

**State Inter-Agency Autism Plan**  
**Based Upon the**  
**2009 MEMORANDUM OF UNDERSTANDING**  
**AGENCY OF HUMAN SERVICES**  
**AND DEPARTMENT (AGENCY) OF EDUCATION**  
**Updated by IFS Implementation Team ~ August 2015**

<b>Dept. Lead</b> <small>(underlined) As recommended By the Autism Plan Advisory Committee</small>	<b>2009 Autism Plan agrees to:</b>	<b>Progress To Date</b>	<small>On a scale of 1 to 5 (5 being highest) how able are you to embed this goal into your work?</small>	<b>Notes—</b> <b>E.g., What else do you need to embed this goal into your Dept. /Div. work? What other factors impact progress on this goal?</b>	<b>Next Steps</b>
<u>VDH, DCF (CDD), DVHA, AOE</u>	<b>GOAL A:</b> Children in Vermont are screened and diagnosed for developmental disabilities, including autism spectrum disorders (ASD), as early as possible.	<ul style="list-style-type: none"> <li>• 2008-2009 - AHS worked with the Vermont Child Health Improvement Program (VCHIP) to develop and implement a project to promote developmental screening in primary care practices.</li> <li>• 2009 – 2010 - University of Vermont’s Interdisciplinary Leadership Education for Health Professionals (VT-ILEHP), partnered with VCHIP to provide training for pediatric practices in the use of autism specific screening tools.</li> <li>• January, 2009 - The Department of Vermont Health Access (DVHA) made additional funding available to allow for physicians to bill specifically for conducting developmental screening, including autism screening, at well child visits. This increased frequency of developmental screening.</li> <li>• 2008-2009 – The Department of Disabilities, Aging and Independent Living (DAIL), developed best practice guidelines for the diagnosis of ASD to increase the consistency and accuracy of diagnosis to ensure timely access to appropriate services.</li> <li>• 2009-2011 - VT-ILEHP has trained 70 clinicians in the use of ASD diagnostic tools (ADI and ADOS) to enhance their capacity to accurately diagnose ASD.</li> <li>• 2011 – The Vermont Family Network has developed a section of their website with autism resources, including a directory of providers who are skilled at diagnosing ASD. The Center for Disease Control and Prevention’s Act Early ASD Fact Sheet was translated into 9 languages and are on VFN website.</li> <li>• 2009-2013 – VCHIP provided training and specific practice improvement coaching in 89 (of state total of 103) individual pediatric and family medicine practices to implement developmental screening, including autism screening.</li> </ul> The percentage of practices reporting performing developmental screenings	<b>4</b>	<p>DCF Family Services refers all children who are aged 0-3 who reside in a family where there is a substantiation or risk level which requires ongoing FSD services for an EI screening with our CIS partners to determine if there is a need for further assessment</p> <p>Legislative approval granting the Health Department the authority to collect developmental screening data (2016 session)</p> <p>UDS Registry training and roll out – pilot via VCHIP Project LAUNCH training sites</p> <p>Data share/data governance agreements in order to share data with AOE for state longitudinal data (SLDS) reporting (under ELC grant)</p>	<p>Working on population indicators within IFS in the Accountability and Oversight WG—one indicator is specific to developmental screenings</p> <p>Medicaid funding for dev screening outside of medical home (early learning and development providers, evidence based home visiting programs, etc).</p> <p>Alignment of HMG VT 2-1-1 contact center with IDEA Child Find efforts – offer the ASQ online for parents for a screening safety net</p> <p>Funding/dissemination</p>

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		<p>continues to increase (41.3% in 2009, 76.3% in 2011 &amp; 79.2% in 2013), particularly at the 9 and 18 month visits. Autism screening has increased from 58.5% in 2009 to 76.7% in 2011 and in almost 90% in 2013. However, fewer than 1 in 3 children in 2013 received all 3 recommended developmental screens by their third birthday.</p> <ul style="list-style-type: none"> <li>• January 2013 – Vermont joins the Act Early Ambassador initiative through the Center for Disease Control and Prevention (CDC). CDC’s “Learn the Signs. Act Early.” Ambassador Program which aims to improve early identification of developmental delays and disabilities, including autism.</li> <li>• 2013 - 2014 – VCHIP, under Project LAUNCH, began expanding their developmental screening training from health to early care and education settings. VCHIP will begin training groups of early care and education (ECE) programs.</li> <li>• 2014 – The Health Department adds a Developmental Screening Repository to their Child Health Profile or Immunization Registry (lead, hearing, newborn bloodspot programs).</li> <li>• Jan 2014 –Under the Race to the Top – Early Learning Challenge grant opportunity, Vermont begins implementation of the Help Me Grow system components to promote developmental screening and linkages to resources and services.</li> <li>• August 2014 – The VDH was awarded a State Implementation Grant for Enhancing the System of Services for Children and Youth with Special Health Care Needs through Systems Integration; implementation of the Help Me Grow central access call center.</li> </ul>		<p>Sustainable, cross-sector funding &amp; public/private partnerships needed ongoing for HMG VT system components (beyond ELC grant period)</p>	<p>for CDC’s Act Early developmental monitoring materials via Health Dept &amp; HMG system</p> <p>Reporting on HMG Common Indicator data for RBA along with qualitative interviews of families to show HMG strengthens Protective Factors in VT Families. HMG data/reporting linked with Health Dept UDS Registry Developmental Screening data.</p>
<u>DVHA, DCF (CDD), AOE</u>	<b>GOAL B:</b> All children, birth to 5, in Vermont receive effective, individualized, early intervention services consistent with the National	<ul style="list-style-type: none"> <li>• 2010 –2013 - VDH and DAIL secured a three year federal grant which included an objective of providing training to staff in Essential Early Education (EEE) and CIS-EI, who serve children from birth through age 5. By the end of the project 12 EEE programs received 12-18 months of intensive training and coaching in evidence-based strategies. All sites demonstrated significant increases in the numbers of strategies and supports in place to aid young students with ASD. 9 CIS-EI programs received 12-18 months of training and coaching in evidence-based practices for young children with ASD. The CIS-EI training was not as intensive as the EEE project. The trainers ran into barriers in implementing their planned training models and gains for staffs were</li> </ul>	<p>DCF-FSD: 4</p> <p>DVHA: 4</p> <p>Medical is enrolling BCBA providers, and reviewin</p>	<p>DCF-FSD: All children who are placed into State custody have a Health Information Questionnaire completed by the Health Department. This HIQ will identify if a child does not have a medical home, or if the child has other medical needs.</p> <p>Children in state’s care are</p>	<p>DVHA:</p> <ul style="list-style-type: none"> <li>• Continue to enroll providers and review prior approvals</li> <li>• Develop strategies to increase access to services through other insurers</li> <li>• Develop strategies</li> </ul>

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	Research Council (NRC) recommendations from 2001 as soon as the diagnosis of ASD is seriously suspected. (Screened positive by professionals as per American Academy of Pediatrics guidelines)	limited. • 2010-2014 – The VT Legislature passed a bill in 2010 requiring both private and Medicaid insurance to cover the cost of diagnosis and treatment of autism for children age 18 months to age 6. The legislature requested a study of the financial impact on the state budget prior to the enactment of the law. The legislative report was completed and submitted February, 2011. The Legislature voted to change the dates of implementation of the law to 1/1/12 for private insurance and 7/1/12 for Medicaid. A bill the following legislative session expanded the coverage for children up to age 21. Implementation of the requirements for coverage within both Medicaid and private insurance has been progressing slowly. There have been a variety of challenges in implementation. Initially, there has been a lack of information by insurers, providers and families regarding the benefits. The most significant change required by the legislation is the requirement to cover a specific behavioral treatment, applied behavior analysis (ABA). Challenges with access to ABA services include a limited number of available ABA providers, and issues related to negotiating payment rates. Some children are now receiving ABA services through their private insurance. Medicaid is still in the process of setting up the procedures to allow private ABA providers to bill for this service. Funds were made available on 7/1/14 to allow children to access ABA services through the state’s designated agencies, which are public providers. However, they are also limited by number of qualified ABA providers available as designated agencies. The Department of Vermont Health Access is planning to submit a State Plan Amendment to the Centers for Medicaid and Medicare to allow for the direct billing of ABA services by providers. Also, there is a request to the Office of Public Regulation to recognize Board Certified Behavior Analysts as a licensed profession in VT. This will be in process during 2014-15. In 2013-14, DAILE also provided funds for 5 designated agencies to expand their capacity to provide ABA services. <b>2015 Significant advances have been made in ABA coverage. OPR approved licensure for BCBA’s, Effective 7/1/2015 Medicaid added BCBA’s as service providers under the Medicaid state plan for children up to age 21. Legislative funding for ABA was reduced by \$1.2 million. DVHA is in the process of enrolling BCBA’s and reviewing prior authorizations for ABA.</b>	g prior authorizations.	required to have well child checks in accordance with the national well child check recommendations and FSD policy. FSD social workers ensure that the medical care of children in state custody is attended to.  DVHA: Adequate funding -Network of qualified providers. -Staff time to process grievances and appeals for services. -comparable coverage and services from other insurers. Have lost the content expertise in DAIL and AOE specific to focusing on ASD  There is a range of interventions available for youth with ASD—speech/ language therapy, occupational therapy  DMH question: who is providing quality oversight of ABA services (e.g. appropriateness of care, chart reviews)	to increase the number of qualified BCBA’s <ul style="list-style-type: none"> <li>• Monitor and review quality of Medicaid services</li> <li>• Obtain adequate funding.</li> <li>• Obtain adequate staffing for grievances and appeals</li> </ul> <ul style="list-style-type: none"> <li>• CIS Early Intervention need to identify an ASD consultant to work on the Western side of the state</li> </ul>

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		<p><b>Children’s Integrated Services Part C Early Intervention</b></p> <ul style="list-style-type: none"> <li>• CIS/Early Intervention has a ASD consultant trained in the Early Start Denver Model who works with teams providing services to children’s who have a diagnosis, a provisional diagnosis or a suspected diagnosis of ASD. The consultant supports the family and team by observing the child in and then reviews with the team the One plan and goals and strategies and make adjustments as needed. This is available only on the eastern side of the state</li> <li>• CIS has a contract with the Howard Center to provide services for up to 5 children with ASD, and their families who met the criteria to fully participate in birth to three ASD program. Children in this program also receive speech services from a HC SLP.</li> <li>• Vermont Family Network provides up to 15 hours a week of home-based services to children with a diagnosis of ASD. Staff are trained in the Early Start Denver Model</li> <li>• Some Early Intervention staff have been trained to do the MCHAT</li> </ul>			
AOE, AHS	<b>GOAL C:</b> Responsibilities within AHS, including all departments, and AOE are clearly defined.	<ul style="list-style-type: none"> <li>• March, 2009 - Only one “Memorandum of Understanding between Agency of Human Services and Department of Education” was written and signed by the Commissioner of DOE and Secretary of AHS. The Memorandum of Understanding (MOU) establishes the working relationships and the respective roles and responsibilities of the departments within AHS and AOE in the implementation of the plan. The MOU remains in effect. The AHS Secretary determined that a separate MOU within AHS was not needed to ensure the collaboration and participation of individual AHS departments.</li> </ul>		DMH: The responsibilities identified in the 2009 MOU differ from those identified as lead in this document.	Currently re-reviewing through this process— need to decide if we need an updated MOU
DAIL	<b>GOAL D:</b> Coordinated autism resource dissemination should be created to act as an information clearinghouse and promote	<ul style="list-style-type: none"> <li>• 2010-2013 – VDH and DAIL received a federal state improvement grant that included funds for contracting with Vermont Family Network (VFN), a statewide family support organization, to develop a website with autism information and to provide phone line support to families and others seeking ASD information and support.</li> <li>• A sub grant was awarded to VFN to develop a website and phone line support. The website can be found at: <a href="http://www.vermontfamilynetwork.org/i-need-help-with/developmental-disabilities/autism/">http://www.vermontfamilynetwork.org/i-need-help-with/developmental-disabilities/autism/</a> VFN developed a section of the website to contain autism</li> </ul>	1	The resources available to support VFN as an information clearinghouse were grant funded. The grant is over and DAIL does not currently have resources to continue.  The VFN still field’s calls	We need to acknowledge and plan for someone who has this expertise. Currently Clare McFadden continues to contribute based on her past professional experience AND this

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	<p>collaboration among school staff, families, state agencies and community service providers and build capacity in all areas of Vermont to address the needs of individuals with ASD and their families.</p>	<p>related information including a calendar of events/training; information about autism; best practices for support and intervention across the lifespan; directory of providers able to diagnose ASD and provide consultation across the lifespan; education; support groups; resources; funding, etc., as well as links to other autism related sites. The website and phone support are used frequently.</p>		<p>looking for information about ASD, however, VFN has had to expand their purview which has decreased their capacity and expertise.</p> <p>Need content expertise as resource for other Depts.</p>	<p>position is not protected for this population.</p>
<p>All, no lead, DOC</p>	<p><u>GOAL E:</u> Professionals who provide services to individuals with ASD will demonstrate competencies that reflect the experience needed when working with individuals on the spectrum. Training will be available to all professionals for building capacity to meet the</p>	<ul style="list-style-type: none"> <li>• 2009 – 2010 - A sub-committee of the Autism Task Force worked on a draft of competencies for case managers in schools, mental health and developmental disability services. Feedback was obtained from a variety of stakeholders. Although the list of competencies was seen as valuable, it was seen as inappropriate for the ATF to set the standards for professions or provider organizations staff. The list was not disseminated.</li> <li>• 2007-2013 multiple trainings were provided by AOE/AHS</li> <li>• January 2011 – June 2012 – DOE received a National Professional Development Center on Autism Spectrum Disorders (NPDC on ASD) grant for professional development. Teams within four school districts are receiving training and coaching on implementing evidence-based teaching practices for students with ASD.</li> <li>• January 2011- August 2013 - VDH and DAIL received a three year federal grant for improving services to children and youth with ASD. Training is a major component of this grant including: intensive training and coaching in evidence-base practices for EEE and CIS-EI staff; training for primary care practices in developmental screening, including ASD specific screening; training for physicians regarding the recommended care of children and adults with ASD; and raising awareness of ASD issues for the public.</li> </ul>	<p>1</p>	<p>DAIL is supporting a training collaboration with DA/SSA providers on supporting people with DD/ASD. No financial resources at this time. Not specific to ASD.</p> <p>A “core competencies guideline was provided to this writer- FSD social workers were not specifically identified as persons who should demonstrate core competencies in working with children experiencing an autism spectrum disorder. Family Services social workers attend New FSD Employee foundations</p>	<p>Draft Competencies don’t sound “basic”, would need structured training/consultation with clear ASD expertise to support/sustain these competencies in AHS workforce.</p>

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	<p>needs of individuals with ASD and their families.</p>	<ul style="list-style-type: none"> <li>• CHSVT sends its teachers to quality Professional Development opportunities when they appear on the horizon around Autism that are provided by AOE, , independent consultants, Autism Associations etc.</li> </ul>		<p>training. They receive what could be called refresher training on typical child development and are encouraged to seek additional screening and assessment when they note development of concern in a child or youth with whom they are involved.</p> <p>To say that FSD social workers are able to demonstrate competencies for working with a child on the spectrum would be an overstatement. It would be expected that a social worker would recognize some indicators of an autism spectrum disorder and would take the steps to refer that child along for further assessment.</p> <p>Community High School of Vermont sends its teachers to quality Professional Development opportunities when they appear on the horizon around Autism that are provided by AOE, independent consultants, Autism Associations etc. (this</p>	

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				is not offered on a regular basis)  DMH: some MH DAs demonstrate competencies & capacity to train staff; others do not. DMH does not have this capacity at State level. Need ASD specialist identified to develop & guide workforce development, previously this had been DAIL & AOE as lead.	
AOE, DOC	<u>GOAL E:</u> Educational services that provide the full range of continuum of supports and services will be available to students with ASD throughout Vermont.	<ul style="list-style-type: none"> <li>• Surveys regarding availability of educational services that represent best practices were sent to all Special Education directors on October 19, 2009. The results of the survey reveal that a variety of best practice interventions are being implemented in some of the supervisory unions/school districts.</li> <li>• There were 2131 homeschooled students enrolled with the Department of Education for the 2011-2012 school years. Approximately 1% of the homeschooled students have an autism spectrum disorder. This is comparable to the 1.2% of students with ASD enrolled in schools in Vermont.</li> <li>• 2008-2011 - The DOE Autism Consultant provided technical assistance upon request to schools regarding their services to students with ASD.</li> <li>• November 2009 – National Standards Project Report outlines effective interventions for individuals with autism spectrum disorders. The report has been disseminated to all schools in the state.</li> <li>• July 2011 – June 2013 – The NPDC on ASD grant received by DOE and the ASD grant received by VDH and DAIL are providing professional development activities for teams of school staff on implementing evidence-based practices for children with ASD.</li> <li>• All students, regardless of ability are provided an individualized educational program in CHSVT. Each student has a Living Learning</li> </ul>		DOC: All students, regardless of ability are provided an individualized educational program in Community High School of Vermont. Each student has a Living Learning Working Plan (LLW) that outlines their learning needs and goals. Additionally, students who are in need of specialized instruction are served under and IEP or 504 Plan. Working opportunities are provided that match the student goals and objectives in the LLW Plan and will prepare them for Work-place Readiness and/or Industry	

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		<p>Working Plan (LLW) that outlines their learning needs and goals. Additionally, students who are in need of specialized instruction are served under and IEP or 504 Plan. Working opportunities are provided that match the student goals and objectives in the LLW Plan and will prepare them for Work-place Readiness and or Industry Certifications.</p> <ul style="list-style-type: none"> <li>• July 2013 – The DOE sponsored a July 2013 autism professional development event for over 100 educators, service providers and field members.</li> </ul>		<p>Certifications.</p>	
<p>DAIL</p>	<p><u>GOAL G</u>: Adults with ASD receive needed support to live in the community across all settings and to realize their hopes and desired goals. Adults with ASD are competitively employed.</p>	<ul style="list-style-type: none"> <li>• 2008 to present - Howard Community Services implemented a new model of providing services to young adults with developmental disabilities, including ASD, in the fall of 2008. The SUCCEED program is an innovative post-secondary program that supports students in building skills for independence. Participants take classes at UVM, work on career development, are involved in UVM campus life and learn independent living skills in a house near campus.</li> <li>• 2010 to present – DAIL’s DDS worked with the College Steps Program to develop post-secondary support services at 4 Vermont colleges to achieve the goal of expanding college options statewide for transition age youth.</li> <li>• 2013 to present – DAIL’s DDS worked with UVM’s Think College program to create a funding mechanism that will allow the Think College post-secondary service to continue beyond its five year grant with the use of sustainable State funds.</li> <li>• 2012 to present – DAIL’s DDS developed its Post-Secondary Education Initiative which resulted in: a) a <i>Post-Secondary Education Consortium</i> to unify all post-secondary support programs as a collaborative membership with the goals of creating systems change for transition age youth to attend college, and to educate students, families and schools about the Vermont model of post-secondary support services. b) Partnerships with 6 DA/SSAs to assist youth to enroll in their area</li> </ul>	<p>5</p>	<p>DAIL is supporting a variety of initiatives for adults with DD/ASD and will continue to do so.</p>	

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		<p>colleges utilizing the fidelity of the Vermont post-secondary model c) DAIL funding of the DA/SSAs so they may arrange for post-secondary support services for transition age youth at their partnering college. d) Two year Certificates of Higher Learning earned through college coursework and internships, which have resulted in better jobs for graduates who receive supported education services.</p> <ul style="list-style-type: none"> <li>• DAIL’s DDS/VR collaborated with the Agency of Education to bring the Project Search model to 3 Vermont communities. DAIL’s DA/SSAs, the Howard Center, Rutland Mental Health Services, and Lincoln Street, Inc. are the DDS leads for Vermont’s Project Search. This industry based training model increases the employment rate of high school graduates by immersing them in a business for their entire last year of school where transferable employment skills are attained through internships.</li> <li>• 2009-2011 – DAIL’s Division Vocational Rehabilitation (VR) piloted two models of supporting adults with ASD. One involved a social thinking curriculum and the other pilot, YES I Can, involved a Youth Employment Specialist who worked intensively with 8-12 young adults with ASD who didn’t qualify for supported employment through Developmental Services. The pilot ended after approximately 18 months with 80% of the participants successfully employed. Despite the effectiveness of this model, ongoing funding to continue this service could not be secured.</li> <li>• September, 2010 - UVM was awarded a five year grant to expand opportunities for people with intellectual disabilities to attend college, Think College. Since the project started 12 individuals (ASD and other DD) have completed the program and all are working. There are additional students currently enrolled in the program, several who have ASD.</li> <li>• 2011-2014 – DAIL provided a grant to the Howard Center to develop a transition guide. In 2012, they developed a website, VT Transition Guide for Young Adults with ASD. The Guide is available on the VFN website</li> </ul>			

**Additional Discussion Points from the Implementation Team discussion:**

- How do we ensure with this being shared work that we don't lose the expertise which has typically been found in DAIL?
- This team made the point that we need to get this entirely filled out and then determine what gaps exist and how we make those happen and/or advocate for resources necessary.
- What is the goal for school-aged children? The goal above (B) is for younger children (birth to 5) due to research of how important early intervention is and the availability of resources at the time the Plan was developed (2009). The recent legislation expanded coverage for ABA services up to age 21. We need to decide what we are doing in this area. Should there be an additional goal for ages 6-21?

**Discussion at SLT on 9-16-15:**

- Bring together a group from e-mail list (include Judy Shaw and members from Advisory Committee)
- We need some different coordination with schools so the school-aged children are represented—there was an autism specialist that used to be at AOE—this position no longer exists
- Look at the data (child count)
- We do not have content experts dedicated to autism anymore—this is lost capacity—we've lost specialists
- This plan highlights the point that each dept is doing separate work and this needs coordination
- There are times when issues arise with a child and it isn't clear who holds the coordination and responsibility