

Autism Spectrum Disorder Task Force

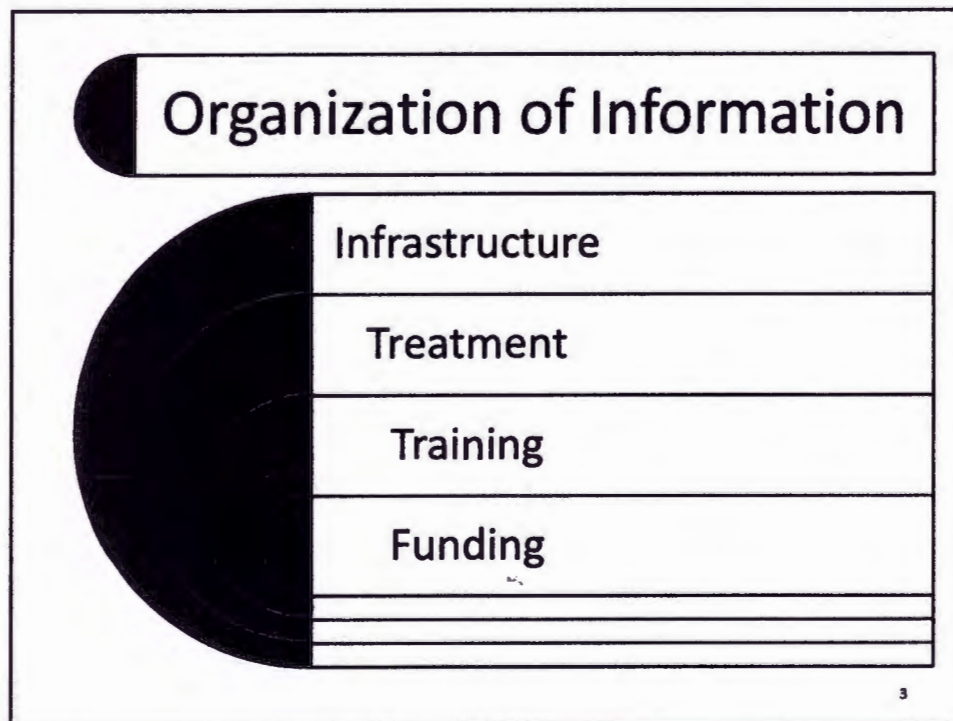
Annual Status Report

Human Services Legislative Committee
April 17, 2012

1

- Includes the Initial Plan plus ASD Task Force work completed since that time.

2



- Infrastructure Needs**
- Consistent Early Identification and Screening
 - Accessible information on Autism Spectrum Disorder (ASD)
 - Accessible Family Support Services
 - Accountability within services provision
 - Consensus on service delivery standards
 - Coordinated services across the lifespan
 - Recruitment and incentives to pursue careers with ASD focus
 - Access to outreach and service delivery
- 4

Treatment Needs

- Delivery of appropriate and effective treatment practices in ASD
- Coordinated services across the lifespan
- Appropriate treatment is available through outreach and service delivery

5

Training Needs

- Training in methods of early identification and screening for ASD
- Training in appropriate and effective practices
- Qualified and appropriately trained providers
- Family Support
- Coordinated services across the lifespan
- Outreach and service delivery
- Continuing educational offerings

6

Funding Needs

- Funding for training in methods for early identification and screening
- Funding to build access to ASD information
- Funding to ensure coordinated services across the lifespan
- Funding for training in screening and testing of ASD conditions
- Recruitment and incentives for more people to pursue careers with ASD focus
- Funding to increase outreach and delivery of ASD services
- Funding to increase the knowledge and skills of providers

7

Current North Dakota infrastructure for ASD specific services

8

Education

- DPI **traineeships** offered to teachers who wish to improve their level of expertise in a variety of identified areas of need.
 - Within this structure, stipends to support tuition to a university program that offers specific training in Autism Spectrum Disorders can be requested.
- DPI reinstituted **discretionary grant funding** and Special Education Directors can apply for grant money to support projects related to ASD, as well as other areas of need.
 - Discretionary grant monies are not exclusively designated for projects related to ASD.
- ND will be updating the current **state guidelines** for autism.
 - The current guidelines were published in 2003. This document provides guidance as to how students are identified, served, and educated.
- **IDEA – B:** These funds, based on the Federal Child Count data are submitted to NDDPI annually, and are directed to special education units. Each Special Education Director writes projects into this grant to support many kinds of special education needs. (staff, training, materials, equipment, etc.)
 - Most special education units would use a portion of their IDEA-B money to support needs of students with ASD.
- Online **Autism Course** through UND

9

Education - Factors

- Educational guidelines appear to be "interpreted" differently by school teams in different units.
 - This can lead to the perception and/or the reality of inequitable application of resources and supports for students with ASD.
 - Because teams of people vary in training, experience, access to resources and sometimes opinion, they may interpret guidance differently.
 - There may be disparities between the way a child is served in one district compared to another for these reasons. It is important to note that the ND ASD Guidelines are based on IDEA Regulations. So, there are minimum requirements based on these federal regulations.
- To meet the criteria as a child with Autism in the educational setting, one does not technically need to have a medical diagnosis from a physician, psychiatrist or psychologist.
 - Some units may require a diagnosis, however, and some may not.
 - The Autism guidelines have educational criteria that must be met to be eligible for special education under IDEA. Multi-disciplinary school teams do evaluations and use the educational criteria to determine eligibility for services.
 - If there is a medical diagnosis of ASD or if there are reports from outside agencies, this information should be incorporated in to the evaluation and decision making process.

10

Medical - Health

- Children's Special Health Services within the Department of Health funds evidence-based diagnostic clinics through Minot State.
 - They serve 9 children per year. (2-3 children per clinic)
- SAND Grant – (Support Autism in ND) – This 3-year grant has/will train multi-disciplinary teams.
- Grand Forks – Rehab Pediatric Therapies Screening Clinic with a focus on Autism screening
 - newly funded 1 year, \$30,000 grant through Medica – Diane Gunderson is the contact. Serves 8 – 10 children per clinic. (4 clinics in 2012).
- Department of Health – Funds developmental assessment clinics at Sanford Health.
 - These clinics do not diagnosis but rather identify needs and connect parents with resources. It is not diagnostic specific.
- Physician Screenings – M-Chat is the ASD screening tool recommended.
 - Not many physicians in ND use this tool.
- Occupational therapy, physical therapy, speech therapies are key to ASD service delivery.

11

Developmental Disabilities (DD) System

- DD providers serve individuals with autism in varied settings.
- Development Homes has a specific town home for transition age youth on the Autism Spectrum. They live in individual apartments (FCO III or ISLA) under one roof.
- Anne Carlson Center in Jamestown is increasing their outreach through Day Supports for Adults and in-home supports for children with ASD.
- Open Door Center in Valley City has a group home specifically for youth with Autism.
- Infant Development Program birth through age three – this program focuses on developmental delays of children.
- Minot State University provides a training module on autism.
- ASD waiver is in place as first attempt to work specifically with very young children.
- Eligibility to the DD system requires a diagnosis of mental retardation.


12

Mental Health System

- Individuals with mental health issues who also have an ASD condition are served in this system.
- System is not autism focused.

13

Task Force Observations and Considerations:

- 
- Appropriate services delivery is inconsistent and dependent on the specific person/provider.
 - There is no guarantee that appropriate services will be delivered.
 - Numerous people and agencies are spinning off in different directions.
 - There is a need for an infrastructure to unite the pieces.
 - The current limited state resources and efforts are disjointed.

14

Review of Other States

- The Task Force reviewed both the Washington and Kansas infrastructure.
- These are two state structures worth reviewing for consideration of what may be applicable in ND.
- They feature regional hubs tied to local efforts.
- Regional hubs are then connected to a state level overarching connecting entity with a coordinator who focuses on this issue.

15

Kansas Infrastructure

- Regional Autism Centers/Systems
 - Regional diagnostic and outreach centers
- Kansas Instructional Support Network
- Center for Child Health and Development
- Pittsburg State University Autism Certification
- Kansas Center for Autism Research and Training Center
- Autism Waiver
- Insurance Mandate House Bill 2160

16

Washington State

- ASD Task Force
 - Standing Subcommittees
 - Regional Hubs
 - ID-Tracking
 - Family Support
 - Education
 - Steering Committee

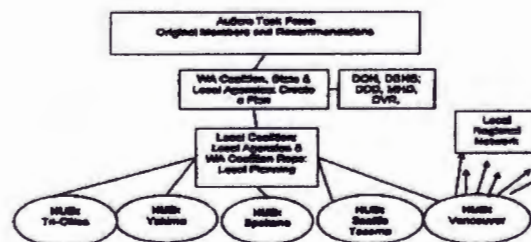
Each subcommittee has their own work plan-
Regional Hub Subcommittee Work plan - Washington State 2007.pdf

17

Washington-Infrastructure

Going to Washington Individuals with Autism Task Force

Organizational Structure of Hubs to Local Region, State Coalition, Task Force



64

18

Washington State

- Infrastructure – 4 recommendations
- Treatment – 13 recommendations
- Training – 5 recommendations
- Funding – 9 recommendations
 - Cross referenced recommendations by subcommittee work (family support, education/training, ID/tracking, regional hubs)
- Prioritized 6 recommendations for 2007

19

How They Got There

- Year 1-Convened representatives to develop, refine, and implement a statewide plan for regional hubs.
- Assigned a project coordinator and administrative support to work on the development and support the statewide coalition.
- Year 1 – Complete needs assessment and fiscal analysis of gaps in services surrounding the regional hubs.
- Year Two – Engaged regional and communities to map state information.
- Year Two – Roll up individual regional hubs into statewide coalition plan
- Year Three to five – Develop and implement a statewide coalition communication plan that raises awareness about the resources and activities

20

ASD Task Force

Status Report 2012

21