

## Executive Summary

### Autism Spectrum Disorder Workgroup for Children Birth to 6 years

#### Purpose

In June 2005, the Human Services' Directors charged the Autism Spectrum Disorder (ASD) Workgroup with the task of making recommendations to:

- Assure screening to identify children, birth to age six years, with ASD, at the earliest opportunity,
- Assure appropriate assessment, diagnosis, and
- Make available to parents a choice of treatments/interventions that are evidence-based and effective, based on the consensus of experts, including clinicians and parents.

The impetus for the formation of the ASD Workgroup (Workgroup) by the Human Services' Directors was in response to:

- Intense advocacy by parents of children with ASD,
- The increasing number of children with ASD (1:150),
- The advent of literature/research that indicates that children with ASD can be identified as early as 18 months (using standardized screening tools), and
- Evidence that certain treatments/interventions, if provided before age six, have a positive impact on children with ASD in achieving optimal outcomes.

The Workgroup consisted of:

- **Ten parents of children with ASD**
- **An adult with ASD**
- **Advocacy organizations** (ARC, Autism Society of Michigan, CAUSE)
- **University partners** (Eastern Michigan University, Grand Valley University, University of Michigan, Wayne State University, Western Michigan University)
- **Beaumont Hospital**
- **Michigan Chapter of the American Academy of Pediatrics**
- **Intermediate school districts** (Eastern UP ISD, Kent ISD, Midland ISD, St. Clair RESA, Washtenaw ISD)
- **Community Mental Health** (St. Clair County CMH, Clinton–Eaton–Ingham CMH)
- **Departments of Community Health, Education, and Human Services**

**The recommendations in this report do not require new state dollars. We will be spending our federal dollars more efficiently and shifting resources (staff, funds, and services) to improve outcomes for young children with ASD.**

June 29, 2007

## **Child Outcomes**

1. Children with ASD feel good about themselves.
2. Children with ASD acquire and use knowledge and skills.
3. Children with ASD take appropriate actions to meet their needs.

## **Recommendations**

- A. Measure outcomes, through *Early On*® and Early Childhood Special Education data collection that is currently required under the Individuals with Disabilities Education Act (IDEA), and share with relevant state agencies and stakeholders.
- B. Integrate evidence-based practices for young children with ASD, based on individual child and family strengths and needs, into publicly-funded agencies.
- C. Shift federal and state money, already allocated for services to young children with ASD, to provide evidence-based practices in *Early On* and special education as required by IDEA.
- D. Explore the possibility of using State Aid special education preschool funds as a potential state match to support a 1915(c) Home and Community-Based Medicaid waiver for young children with ASD to provide intensive services in their homes and communities.
- E. Explore the possibility of providing Medicaid school-based reimbursement for the provision of services by Board Certified Behavior Analysts.

## **Family Outcomes**

4. Families of children with ASD understand their children's strengths and special needs.
5. Families of children with ASD have access to comprehensive and objective information about services, interventions, and supports.
6. Families of children with ASD advocate for their children.

## **Recommendations**

- F. Implement a coordinated multi-media effort, in collaboration with the Public Broadcasters Association, to raise public awareness about the system of care for young children with ASD using the federal Combating Autism Act funding (when available) or private foundation dollars.
- G. Establish a permanent panel of experts. The panel will consist of families, practitioners, and researchers to:
  - Review the research literature on at least an annual basis.
  - Review outcomes from the implementation of interventions with young children with ASD.
  - Make recommendations about re-classification of intervention models as 'evidence-based.'
  - Update the free information for families and practitioners.

- H. Prepare families to be able to:
- Offer input and share observations that will help drive decision-making at the individual and system level through the Statewide Autism Resources and Training (START) Grant and the Parent Leadership Training.
  - Make informed choices about intervention models.

## **System Outcomes**

7. Children with ASD are identified as early as possible.
8. Families and their children with ASD have timely access to an integrated system of effective services and supports.
9. Families and their children with ASD are included in typical environments.

## **Recommendations**

- I. Partner with the Michigan Chapter/American Academy of Pediatrics, *Early On*, Early Childhood Investment Corporation, Children's Hospitals and University Departments of Pediatrics to improve developmental screening in a medical home via the ABCD grant initiative.
- J. Promote the creation of regional Centralized Assessment Teams (CAT), including parents, Multidisciplinary Evaluation Team members, medical consultants, and others to complete a comprehensive multidisciplinary assessment.
  - Identify a CAT member to serve as the supports and services' liaison to provide information and linkages for children and families.
- K. Encourage the use of the Classification System Criteria for Young Children with ASD to consider as evidence-based practice those models that meet the criteria for Well-Supported Efficacious Practice; Supported and Probably Efficacious Practice; Supported and Acceptable Practice; and, Acceptable Practice.
  - Work to transition the services system to utilize evidence-based practices; however, continue to fund existing practices unless and until there is evidence that there is potential for harm or that desired outcomes are not achieved.
- L. Encourage the use of the practice parameters identified by the 2001 National Research Council's report 'Educating Children with Autism' including providing individualized interventions at a minimum of 25 hours per week in a full calendar year.
- M. Develop a framework to guide the systematic training and technical assistance of personnel planning and providing services to children with ASD in public agencies utilizing existing resources (e.g. START's Regional Collaborative Networks (RCN), university pre-service preparation programs (autism endorsement), the *Early On* comprehensive system of personnel development, focused continuing education requirements, mandated professional development plans.)

## **Action Requested**

1. Accept the recommendations of the ASD Workgroup.
2. Endorse the existing interdepartmental team, with the addition of at least one parent, to develop a more detailed action plan to implement the recommendations, and to oversee the implementation of the recommendations.