.

Family Services and Training

The approach to family services and training in the OAP is driven by a family-centred, child-focused philosophy that promotes collaboration between families and providers. Caregiver involvement is promoted by providing choice and overcoming potential barriers by offering:

- Service in a variety of formats (e.g. group, individual, self-directed) that respect differences in learning styles;
- Flexible options regarding time, intensity and location of parent/ caregiver training; and,
- Learning materials that are written clearly in family-friendly language and when possible translated into a variety of languages based on the needs of the community.

<u>Foundational Parent/Caregiver Services</u>

These services include information, workshops, groups and seminars specifically aimed at orienting families who are new to service and providing them with introductory and foundational information about ASD, ABA and how services are provided in the OAP.

Families who are new to the OAP can expect to be offered foundational parent/caregiver services within six weeks of registration with the OAP.

These services are delivered by regional providers and available at any time to families in the OAP. Families will also receive foundational information about the OAP from their Family Support Worker, including the service options available to each child, youth and family. Families will have the option to receive their evidence based behavioural services

directly from a regional provider or receive funding to purchase these services from a direct funding provider. This information will be referenced at several points during the development of the OAP Family Service Plan and/or while a family is deciding how they would like to receive their evidence based behavioural service in the OAP.

Needs and Strengths Based Parent/Caregiver Services

Evidence based family services and training that are linked to and built upon a parent/ caregiver's new and applied learning goals will be offered according to the needs and priorities of the families in each service delivery area and may include, but are not limited to:

- Parent/Caregiver workshops, information sessions and seminars;
- 1:1 Parent/Caregiver training sessions;
- Online training modules families can work through at home;
- Parent/Caregiver support groups and facilitation of peer to peer connections that offer an opportunity for families to share experiences in a supportive, social and informative atmosphere;
- Brief consultation to support parent-mediated intervention; and/or
- Family resource or clinic days;[6] and/or
- Guidance, information about and navigation of services within and outside of the OAP.

Example of Consultation and Parent-Mediated Service:

Sophie's parents identify a need for support with teaching her to independently use the toilet. Their Family Support Worker suggests that they begin by attending a workshop on preparing for toilet training. The workshop covers training methods, child and caregiver readiness, and appropriate data collection methods. A few days after the workshop, the family is provided with a follow-up coaching session to provide additional in-home support. Her parents use the strategies successfully on their own at home and follow up with another coaching session to ask some questions a couple of weeks after the initial coaching session.

Regional providers collaborate and partner with each other and other professionals to offer a robust continuum of family services and training to meet the needs of the families in their region.

Evidence Based Behavioural Services

Evidence based behavioural services, including Applied Behaviour Analysis, in the OAP will

[6] Family resource or clinic days are typically open to any family as an opportunity to brainstorm, consult and problem solve with a clinician.

be delivered through a strengths based approach that empowers families to develop the skills and knowledge to address needs as they arise. Evidence based behavioural services will be delivered in a manner that emphasizes and prioritizes the development, maintenance and generalization of functional skills, including those skills that prepare children/youth to more fully benefit from inclusion in typical settings. This applies to services delivered by both regional providers and direct funding providers.

A variety of evidence based behavioural services will be offered in the OAP. The timing, duration, intensity and scope of behavioural services will be adapted to meet the individual needs of each child/youth and their family. OAP service providers will continue to collaborate with the education sector to support children in building the skills they will need to be ready for school, to participate fully in school and to transition to school as clinically appropriate.

Evidence based behavioural services in the OAP address the following objectives:

- Increase parent/caregiver and Family Team members' knowledge of and skills in using behavioural strategies;
- Support early child development to increase the rate of learning in young children in all areas of their development;
- Teach children/youth the skills they need to participate at home, at school and in the community; and/or
- Reduce challenging behaviour that interferes with learning and adaptive functioning.

5.2.1 OAP Behaviour Plan

An OAP Behaviour Plan is required for every child/youth receiving evidence based behavioural services in the OAP.

As described in the OAP Clinical Framework, an OAP Behaviour Plan is a detailed description of the evidence based behavioural services that the child/youth will receive in the OAP. The Plan is based on feedback from the family, and a clear understanding of the family's expectations, capacities and priorities, as well as the clinical recommendations from the OAP Clinical Supervisor. The OAP Behaviour Plan is a key component of the OAP Family Service Plan and is developed through collaboration between the family, the OAP Clinical Supervisor and other professionals (including the Family Team if one has been created for the child or youth) as necessary.

OAP Behaviour Plan Elements and Planning

While each OAP Behaviour Plan is unique to each family and child/youth, there are a number of common steps that characterize the planning process. With the family's informed consent, the following steps are led by the OAP Clinical Supervisor (some tasks may be delegated to a professional under his or her supervision):

1. **Information gathering:** The Clinical Supervisor gathers information about the child or youth's strengths and needs from medical, educational and clinical community support documents, and through discussion with the family and other professionals as needed.

2. **Assessment:** The Clinical Supervisor observes and directly assesses the child or youth to inform behavioural service goals and strategies, and to create a baseline for ongoing observation and assessment. Results are discussed with the family.

3. **Clinical Recommendations:** The Clinical Supervisor makes a recommendation about how much and what type of behavioural services the child or youth needs. The Clinical Supervisor discusses these recommendations with the family.

4. **Preparing the OAP Behaviour Plan**: The Clinical Supervisor writes the OAP Behaviour Plan with the involvement of other professionals as needed. The OAP Clinical Supervisor reviews the OAP Behaviour Plan with the family and obtains their informed consent to proceed with the services.

5. **Delivery of Behavioural Services**: The clinical team delivers services as outlined in the OAP Behaviour Plan.

6. **Monitoring and Evaluating the OAP Behaviour Plan**: The clinical team monitors and evaluates the OAP Behaviour Plan on an ongoing basis, and provides regular progress updates to the family. The OAP Clinical Supervisor writes a progress summary at least every six months, and discusses it with the family.

7. **Revising the OAP Behaviour Plan (if needed):** The Clinical Supervisor discusses any proposed significant changes to the OAP Behaviour Plan with the family through an agreed upon form of communication (e.g., written, telephone, meeting).

Every OAP Behaviour Plan must contain the following elements:

- Brief background information
- Summary of Behavioural Observations/Assessments
- Strengths of the child/youth
- Domains to be addressed
- Skills to be developed
- Behaviours to be decreased (if needed)
- Process for assessing interfering behaviours (if needed)
- Planned intervention and maintenance approach
- Evaluation plan
- Risks and benefits of the intervention
- Roles of family/caregivers
- Roles and responsibilities of clinicians

- Inter-professional collaboration
- Ongoing communication plan
- Clinical Supervisor's rationale for recommended intervention
- Additional information as required
- Attachments, including assessment results
- Signatures of the parent/guardian/youth and the Clinical Supervisor

For more information, see the OAP Behaviour Plan Instructions.

Generalization and Maintenance

Learning new skills and the generalization and maintenance of those skills will be the focus of all aspects of the OAP Behaviour Plan. To support this, services should be delivered in a variety of settings when possible and in a manner that is flexible, taking into account each family's specific needs.

There will be times when the family is actively working on the development and generalization of new skills and/or managing their child's challenging behaviour. There will be other times when the family will more exclusively practice those skills in new places, and with new people, including the Family Team. The OAP will provide services and supports for families who are learning new skills as well as those who are maintaining these skills. The OAP Behaviour Plan will outline the planned intervention approach for the development of new skills as well as the generalization and maintenance of those skills.

Opportunities for learning and generalizing new skills may be delivered in the following formats:

- One-to-one, small or large group and/or peer mediated intervention;
- Parent/caregiver mediated intervention;
- Consultative services;
- Family/caregiver capacity building and training;
- OAP Family Team meetings; and,
- Consultation with other professionals involved with the child/youth.

The specific duration, approach, setting and intensity of new learning will be captured in the OAP Behaviour Plan and determined according to:

- Child/youth's strengths, needs, goals, developmental stage, life stage and circumstance;
- Family's specific needs and preferences;
- Best available evidence;
- Least intrusive and most effective (BACB, 2016);
- Child/youth's response to intervention when it is known;
- Family and child/youth circumstances and capacity to participate; and,

Maintenance of the primary learning environment/educational programming when possible and appropriate.

As the identified goal(s) in the OAP Behaviour Plan are attained, the OAP Family Service Plan will be updated to include additional supports and services for the family to apply and maintain their learning to real-life situations. The plan may include family services and training and other supports and services delivered through the following modalities:

- Parent led intervention;
- Consultative services;
- Family/ caregiver capacity building and training; and/ or
- Consultation with other professionals involved with the child/youth.

The Family Support Worker will schedule touch points with the family at least every six months, as noted in the OAP Clinical Framework. When a new need or concern arises, the family, the Clinical Supervisor and the Family Support Worker, if applicable, will discuss the appropriate approach to addressing the need and determine whether a new assessment and a new OAP Behaviour Plan is required, and if so, will facilitate the assessment, at the earliest possible time.

Example: Aamir and Naseem are 3-year-old twins who have just come in to service with the OAP. Based on their individualized assessments and the priorities identified by their family, an OAP Family Service Plan has been developed for each of them.

The Family Service Plans for both boys include opportunities for the family to learn some foundational information and to begin to build their capacity as informed mediators. Both plans include direct teaching, opportunities for generalization and maintenance in their natural environments and training and education for their parents and other caregivers.

Aamir and Naseem's assessments found some differences in their learning styles, strengths and needs and therefore their OAP Behaviour Plans include different goals and approaches to meeting those goals. Aamir was found to need intensive one-to-one Evidence Based Behavioural Services to increase his rate of overall learning and development. Naseem has some age appropriate skills that he has developed through natural learning opportunities at home and childcare and he was found to need Evidence Based Behavoural Services that focus on building his communication and social skills.

Transition Planning

Times of transition can be especially stressful and challenging for children and youth with ASD and their families. Knowledge regarding information and resources available and advance preparation can help to reduce stress and facilitate a successful transition.

A family may request to withdraw from the OAP with or without transition support services. The removal of a diagnosis of ASD would also warrant an individualized transition plan out of the OAP.

OAP service providers will offer a range of transition supports and services to meet the complex and varying transition needs of children and youth with ASD that may evolve over time. As per the OAP Clinical Framework, transition planning will be individualized, planned in advance and achieved in partnership with the OAP provider, family and/or youth, educators and other service providers, as applicable. These services and supports can vary depending on the identified needs of each child and/or youth and their family. Transition planning can encompass educational transitions (e.g., into kindergarten, from elementary school to secondary school), personal transitions (e.g., a move of the family home, changes in family makeup), and transition to adult services (e.g., specialized training, self-advocacy, employment and independent living skills).

Educational Transitions

Partnerships and collaborative planning with OAP service providers, families and/or youth, educators and other service providers is instrumental for planning successful transitions to school and maximizing coordination of care and learning.

In the first phase of implementation of the OAP, Connections for Students continues to provide coordinated and seamless transitions to school for school-aged children and youth who are in the former AIP program. Transition planning follows the existing Connections for Students model; however, these children/ youth will continue to receive service from the OAP.

Connections for Students:

- Continues to be initiated by an OAP service provider. As per the OAP Clinical Framework and design of the OAP program, children and youth are no longer discharged from service. As such, the *Connections for Students* program should be initiated when the OAP Behaviour Plan for a child identifies transition to full-time school and/or a significant decrease in service hours, if clinically appropriate and based on the individual needs of the child, that enables the child to increase attendance in school, as appropriate;
- Continues to be based on a 12-month transition timeframe that best meets the needs of children, youth and families and may be applied in an individualized and flexible way to align with each child and youth's OAP Family Service Plan; and

- Continues to be a collaborative model and includes OAP service providers, local school boards and families in the transition model.

As the design of the OAP continues to evolve, further communication on the future of Connections for Students will be provided. Until such time, these guidelines should be used in conjunction with Program Guidelines for School Support Program and Addendum: SSP-ASD Consultants' Responsibilities in Connections for Students Multi-Disciplinary Transition Teams.

Transition to Adulthood

As a family and/or youth plan to transition to adulthood, post-secondary education and/or adult services, successful transition planning is achieved through active partnership and collaboration between the OAP service providers, the family and/or youth, educators, and other service providers, as applicable. Optimal transition planning is directed by the individual needs, strengths and interests and identified goals of the family and/or youth to promote independence, and improve quality of life.

Youth with ASD and a developmental disability may be involved with Integrated Transition Planning for Young People with Developmental Disabilities (TAY). This initiative is focused on ensuring that young people with developmental disabilities have a single integrated transition plan to support their transition into adulthood. Upon request, starting at age 14, every young person with a developmental disability can get a written plan that helps him/her prepare for adulthood and the transition from youth-centred services and secondary education, to adult community services in a considered and coordinated manner. Local protocols have been developed and lead agencies identified to lead this process locally, and OAP service providers are encouraged to collaborate in this process as appropriate.

5.3 OAP Service Options

All regional providers and/or the Family Support Worker must offer families the choice of receiving evidence based behavioural services through a regional provider or to receive funding to purchase evidence based behavioural services through a direct funding provider. Family Support Workers are responsible for providing families with objective and consistent information about the service options available to them, and acknowledge as part of the child's case file that this information has been provided. Family Support Workers are not responsible for making decisions related to funding or service intensity. Families will receive objective information about their service options at several points during their service pathway, including at registration for the OAP, development of the OAP Family Service Plan, prior to a child or youth's spot for evidence based behavioural service becoming available, and/or at progress assessments.

Selecting a Service Option and an OAP Provider

Once the child or youth's spot for evidence based behavioural services becomes available in the OAP or if a child/youth is already receiving behavioural services, at their next

progress assessment, the family will be supported in making an informed decision about their service options.

Families will continue to be offered this choice at each progress assessment (at least every 6 months).

Families can discuss their service options with their Family Support Worker or provider at any time.

Regardless of the service option a family chooses, all families will have an OAP Family Service Plan, and will also be offered family services and training through regional providers to provide foundational parent/caregiver services and to promote ongoing generalization and maintenance of skills learned.

Direct Service Option

If a family chooses the direct service option, they will work with their regional provider to identify their child or youth's needs, strengths and goals and begin to develop their OAP Behaviour Plan (See Section 5.2.1).

Direct Funding Option

If a family chooses to receive funding, families are responsible for choosing their own provider to best support their child and family's needs. Families can access supports to help them find a provider on the MCYS website (Link to website).

Once a family chooses a direct funding provider, the provider will work in collaboration with the family and OAP Family Team to create an OAP Behavior Plan based on the needs of the child/youth and family. The direct funding provider will provide families with the budget associated with their OAP Behaviour Plan.

Evidence based behavioural services in the OAP will be funded up to a maximum rate of $55/per hour.

The maximum hourly rate includes **direct hours** spent with a child/youth, family member and/or any member of the OAP Family Team. This includes time spent assessing the strengths and needs of a family, where the child/youth and/or family is present. This could also include meetings with members of the OAP Family Team (as identified by the family) to consult and align the approach to services across multiple environments or to support maintenance and generalization at home and in the community.

Taxes and **indirect services** such as report writing, therapist supervision, travel, program supplies and staff orientation cannot be billed separately and instead should be factored into the hourly rate.

OAP service providers are expected to charge a lower hourly rate for services which are less resource intensive.

Available funding may not cover all of the costs incurred through a private arrangement. Parents are encouraged to ask questions and request information related to service fees in writing to be sure they fully understand the fee structures of the provider they are choosing to work with.

This funding may not be used to pay for any other services outside of the OAP Behaviour Plan (e.g. Music Therapy).

Roles and Responsibilities of Direct Funding Providers

Clinical Supervisors will complete and submit the following documents to their single point of access:

- The child/youth's OAP Behaviour Plan (See Section 5.2.1), including any other relevant documents as described in the OAP Behaviour Plan Instructions;
- The OAP Clinical Supervisor Attestation. The Clinical Supervisor will complete this form to confirm that he or she has the required qualifications to supervise OAP evidence based behavioural services, or is working towards achieving the requirements, and that all necessary components of the OAP Behaviour Plan have been completed. If the Clinical Supervisor is working towards achieving the requirements, he or she will indicate when the requirements will be completed (See Section 5.4); and
- The OAP Behaviour Plan Budget detailing the evidence based behavioural services that the child or youth and their family will receive and the costs associated with those services. For more information, see the OAP Behaviour Plan Budget.

If there are significant changes to the OAP Behaviour Plan (e.g., change in method to achieve a goal, or emerging challenging behaviours), that can still be met within the submitted budget the Clinical Supervisor should prepare an amendment to the OAP Behaviour Plan, showing how services will be delivered. Clinical Supervisors providing services under the OAP's Direct Funding Option must submit this amendment to the single point of access.

If the changes in the OAP Behaviour Plan are beyond the scope of the funding included in the budget, a new OAP Behaviour Plan and Budget is required to be submitted to the single point of access.

In the OAP, direct funding providers are expected to work in collaboration with all OAP service providers, including the single point of access and other professionals who are involved with the child/youth and family and to align service goals and approaches.

Roles and Responsibilities of Families related to direct funding

- Choose their own direct funding provider to best support their child/youth and family's needs.
- Review and sign the budget associated with their OAP Behaviour Plan to indicate consent to proceed.
- Enter into a funding agreement with the single point of access to receive direct funding for evidence based behavioural services.
- Submit receipts to single point of access as per the funding agreement.

If families are receiving funding to purchase evidence based behavioural services, or receiving services directly from a regional provider and wish to change their service option, they must notify the Family Support Worker and/or the single point of access. When a family wishes to change their service option, all efforts will be made to maintain service continuity however, it is based on provider availability.

Roles and Responsibilities of the Single Point of Access

The single point of access is responsible for reviewing all required documentation, including the OAP Behaviour Plan, OAP Clinical Supervisor Attestation and OAP Behaviour Plan Budget to confirm completion for the purposes of flowing funds. This is an administrative review and does not include a clinical review of the OAP Behaviour Plan.

Within 30 calendar days of receiving the required documentation outlined above, the single point of access will flow funding to the family based on the OAP Behaviour Plan, or advise on any additional documentation required.

Budgets will be submitted and funded for up to a maximum of six months. The single point of access is responsible for entering into and providing a funding agreement with the family, which will outline the budget associated with the OAP Behaviour Plan and the reconciliation process.

Administrative staff at the single point of access are expected to reconcile all submitted receipts within a maximum of 30 calendar days after the last receipt is submitted for direct funding. If it is determined that funding was spent on ineligible services, steps will be taken to recover the funds from the parent/caregiver who has signed the agreement. All documentation submitted to the single point of access is subject to audit by the Ontario government.

5.4 Clinical Staffing Requirements

A range of clinical staff may be involved in the supervision and delivery of evidence based behavioural services in the OAP. The following section outlines the roles and responsibilities of different clinical staff members, as well as two sets of qualifications:

- Qualifications for Clinical Supervisors who are accountable for the OAP Behaviour Plan **(required)**; and,
- Qualifications for Front-Line Therapists delivering the OAP Behaviour Plan **(combination of required and recommended)**.

While all qualifications requirements are effective January 15, 2018, compliance will be phased in over time to facilitate a smooth transition for families and service providers. Clinical Supervisors who do not have the required qualifications will need to confirm that they are working towards these qualifications within a specified timeframe on the OAP Clinical Supervisor Attestation form [link].

As the capacity of the OAP workforce evolves, additional clinical staffing requirements may be developed and implemented for staff at all levels to ensure effective, safe provision of evidence based behavioural services in the OAP. The ministry will continue to work with families, practitioners, and other partners to support long-term capacity building in the sector, including in remote and rural areas.

Clinical Supervisors

As an expert in assessment and behavioural interventions, the role of the Clinical Supervisor is to assess, develop and recommend appropriate evidence based behavioural services in a manner that is consistent with the OAP Clinical Framework.

Titles of individuals in a supervisory role vary in Ontario, and may include Clinical Supervisor, Clinician-in-Charge, Clinical Director, or similar.

Clinical Supervisors are accountable for overseeing all aspects of a child/youth's OAP Behaviour Plan, in close collaboration with families, therapists, and inter-professional partners.

Supervisors are expected to have direct contact with the child/youth and family in real-time, ideally in-person or, if this is not possible, through a secure remote connection. Tasks involving direct contact with the child/youth and family include but are not limited to:

- Assessing the child/youth through informal and/or formal observations.
- Discussing assessment results, goals and service options with the family.
- Developing, evaluating and updating the Behaviour Plan.

- Training staff and/or caregivers as they deliver new or revised services.
- Observing interventions and assessments carried out by staff and/or caregivers, and monitoring intervention fidelity.
- Reviewing data and measuring progress.
- Discussing progress with the family, staff, and other professionals involved with the family.
- Collaborating with the OAP Family Team on the OAP Family Service Plan.
- Planning to support a range of transitions (e.g., school-related, personal transitions, post-secondary or employment-related, into adult services).

Supervisors also carry out a number of tasks outside of their interactions with families, in collaboration with other clinicians. These tasks may include (but are not limited to):

- Assigning team members to implement the Behaviour Plan.
- Providing ongoing direction and guidance to staff to ensure services are being delivered correctly and effectively.
- Providing referrals for services carried out by other professionals, as outlined in the OAP Behaviour Plan.
- Consulting with other professionals involved with the child/youth.
- Reviewing the OAP Behaviour Plan and assessment outcomes.
- Maintaining detailed notes of progress, key decisions and update points (to be shared with the family).

Clinical Supervisors may delegate some of their duties to front-line therapists under their supervision and are responsible for confirming that these therapists are competent, and continue to be competent, to perform the tasks assigned to them, taking into account numerous factors, including skills, education, and experience.

Required Qualifications for Clinical Supervisors

Professionals supervising behavioural services in the OAP must have the following qualifications:

- One of the following professional designations:
  - Board Certified Behavior Analyst® (BCBA®)
  - Board Certified Behavior Analyst – Doctoral™ (BCBA-D™)
  - Clinical Psychologist or Psychological Associate registered with the College of Psychologists of Ontario with documented expertise in ABA[7]
- At least 3,000 hours post-certification/registration experience (typically completed over two years) delivering Applied Behaviour Analysis (ABA) services to children and youth with ASD (including a minimum of 1,500 post-certification hours involving supervisory duties)
- Vulnerable Sector Screening/Check
- Professional liability insurance (purchased individually or through employer)
- Adherence to a professional code of conduct (e.g., Behavior Analyst Certification Board® Professional and Ethical Compliance Code, College of Psychologists of Ontario Standards of Professional Conduct)

Front-Line Therapists

Front-Line Therapists are responsible for implementing the services outlined in the Behaviour Plan, and must receive an appropriate amount of training and clinical supervision from the Clinical Supervisor.[8]

Most front-line tasks involve direct contact with the child/youth and family, and include, but are not limited to, the following:

- Assisting in activities related to the child/youth's initial assessment and the development of the Behaviour Plan.
- Delivering ongoing assessments and evidence based services directly to the child/youth and/or family/caregiver. Services can be delivered in a variety of formats (e.g. group, individual, self-directed).
- Delivering evidence based behavioural services and training to build the family's capacity to maintain and/or extend skills in the child/youth's natural environments

[7] Documentation demonstrating ABA expertise can include relevant certifications, transcripts, or syllabi showing that the individual has completed coursework and supervised training that is comparable to the requirements to sit for the BCBA®/BCBA-D™ examination. See the Behaviour Analyst Certification Board website for more information on examination requirements: https://www.bacb.com/bcba/bcba-requirements/

[8] The amount of clinical supervision will depend on the staffing structure of the service provider, the type of services being delivered and the needs of the child/youth.

(e.g., family/caregiver educational workshops, parent training to generalize and maintain the child/youth's skills, parent/caregiver mediated intervention) as appropriate.

- Collecting data to monitor progress.
- Discussing progress with the family, the Clinical Supervisor, and other professionals involved with the child/youth as necessary.
- Attending meetings relevant to service planning, including Family Team meetings, meetings about the Family Service Plan, and community meetings.
- Assisting in activities related to the child/youth's transition planning.

A child or youth may have one or more front-line staff involved, depending on the complexity of their needs, the behavioural services being delivered, staff competencies, and frequency of supervision delivered by the Clinical Supervisor.

Given the breadth of OAP services, each Front-Line Therapist's level of responsibility will vary, but will typically fall into one of two categories:

- **Senior Therapists** in addition to performing the tasks outlined above, may be designated by the Clinical Supervisor to provide supervision and training to ABA Therapists, and may also be more involved in the development of the Behaviour Plan than ABA Therapists would be. Senior Therapists must receive ongoing supervision from a Clinical Supervisor. Other terms used for the Senior Therapist level include Supervising Therapist or Behaviour Consultant.

- **ABA Therapists** perform the tasks outlined above and receive ongoing supervision from either a Senior Therapist (if applicable) or a Clinical Supervisor. Other terms used for the ABA Therapist level may include Instructor Therapist, Junior Therapist or Behaviour Technician.

Qualifications for Front-Line Therapists

Required

All Front-Line Therapists delivering services in the OAP must have a Vulnerable Sector Screening/Check

Recommended

The following qualifications for Front-Line Therapists are strongly recommended for clinical teams delivering OAP services. It is the responsibility of Clinical Supervisors to confirm that the therapists they are clinically supervising have the appropriate skills, education, and experience to deliver behavioural services in the OAP.

Senior Therapist: (if applicable)

- At least one of the following credentials:
  - Board Certified Behavior Analyst® (BCBA®)/Board Certified Assistant Behavior Analyst® (BCaBA®) (or in progress with appropriate supervision) with 3,000 hours of supervised experience delivering ABA services
  - 4,500 hours experience delivering ABA services under the supervision of a BCBA® and/or registered psychologist with expertise in ABA

ABA Therapist:

- At least one of the following credentials:
  - Registered Behaviour Technician™ (RBT®) (BACB®)
  - Completed, or on track to complete, related university degree (psychology, ABA, etc.) Completed, or on track to complete, related college diploma (e.g., Autism and Behavioural Services, Behavioural Science and Technology, Early Childhood Education, Child and Youth Worker)
  - 1 year experience delivering ABA/IBI services under the supervision of a Senior Therapist and/or Clinical Supervisor

It is recommended that all Front-Line Therapists also obtain and/or demonstrate:

- Professional liability insurance (purchased individually or through employer)
- Adherence to a professional and ethical compliance code (e.g., Behavior Analyst Certification Board® Professional and Ethical Compliance Code, College of Psychologists of Ontario Standards of Professional Conduct, or other applicable compliance codes)

Partnerships with a Professional with Specialized Expertise

Clinical Supervisors may partner with a peer (i.e., a professional with specialized expertise who they are not clinically supervising) to deliver a specific component of a Behaviour Plan. This would typically occur when, in the Clinical Supervisor's opinion, the child or youth would benefit from an additional evidence based behavioural service that is outside of the Clinical Supervisor's scope of expertise.

Partnerships with professionals with specialized expertise are unique to each child/youth's individual needs. A Clinical Supervisor may consult with this professional, or the child/youth may work directly with the professional with specialized expertise.

Note that only services that meet the criteria of an *evidence based behavioural service*, as defined in these guidelines are eligible for OAP funding.

Clinical Supervisor Responsibilities

The Clinical Supervisor does not clinically supervise these partners, but is responsible for:

- determining that the recommended service meets the criteria of an *evidence based behavioural service*, as defined in the OAP Guidelines;
- confirming the appropriate qualifications required to supervise and deliver these services;
- confirming that the planning, supervision, and implementation of these services are conducted by professionals who meet those qualifications; and,
- collaborating with these professionals to monitor progress and ensure that all services delivered through the OAP Behaviour Plan are aligned and support the goals in the Family Service Plan.

5.5 Independent Clinical Review Process

The Independent Clinical Review process (ICR) allows families to request a review of key components of their child's OAP Behaviour Plan. It is administered by a third party agency, the ICR Coordinator.

As a prerequisite to the ICR process, families who are dissatisfied with their child's OAP Behaviour Plan must first notify their Direct Service Option or Direct Funding Option OAP service provider. OAP service providers must work with the family through their internal review process to try to resolve any differences in perspective about a child's OAP Behaviour Plan. To support this internal process, the provider will consider applying a range of conflict resolution strategies such as seeking an internal second clinical opinion, having a

senior management representative review the plan, or involving an internal facilitator. If the family remains dissatisfied with the outcome of the OAP provider's internal review, they can request an independent review of their child's OAP Behaviour Plan by completing a *Family Request Form* available from their OAP provider as well as from the ICR Coordinator's website. The family signs and submits the form to their OAP provider who submits it to the ICR Coordinator on their behalf.

Families requesting an independent clinical review of their OAP Behaviour Plan will receive a decision from the ICR no later than 45 business days from the date they submitted the ICR *Family Request Form* to their OAP service provider.

More information about the ICR please refer to the ICR Guidelines.

Monitoring and Evaluation

6

Monitoring and Evaluation

6.1 Program Data Collection and Outcomes

OAP service providers enter into service contracts with MCYS to deliver evidence based behavioural services, family services and training. Current service contracts include requirements for the collection of data to monitor and evaluate the program and to support decision making and business planning.

Data requirements will continue to evolve. An OAP Monitoring and Evaluation Framework will continue to be developed and will include performance measures, data elements and quality assurance indicators for the OAP. MCYS will consult and engage with regional providers and other stakeholders to identify and define:

- Child and youth outcomes;
- Parent/caregiver outcomes;
- Parent/caregiver and youth satisfaction with service delivery; and
- System outcomes.

The ongoing collection of reliable data will inform system analysis, including identifying trends within the OAP and supporting evidence based decision making.

MCYS is committed to ongoing monitoring and evaluation of the OAP to assess progress against program objectives and ensure efficient use of public resources.

Appendices

7

Appendix A: About Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) refers to a complex developmental disorder that affects the way the brain works. People with ASD experience difficulties in two areas:

- Social communication and social interaction
- Restricted, repetitive patterns of behaviours, interests or activities

ASD is a lifelong disability, with symptoms appearing at an early age. Children and youth with ASD have complex and varying needs that may change in intensity over time and require a range of flexible supports, particularly those that support the development of skills.

The prevalence of children with Autism Spectrum Disorder (ASD) based on American research published by the Centers for Disease Control and Prevention (CDC) is around 1 in 68 (CDC, 2017). Please refer to the following link for more information about the prevalence of autism at www.cdc.gov/ncbddd/autism/ data.html

Appendix B: References

Behavior Analyst Certification Board, Inc (2016). *Professional and Ethical Compliance Code for Behavior Analysts*. Retrieved June 19, 2017 from https://bacb.com/wp-content/uploads/2017/05/170525-compliance-code-english.pdf

Centers for Disease Control and Prevention. *Autism Spectrum Disorders (ASDs): Data & Statistics*. Retrieved June 6, 2017 from http://www.cdc.gov/ncbddd/autism/data.html

Drew, A., Baird, G., & Baron-Cohen, S. (2002). A pilot randomised control trial of a parent training intervention for pre-school children with autism. *European Child Adolescent Psychiatry, 11*, 266-272.

Dunst, Carl J (2011). Family-Centered Practices, Parent Engagement, and Parent and Family Functioning. *Presentation prepared for the Head StartAdvisory Committee Meeting of Parent, Family and Community Engagement.*

Fettig, A., Schultz, T. R., & Sreckovic, M. A. (2015). Effects of coaching on the implementation of functional assessment–based parent intervention in reducing challenging behaviors. Journal of Positive Behavior Interventions, 17(3), 170-180.

Feldman, M. A., Condillac, R. A., Tough, S. E., Hunt, S., & Griffiths, D. (2002). Effectiveness of community positive behavioral intervention for persons with developmental disabilities and severe behavioral challenges. Behavior Therapy, 33(3), 377-398. doi: 10.1016/S0005-78

Lafasakis, M., & Sturmey, P. (2007). Training Parent Implementation of Discrete-Trial Teaching: Effects on Generalization of Parent Teaching and Child Correct Responding. *Journal of Applied Behavior Analysis*, *40*(4), 685–689. http://doi.org/10.1901/jaba.2007.685-689.

National Autism Center (2015). National Standards Report. Randolph, MA. http://www.nationalautismcenter.org/resources/

Schreibman et al., (2015). Naturalistic Developmental Behavioural Interventions: Empirically Validated Treatments for Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders, 45: 2411-2428.*

Seiverling, L., Williams, K., Sturmey, P., & Hart, S. (2012). Effects of behavioral skills training on parental treatment of children's food selectivity. Journal of Applied Behavior

Analysis, 45, 197-203.

Stewart, K. K., Carr, J. E., & LeBlanc, L. A. (2007). Evaluation of family-implemented behavioral skills training for teaching social skills to a child with asperger's disorder. Clinical Case Studies, 6, 252-262.

Smith, T & Iadarola, S (2015). Evidence Base Update for Autism Spectrum Disorder. *Journal of Clinical Child & Adolescent Psychology, 44(6), 897-922.*

Taylor, B. A., DeQuinzio, J.A,, Stine, J. (2012) Increasing Observational Learning of Children with Autism: A Preliminary Analysis. Journal of Applied Behaviour Analysis 45 (4), 815–820.

Ontario Scientific Expert Taskforce for the Treatment of Autism Spectrum Disorder (2017). *Evidence-Based Practices for Individuals with Autism Spectrum Disorder*.

Wagner, A.L., Wallace, K.S., & Rogers, S.J. (2014). Developmental Approaches to Treatment of Young Children with Autism Spectrum Disorder. In *Handbook of Early Intervention for Autism Spectrum Disorders*, J. Tarbox et al. eds. Autism and Child Psychopathology Series.

Wetherby et al., (2014). Parent-Implemented Social Intervention for Toddlers with Autism: An RCT. *Pediatrics: Official Journal of the American Academy of Pediatrics, 134(6) 1-10.*

Appendix C: Resources

For more information on the Special Needs Strategy see:
http://www.children.gov.on.ca/htdocs/English/professionals/specialneeds/strategy.aspx

For more information on Moving on Mental Health see:
http://www.children.gov.on.ca/htdocs/English/professionals/specialneeds/momh/momh.aspx

For more information on Applied Behaviour Analysis including ABA methods and procedures see Wong, C., Odom, S.L., Hume, K. Cox, A.W., Fettig, A., Kucharczyk, S., Schultz, T.R. (2014). Evidence based practices for children, youth, and young adults with autism spectrum disorder. Chapel Hill, NC: The University of North Carolina, Frank Porter Graham Child Development Institute, Autism Evidence-Based Practice Review Group.

For more information on ethical implementation of ABA see Professional and Ethical Compliance Code and BCBA/ BCaBA Task List Fourth Edition document or fifth edition as of January 1 2022 at https://www.bacb.com

The Autism Parent Resource Kit is an online resource to help parents, caregivers and families better understand autism and the range of services and support available in Ontario. The kit is available for download at:
http://www.children.gov.on.ca/htdocs/english/specialneeds/autism/aprk/index.aspx

Ontario Autism Program (OAP) Clinical Framework (June 2017). Prepared by the ASD Clinical Expert Committee for the Ministry of Children and Youth Services.

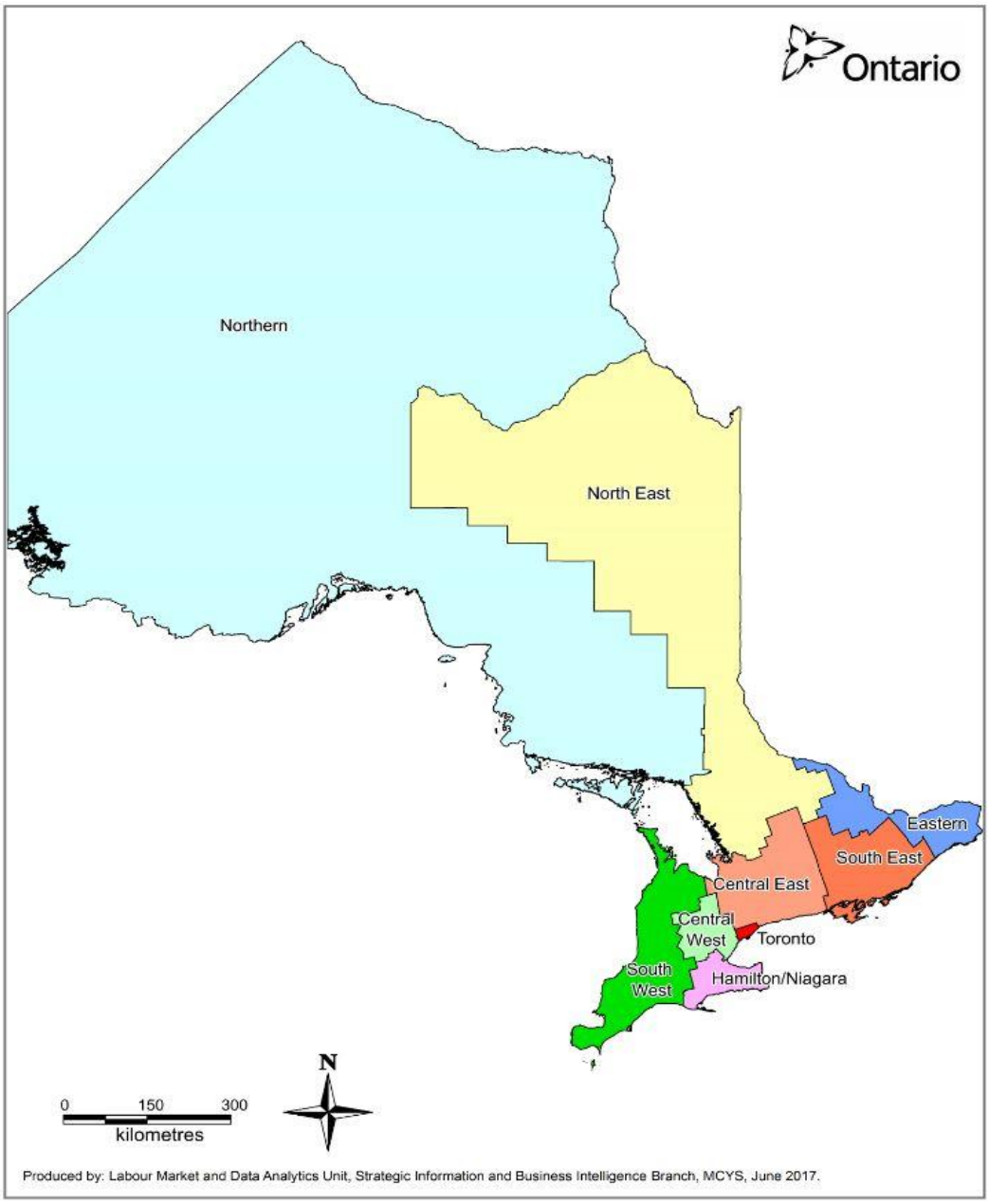
How is Autism Diagnosed? And other information relating to Autism services in Ontario: Reference http://www.autismontario.ca/

A Parent's resource on Applied Behaviour Analysis http://www.asatonline.org/.

For an in-depth discussion and a complete description of the principles and procedures of Applied Behaviour Analysis, please see Cooper J.O, Heron T.E, Heward W.L. Applied behavior analysis (2nd ed.) Upper Saddle River, NJ: Pearson; 2007.

For a listing of Autism Services Providers: Abacus (Autism Ontario) Resource type: Reference, Service Provider Directory www.abacuslist.ca

Appendix D: Service Areas for Single Point of Access



For contact information for the single point of access in each of the nine service areas please visit the MCYS website:
http://www.children.gov.on.ca/htdocs/English/specialneeds/autism/single-point-of-access.aspx