

Intervention Subcommittee  
AL Autism Task Force  
3<sup>rd</sup> Meeting  
9-1-07

**In attendance:**

Tim Ferguson, Chair  
Kerry Mataya  
Jennifer Muller, Recorder  
Dr. Hanes Swingle  
Heather French  
Bob Babcock  
Beverly Marson  
Mike Weeks  
Bob Simpson  
Kim Hammock  
Angie Barber  
Kim Wanous  
Shirley King  
Eileen Mueller

**Welcome and Introductions:** Tim Ferguson, Chair called the meeting to order at 10:04. Beverly Marson joined the group as a liaison between the Needs Assessment Group and the AL Autism Task Force. Angie Barber recently moved to Tuscaloosa and is studying under a professor at Florida State. Kim Wanous is with the Department of Rehab. Services.

Review of the organization, at last meeting we split the group into 2 different focus areas lead by Hanes Swingle and Kerry Mataya. Bob Babcock says they use the ipop system at the Learning Tree and we can use this to facilitate meetings and discussions.

Review of Minutes: We will accept with the following changes: Bob Babcock is not with Auburn but is a BCBA operating out of the Learning Tree.

Hanes Swingle: (contact ASA for draft recommendations) drafted ideas with input from several others, they were distributed to the group via email. Got some good feedback from people especially Ms. Plata. He asks why EI isn't screening kids? Thinking about using an M-Chat. She also talked about the structure of EI and their ability to draw down funds-300.00 a month (approx). We know that kids improve with 25 hours a week and we would like to look at how to we can get the kids up to that level of service. We know

that EI has been moved from center based to home and we are thinking of the need for children with ASD to be around typically developing children in a childcare type setting. There was also a lot of discussion about ABA as well. He feels that we need more behavioral approaches in the school system and believes that the first approach that should be used is behavioral and then look at meds if necessary. He thinks we need to recommend some type of behavioral services in the school system.

Dr. Babcock comments on certification: no need for state to create its own process for credentialing. He believes the state needs to recognize the nationally recognized body that certifies behavioral analysts. He thinks we need to recognize that level of certification. As we build systems we need to develop ways to fund that type of services. 185,000 is the cost of residential school placements. 66,000 is state match money in Alabama. For 1 child going residential for 1 year, we could fund 2 kids in EI for just the state match. Kids that go to residential go into it for typically 10 years. Those that don't get EI are high risk for being very expensive. Most of the 1.5 million that we spend on these kids is at the adult level.

Heather French suggests we look at what Tennessee does and how they are licensed to be in school settings.

BB says the autism special interest group has put out a set of guidelines and it basically says BCBA is the minimum and to practice with autism they also spell out a certain level of experience. [[www.autismsig.org](http://www.autismsig.org)]

Tim says what the educators have a problem with is the professional in behavioral analysis who doesn't understand the mechanism for providing that type of service in the school setting.

Heather French says you need the understanding of the scope and sequence of what happens with children who are school aged.

Hanes reminds us that our focus is preschool. He talks about his conversation with Dr. Campbell and Dr. Baxter. He comments on how teachers are doing, a survey of 120 preschool teachers indicated 40% of them have had children who have been expelled. He says this to get us to understand the issues.

Bob Babcock says the BCBA credentialing takes students who have master's degrees in basically anything. There is a myth that this all occurs in psychology.

Heather French says there are lots of education programs that don't expose them to the behavioral analysis piece.

Kim Wanas says that ADRS administers the EI programs and they don't provide direct services. He suggests that we should invite someone from that group to sit with us and make sure we don't have recommendations coming out that don't work within the regulations. He will provide us contact info. He spoke to Cam last week about a meeting

they are having in January and they have agreed to have panel presentation at that meeting. We would like to have someone like Betsy Prince. He will let her know that we are looking to invite someone from EI. We should also consider inviting someone from VR and CRS.

We can recommend whatever we think is appropriate. Kim from Department of Mental Health says we need to look at this because CMS is here now auditing and one of the things they are focusing on is the difference between rehabilitation and habilitation. Autism has been considered to be habilitation in the past. We should consider this so that our insurance structure will support this.

Bob Babcock says you could define this group as either habilitation or rehabilitation. 1/3 of kids loose language. Kids with AS do better in elementary. He suggests we should argue that this is both.

Kim says the OIG is targeting this nationally. She thinks we should not loose sight of this.

Beverly Marson asks is what Bob is saying about the BCBA might help us argue this with skills.

Kim says if we consider this medical we would be able to provide this as a payable service. They are having weekly meetings with Medicaid.

Bob says 1 recommendation we might want to make is that interventions should be targets for rehabilitation and habilitation.

Beverly asks the question if this committee is looking at anything regarding wraparound services. Tim says we aren't really supposed to look at school age kids.

Heather French says the Education Committee is looking at those type of issues.

Tim reinforces from his perspective we need to have practical recommendations that can be implemented but we also needs far reaching recommendations that we can look forward to. There is no telling what might be accepted now but maybe later.

Kim says Commissioner Ward says other states have made long laundry lists of services recommended and they then get paired down by the legislative efforts. We will have to eventually ask how we decide on our lists.

Angie asks if we have looked at National Academy recommendations. Tim says yes, she has a .pdf file that we can attach. We need to look at continuing education.

Heather French asks if we would consider a transitional preschool setting for children that may not be ready for the classroom environment. Bob says they recognize that every

child with autism is different and some kids at 2.5 are ready to be included some are not. The goal is to include the children but they may need more intense interventions before that occurs.

Tim shifts gears and talks about Laura Klinger's program at UA for students with AS. We need to look at three sets of people when they get out of high school: those that can go to college with supports, those that need assistance to work, and those that need special assistance to survive. Tim would like to see that model go to schools in other parts of the state.

Kerry Mataya is going to pass out information on adults. She will also refer back to list in binder as well. She is skipping to #4 on our agenda about VR. She doesn't see how this can work unless we go thru VR. She has reviewed rules and regulations and has found % numbers. 35% of adults placed are thru high school. Kerry Boswell stats are sighted.

Info from ASA recommendations written in May 2007, provided by Joe Carter. She has highlighted supported employment and the need to close cases not being consistent. We can tweak this for our own use. Is this something that we would like to see? Can we look at how to facilitate ongoing supports?

Bob says there are always issues but they can be nipped in the bud by someone who understands. The trick is there needs to be someone that the employer has a relationship with that they can contact with when they need supports. That call can save you from having to get the person a new job. For people with AS the job match can be very intensive and much greater than it would take to simply save a job. You have to have someone who knows the individual. He realizes that there are constraints on the VR system.

Kim says in the perfect world with VR counselor will work with the person and they have to back out in 60 to 90 days but that person is available to go back for post support. They have the employment specialists that are constantly working on finding new jobs. They can go back in to help retrain or help them get a new job.

Kerry thinks we should set up a meeting with VR to look at how this is happening.

Bob says that it is really important to recognize that the VR provider is a generalists. The individual with AS is about as specialized as it gets. They need to have someone to call upon for special help.

Kim says they have specialists that work in certain areas like deaf/blind.

Kerry says we have talked about the need to share knowledge.

Bob says community mental health centers could provide that but they are not always trained.

CMS sees autism as habilitation not rehabilitation. Autism is in the rehab option and they have contracts to provide that type of service and have to be very careful about what is rehabilitation and habilitation.

Bob asks how we can communicate with the community mental health service that they need to provide this type of service. If they had on their agenda the need to create the capacity and do this well, when VR was fading out the call would come into the local community mental health center.

Kim H. says they already know that. They contract. On MI side they work with rehab option and the seriously mentally ill. They are primarily charged with servicing those with serious mental illness: the 2 providers who have chosen to do this are Brewer Porch and Glenwood.

Kim W. says this year funding was not provided by legislation for kids that age out of school, those that have emotional problems etc. Departments have provided 2 people each to develop work readiness.

Kerry says we have to have someone from VR to discuss this with us.

Tim talks about our discussion regarding a Center of Excellence for Autism. This doesn't fit into the mental health model or anywhere. This has not been figured in with the existing programs. He asks if mental health is the correct way to address the needs of autism. It seems to force fit.

Kim says that we need to think collaboratively as a coordinating group and not have it in one department: insurance, health dept. rehab, etc.

Bob says he agrees with pulling it together. At Emory the EARC was corely funded from state funding pool. The idea of becoming a Center of Excellence is very competitive. He doesn't think we shouldn't start our own autism resource center by recognizing the need.

Kim says Commissioner Houston realizes its role. They are making a stab at this within DHM/MR. They train, do research and have outcome measures. It would be interesting to see if there are centers that are doing this.

Bob says there area but they are most often researched focused. He thinks a resource center would be the best approach, they can be drawn upon. They would have competencies. You pull together disciplines.

Kerry says Indiana has this type thing. Kansas had a similar program but it wasn't funded by the state and collapsed when the funding ended. Everyone is just starting their own program. If you look at the VR website they indicate their services are consumer driven. There is an attached list of providers. Kerry says that what she does is very important because they take the calls late at night that keeps people safe.

See information provided on CARF accreditation. Kerry says they have filled out non medical service provider form in a couple of different areas. She wants to know who can get this type of certification. She thinks we need to decide before we make recommendations. She has been told that autism is such a small percentage of clients they see they can't form a unit. Why do some clients get more opportunities?

Bob says he has had some experience with VR. They have requested psychological services. 1% of the population has autism syndrome diagnosis. He is told that they don't see many people that have this diagnosis. He suspects that he hears that because of a lack of recognition of the diagnosis. They are getting services for other type of diagnoses. He suspects that services could be more efficient if they had that knowledge.

Kerry says some of the adults don't have the diagnosis. She would like to see some recs about diagnostics.

Bob says that a lot of adults coming in whether or not they get a new diagnosis is dependent on the counselor's knowledge.

Kerry is not seeing how we can go another route than going thru ADRS. She doesn't see how we can train everyone. Hundreds of people have been trained but she can't see an impact. She thinks a unit would be important. She knows that the schools are feeling the brunt of this now not VR. Later they will feel it.

Kim says that the transition pop is 1/3 of those receiving services. It is a pretty significant number.

Beverly says she doesn't know why there isn't a better way to transition people from school to work. If we could set up a highly skilled group thru VR that might go on longer. She says that we must also consider the residential supports. She says we have to expand services for this group.

Kerry says that she doesn't get those calls. She wants to know more.

Beverly Marson says there are no beds. The only beds that are available are going to the lowest bidder thru the RFP process. They need to have people that area trained.

Kerry says that she knows that they have been moving people to group homes.

Beverly Marson says you have to have highly skilled people in the homes.

If you have a waiver under 70 you go out on RFP and the requirements are set by the provider. There aren't any specific standards that require any knowledge or expertise on autism. The community providers would be something to look at. He thinks that we could do a good service by

The money is determined by the IRBY process to determine the level of need. If autism is something that needs to be looked at for the need level that is required. That would allow them to charge a different rate for those that have autism. This will incentives those that are providing care in those homes.

Kim says only 10% of DMH/MR goes to kids. They are very much focused on adult services.

Kim says that MI has certain standards. She thinks that that should be looked on the MR side. They are in homes for MR but we need to look at people who serve those with autism. They can rehabilitate them on the MI system. People who get into the beds that are for our group stay in them for a long time and there is little turn over.

Bob says a line of funding from the legislature that would target special populations thru an agency would be the only to create the focus that we need.

Kim says putting this in the budget would give them the attention and then we could let it grow. This has to be a bipartisan effort (senate and house) in a collation to request funding. This would be good timing-when they come back in in February. Cam and the initiative he has shown can lead this.

Anything is possible with a compelling reason. It is about people and serving individuals. We have to show the necessity and show the growth.

We have very little time to develop our legislative effort. We need to be able to clearly articulate this groups needs to 140 legislators who many of whom will have very little understanding of the problem. It may be helpful to try to work within existing structures and try to figure out ways to maximize the educational impact. We need to start developing relationships with our state senators and representatives across the aisles. This will help us with our long term goals.

Tim reminds the group that a lot of what is taking place is external to these monthly meetings and suggests that each committee member decide if they are focused on early childhood or adulthood issues so they can work with either Hanes or Kerry between this meeting and the next.

**Next Meeting:** November 19<sup>th</sup> here in Montgomery. Meeting adjourned at 12:00. Kerry Mataya has scheduled meetings on the 15<sup>th</sup> and 29<sup>th</sup> to discuss adult issues.