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On October 27th the provincial government announced an overhaul of the funding system serving children and youth with neuro-diverse special needs in British Columbia. The roll out of the “needs-based” model will include the phasing out of the Autism Funding Unit, an individualized funding model that allows parents to access evidence-based treatment.

YOUR STORY

The autism community wants access to evidence based, sustainable, financially sound programs. Here is some information and background:

Must keep Individualized Funding

Parents should continue to have access to Behaviour Intervention Treatment through Individualized Funding. There are a number of benefits to the current and future autism community and to the taxpayers in BC.

Maintaining Individual Funding for Treatment allows continuation of quality programs that parents have already set up for their children. Families have expressed anxiety and worry that established behaviour intervention programs for their children will be taken away or significantly reduced if MCFD moves to a Hub model. We need to know that our behaviour interventionists and BCBAs will be able to continue to work with our child in the home and in schools.

Autism parents become research-based case managers of their own children, and should not have to pay out of pocket for treatment because a hub navigator has decided the “need” is not there, OR because the hub navigator can only offer sub-par options within the Hub. Hub navigators will be non-clinicians making decisions about medically necessary treatment.

The Individual Funding provided for Autism Treatment has allowed BC parents to build up the pool of autism and other developmental disabilities expertise in British Columbia, by creating a demand for quality service providers. As well, moving to a series of “hubs” where the bulk of the funding gets eaten by bureaucracy will take away from direct treatment hours.

Autism Treatment should be in Health

The Ministry can formally approach the Cabinet for an order to transfer responsibility for autism treatment to the Ministry of Health Services (MOHS). For many reasons including structural, philosophical and expertise, MCFD has struggled for years in the area of autism case management. There is not the expertise within this social services ministry to make recommendations or direct parents to evidence based treatment services.

Moving the autism portfolio to the MOH would allow the provincial government to access additional funding through the Canada Health Transfer or other future negotiated health accords. This will enable children and youth with autism to receive proactive treatment rather than reactive band aid measures.

Moving autism treatment to health will also take away transitioning issues as a child moves from MCFD to Education to CLBC. For example, in some cases, social workers are not allowing behavior consultants to work with the school districts to maintain consistency between home and school simply because the funding of behaviour consultants is from MCFD and not Education. If autism treatment were in health, treatment could take place wherever necessary in an individual's life.

Will waitlists for assessment be replaced with waitlists for services?

With the proposed Hub model, waitlists for assessment will be replaced with waitlists for services. ***This is already evident with Ontario's similar Hub model.*** Dr. Mike P. Moffet in Ontario tweets "985 days into the new hub model there, the waitlist for services has grown from 23,000 to 50,000 children." (<https://odcoalition.com/2019/04/02/the-real-wait-list-minister-macleod-tells-over-50000-children-with-disabilities-in-ontario-to-wait-their-turn-2/>)

The solution is simple. Allow access to behaviour intervention upon diagnosis and prescription from a psychiatrist or pediatrician. They are better qualified to determine the needs of a child. And then access to funding would be immediate without needing unqualified hub managers to intervene.

History of Autism Funding

In the late 1990s, parents fought successive NDP and Liberal governments in the provincial and federal courts and advocated for their childrens' rights to quality intervention when and where needed. The Autism Funding Unit was created by the Liberal government in 2002 in response to parents who galvanized in BC and across the country to advocate for their children's right to health care. These parents and parents who had access to Individualised Funding through AFU over the next twenty years, have been integral in building up the pool of autism and other developmental disabilities expertise in British Columbia. Unfortunately, these very parents and new parents alike , **were not consulted** when this Hub model was designed.

NOTE: NOT ONE autism organization was involved in the designing of the new funding structure. This includes Autism BC, the BC Association of Behaviour Analysts and the Autism Support Network Society.

We expect you to look to the most efficient, effective, ***evidence-based*** recommendations and solutions with only the best outcomes for our children as our motivation and we expect consultation moving forward. The government needs to provide services for all children and youth with neuro-diverse special needs in British Columbia but do not take away specific funding for children with autism. Do not follow the path that Ontario has gone down.

Thank you.

Sincerely,

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