

INTEGRATING FAMILY SERVICES

Autism Planning for the Future

Meeting Agenda

Date: Friday, November 13, 2015 from 9:30-11:00

Location: Integrating Family Services, 329 Harvest Lane

Goal: How do we use our collective resources to move autism services forward for children and their families in Vermont?

We will assess how many meetings/role of this group at the end of our first meeting based on the discussion and thoughts of this group.

9:30-9:40	Introductions and review agenda	<input checked="" type="checkbox"/> Inform <input type="checkbox"/> Discuss <input type="checkbox"/> Decide
9:40-10:00	Setting the Context of how we got here <ul style="list-style-type: none"> • Reviewing the work of the Autism Plan Advisory Committee • Resource Changes • IFS • ABA Funding and Supports • Autism Plan and Matrix—current state of the state 	<input type="checkbox"/> Inform <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Decide
10:00-10:45	Discussion Questions: <ol style="list-style-type: none"> 1. When you think about services and supports that have been successful for children and their families what does that look like? 2. What do you see as gaps in supports and services? 3. Based on what you know in your work today, what do you see as the priority for autism services? 	<input type="checkbox"/> Inform <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Decide
10:45-11:00	Decisions and Next Steps	<input type="checkbox"/> Inform <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Decide



Autism Planning Meeting

Meeting Minutes

11.13.2015

Facilitators: Diane Bugbee (DAIL) and Cheryle Bilodeau (IFS)

Meeting Goal: How do we use our collective resources to move autism services forward for children and their families in Vermont?

Present: Julie Smith, Phillip Eller, Matt Habedank, Rachel Boyers, Monica Ogelby, Reba Porter, Pam McCarthy, Karen Newman, Carolyn Hatin, Lana Metayer, Carol Hassler, Barb Prine, Melissa Bailey, Dana Robson, Robin Hood, Lisa Maynes, Kathleen Fitzgerald, Susan Coburn, Kathy Holsopple, Jim Calhoun, Danielle Howes

Regrets: Joy Wilcox, Clare McFadden, Terri Edgerton, Reeva Murphy, Janet Kilburn, Breena Holmes, Jeremiah Dickerson, Susan Bartlett, Carol Maloney, Anna Noonan, Liz Jordan-Shook

Agenda Items	Discussion Points
<p>❖ VT Autism Plan History</p>	<ul style="list-style-type: none"> ➤ May/June 2005. Claire Bruno, Autism Consultant for Dept. of Education (DOE) and Clare McFadden, Autism Specialist for Dept. of Disabilities, Aging and Independent Living hired to work on developing the education and human services systems for people with Autism Spectrum Disorders (ASD). ➤ June, 2005. VT Act 264 Advisory Board requests a White Paper on ASD to assess characteristics and needs of the children with ASD, status of VT’s system of services, and overview of evidence-based practices to support children with ASD. The White Paper was published in March, 2006 and is available at: http://www.ddas.vermont.gov/ddas-programs/programs-autism-default-page ➤ May, 2007. Act 35 is passed. This act requires the Agency of Human Services and the Department of Education to develop a plan for lifelong services for people with ASD and their families in their homes, schools and communities. 75 stakeholders form 6 committees that gather information and make recommendations. ➤ January, 2008. Recommendations from the committees working on Act 35 are summarized in the Report to the Legislature to Address Services for Individuals with Autism Spectrum Disorders. Information was presented to legislators who request that the recommendations are prioritized and developed into a working plan. Report available at http://www.ddas.vermont.gov/ddas-programs/programs-autism-default-page ➤ June, 2008. The Autism Plan with priority goals is finalized and approved by the Secretary of AHS and the Commissioner of Education. DOE and AHS begin implementing components of the plan. ➤ March, 2009. Autism Plan Advisory Committee is formed to provide DOE/AHS ongoing advice regarding the implementation of the plan. Committee includes 50% parents or adults with ASD, 50% professionals. Information about this committee is

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	<p>available at http://www.ddas.vermont.gov/ddas-programs/programs-autism-default-page</p> <ul style="list-style-type: none"> ➤ March, 2009. MOU is signed by DOE and AHS assigning responsibilities for implementation of the autism plan. ➤ September, 2010. The Vermont Department of Health in collaboration with the VT Department of Disabilities, Aging and Independent Living receive a three year federal grant to implement components of the State Autism Plan. ➤ 2008- 2013. DOE and AHS continue implementation of plan. ➤ Approximately 2013. DAIL and AOE autism consultants roles change – no longer sole focus on ASD. DAIL autism specialist position converted to another position. ➤ Summer 2015, IFS was approached to oversee the future work of the Autism Plan Advisory Committee (APAC). Recommendations/alignment was made, from the APAC Plan, to see if there would be room on the Implementation Team (I-Team) and Senior Leadership Team (SLT), under IFS. Questions that arose – where are our members going, who is seeing the work that we are doing, why are we losing members, etc. ABA (Applied Behavior Analysis) became embedded in the State Plan in 2015, which included that these services needed to be provided to all children on the spectrum regardless of what insurance they carried. Providers who are certified to provide ABA services are now allowed to be reimbursed for these services under the new State Plan and Legislature approval. Increasingly over the last few years, it has felt like it was a circular conversation that was leading nowhere to push for Autism services. I-Team provided additional input into the APAC plan to ensure all components were inline and received. ➤ The Autism Matrix was created from the input of both the APAC and I-Team.
<p>❖ Discussion & Questions</p>	<ul style="list-style-type: none"> ○ When you think about services and supports that have been successful for children and their families, what does that look like? ○ Services that cross-settings ○ In-home ○ Fits what the family and child need ○ Respite ○ Individualized, consistent across environments ○ Variety of ways to screen (211, schools, Help Me Grow) ○ Child development clinic (variety of locations) ○ Childrens integrated services (early) ○ Dartmouth does screening – helpful for those close to NH. ○ Great collaboration between Agency of Education (AOE),Childrens Integrating Services (CIS) & Early Intervention) ○ Children can access services before a diagnosis ○ Autism consultants ○ Castleton, Johnson State (JSC) in collaboration with Washington County Mental Health (WCMHS), developed a master’s program (about 15 years ago) to credential providers within this specialty.

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	<ul style="list-style-type: none"> ○ State has passed a mandate for Medicaid and private insurances to pay for ABA services ○ Parent and peer coaching ○ IFS funding in Franklin/Grand Isle (NCSS) helps to provide more aligned and smooth ABA services (due to the flexibility with the funding and who can provide what services, at what level of supervision, etc.) → the differences make it “do-able” ○ Autism institute at UVM – summer ○ Autism support daily for parents and professionals ○ Vermont Family Network (VFN) support & website ○ Howard Center – ARCh program (Chittenden only) and SUCCEED ○ Strong educational models with HowardCenter ○ CSHN has financial technical assistance, up to \$1,000/year, for a child to fund when there isn’t another mechanism ○ Accommodation grants to provide services to children in daycare settings ○ What do you see as gaps in supports and services? ○ Respite ○ In-home behavioral supports ○ Services across settings ○ Collaboration between Agency of Education (AOE), Childrens Integrating Services (CIS) & Early Intervention) ○ Autism consultants (not available everywhere) ○ JSC & WCMHS developed a master’s program (about 15 years ago) to credential providers within this specialty → (this could go away) ○ State has passed a mandate for Medicaid and private insurances to pay for ABA services → but doesn’t always (i.e., federal insurance, out of state insurance, self- employed, etc.) ○ Parent and peer coaching ○ Vermont Family Network (VFN) support & website ○ HowardCenter (HC) → a letter was sent to families’ currently receiving services and families of children on the waitlist for ABA insurance services to let the families’ know due to guidelines and rate changes they are not able to take any new referrals. The new rates do not cover ASP costs. HowardCenter is currently making changes and reevaluating if they can continue providing ABA Insurance services as these new rates are not sustainable. ○ Best practice is not supported by funding and additional guidelines make staff recruitment challenging ○ Strong programs that have been built are being deconstructed due to pressures → more kids are receiving Autism DX’s ○ Personalized and individualized is more successful and doesn’t happen everywhere ○ AOE & DAIL do not have Autism specialists anymore ○ ABA is covered but not many other therapies are ○ There should not be waitlists, but there are

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	<ul style="list-style-type: none"> ○ Very difficult to access services on the developmental side due to funding silos and systems that are not user-friendly ○ Challenging access to services due to funding resources ○ Lack of EEE (Early Childhood Special Education) programs ○ Transportation and access gets in the way ○ Insurance companies are capping service hours ○ Ongoing interdisciplinary teams ○ Gap-between early intervention at age 3 to special Ed services especially when it is in the summer ○ What do you see as the priority for Autism services? ○ We don't have the resources/funding to cover the need ○ Education eligibility rules need updated → old rules ○ Funding models need to be reviewed (i.e., how do we use the funding in a non-FFS service/flexible way?) ○ Who is in charge? ○ Transportation → needs to happen now ○ Information (Data): ○ How many BCBA's? ○ Where? ○ Graduate from programs?
❖ Reflection	<ul style="list-style-type: none"> ○ How difficult this is for families → shouldn't have to provide child's failures to get services ○ REALLY move forward → feels like we are going backwards ○ This is a really good start ○ Who is steering the ship? ○ Geographic and uniformed models ○ What is next → action plan (best practice) ○ Timing → services are needed NOW ○ Be bold, listen and look at EPSDT model (multi-tiered systems of support) ○ Access needs to be user friendly → new leadership to address financial concerns and accessibility for services around the state ○ These services need to be available to all children (outside of Chittenden) ○ Vermont specific data → how many kids, level of need, providers ○ Separation in systems of care (schools, DA's, funding streams, health systems) → how is the allocation spent ○ A loss to the state without ABA specialists ○ Children being sent out of state → residential care

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	<ul style="list-style-type: none"> ○ Looking at what is currently working in the system, and using that to move forward ○ Make concrete recommendations to leadership → use current momentum ○ DMH, DAIL, DVHA, AHS & DA's meet weekly to fix the ABA issue ○ Identify what the specific needed resources are to support these families ○ Difficulty for children with DD dx (Autism) and barriers to them accessing necessary services, at needed level, with needed providers. ○ Need a system of leadership → need to address the financial crisis around providing ABA services ○ There are too many children in crisis that are not receiving “real-time” help ○ More and more positions are cut, or staff retired and their positions are not filled → large lack of staff (AOE) ○ Responses need to be driven by data (qualitative data), allows for innovation, kids receive the right service at the right time
❖ Wrap-up	<ul style="list-style-type: none"> ○ Cheryle and Diane will review meeting notes and send them out → IFS will continue to move this forward, with help from all ○ Cheryle and Diane will work to schedule another meeting