

**British Columbia Association for Behavior Analysis (BC-ABA)
Position Statement on Recent MCFD Funding Changes in British Columbia
October 2009**

On Wednesday September 16, 2009, the Ministry of Children and Family Development (MCFD) announced changes to autism funding in BC:

1. Effective April 1, 2009, funding for children under age 6 will be increased from \$20,000 per year to \$22,000 per year. Funding for children over age 6 will remain the same at \$6000 per year.
2. Effective October 2009, MCFD will begin moving families from Direct Funding to Invoice Payment in the Autism Funding Programs “in order to improve accountability and increase efficiency”

BC-ABA offers the following position statements on these two changes:

Increase in Under- 6 Funding:

First and foremost, BC-ABA acknowledges the provincial government for providing funding for early intensive behavioral intervention (EIBI) for children in our province. Additionally, we recognize the increase in funding each family will receive beginning in 2010, as a “step in the right direction” and that without this funding source, many families would not be able to purchase any Applied Behaviour Analysis (ABA) services or interventions for their children with ASD.

However, this annual amount is not sufficient to purchase intensive behavioural therapy at the level (25-40 hours per week) which research has shown to be effective (Reichow & Wolery, 2009). This level of intensive behavioural therapy is being provided in other provinces (e.g., Alberta, Ontario) at the cost of between \$30,000 and \$80,000 per year per child (CBC, 2006; Library of Parliament, 2006; Toronto Star, 2007;). In some cases, intensive behavioural therapy *is fully funded by the province*. Given the discrepancy between provincial funding and the actual costs of implementing an intensive ABA program, few children in British Columbia will likely receive the intensity of treatment that has been empirically shown to improve the core characteristics of Autism.

It is the position of BC-ABA that MCFD develop, in conjunction with families, community agencies, and the ABA research, practice and teaching community, a long-term plan to fully-fund intensive ABA services around the province for children and families with ASD.

Elimination of the Direct Funding Option

Historically, parents have had two options regarding the administration of their Autism funding. Direct Funding allowed families to manage their own funds and

pay service providers, including behavior interventionists, directly. The second option, Invoice Payment, requires service providers to submit invoices to the Autism Funding Unit (AFU) for reimbursement. Many families and service providers have opted for the Direct Funding model as it allows families more autonomy and control over the distribution of their funds, including the ability to directly pay behavior interventionists and service providers/consultants. The Direct Funding option has allowed for more flexibility in service delivery and for the potential in timely payment of service providers.

A major concern with the movement to 100% of families using the Invoice Payment is the time it may take to pay providers for their services, particularly behavior interventionists. The AFU claims to process invoices within 15-30 days. However, many families and service providers have experienced much longer delays. A major concern of BC-ABA is the ability of the AFU to pay behavior interventionists and service providers in a timely fashion. Interventionists are often young students who are least able to accommodate unexpected delays in their pay. Currently, a major obstacle in providing behavior analytic services is the ability to hire and retain quality interventionists. Unless the AFU is able to maintain a very high level of efficiency and reliability in processing invoices, the members of BC-ABA are concerned that existing interventionists may leave the field for more positions that pay reliably, and that it will be harder to recruit new people to work with children with ASD in BC.

Additionally, the funding allocation process is cumbersome and expects parents to predict how much of their funding they will spend with each service provider. This is a difficult process and without accurate and timely updates from the AFU about what funds have been spent, what remains and who funds have been allocated to. This can lead to improper payments, unpaid invoices for services rendered and delays or interruptions in services for children with ASD. We anticipate the Invoice Payment option to increase the workload of both the AFU and parents in accounting and reconciling records. Depending on the ability of parents to understand, monitor and account for service hours directly, they may need to spend considerable time reconciling their accounts with the AFU, when they could otherwise be focused on their family and monitoring the treatment of their child with Autism.

Additionally, we feel that choice in service and service delivery are essential for these families. With this decision to move to Invoice Payment only, families now face one more limitation in deciding what is right for their child with Autism.

BC-ABA takes the position that MCFD abandon the decision to mandate the Invoice Payment model for all families and allow families to choose between the Direct Funding and Invoice Payment options.

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Community Consultation

It is unclear whether MCFD consulted directly with families and community members, including services providers, prior to implementing the funding changes. Although the need to restructure the budget at MCFD, as a result of the current economic times, may have hastened this decision, the individuals impacted most by these decisions should have been consulted prior to the funding changes. Many people in the Autism community were shocked and disturbed by the closure of all of the EIBI programs and the funding structure changes. Communication between MCFD and families, agencies, service providers and other community members about these changes should have been a priority. More transparent communication and collaboration with these stakeholders might have alleviated some of the fear and confusion that people experienced as a result. Furthermore, discussions with stakeholders might have resulted in a more sound decision on how to achieve province-wide, equitable access to services for individuals with ASD. Ensuring families throughout the province receive equal access to effective treatment will require much more than equal distribution of funds to families. Such an endeavor will require careful coordination, planning and cooperation among government, families and individuals with autism, service providers, community agencies, and advocacy groups such as Autism Community Training (ACT) and the Autism Council of BC.

BC-ABA takes the position that MCFD consult with families and individuals with autism, service providers, community agencies and other advocacy groups or concerned citizens when developing financial and other policies that will impact the treatment for children with ASD.

The “True Purchase Power” of Current MCFD Funding

As the level of funding has not been increased since its inception, the “true purchase power” of the \$20,000 per year is greatly reduced in today’s economy. Once inflation is factored in (assuming 2% per annum), the \$20,000 is reduced to an approximate purchasing value of \$16,000. Additionally, the costs of employing Board Certified Behaviour Analysts as Behaviour Consultants to develop and monitor individualized and effective treatments, and employing behaviour interventionists to implement those treatments, has continued to increase. However, it is estimated that the current level of funding is roughly equivalent to an hourly rate of \$16.50, if that money were spent on 25 hours per week of direct service over 12 months (following NRC *minimum* recommendations). The hourly rate is *significantly lower* when the hours required for Behaviour Consultants to monitor and develop those programs are factored into the equation.

Additionally, this calculation only addresses a child requiring 25 hours per week of services. Many children require more hours of service depending on how severely their diagnosis affects their communicative, adaptive and social skills. The hourly rate that parents of a child with more severe issues (requiring 40

hours per week for 12 months) has available to them to pay service providers is approximately \$10.40. We feel that this is an additional burden to parents with children who greater needs and that funding should be allocated based on the individual needs of the child.

While we applaud MCFD for the funding increase, BC-ABA would like to note that this funding has *never* been sufficient to address the complex needs of children and families faced with ASD; and the amount has not kept pace with inflation and the increasing cost for well-qualified people to run effective, individualized interventions.

BC-ABA takes the position that funding for children with ASD under the age of 6 years should: 1) increase to between \$40,000 and \$70, 000 *per child per year*, 2) be based on the needs of the individual child (i.e., providing 25-40 hours per week of intensive behavioural therapy and the required levels of supervision and program development from Board Certified Behavior Analysts) and 3) increase in-line with annualized provincial inflation rates.

These position statements have been approved by the Board of the British Columbia Association for Behaviour Analysis (BC-ABA) October 2009.

References:

Library of the Parliament (2006). *Provincial and Territorial Funding Programs for Autism*.

National Autism Center (2009). *National Standards Report*

National Autism Center (2009). *National Standards Report Overview*.

Reichow, B. & Wolery, M. (2009). Comprehensive synthesis of early intensive behavioral interventions for young children with autism based on the UCLA young autism project model. *Journal of Autism and Developmental Disorders*, 39, 23-41.