



Autism Ontario Response to PPM-81 Draft for Consultation

Response To

Policy/Program Memorandum No. 81, *Provision of health support services in school settings – Draft for Consultation*

Health Supports and Interventions

Autism Ontario has chosen to focus its response on the second part of the draft PPM-81, which is more broadly relevant to its area of concern.

School-Based Rehabilitation and Community-Based Clinical Services

1. *Are there additional revisions that could be included in the revised PPM that would better support students to receive rehabilitation and/or community-based clinical services in the school setting that are coordinated, child-centered, and based on their strengths and needs?*

Response: Yes

Comments:

- What is the thinking behind making a distinction between Applied Behaviour Analysis (ABA) as therapy and ABA in instructional method? By definition (see www.appliedbehavioranalysisedu.org), ABA comprises twined strands: reduction of problematic behaviour and teaching skills necessary for personal success in the settings particular to the individual on the autism spectrum — which in this case is the classroom.
- Educational Assistants (EAs) trained in ABA at a level similar to Registered Behavioural Therapists (RBTs), who are fully supported by school board policy and practice, can provide both the behavioural and educational support necessary for a child or youth with an Autism Spectrum Disorder (ASD) to succeed in the ordinary classroom.
- We suggest the following revision to the chart for Community-Based Clinical Services (pp 7-8):
 - **Assessment**
 - OAP service providers

- Qualified school board personnel (RBT, Board Certified Behaviour Analyst [BCBA])
 - **Clinical Intervention (direct therapy, consultative approaches, etc.)**
 - OAP service providers
 - Qualified school board personnel (RBT, BCBA)
- “Best practice is for a single therapist to provide concurrent interventions”:
 - Why is this noted only for Speech Language Pathologists (SLPs)? Would it not be advisable for the other clinical interventions? When the only form of “continuity” is the transfer of files from one locus or service provider to another, you impede access. Ontario is already plagued by very long waitlists for speech, occupational therapy (OT) and physiotherapy (PT).
 - Regional service providers are doing their best to serve children and youth across regions, some very large geographical regions but struggling within a system fraught with challenges in recruiting and maintaining specialists (in particular, French-speaking) and budgets based on formulas that prove a disadvantage to rural, remote, and scattered as well as the Francophone population, never mind the reality of Ontario’s Indigenous communities.
- Transportation matters must be directly and explicitly mentioned. Parents who are not able to provide transportation to community services, whether between school and a Children’s Treatment Centre (CTC) or between home and a CTC incur undue hardship.

2. *What effective practices for supporting local collaboration between school boards and community service providers have you implemented in your region? What has enabled effective collaboration? What barriers have been experienced and how can they be addressed?*

Comments:

- We have seen best practices emerge from full collaboration between Ontario Autism Program (OAP) service providers and classroom teachers, where school boards (SBs) and schools support integration of ABA practices into instructional methods.
- In Halton, OAP and SB personnel deliver an education program with appropriate, collaboratively-determined ABA supports.
- Some pilot projects have seen OAP services (such as ABA) being carried out in isolation, in small rooms within the school but separated from the ordinary school day and classroom. Education should be provided in natural setting of classroom with the exception if 1:1 teaching of new skills that are identified in Individual Education Plans (IEPs).
- We are concerned about what is considered the threshold for “therapy ABA.” In [the Jack Skrt case](#), a student was deemed too high-functioning for OAP ABA. Does this mean he would also not be able to receive necessary accommodation of ABA in school too? PPM-81 might include the instruction of SBs to develop criteria for student access to levels of ABA, especially those transitioning from OAP to SB ABA.

- Several years ago an OAP Panel recommended the striking of an “Education Panel” whose mandate would be to develop a model for delivering ABA in school. We are still waiting for this to happen; has this group been invited to weigh in on this draft of PPM-81?
 - Some SBs are already creating a separate employee group of RBTs. This can work well as long as such employees are meeting OAP standards for RBTs and are being supervised by an accredited Board Certified Behaviour Analyst (BCBA).
 - Barriers are always reduced for students on the autism spectrum when there are strong partnerships between schools, external agencies and regulated health and social-service professionals and para-professionals. Can PPM-81 be more specific about the necessity that SBs provide the means for the development of collaborative partnerships among BCBA, SLPs, OTs and educators within schools and guided by students’ IEPs?
3. *Is there additional content that should be included in the revised PPM to support the development of protocols and processes between school boards and community service providers to best meet students’ needs?*

Response: Yes

Comments:

- We understand that PPM-81 is not meant to be prescriptive; it is not laying out in detail what processes, at the school board level, should govern school boards’ support of students as they attempt to “access their education through a learning environment that empowers students to reach their full potential.” (PPM-81 p 2). We believe, however, that a little more direction would increase PPM-81’s usefulness.
- Under “Student-specific service plans” add a point such as:
 - A process in which qualified professionals or a multidisciplinary team completes a psychoeducational assessment (or comparable assessment) to determine strengths and needs, baselines, learning goals, and recommended strategies, in sum determining if and what level of OAP/ABA intervention is appropriate
- The inclusion of negotiation or appeal avenues for the services described under PPM-81 would be useful. PPM-81 could be interpreted as leaving services outside those named in PPM-81 outside the responsibility of school boards, which might open a crater of litigation. Consider [Moore vs British Columbia](#).
- The necessity of serviceable communication channels and processes for information-sharing among all stakeholders should be articulated more strongly in the Rehabilitation Services section, “Service delivery considerations” — as strongly and carefully as is done in Health Supports.
 - An explicit reference to monitoring and information sharing regarding service outcomes would also be welcomed. It is critically important for school personnel and parents to be aware of how an intervention is being structured and what is being provided as well as how the child/student is progressing through this intervention.

- Service evaluation and accountability is also worth mentioning. [As in other areas](#), rehabilitation and other community-based support services should be evidence-based, and that includes monitoring.
 - Include wording in PPM-8I that supports OAP providers supporting students in their natural environments/classrooms.
4. *Have all appropriate community-based services for students with special needs been covered in the revised PPM?*

Response: No

Comments:

- Mental Health (MH) services are only mentioned as related to the OAP and these are available only to families receiving OAP funding (a very small percentage of students compared to students on wait list for these services). All students with mental health needs should be able to access supports.
 - That said, there is a significant need for children and youth with ASD for effective MH services from qualified providers who understand that the mental health needs of people with ASD are as diverse as the spectrum itself. MH services need to be broad enough to admit the range of challenges met by autistic individuals, and their diversity.
 - OAP Panel members have agreed that mental health services for children and youth on the autism spectrum, like MH services for all children and youth, should be funded and delivered by the Ministry of Health (MOH), not through the OAP. However, in light of the real absence of accessible MH services for children and youth on the autism spectrum, the Panel agreed to include MH services in OAP Core Services, so that they can be accessed by children/families who are not able to access them otherwise through MOH.
 - Augmentative and Alternative Communication (AAC) and its practitioners, such as Communication Disorders Assistants, and CTCs are not mentioned in PPM-8I.
5. *Once the revised PPM is released, how long do you anticipate will be required for full implementation? What issues and opportunities need to be considered to support effective implementation?*

Comments:

- School boards will have to develop a staged plan to build BCBA and RBT capacity.
 - This may include partnerships with colleges offering RBT/educational training, like the [current program at Humber](#) program which was developed in collaboration with Peel District School board, and a similar model in [Surrey, BC](#). This may also involve the collaboration of the Ministry of Education (MOE), unions and associations.
- SBs might also create a new employee group of RBTs or equivalent with qualifications/accreditation and set standards. This will help in the hiring of qualified BCBA's and the maintenance of reasonable caseloads. It's not appropriate to assign shared support

- (such as EAs supporting three or four students, as we currently see). MOE and the Ministry of Children, Community and Social Services (MCCSS) will have to supply targeted funding for this group, including training funding, or increase funding to OAP to allow it to top up MOE funding and Behaviour Expertise Amounts (BEAs).
- Funding and budgeting: To support implementation it will be necessary to determine funding gaps in the BEA envelope, and how SBs are using BEA funds currently. SBs do not have the funds to assume all responsibility of needs-based ABA for all students with ASD. PPM-81 mentions that “organizations may choose to assign their responsibilities.” If the assignee is a school board, might this include a direction to transfer funds, to assure that “the service [can be] provided”? (PPM-81 p 8). It has been suggested that clinical interventions for children and youth on the autism spectrum be funded and delivered by MOH and not MCCSS, to ensure that all people with disabilities have access to therapies necessary for them to thrive and achieve their full potential across their lifespan, without discrimination based on age or diagnosis.
 - Implementation of PPM-81 should involve examination and review of the IEP, the Identification, Placement and Review Committee (IPRC), appeal boards and special education teaching procedure under the Education Act. Many of these vehicles are old and in need of maintenance and tune-up, perhaps replacement. Without concerted, collaborative effort, we will continue to see frustrated parents resorting to litigation and Ontario Human Rights Commission (OHRC) appeals – a far greater burden on the taxpayer than clinical interventions at the school level.

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