

Meeting called to order 10:16 by Chair Tim Ferguson.

In attendance: Cam Ward, Beverly Marson, Tim Ferguson, Hanes Swingle, Kim Wanous, Mike Weeks, Jennifer Muller, Amy Wanous, State Liaison for Dept of EI, Eileen Mueller, Elisa Kennedy, USA Dept. of PT.,

Beverly Marson-report on community forums-Birmingham, low turn out but not time to advertise, Gadsden well attended, Huntsville very well attended after the Task Force meeting, Mobile had a forum on Thursday last week and Tuscaloosa will have theirs tonight. Additionally a forum will be held in Birmingham tomorrow. We are under a time crunch.

Cam indicates a joint resolution expected in February, to extend the life of the Task Force and new people will be added. At the end of the next year the entire bound version will be put forth. The recommendations that are ready now can be put forth. We expect to have 2 task force meetings in January. We will release the recommendations that are ready and we will do some media awareness at that time. This will also allow us time to get information from the Needs Assessment. Tim says that this is probably our last meeting of the year. Cam recommends that we send our preliminary recommendations to the committee for comment and figure out what we are completely comfortable with and decide what is going to be released.

Tim asks about the autism person that is being proposed-Jennifer says that this is coming out of Systems of Care, Cam indicates that this is also being echoed by Education. Cam indicates that this is not going to be a Director but instead a Coordinator to facilitate the coordination of the different departments that serve our children. Tim says they were discussing why this is important for our disability more so than others-this is not just for childhood and it is spread over the entire state government. This would allow for a flow of information. Tim asks if that would be an appointment by the Governor, probably not but instead selected by the Interagency Council members. Tim says that it would be good if the State Autism Society became a focal point of this. Cam says you would need to find a way to coordinate this person with the Autism Society. Beverly asks if the Autism Society was to be used as the conduit to the regional center concept. A family would know to go to the Autism Society if it was regional office or a state office. The key would be to integrate them with the government person-there needs to be one common game plan.

The question is do we see this like NAMI acts like with the Government. They do this with Alabama Family Ties as well. They work as an advocate to keep them with a check and balance.

As a family the doctor says they need to call the Autism Society-they want a person to be knowledgeable person that is very well versed on regional resources.

We are also talking about a website that is a resource library. NAMI and AL Family Ties has been glad to be an equal partner and have an advocacy role. That was built in with Wyatt-the block grant process also mandates this. Parents want 1 person to make sure that information is getting shared.

As far at this goes, Cam suggests that we recommend the State Coordinator is going to be able to work with State Institution and Private agencies that provides you the ability to provide a long term plan.

Early Intervention-review by Hanes Swingle

AAP is now recommending 2 autism specific screenings-18 and 24 months
Autism specific screening thru the Health Departments

Public Health did do a lot of screenings in the past, once Patient First started that stopped.

There is a large group of people who get their primary health care from the health department.

All licensed physicians be required to have 1 hr CME for license renewal. Wouldn't you want to work within the Medical Association? A lot of children are screened by Family Practitioners. We also need this for the point of educating doctors in general when they have to go for general healthcare.

EI is set up in districts; you need things at the local level. All of the local people need to meet and coordinate and share information.

Designation of regional site for training.

EI should provide feedback to referring physicians.

Funding for BCBA, to allow systems access to analysts.

We need to also consider the other types of therapy needed. ABA is good for skill acquisition but sometimes we need other types of services that will help with social communication and developing joint attention. Early intervention skills for kids with autism is social skills training.

Requirement for certification of preschool teachers.

Restruction of EI-providing services in a day care type model. EI provides children services in a child's natural environment in accordance with IDEA. There are pilot sites in typically developing childcare centers.

Early Intervention Chair for PT-the EI legislation was to teach the parent to work with the child. We are missing the referrals. She was involved in identifying children in Georgia. They took teachers out in the community and held Child Find events. From the

research we know that we need the 25 hours of intervention. Services need to be year round.

Providing additional designated funding for training. We also need to make sure the professionals train specifically in pediatrics. We would need to specify that these people stay in Alabama and quantify a length of service and specify service with autism. Department of Mental Health has had to deal with this around Psychiatry.

We should also consider a recommendation for increasing capacity for diagnosticians because if we don't we will have a back up.

Recognizing parent groups, funding grants to promote collaboration. There are groups that get money thru the Department of Mental Health. Funding TV and public health programs targeted at physicians. Increased funding for respite programs.

Adult services-transition and young adult services

Tim reviews-

Training in how to deal with adults

Services being lifelong rather than time sensitive

Service Coordination-the reimbursement rate is very important and they tend to be entry level positions

Beverly thinks that if we had more of a center type approach that fostered development in an employee that would help them develop career paths and they wouldn't be lost.

The adult issue has helped move the task force into action. Families have a hard time when kids hit age 8 or 9. Parents realize that this is not going away, they also have trouble when they hit adolescence. We need to have something for these families. We have to develop systems that are continual. We need to have group homes for this age bracket for families who can not manage the kids at home.

When you call or email about this issue is equally heard as a visit to the state house. Adult providers are losing money.

EI had looked at targeted case management extending beyond age 3.

Cam says that he likes the way the recommendations are laid out and feel that these will be easy to understand.

Group home certification for autism.

Transition to employment-thinking we would need pilot programs-very few successes. We have lot of kids who have the ability to get jobs.

College supports-lifeskills, unstructured time, etc. Confidentiality release forms, stipulations of FERPA. UA has 4 students in a model transition program now. Training

programs for Special Ed type programs would be good to use to help these kids. We also have trouble tracking the kids and identifying them.

Training of law enforcement.

Full Task Force meeting January 16th. We will have another meeting in January as well per Cam Ward.

We will not set a date for the next meeting.

If there is any way that respite care could be considered as a service equal to the other services that families need.