

Autism Plan Template

1) Recommendation: Best Practices				
Goal: Service providers, individuals with Autism Spectrum Disorder (ASD *) and family members of individuals with ASD in Vermont are aware of and supported in following best practice guidelines. (* list of acronyms at end of document)				
Improvement Strategies: A committee should be created to develop, review and regularly update practice guidelines for a system of lifelong care. These guidelines should adhere to the following overarching values: 1. Supports and services should be provided throughout the lifespan and across all settings; 2. Individuals with ASD and their families should be respected and listened to; supports and services incorporate their values and beliefs; and, 3. Coordination of supports and services should be ensured through cohesiveness, collaboration and clear communication between all service providers to individuals with ASD and families across settings.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>Who Will Do It?</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
<ol style="list-style-type: none"> 1. Determine the number and scope of work of committees <ol style="list-style-type: none"> a. Build committees to include key stakeholders 2. Assess national resources, for example review best practices from other states and national organizations 3. Gather Vermont resources 4. Create guidelines (following overarching values) 5. Disseminate guidelines and coordinate training 6. Policy guidance for implementation 7. On-going monitoring of interventions and updating of best practice guidelines 	<ol style="list-style-type: none"> 1. Autism plan Steering committee <ol style="list-style-type: none"> a. with partners, including individuals with ASD, families, relevant providers and organizations, and state agencies (DCF-CDD, DAIL-DDAS/VR, DMH, DOH, DOE) 2. Committees 3. Committees 4. Committees 5. Committees, relevant AHS department, DOE 6. Committees, relevant AHS department and DOE 7. Committees, relevant AHS department and DOE 	<ol style="list-style-type: none"> 1. White Paper, Autism Legislative Report 2. Vermont Research Partnership, national Research Council, best practice documents from other states/organizations, time 3. Guidelines developed by I-Team, (JCEDD) Autism Task Force, Chittenden Autism Team, relevant best practice guidelines from various programs, ECACG 4. Time 5. Time, funding for dissemination and training 6. Time 7. Time 	<p>Overall, 24+ months</p> <ol style="list-style-type: none"> 1. a. 2-3 months 2. 6 months 3. 6 months 4. 6 months 5. 3 months 6. 12 months 7. ongoing 	<ol style="list-style-type: none"> 1. Committees established 2. Library of resources 3. Library of resources 4. Guidelines written 5. Guidelines disseminated/training coordinated 6. formal policy available and guidance provided 7. guidelines periodically updated
Implications For Individuals with ASD and Family Involvement: Individual/s with ASD and parent/s on committees to				

develop guidelines and training; best practices need to be disseminated to them

Implications For Professional Development: Training regarding “best practices”, for example IEP team members receive training in peer-reviewed evidence-based strategies for individuals with ASD; Training regarding best practices throughout the lifespan includes guidelines, policy and regulations governing services and supports across all agencies and providers, for example community support professionals will receive training specific to autism spectrum disorders.

Evaluation Process (*How will you determine that your goal has been reached? What are your measures?*)

- Survey individuals with ASD, parents and service providers
- Observations and assessment of programs
- Observations of individuals with ASD within context of “best practice” programs

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2) Recommendation: Identification and Diagnosis (1,2,3); Funding (9) and Training and Workforce Development (7)				
Goal: Children in Vermont are screened and diagnosed for developmental disabilities, including autism spectrum disorders, as early as possible.				
Improvement Strategies:				
<u>Identification and Diagnosis:</u>				
1. Pediatricians should implement the recommendations set forth by the American Academy of Pediatrics that prioritize screening for autism and other disabilities at ages 18, 24, and 36 months.				
2. Collaboration with the Department of Health's "medical home" initiative should be explored to promote the use of nationally-recognized developmental screening tools for all primary care physicians.				
3. A directory of providers who are skilled at diagnosing ASD across the lifespan should be created. In addition, the network of practitioners able to provide both diagnosis and assessment of ASD for support planning should be expanded.				
<u>Funding:</u>				
9. Compensation for developmental pediatricians at the Child Development Clinic should be increased in order to attract a sufficient number of practitioners for diagnosis and ongoing medical treatment.				
<u>Training and Workforce Development</u>				
7. Promote materials, such as those recommended by the American Academy of Pediatrics (October, 2007) to educate primary care physicians and parents on early identification of ASD.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities DOE <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Meeting with DOH Commissioner to discuss goal	1. Deputies of DAIL/DOH/DOE/DCF	1. AAP guidelines, legislative report, MOU, VCHIP (Judith Shaw)	Overall 12 months 1.	1. Meeting minutes
2. Research existing practice and explore different models for the delivery of screenings	2. DOH	2. Child Development Clinic, Burlington, Dartmouth Hitchcock Medical Center, UVM (Patty Prelock)	2.	2. Research completed
3. Develop policy for Vermont primary care physician practices regarding guidelines for screening and referral for diagnosis of ASD	3. Deputies of AHS/DOH/DOE/DCF, VT Association of Pediatrics, Health Department, Dr. Wendy Davis, VCHIP	3. AAP guidelines, screening tools, medical home model for children with ASD	3.	3. Policy developed and implemented
4. Apply for LEND grant through Combating Autism Act (expansion of the number of trained evaluators)	4. ILEHP – UVM, ILEHP partners	4. Steve Contompasis, Child Development Clinic	4. Spring, 2008	4. Grant
5. Create a directory of skilled providers of diagnosis and assessment	5. DOH/AHS/DOE/DCF	5. Time, funding	5.	5. Directory
6. Dissemination of policy and guidelines for early identification	6. DOH/AHS/DOE/DCF	6. Time, funding	6.	6. Policy and guidelines disseminated

<p>of ASD</p> <p>7. Training on guidelines, screening tools, policy and current information pertaining to early identification.</p> <p>8. Explore all state and federal funding sources to increase funding to Child Development Clinic.</p>	<p>7. DOH/AHS/DOE/DCF</p> <p>8. DOH/AHS/DOE/ UCEDD</p>	<p>7. Funding, time, trainers for training</p> <p>8. Funding, time, administrative support</p>	<p>7.</p> <p>8.</p>	<p>7. Training provided</p> <p>8. More physicians available at CDC.</p>
<p>Implications For Individuals with ASD and Family Involvement: Broad dissemination of information to families; children are diagnosed earlier and receive intervention earlier.</p>				
<p>Implications For Professional Development: Training for primary care physicians and other health care providers (for example pediatricians, family practitioners, nurse practitioners, and physician assistants) regarding policy, guidelines (including access to Coordinated Services Planning process), screening tools and the medical home model. Training will be included in health care professional curriculum.</p>				
<p>Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)</p> <ul style="list-style-type: none"> - Survey to parents and health care providers (age of diagnosis, screening practices, wait time for diagnosis) - Monitor average age of diagnosis across the state 				

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3) Recommendation: Early Intervention (1)				
Goal: All children, birth to 5, in Vermont receive effective, individualized, early intervention services consistent with the National Research Council recommendations from 2001 as soon as the diagnosis is seriously suspected. (screened positive by professionals as per American Academy of Pediatrics guidelines)				
Improvement Strategies: 1. Intensive, early intervention services should be provided for young children with ASD as soon as a diagnosis is seriously suspected. Services should include a minimum 25 hours a week, 12 months a year, in which the child is engaged in systematically planned, developmentally-appropriate educational activities aimed toward identified objectives.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. DOE autism consultant and DAIL autism specialist join the Part C autism consultants in AHS Children's Integrated Services (Early Childhood) initiative to support local teams to become experts in resources and referral for children and their families	1. DOE autism consultant and DAIL autism specialist, Early childhood children's integrated services teams, ECACG	1. Time	24-36 months overall 1.	1. Local teams increase expertise regarding autism resources and referral
2. Assess current services and resources in all regions of the state	2. EEE, FITP, AHS autism specialist, DOE autism consultant	2. FITP and EEE data; white paper	2. 6 months	2. Information collected
3. Review rules and regulations for accessing early intervention services	3. State EEE/ FITP staff, AHS autism specialist, DOE autism consultant, ECACG	3. Time, relevant rules/regulations	3. 2 months	3. Rule/regulation challenges identified
4. Disseminate and train providers and parents on interventions as outlined in the Best Practice Guidelines	4. AHS and CDCI (I-Team), DOE	4. Time, funding, best practice guidelines, people to do training,	4. 24+ months	4. Early childhood providers utilize best practices.
5. Identify process for integrating funding and other resources to enable early, comprehensive, coordinated service planning and delivery	5. DDAS, DOE, EEE, FITP, AHS autism specialist, DOE autism consultant, OVHA, EDS, Part C, DCF Early childhood, AHS Children's Integrated Services initiative, private insurance	5. Time, funding	5. 6-9 months	5. Streamlined, coordinated services are available and funded.
Implications For Individuals with ASD and Family Involvement: Training on best practice interventions and member of child's team; parental involvement in plan enhances outcomes				
Implications For Professional Development: Training on best practice interventions				

Evaluation Process (*How will you determine that your goal has been reached? What are your measures?*)

- Evaluate individual child outcomes
- Review APR data for FITP and EEE
- Monitor availability of recommended services throughout the state periodically

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4) Recommendation: Coordination of Services (Memorandum of Understanding, MOU) (1,2,3,4)				
Goal: Responsibilities within AHS, including all departments, and DOE are clearly defined				
Improvement Strategies:				
1. Memorandum of Understanding will be written between DAIL, as lead agency at AHS, and all departments within AHS;				
2. Memorandum of Understanding will be written between AHS and DOE				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Create MOU between DAIL and other AHS departments	1. Commissioners of DAIL, DMH, DOH, DCF, DOC	1. Time	1. July, 2008	1. Internal MOU in AHS is written. 2. MOU disseminated and departments understand and are accountable for identified responsibilities.
2. Disseminate MOU to all AHS departments, and provide training on implications	2. DAIL	2. Time, materials to disseminate, minimal training costs	2. August, 2008	
3. Create MOU between DOE and AHS, consistent with existing AHS/DOE MOUs	3. AHS/DOE	3. Time, review by lawyers	3. September, 2008	3. AHS/DOE MOU is written
4. MOU includes responsibility of lead agency to: a. Ensure that there is continued planning for implementation and oversight of a system of care for all individuals with autism spectrum disorders across the lifespan. Consider creating an interagency coordinating committee for ASD services.	4a. DAIL/DOE	4a. Time, designated staff in departments, possible stipends for consumer involvement	4a. Ongoing	4a. Structure for implementation and oversight is operational.
b. Coordinate services between agencies and programs at the individual, regional, and state level using existing coordinated service plan processes (LIT/SIT and problem solving track); and create or expand local and regional networks that bridge human service	4b. local teams, LITs, SIT, Children's Integrated Services Initiative AHS partners; DAIL/DOE facilitate creation of local networks, AHS field services, LITs	4b. Time, resources for additional CSP meetings, possible support for local network formation	4b. ongoing	4b. Services are coordinated for individuals. Local networks are developed and operating

<p>providers and school districts.</p> <p>c. Ensure that there is a central point for information and referral within AHS, in collaboration with DOE.</p> <p>d. Coordinate between various federal, state and private funding sources to create efficient and seamless delivery of services, including coordination of state departments in grant/funding applications related to this plan.</p>	<p>4c. DAIL in coordination with AHS partners, VT211, DOE</p> <p>4d. DAIL with AHS partners/DOE</p>	<p>4c. Time, resources for information and referral, materials to support, link to AHS/DOE websites, training for referral partners</p> <p>4d. Time</p>	<p>4c. ongoing</p> <p>4d. ongoing</p>	<p>4c. Central point for Information and referral is operating.</p> <p>4d. Efficient and seamless services exist.</p>
<p>Implications For Individuals with ASD and Family Involvement: Participate in implementation and oversight of the plan. Involvement in LITs and local networks. Training for individuals with ASD and their families regarding the MOU at AHS/DOE.</p>				
<p>Implications For Professional Development: Training for providers regarding the MOU at AHS/DOE. Continued training for teams and LITs regarding coordinated service plan process, including encouraging its use as a proactive treatment planning tool and not just for accessing additional services. Training of all providers of information and referral on central location of ASD information as well as training on information content.</p>				
<p>Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)</p> <ul style="list-style-type: none"> - Evaluation of the Coordinated Service Plan process by UVM. 				

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5) Recommendation: Coordination of services (5, 6)				
Goal: Data sharing, tracking and analyzing will be established through the Memorandum of Understanding (MOU) between AHS and DOE.				
Improvement Strategies:				
5. Develop a system for accurately tracking and analyzing data around autism services including the number of individuals with ASD, their needs and the costs to serve them in order to plan for further developing the system of care.				
6. Establish data sharing protocols among state agencies and departments to provide accurate information for planning of services for school age children and youth with ASD.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Research the ways that data is accumulated by the various departments and agencies.	1. all AHS departments, DOE	1. Time, personnel, Center for Disease Control protocols	1-5. 18-24 months	1. Information gathered
2. Define data needed, how and why the data is kept and how it will be used.	2. all AHS departments, DOE, data 'gurus'	2. Time, data personnel		2. Analysis chart
3. Create data sharing protocols between departments and agencies. Ensure protocols are consistent with FERPA and HIPAA.	3. all AHS departments, DOE, data personnel	3. Time, personnel		3. Protocols
4. Write data sharing policy around autism services, compatible with other data sharing protocols related to other disabilities.	4. AHS, DOE	4. Time, personnel		4. Policy
5. Develop database tracking system that will be shared by departments and agencies.	5. AHS, DOE database developer	5. Time, personnel, funding		5. Database
Implications For Individuals with ASD and Family Involvement: Comment on privacy issues related to data sharing.				
Implications For Professional Development: training providers/ departments on providing the needed data to AHS and DOE in HIPAA and FERPA compliant ways.				
Evaluation Process <i>(How will you determine that your goal has been reached? What are your measures?)</i>				
<ul style="list-style-type: none"> - Yearly data collection and point in time analysis of information. - Utilize Federal Child Count Data. 				

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6) Recommendation: Access to Information (1)				
Goal: Autism resource centers should be created to act as an information clearinghouse and promote 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.				
Improvement Strategies:				
1. The centers should include capacity in the following areas: <ul style="list-style-type: none"> • Provide updated information about best practices for support and intervention across the lifespan. • Create a directory of providers able to diagnose ASD and provide consultation across the lifespan. • Disseminate information about available trainings. • Using an informational phone line and other technology, provide information about available resources and assist individuals with ASD and families to navigate systems. 				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Collate information on models for resource centers in other states	1. DOE Autism Consultant/ AHS Autism Specialist	1. Time	1. 6 months	1. Information collected
2. Research existing information dissemination entities in state	2. DOE Autism Consultant/ AHS Autism Specialist	2. Time	2. 6 months	2. Information collected
3. Create a committee to oversee the development and roll out of resource centers. Committee will: <ul style="list-style-type: none"> • Further define essential tasks of the resource centers. • Identify ways to enhance existing information dissemination entities including VT211 and other referral sources, and use of peer navigators • Develop a roll out 	3. DOE/AHS invite key stakeholders, including individuals with ASD and their families, to participate on advisory committee	3. Time, stipends for consumer/family involvement, grants (federal, private, local, state, charitable organizations), legislative appropriation, fee for service, etc.	3. 3 months to create committee, then ongoing	3. Representative, collaborative committee established <ul style="list-style-type: none"> • tasks defined • existing entities enhanced • roll out plan developed and implemented

<p>plan, starting with actions that are more easily accomplished and identifying the additional steps and needed resources to further develop the resource centers.</p>				
<p>Implications For Individuals with ASD and Family Involvement: Involvement in selection and oversight committee, advocacy for funding.</p>				
<p>Implications For Professional Development: Training and dissemination around the existence and functions of the resource centers, ensuring that center staff have the most up to date information available for dissemination</p>				
<p>Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)</p> <ul style="list-style-type: none"> - Center provides periodic reports regarding utilization of services. - Oversight committee surveys families and providers regarding effectiveness of services, experiences with information and referral received. 				

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7) Recommendation: Training and Workforce Development (1, 6)				
Goal: Professionals who provide services to individuals with ASD will demonstrate competencies that reflect the experience needed when working with individuals on the spectrum.				
Improvement Strategies:				
1. Define the competencies and experience expected of professionals (such as behavioral specialist, communication specialist, autism specialist, etc.) to provide quality services to individuals with ASD across the life span and across settings.				
6. Develop training expectations for allied health professionals and others who interact with people with ASD (medical/dental professionals, EMTs, police, community helpers, etc.)				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Research competencies and experience for professionals who provide direct services and research expectations for allied health and other professionals (see #6 above) throughout the US.	1. DOE autism consultant/AHS Autism Specialist	1. Time, Nursing, Family Support, and/or Early Childhood and Family Mental Health Competencies from CDD, HEC list	1. 6 months	1. Information from other states and professional organizations gathered
2. Define competencies and experiences for professionals and expectations for allied health and other professionals who work/interact with individuals with ASD across the lifespan. Make recommendations regarding need for specific certification, licensure or level of training/experience.	2. Relevant providers and organizations including Autism Collaborative staff, HEC, UVM, state colleges, professionals, allied health professionals, schools and providers, individuals with ASD and their families, statewide professional organizations (OT, PT, SLP, VCSEA, etc.), DOE autism consultant/AHS Autism Specialist, DMH, DOH, FITP & EEE staff, ATF	2. Time, information gathered on competencies by DOE autism consultant/AHS Autism Specialist, committee volunteers	2 & 3. 24 months	2. List of competencies and experience needed by professionals and allied health professionals
3. Create documents that outline competencies, experience and expectations.	3. same as above	3. Time		3. Document including competencies and expectations
4. Disseminate competencies, experience and expectations to providers within Vermont.	4. relevant AHS departments/DOE, in partnership with relevant providers or organizations	4. Time, web-site, mailings	4. 2 months	4. Distribution lists, web-site location
5. Develop certificate program to address competencies for professionals; and trainings to address expectations for allied	5. State colleges, UVM, HEC, Health Department, DAIL, DOE,	5. Time, personnel, funding	5. 24+	5. outline of certificate and training program

<p>health professionals and all professionals working with people with ASD.</p> <p>6. Provide courses and trainings that address competencies and expectations.</p>	<p>relevant providers or organizations including Northern Lights Career Development Center</p> <p>6. State colleges, UVM, HEC, DOH, DAIL, DOE, DCF, relevant providers or organizations including Northern Lights Career Development Center</p>	<p>6. Time, personnel, funding</p>	<p>6. 24+, ongoing</p>	<p>6. Syllabus and training agendas</p>
<p>Implications For Individuals with ASD and Family Involvement: Define competencies, expectations, and assist in creation of document that outlines competencies and expectations.</p>				
<p>Implications For Professional Development: Courses to address the certificate program for professionals and workshops/trainings to address the expectations of allied health professionals.</p>				
<p>Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)</p> <ul style="list-style-type: none"> - Track number of individuals entering and successfully completing certificate program. - Evaluate the response to allied health trainings. - Survey individuals with ASD and their families to determine effectiveness of the certificate program and allied health trainings. 				

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8) Recommendation: Access to Information (2)/ Training and Workforce Development (2 & 3)				
Goal: Increase public awareness about ASD. Include individuals and their families in training and public awareness activities.				
Improvement Strategies:				
<u>Access to Information</u>				
2) Provide information to the public about Autism Spectrum Disorders through the creation of a Speakers Bureau of practitioners, families, and/or individuals with ASD who are willing to share information with others.				
<u>Training and Workforce Development</u>				
2) Develop a statewide campaign, using Vermont Department of Health media resources, to promote autism awareness and to educate the public about ASD and available resources.				
3) Ensure the inclusion of perspectives/voices of individuals with ASD and their families in all training.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Send out requests statewide inviting practitioners, individuals with ASD and family members to be included in Speakers Bureau	1. DOE/ AHS autism consultants	1. Time	1. 6 months	1. Speakers Bureau developed and available on multiple sites such as websites, parent organizations, etc.
2. Statewide campaign to increase autism awareness including: creation and dissemination of public service announcements, informational flyers available for early childhood providers, schools, doctor's offices, first responders, informational tables at professional conferences and community events, maintain state department's website info. Cross-reference website info.	2. DOH (VCHIP) in collaboration with DAIL, DCF, parent organizations.	2. Funding for promotional materials and Public service announcements, staff to work on info dissemination, time/people to host info tables, DOH, DAIL, DMH, DCF websites, public awareness resources nationally, via Building Bright Futures, CDD-CIS, DOE, DOH, VCHIP	2. 12 months	2. Public is more aware of ASD and accepting of people with ASD, people are aware of resources to help and children are referred early for screening and diagnosis
3. Include in the MOUs between DOE and AHS and within AHS the expectation that all ASD training they	3. DOE/AHS - DAIL	3. Time, stipends for individuals/families for presenting at training or serving on committees	3. September, 2008	3. Individuals/families are included in design/delivery of training as a standard practice

<p>sponsor will include the perspectives/voices of individuals with ASD and their families in either the design or delivery of training.</p> <p>4. Provide opportunities for individuals and their families to enhance their presentation skills</p>	<p>4. VPIC/ Parent- to-Parent (Vermont Family Network), Green Mountain Self Advocates, DD Council</p>	<p>4. Time, \$</p>	<p>4. 6-12 months</p>	<p>4. Individuals with ASD and their family members are effective presenters</p>
<p>Implications For Individuals with ASD and Family Involvement: They are involved in increasing public awareness, impact of ASD on them and families, they are involved in design and delivery of training,</p>				
<p>Implications For Professional Development: Some training may be needed for sponsors of training on how to include people with ASD and/or their families in training. Providers of information and promotional materials must stay up to date on current information. Individuals and family members receive training and support for being effective presenters.</p>				
<p>Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)</p> <ul style="list-style-type: none"> - Speakers Bureau includes long list of practitioners, individuals with ASD and family members and they are regularly being utilized in training. - People with ASD and their families report increased public knowledge of ASD and increased acceptance. - Children are screened and diagnosed prior to age 3. 				

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9) Recommendation: Training and Workforce Development (4,5,8,9)/ Funding (7)				
Goal: Training will be available to all professionals for building capacity to meet the needs of individuals with ASD and their families.				
Improvement Strategies:				
<u>Training and Workforce Development</u>				
4. Provide pre-service, in-service and job embedded training in best practices, including mentoring, supervision, and coaching, to all people working with individuals with ASD.				
5. Provide scholarships or incentives to professionals to engage in ongoing professional development.				
8. Support higher education to work collaboratively with multiple disciplines to develop undergraduate, graduate and continuing education courses to address training needs of parents and professionals including mental health professionals, regular educators, special educators, and case managers/service coordinators. Specific work should be done to address critical shortages in specialists such as occupational therapists, physical therapists, and speech-language pathologists, including specific training for those with experience and expertise in augmentative and alternative communication.				
9. Support a twice/year institute, similar to the BEST Summer Institute, where teams comprised of school personnel, service providers, parents and employers can come together in teams organized around individuals or groups of individuals diagnosed with autism to be trained and to have time to plan and expand the capacity of their respective systems.				
<u>Funding:</u>				
7). A pool of dollars targeted for people to attend training should be available to individuals with ASD, families, and front-line support workers.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Convene a group to develop the training plan.	1. DAIL, DOE	1. Time, funding	1. 6 weeks	1. Minutes from first meeting
2. Perform a training needs assessment, based on defined competencies (see recommendation #7).	2. DAIL, DMH, DOE, DCF, DOH, DOC, DOL, school personnel, individuals with ASD, families, support groups, state colleges, HEC, UVM, DS providers, mental health providers, statewide professional organizations, Northern Lights Career Development Center VCTF, businesses (business advisory council, business leadership network), other relevant providers and organizations	2. Time, funding	2. 3. & 4. 6 months	2. Final needs assessment
3. Disseminate the needs assessment to individuals with	3. DAIL, DOE	3. Time, web-sites, mailings		3. Needs assessment

<p>ASD, their families and all providers.</p> <p>4. Analyze results of the training needs assessment and develop a chart that outlines the needs across Vermont.</p> <p>5. Develop and prepare to implement a statewide training plan that will include:</p> <p>a. Create an incentive program for professionals to engage in ongoing professional development.</p> <p>b. Explore funding sources that will allow individuals with ASD, families and front-line support staff to receive trainings for free or on a sliding fee scale based upon income.</p> <p>c. Design a mechanism to annually review the training plan</p> <p>6. Implement a statewide training plan:</p> <p>a) trainings/workshops/ internship opportunities (based upon needs assessment) to address the needs of individuals with ASD, parents, and providers throughout Vermont.</p> <p>b) an "Autism Institute" that provides intensive week-long training, allows for team planning and includes job-embedded training, mentoring and supervision by experienced professionals.</p> <p>c) undergraduate, graduate, and continuing education courses to address training needs and critical shortages in</p>	<p>4 DAIL, DMH, DOE, DCF, DOH, DOC, courts, legal professionals, state's attorneys, school personnel, individuals with ASD, families, support groups, state colleges, HEC, UVM, DS providers, mental health providers, statewide professional organizations, VCTF, first responders, other relevant providers and organizations</p> <p>5. Responsibilities: a) DAIL, DMH, DOE, DCF, DOH, DOC, school personnel, individuals with ASD, families, support groups, state colleges, HEC, UVM, DS providers, mental health providers, VCTF, statewide professional organizations, other relevant providers and organizations in conjunction with existing training resources</p> <p>b) DAIL, DOE, DCF, UVM, Vermont Autism Society, individuals with ASD and their families</p> <p>c) UVM, HEC, State colleges, statewide organizations (OT, PT, SLP, etc.), Board of Trustees (UVM, State colleges),</p> <p>6. UVM, HEC, State Colleges, DAIL, DOE, school districts, supervisory unions, other relevant providers and organizations, Northern Lights Career Development Center, Educational Support Agencies</p>	<p>4. Time, administrative support,</p> <p>5. a) Time, personnel, training materials, funding, TA/PD application</p> <p>b) Time, funding</p> <p>c) Time, personnel, administrative support to develop informational packets</p> <p>6. Funding</p>	<p>5. 6-8 months</p> <p>6. On-going with annual review</p>	<p>distributed</p> <p>4. Training needs assessment data and needs chart</p> <p>5. Training plan developed, resources developed</p> <p>6. a) List of trainings; agendas from trainings, evaluations from trainings, participant lists</p> <p>6. b "Autism Institute" developed and occurring</p> <p>6. c) Course listings; syllabus</p>
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specialists.				
Implications For Individuals with ASD and Family Involvement: Assist in creation and analysis of training needs assessment, and in the development of trainings to address the needs throughout Vermont				
Implications For Professional Development: Statewide trainings, workshops, courses to address the needs of individuals with ASD, families, early interventionists-developmental therapists, regular educators, special educators, mental health professionals, case managers/service coordinators, occupational therapists, physical therapists, speech-language pathologists, etc.				
Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)				
<ul style="list-style-type: none"> - Availability of trainings, workshops and courses offered across Vermont to address the training needs will be assessed - Training evaluations will be reviewed; (number and range of individuals being trained) - Review the plan, yearly - Survey providers and parents regarding effectiveness of training and additional needs. 				

Autism Plan Template

10) Recommendation: Technical Assistance and Consultation (1,2,3)				
Goal: Provide technical assistance (TA) and consultation to increase the ability of providers to provide effective services for individuals with ASD.				
Improvement Strategies:				
<ol style="list-style-type: none"> 1. Use the model in which interdisciplinary teams of experts can consult to schools or other settings that support individuals with ASD and their families to provide ongoing support, guidance, training, and resources. Within this model create a train-the-trainer program. 2. Technical assistance should be provided to schools and agencies to develop cost-effective models of service delivery. 3. Consultation and training should make use of technology, including websites, interactive television, webcams, and other solutions. 				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Identify, regionally, existing resources for TA and consultation on best practices	1. DOE/AHS autism consultant/specialist	1. Time, CDD-CIS consultation team model	1– 6. 12 months	1. Resources identified
2. Identify potential for expanding capacity for TA and consultation from existing professionals and organizations	2. DOE/AHS autism consultant/specialist	2. Time to contact and meet with people.		2. Resources identified
3. Research cost-effective service delivery models in and out of state	3. DOE/AHS autism consultant/specialist	3. Time, possible out of state travel expenses		3. Materials describing cost-effect models developed
4. Provide TA to schools and agencies to develop cost-effective models of service delivery in line with best practices	4. DOE/AHS autism consultant/specialist	4. Time, share materials		4. Providers utilized cost-effect models of service
5. Explore additional potential resources for TA and consultation	5. DOE/AHS/ existing resources for TA and consultation	5. Time to contact and meet with people.		5. Resources identified
6. Develop concept and costs estimates for increasing TA and consultation	6. DOE/AHS with input from key stakeholders including individuals with ASD, families and relevant providers and	6. Time, DOE/AHS business offices		6. Concept and cost estimate developed

<p>7. Secure funding sources for TA and consultation</p> <p>8. Create Request for Proposals (RFP) for provision of TA and consultation for identified regional gaps</p> <p>9. Post RFPs for providing TA and consultation and select providers</p> <p>10. TA and consultation providers use both direct TA and consultation and train the trainer models to increase local capacity</p> <p>11. Develop and utilize technology to expand the availability of TA and consultation statewide.</p>	<p>organizations.</p> <p>7. DOE/AHS/ existing providers of TA and consultation</p> <p>8. DOE/AHS/ existing providers of TA and consultation</p> <p>9. DOE/AHS/ existing providers of TA and consultation</p> <p>10. DOE/AHS/ providers of TA and consultation</p> <p>11. DOE/AHS autism consultant/specialist</p>	<p>7. Time, grants (federal, private, local, state), legislative appropriation, fee for service, etc.</p> <p>8. Time</p> <p>9. Time</p> <p>10. Commitment of schools and providers</p> <p>11. Access to technology, CDD-CIS model</p>	<p>7. contingent on availability of funds</p> <p>8. 1 month</p> <p>9. 3 months</p> <p>10. ongoing</p> <p>11. 24+ months</p>	<p>7. Funding secured</p> <p>8. RFP created</p> <p>9. TA and consultation providers selected</p> <p>10. Increased capacity of providers</p> <p>11. Remote areas access TA/consultation</p>
<p>Implications For Individuals with ASD and Family Involvement: They share input regarding existing and potential resources for TA and consultation; advocacy for funding; participate in developing RFPs for TA/consultation; participate in training of providers</p>				
<p>Implications For Professional Development: TA/consultation providers will need to stay up to date on latest best practices as well as most effective methods of providing TA, consultation and train the trainer models. State autism consultant/specialist need to stay current on cost-effective models of service.</p>				
<p>Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)</p> <ul style="list-style-type: none"> - Survey schools, agencies, and individuals with ASD and their families regarding effectiveness of services provided to people with ASD. - Schools and agencies show increased skill development in our students with ASD by functional assessment - Results from the evaluation of the coordinated service planning process (looks at the effectiveness of the interagency planning) - Existing surveys of customer satisfaction (e.g. I-Team survey, Part C – B family surveys) 				

Autism Plan Template

11) Recommendation: Education Services (2,3,4,5)				
Goal: Educational services that provide the full range of continuum of supports and services will be available to students with ASD throughout Vermont.				
Improvement Strategies:				
2. The availability of educational services that represent best practices should be examined in local schools in order to ensure consistency throughout the state and to explore models of service that provide the full continuum of supports and services to address the range of needs.				
3. The reasons why children are put in more restrictive environments or are being removed from school for homeschooling should be studied and recommendations made for developing the full continuum of supports and services to maximize access to least restrictive educational environments in Vermont.				
4. Use of models to integrate services, such as autism collaboratives, should be expanded to create more collaborative, wrap-around service provision.				
5. The effectiveness and outcomes of educational programs for students with ASD should be assessed.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Conduct a statewide assessment of the availability of the full range of educational services and methodologies that represent best practice for students with ASD across Vermont.	1. DOE autism consultant	1. Time, survey monkey, administrative support	1. 12 months	1. Data gathered
2. Collect evidence of the effectiveness of educational programs for students with ASD.	2. DOE, Vermont Research Partnership, Autism Collaboratives	2. Time, Autism Collaborative report, data collection from programs throughout the state	2. 12 months	2. Data
3. Research models of service delivery that provide a full continuum of supports and services within Vermont and other states.	3. DOE autism consultant	3. Time, North East Regional Research Center (NERRC), National Association of Special Education Directors	3. 6 months	3. Data
4. Conduct interviews with families of homeschoolers and their local schools, as appropriate, to explore the reasons they have chosen a home-based model and gather information about the availability of services.	4. DOE autism consultant, Family Members, DOE Home-school coordinators, Individuals with ASD	4. Time, administrative support	4. 6 months	4. Report on themes and recommendations
5. Gather data from families and schools on the reasons	5. DOE autism consultant,	5. Time	5. 6 months	5. Completed charts of data,

<p>students are placed in more restrictive environments or alternative settings.</p> <p>6. Make recommendations for developing the full continuum of supports and services to maximize access to least restrictive education environments based on action steps 1-5 and regional needs.</p> <p>7. Create a full range of flexible models that incorporate learning across settings, which maximize the collaboration between schools and home and community based services. Link to DOE initiatives such as Positive Behavior Supports, Vermont Integrated Instruction Model.</p>	<p>Family members</p> <p>6. DOE, VCSEA, stakeholders</p> <p>7. DMH, DOE, CDCI, families, individuals with ASD, CDD-CIS, relevant Providers or organizations</p>	<p>6. Time, funding</p> <p>7. Time, funding</p>	<p>6. 12 months</p> <p>7. 36 months/ongoing</p>	<p>Report on themes and recommendations</p> <p>6. Report with findings and recommendations</p> <p>7. New models to integrate services available in all areas of the state.</p>
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Implications For Individuals with ASD and Family Involvement: Families of students with ASD who are homeschooled or in more restrictive environments will be interviewed.

Implications For Professional Development: Professional development on best practice and models of service that provide for the full continuum of services.

Evaluation Process (*How will you determine that your goal has been reached? What are your measures?*)

- Annual Performance Report
- Assessment data; standardized and norm-referenced tests
- Portfolio data
- Data on placement as reported on child count
- Parent satisfaction survey
- Regional capacity has increased particularly in areas of greater need in the State

Autism Plan Template

12) Recommendation: Education Services (1)				
Goal: Students with ASD whose primary area of disability is in the area of social functioning are appropriately identified for special education.				
Improvement Strategies: (1) The “adverse effect” eligibility criterion in Vermont special education rules should be reconsidered to allow for consideration of social skills as a critical basic skill in learning for individuals with ASD.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Collect information from schools concerning students who are not eligible and in need of special education services based upon the lack of adverse effect. (How many students are on 504 plans due to this?)	1. DOE, school staff	1. Time, administrative support	1. 6 months	1. Summary of data
2. Ask SLP task force and other interested organizations to provide recommendations about rule or policy changes that would better identify this population.	2. DOE, SLP Task Force, Autism Task Force, Special Education Advisory Council, VFN, other family groups, VCSEA,	2. Time, State Board of Education	2. 6 months	2. Recommendations for rule or policy change
3. Research the evaluation processes that other states use in determining eligibility for students with ASD.	3. DOE, NERRC, other interested parties	3. Time	3. 2 months	3. Recommendations for proposed rule revision.
4. Provide guidance, training and technical assistance to the field on how to better identify this population under the current special education rules.	4. DOE, parent organizations, VT School Psychologists Association, VT Speech and Language Association, VCSEA	4. Time,	4. 12 months	4. Field Memo, documentation from trainings and technical assistance
5. Propose language for rule revision.	5. DOE, VT School Psychologists Association, VT Speech and Language Association, VCSEA	5. Time	5. 6 months	5. Proposed rules
6. Rule making process	6. DOE, public comment, Board of Education	6. Time,	6. 12-18 months	6. Rules changed
Implications For Individuals with ASD and Family Involvement: Able to provide public comments				
Implications For Professional Development: Professional development on the new definition of “adverse effect” as it relates to students with autism spectrum disorder.				
Evaluation Process <i>(How will you determine that your goal has been reached? What are your measures?)</i>				

- Child count data;
- input from parent advocacy groups

Autism Plan Template

13) Recommendation: Education Services (6, 7)				
Goal: Outcomes for students with ASD are tracked at state, regional, and local levels in order to evaluate effectiveness of services.				
Improvement Strategies:				
6. Statewide and supervisory union training and technical assistance should take into consideration disaggregated data for children and youth with ASD, on student outcomes from the Annual Performance Report.				
7. Models for ongoing assessment of functional and academic skills of children and youth with ASD should be explored and a centralized tracking and dissemination system for this assessment data should be created and shared with AHS.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Autism Consultant reviews disaggregated Annual Performance Report (APR) results and other data sources for students with ASD annually and makes recommendations for training and technical assistance.	1. DOE/AHS	1. I-Team Annual Data; CSHN Data; Coordinated Services Plan Data	1. 1 month/annually	1. Data reviewed, recommendations made
2. The above recommendations are considered when developing statewide training schedule.	2. DOE/AHS; I-Team; HEC	2. HEC; I-Team	2. 2 month	2. data used in developing training schedule
3. Group is convened to research functional assessment models and make recommendations for a functional progress assessment tool that would be appropriate to use in schools, family, and community for tracking the progress of individuals with ASD.	3. DOE/AHS; stakeholders	3. Time, funding	3. 12 months	3. Functional progress assessment tool is developed
4. Information about the functional progress assessment tool is widely disseminated.	4. DOE/AHS	4. Time	4. 6 months	4. Tool disseminated
5. First example schools/service providers are recruited and supported in implementing recommended functional progress assessment tool.	5. DOE/AHS	5. Funding	5. 12 months	5. Functional progress assessment tool is available and used to track progress by first providers
6. Statewide training in recommended functional progress assessment tool.	6. DOE/AHS	6. Time, funding	6. 12 months	6. Functional progress assessment tool is available and used to track progress by many providers

Implications For Individuals with ASD and Family Involvement: Functional progress assessment tool tracks progress and will follow the individual throughout Vermont. Training in the assessment tool will be provided.				
Implications For Professional Development: Training in the model				
Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)				
<ul style="list-style-type: none"> - APR Data by Supervisory Union and region; - Data from functional progress assessment tool 				

Autism Plan Template

14) Recommendation: Adult Services (6,7)				
Goal: Adults with ASD are competitively employed				
Improvement Strategies:				
6. Job opportunities, training, and resources for people with ASD should be increased. Training to Vocational Rehabilitation counselors, supported employment staff, current and potential employers, and job supervisors should be pursued to increase knowledge about the unique needs of employees with ASD and the skills for hiring and successful ongoing employment.				
7. The development of job opportunities should be funded that match the skills of individuals with ASD.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities DOE <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Assess the needs for training of employment staff and develop a training plan to meet those needs as part of Training and Workforce development (See recommendation #9 above)	1. AHS Autism Specialist, DDAS Employment Specialist, VR transition counselor supervisors, DOL, VABIR, BLN (Business Leadership Network), Workforce Investment Board, CDCI employment specialist, DOE transition specialist, DDAS and VR training coordinators	1. Time	1. 6 months	1. Training plan developed
2. Develop training and informational materials to be used by local VR, Supported Employment providers and agencies involved in employment to train their staff.	2. See above	2. Time, costs of materials	2. 12 months	2. Training and materials developed.
3. Include training on employment of people with ASD in the annual Autism Summer Institute, the VT APSE conference, VR conferences, transition conference	3. AHS Autism Specialist, DDAS Employment Specialist, , DDAS and VR training coordinators	3 .Time for planning and organization, costs of presenters	3. 12 months	3. Training on ASD and employment included in existing conferences.
4. Add a funding priority to DS SOC plan to allow for the development of jobs for those who don't already have a job. Provide	4. DDAS, VR	4. funding	4. contingent on funding	4. Job development for people with ASD is more available.

<p>additional funding through VR for job development.</p> <p>5. Within VR, add additional Employment Training Specialists specifically trained to work with people with ASD for those that need additional support to find and retain employment. If caseloads continue to increase, advocate for additional VR Transition counselors.</p> <p>6. Create models for long-term support for people with ASD who do not qualify for currently available services.</p> <p>7. Develop and disseminate materials to make employers aware of the strengths of individuals with ASD related to employment. (VR and VABIR already have this information)</p>	<p>5. VR</p> <p>6. AHS</p> <p>7. AHS, families, and individuals with ASD</p>	<p>5. Funding</p> <p>6. Funding</p> <p>7. Time,</p>	<p>5. contingent on funding</p> <p>6. contingent on funding</p> <p>7. 3 months</p>	<p>5. More support is available in VR, increased placements</p> <p>6. Long term support is available to those who need it</p> <p>7. employers willing to hire people with ASD</p>
<p>Implications For Individuals with ASD and Family Involvement: Individuals and/or their family members are included in the development and delivery of all training.</p>				
<p>Implications For Professional Development: Staff involved in employment receives needed training.</p>				
<p>Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)</p> <ul style="list-style-type: none"> - Survey of providers regarding knowledge and skills in supporting people with ASD in employment. - Employment outcomes increase. 				

Autism Plan Template

15) Recommendation: Adult Services (1,2)				
Goal: Individuals and their families are knowledgeable about the transition process and the range of options for their life after high school. Students successfully transition to situations supportive of their desired goals.				
Improvement Strategies:				
<ol style="list-style-type: none"> 1. Training should be provided to high school case managers, individuals with ASD and their families about the funding priorities for individuals leaving high school in the State System of Care Plan for Developmental Disability Services. 2. Consistent participation in transition planning by adult service providers should be promoted, including Developmental Disability, Mental Health, and Vocational Rehabilitation services. 				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Local core transition teams will be knowledgeable about and disseminate information regarding transition, including DS SOC priorities, for schools, special education regulations and responsibilities for individuals and their families. They will sponsor annual informational events in their local community.	1. Employment Specialist, DDAS, Core transition teams	1. Informational materials, planning time and organizing time	1. 6 months	1. Individuals and parents report being knowledgeable about transition process
2. Identify the barriers to participation of adult providers in transition planning meetings and work to remove barriers	2. DDAS, VR, DMH, schools	2. Time, possible funding	2. 12 months	2. Adult providers are able to participate far enough in advance to allow for smooth transitions
3. People will be directed to transition resources such as the CDCI website, transition counselors, adult service providers, on-line transition courses	3. AHS Autism Specialist, DDAS Employment Specialist, DOE staff, VR, VT211, all school and community providers	3. Time, information materials	3. ongoing	3. Materials are developed and utilized
4. Develop informational materials for individuals with ASD and their families pertaining to the transition process as addendum to existing materials on	4. AHS Autism Specialist, DDAS Employment Specialist, VR transition counselor supervisors, CDCI employment specialist, DOE transition specialist	4. Time, costs of copying, dissemination	4. 12 months	4. Materials are developed and utilized. Increased employment outcomes.

<p>transition.</p> <p>5. Develop a training course in transition for youth with ASD through HEC autism program.</p>	<p>5.HEC</p>	<p>5. tuition for students taking course</p>	<p>5. In process</p>	<p>5. Course on transition and ASD available and students enroll</p>
<p>Implications For Individuals with ASD and Family Involvement: Individuals and/or their family members are included in the development and delivery of all training. They provide input into the informational materials that are developed and best methods for consumers to access information and provide feedback on their experiences in the transition process.</p>				
<p>Implications For Professional Development: People developing materials and training need to remain current with best practices and information dissemination. Providers need to prioritize training in the transition components and process for their staff. Public, individuals with ASD and their families, providers will be informed of location of transition information and training materials.</p>				
<p>Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)</p> <ul style="list-style-type: none"> - Survey of parents regarding knowledge about and effectiveness of transition process - Review IEP transition goals for students with ASD included on the yearly DOE “monitoring desk review” 				

Autism Plan Template

16) Recommendation: Adult Services (3, 4, 5, 8, 9)				
Goal: Adults with ASD receive needed support to live in the community across all settings and to realize their hopes and desired goals.				
Improvement Strategies:				
<p>3. New post-secondary opportunities for education and community living skills (e.g., college support; peer mentoring/coaching; living coaches, etc.) should be developed.</p> <p>4. Peer- and professionally-led support and counseling groups that will lead to independent social interaction should be developed. Social and leisure opportunities should be developed throughout the lifespan.</p> <p>5. Availability of affordable housing by collaborating with public housing financiers and private developers should be increased. Availability of cooperative housing and including the use of technology to support people in independent living, should be increased.</p> <p>8. A variety of creative and flexible service, support, and case management options from which adults with ASD can choose should be available. Adults should be able to purchase those services using public, private or insurance funds.</p> <p>9. Consideration should be given to creating a pool of money, for access by application, to private agencies providing support for peer training, parent support, and self-advocacy.</p>				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
<p>1. Program to be developed in Chittenden County for post-secondary education/community living. If successful, replicate successes in other areas of state.</p> <p>2. Research and identify the capacity of VT post-secondary education programs to accommodate students with ASD. Work with programs that need assistance to enhance their capacity. Develop supportive services to promote success in post-secondary environments. Research funding mechanisms and secure external funding for supportive services.</p>	<p>1. HowardCenter, DDAS</p> <p>2. VR, DDAS autism specialist, DDAS, DS agencies, PCS program, post-secondary programs, Higher education Access offices, relevant Providers or organizations</p>	<p>1. Time, funding, locate housing option, collaboration with UVM, develop curriculum.</p> <p>2. Time, funding for training, informational materials for post-secondary providers in accommodating students with ASD, funding for supportive services</p>	<p>1. Summer, 2008, replications – 12-24 months</p> <p>2. 24 months</p>	<p>1. Programs running and meet needs of young adults enrolled. Enrollees become as independent as possible in community/work.</p> <p>2. More adults with ASD attend post-secondary programs.</p>

<p>3. Develop new and enhance existing models of support for community living, tailored to the needs of individuals with ASD. Included in these models should be appropriate support for individuals with ASD substance abuse issues.</p> <p>4. Promote the expansion and awareness of peer support and advocacy groups for adults with ASD.</p> <p>5. Promote the development of peer and professionally led support and counseling groups within DS/MH agencies and with private counselors. Promote development of groups, provide training to group facilitators/counselors including for working with individuals with substance abuse issues.</p> <p>6. Provide training and technical assistance to providers regarding fostering social and leisure opportunities and activities for adults with ASD.</p> <p>7. Agency providers work with public housing financiers and private developers to increase availability of affordable housing for adults with ASD.</p> <p>8. Replicate residential alternative models that uses technology to support more independent living.</p> <p>9. Options for flexible service, support, and case management will be clarified and expanded to meet unique needs of adults with ASD. Providers allow for flexible payment options for these services.</p> <p>10. Department of Corrections and the court system works to identify people with ASD involved with the criminal justice system and ensure necessary and appropriate services and supports.</p>	<p>3. DDAS, DS, MH & SA agencies, relevant Providers or organizations</p> <p>4. GMSA, DDAS, DS/MH agencies</p> <p>5. DMH/DDAS, MH/DS agencies, DDAS autism specialist</p> <p>6. DDAS training coordinator</p> <p>7. Provider Agencies</p> <p>8. Provider Agencies</p> <p>9. DS/MH agencies, VR</p> <p>10. DOC, Court System, DCF (Woodside)</p>	<p>3. Funding for new models, time to develop</p> <p>4. Time</p> <p>5. Time, funding for training, agency and private counselors willing to run groups</p> <p>6. Time, funding for training, trainer, doctorate dissertation (UVM graduate student)</p> <p>7. Time, funding</p> <p>8. Willing agencies, time, funding, HowardCenter – Developmental Services</p> <p>9. Time, funding</p> <p>10. DOC Commissioner’s ADA Advisory group</p>	<p>3. 12-24 months</p> <p>4. 12 months</p> <p>5. 12 months</p> <p>6. 12 months</p> <p>7. 24+ months</p> <p>8. 24+ months</p> <p>9. 12 months</p> <p>10. 12-18 months</p>	<p>3. More adults are living in community with supports that meet their needs.</p> <p>4. There are more peer support and advocacy groups in the state for people with ASD.</p> <p>5. More professionally and peer led support and counseling groups are available to adults with ASD.</p> <p>6. Social and leisure opportunities are available for adults with ASD.</p> <p>7. Affordable housing is available.</p> <p>8. Supportive housing, using technology is available in more areas of the state.</p> <p>9. Additional flexible service options are available.</p> <p>10. Criminal justice system identifies and accommodates individuals with ASD</p>
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11. AHS funds a pool of dollars to support peer support, peer and community education, parent support, and self-advocacy.	11. AHS, Vermont Center for Independent Living, VFN, GMSA	11. Funding	11. Contingent on funding	11. Peer support, parent training and self-advocacy are supported.
<p>Implications For Individuals with ASD and Family Involvement: Individuals with ASD and/or their families provide input into the development of supports for community living, post-secondary education, peer support, and counseling groups. They also participate in development and/or delivery of training of providers.</p>				
<p>Implications For Professional Development: VR and DS Providers and college staff receive training in providing support for post-secondary education. Individuals and families are made aware of options for post-secondary supportive services. Professionals are provided training in leading support and counseling groups tailored to the needs of individuals with ASD. DS agencies receive training in developing social and leisure opportunities.</p>				
<p>Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>)</p> <ul style="list-style-type: none"> - More students with ASD attend and graduate from post-secondary programs – VR and college data. - DS/MH agencies report increased number of adults with ASD receiving support for community living. - The number of support and counseling groups increases – survey agencies and private providers. 				

Autism Plan Template

17) Recommendation: Funding (1, 8, 10)				
Goal: Adequate funding is available for professional development, consultation and technical assistance for schools and providers to meet the needs of individuals with ASD.				
Improvement Strategies:				
1. The targeted use of professional development money available to schools and providers should be investigated to pay for training, technical assistance, and consultation.				
8. Funding to support the availability of regionally located interdisciplinary teams of experts who can consult with families and staff in schools or other educational settings should be expanded.				
10. Changes to the special education funding rules should be considered to allow financial incentives for regional models of training and service delivery in schools.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Research state and federal funding sources, including grants, private foundations, etc. to expand interdisciplinary teams of experts.	1. Vermont Research Partnership (UVM), CDCI, DOE/DAIL	1. Time, funding	1. ongoing	1. Sources found
2. Apply for funding to allow for the expansion of interdisciplinary teams of experts.	2. DOE/DAIL, UVM, CDCI	2. Time	2. Contingent on availability of funding options	2. grants secured
3. Investigate how professional development money is presently being used within school districts and supervisory unions.	3. DOE, Vermont NEA	3. Time	3. 6 months	3. information gathered
4. Identify and work with 1-2 school districts and/or supervisory unions or regions that are willing to create "pools" of professional development money that will be available for use in training, technical assistance and consultation across districts and supervisory unions.	4. DOE, school districts, supervisory unions,	4. Time	4. 12-18 months	4. Schools pool professional development money
5. Identify and consider special education funding rules that can be changed.	5. DOE with stakeholder input	5. Time	5. 6 months	5. Rules that can be changed identified
6. Create special education	6. DOE with stakeholder input	6. Time	6. 18-24 months	6. Financial incentives available

funding rules that will provide financial incentives for regional models of training and service delivery in schools.				
Implications For Individuals with ASD and Family Involvement:				
Implications For Professional Development: Increase the availability of professional development across school districts and supervisory unions.				
Evaluation Process (<i>How will you determine that your goal has been reached? What are your measures?</i>) <ul style="list-style-type: none"> - Survey parents and providers regarding level of training of personnel, e.g. level of training increase, number of trainings attended, number of training provided. 				

Autism Plan Template

18) Recommendation: Funding (12,13)				
Goal: Medical services for children with ASD will be covered by private insurance carriers.				
Improvement Strategies:				
12. Legislation should be enacted to require large group employers in Vermont who do not self-insure, to pay for medical services for children with ASD including, but not limited, to: full diagnostic evaluation, primary care in a medical home setting, physical therapy, occupational therapy, speech/language services and intensive one-on-one therapy using individually-appropriate interventions. Also reimbursement for ASD-related services must be at a rate commensurate with that of other medical conditions.				
13. Legislation that clearly defines ASD as a neurologically-based medical condition should be enacted in order to access private insurance coverage.				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Educate and lobby Vermont legislative committees regarding need to explicitly define autism spectrum disorders as a neurologically-based medical condition.	1. Advocates, VPIC, individuals with ASD, families, AHS, DOE, medical professionals	1. Time, funding	1. 12 months	1. Legislation proposed
2. Definition of ASD is changed to reflect neurologically-based medical condition.	2. Vermont legislators, advocates	2. Time	2. 12 months	2. Legislation passed that reflects new definition
3. Research autism-related health insurance legislation that has been enacted in other states.	3. Vermont Research Partnership (UVM), DAIL autism specialist	3. Time, funding, Autism Speaks	3. 3 months	3. Data from other states
4. Introduce legislation in Vermont legislature that requires large group employers, who do not self-insure, to pay for medical services for children with ASD.	4. Advocates/parents	4. Time, funding, AutismSpeaks	4. 12-24 months	4. Legislative bill proposed
5. Bill enacted that requires large group employers, who do not self-insure, to pay for medical services for children with ASD.	5. Legislators, Governor	5. Time	5. 12-24 months	5. Legislative Act signed by Governor and enacted into law
Implications For Individuals with ASD and Family Involvement: Advocating for legislation.				

Implications For Professional Development: Further understanding of the neurodevelopmental nature of this disability and necessary coordination with health care providers.

Evaluation Process (*How will you determine that your goal has been reached? What are your measures?*)

- Survey families regarding access to services through their private insurance.

Autism Plan Template

19) Recommendation: Funding 2,3,4,5,14/ Coordination of Services 7				
Goal: Additional funding for services is available through Medicaid.				
Improvement Strategies:				
<u>Funding</u>				
<ol style="list-style-type: none"> 2. The gaps in Medicaid EPSDT programs for autism services for Vermonters under age 21, such as speech/language therapies, occupational therapy, case management, and behavior therapies should be closed. 3. Access to the home and community-based developmental disability Medicaid waiver services should be restored in Developmental Services for children to cover services not eligible under EPSDT such as respite and parent training. 4. Access for adults to Medicaid-covered services such as speech/language therapies, augmentative and alternative communication devices, occupational therapy and other services should be improved. 5. The Medicaid Children’s Personal Care Program should be revised to allow flexible use of the funding by parents. 14. The implications of changing eligibility for developmental disability and mental health services to focus on functional supports necessary to help individuals with ASD lead lives that maximize their independence should be evaluated. 				
<u>Coordination of services</u>				
<ol style="list-style-type: none"> 7. Provide funding for service coordination for individuals with ASD and their families to help them access services, train workers and transition across systems throughout the lifespan. 				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE</i> <i>Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
<ol style="list-style-type: none"> 1. Funding for additional EPSDT services is finalized in FY09 budget. OVHA delineates parameters for use of additional funds. Information regarding additional services is made available to the public. 2. Advocate for expanding the DS system of care funding priorities to include services to children not covered by EPSDT. Public input process for SOC development. Advocacy by families with the legislature. 	<ol style="list-style-type: none"> 1. OVHA, with DAIL 2. DS agencies, consumers, families 	<ol style="list-style-type: none"> 1. Funding, time 2. Time 	<ol style="list-style-type: none"> 1. 2008 2. 12 months/ongoing 	<ol style="list-style-type: none"> 1. Additional services are funded for children with DD under EPSDT. 2. Additional services, not covered by EPSDT, are available through DS waiver services.

<p>3. Examine current barriers to access for adults to Medicaid-covered services such as speech/language therapies, augmentative and alternative communication devices, occupational therapy and other services. Work with OVHA to address those barriers including evaluating the financial impact of changing rules. Advocacy for the changes.</p> <p>4. Pilot flexible use of PCS for 150 children in 4 areas of state. Finalize rules for flexible option. Evaluate effects of pilot on consumer satisfaction and financial impact. Expand statewide if approved by Secretary of AHS.</p> <p>5. Evaluate expanding eligibility and funding priorities in DS/MH for adults in order to meet needs.</p> <p>6. Research number of individuals who do not currently have case management services. Explore use of EPSDT and flexible PCS option as funding source for CM. Explore other possible funding sources for those without CM. Based upon secured funding, provide case management.</p>	<p>3. DDAS, DD Law, OVHA, DS providers, Communication task force, SLP-AAC group, advocates.</p> <p>4. DDAS, OVHA, Secretary AHS</p> <p>5. DDAS/DMH</p> <p>6. DAIL</p>	<p>3. Funding, time</p> <p>4. Time, finalized rules, possibly additional Medicaid funding</p> <p>5. Time</p> <p>6. Time, funding</p>	<p>3. 24-36 months</p> <p>4. Pilot 6/1/08, 12-18 months to evaluate</p> <p>5. 6 months</p> <p>6. 12 months, expansion contingent on funding</p>	<p>3. SLP, OT and AAC devices are obtained by people eligible for Medicaid.</p> <p>4. PCS dollars can be used flexibly to meet the needs of children with DD.</p> <p>5. Data compiled.</p> <p>6. All people with ASD have CM services available.</p>
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Implications For Individuals with ASD and Family Involvement: Opportunity for public input on DS system of care development. Opportunity to participate in pilot of flexible options in Children’s Personal Care Services. Advocacy for

increased funding.

Implications For Professional Development: Training of additional professionals and providers to provide needed services under EPSDT and flexible PCS option for children and Medicaid services for adults.

Evaluation Process (*How will you determine that your goal has been reached? What are your measures?*)

- Survey of individuals and families regarding availability and satisfaction with services.
- Financial impact on Medicaid and family satisfaction with flexible option under PCS is evaluated by DDAS.

Autism Plan Template

20) Recommendation: Funding (3, 11)				
Goal: Access state and federal funding sources.				
Improvement Strategies:				
<p>3. Funding should be available to increase access to recreation, summer programs, and community opportunities. This should be coordinated with the Governor’s Fit and Healthy Kids initiative.</p> <p>11. The State should actively support new federal legislation, such as the “Expanding the Promise for Individuals with Autism Act of 2007” (HR 1881/S937) and “IDEA Full Funding Act” (S1159).</p>				
Tasks/Action Steps <i>What Will Be Done?</i>	Responsibilities <i>DOE Who Will Do It? AHS</i>	Resources <i>(Funding/Time/People/Materials)</i>	Timeline for Completion	Evidence of Success
1. Research available federal, state, and private foundation grants or other funding options for recreation, summer programs, and community opportunities.	1. AHS/DOE, Governor’s Fit and Healthy Kids Initiative (DOH)	1. Time, child care, after-school care, and Children’s Trust Fund grant opportunities	1. 12 months/ongoing	1. List of possible grants and other funding options
2. Apply for grants	2. AHS, DOE, Governor’s Fit and Healthy Kids Initiative (DOH), UCEDD, VPIC, Parent-to Parent	2. Time, administrative support, grant writer, funding	2. 12 months/ongoing	2. Funding received
3. Advocate/lobby for support of federal legislation in support of funding for ASD services	3. Parent advocates, VPIC, GMSA, DD Council, CDCI, State officials	3. Time, training	3. 6-12 months/ongoing	3. Federal legislation enacted
Implications For Individuals with ASD and Family Involvement: More summer programs, recreational and community opportunities will be available; advocacy to lobby for passage of federal legislation				
Implications For Professional Development: N/A				
Evaluation Process <i>(How will you determine that your goal has been reached? What are your measures?)</i>				
- Survey parents about the availability of summer programs, recreational and community opportunities.				

Last modified: 6/13/08

Acronyms:

AAC	Augmentative and Alternative Communication
AAP	American Academy of Pediatrics
AHS	Agency of Human Services
APSE	Association for Persons in Supported Employment
ASD	Autism Spectrum Disorders
ATF	Autism Task Force
BEST	Building Effective Support for Teaching Students with Behavioral Challenges
CDC	Child Development Clinic
CDCI	Center on Disabilities and Community Inclusion
CDD	Child Development Division
CDD-CIS	Child Development Division – Children’s Integrated Services
CM	Case Management
CSP	Coordinated Services Plan
DAIL	Department of Disabilities, Aging and Independent Living
DCF	Department for Children and Families
DDAS	Division of Disability and Aging Services
DMH	Department of Mental Health
DOC	Department of Corrections
DOE	Department of Education
DOH	Department of Health
DOL	Department of Labor
DD	Developmental Disabilities
DD Law	Developmental Disabilities Law Project
DS	Developmental Services
ECACG	Early Childhood Autism Consultation Group (FITP-EEE)
EDS	Electronic Data Systems
EEE	Essential Early Education
EMT	Emergency Medical Technician
EPSDT	Early, Periodic Screening, Diagnosis & Treatment
FERPA	Family Educational Rights and Privacy Act
FITP	Family, Infant & Toddler Program
GMSA	Green Mountain Self Advocates
HEC	Higher Education Collaborative
HIPAA	Health Insurance Portability and Accountability Act
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Plan

I-Team	Interdisciplinary Team of CDCI
LCAR	Legislative Committee on Administrative Rules
LEND	The Leadership Education in Neurodevelopmental and Related Disabilities Program
LIT	Local Interagency Team
MH	Mental Health
MOU	Memorandum of Understanding
NEA	National Education Association
OT	Occupational Therapist
OVHA	Office of Vermont Health Access
Part C	Federal Regulations pertaining to early intervention services for children birth-3
PCS	Personal Care Services
PT	Physical Therapist
RFP	Request for Proposals
SA	Substance Abuse
SIT	State Interagency Team
SLP	Speech/Language Pathologist
SOC	System of Care
TA	Technical Assistance
UCEDD	University Center for Excellence in Developmental Disabilities
UVM	University of Vermont
VCHIP	Vermont Child Health Improvement Program
VCTF	Vermont Communication Task Force
VCSEA	Vermont Council of Special Education Administrators
VPIC	Vermont Parent Information Center
VR	Vocational Rehabilitation
VT211	Vermont Information and Referral Service
VT-ILEHP	Vermont Interdisciplinary Leadership Education for Health Professionals