

Minnesota Senate
Human Services Committee
Co-Chairs: Sen Hoffman and Sen Rasmusson
1.29.25

Re: State Medicaid Agency's proposal for EIDBI

Co-Chairs and members, I am hoping this can get into the committee's record and I am allowed to testify. My name is Idil Abdull; I am a Somali Autism Mom & trying to retire advocate.

I want to start by telling you this committee has been painful to follow and send comments. There are no directions or guidance on when public testimony is allowed or not. The agenda and the people who are invited have been secret at least for the one last week.

Please know that this is a public committee discussing public policy and it must be fair and open to the public – full stop.

Now, let me give you my comments regarding a day too late and a dollar too short licensure EIDBI proposal by DHS:

1. I and other Somali autism parents went to DHS almost 10 years ago and reported child abuse and maltreatment. There was a therapist who worked at Minnesota Autism Center in the Woodbury location who stated she witnessed child abuse and cruel treatments. She also said MAC knew and hid the abuse from the families. There was also another abuse in MAC location in Mankato that DHS did nothing. Is DHS also going to license CTSS agencies who provide autism therapy since many autism centers function under that?

https://www.mankatofreepress.com/news/local_news/minnesota-autism-center-supervisor-faces-criminal-charge/article_b815e5ae-ea03-11e5-91b8-13bfe6779a2c.html

2. DHS told the therapist report to the county who said call the police who did nothing because MAC management denied it all.
3. There was a Somali autism mom whose child was hit and did report again to DHS, the police, and the county. Guess what happened – nada and nothing.
4. I cannot help but think DHS now mentioning maltreatment in a Somali owned autism therapy agency is nothing short of racism and unfair overreach. If DHS cared about children with autism, they would have done something about it when many autism families reported abuse, but the difference was those agencies were owned

by white Americans, not Somali Americans. Think about that and tell me it is not differential treatment.

5. I hope the two Somali senators in this committee stay vigilant and take anything DHS says with a grain of salt. They have been unfair and biased at best towards our community. The same with the media who refused to report any wrongdoing by any white autism therapy agencies but when a Somali sneezes the wrong way, they are all over it like white on rice.
6. DHS states there are thousands of children with autism being served by current EIDBI providers. That is good news. Those are children who did not get services before EIDBI and will hopefully depend less on the system.
7. DHS fails to tell us the race/ethnicity of the children being served and the current EIDBI providers, why?
8. DHS fails to mention autism is 1 in 16 in Somali children born in Minnesota who are four years old. You know what these children are – as American as apple pie. Why is DHS and the legislators pretending to be blind about it? If these kids do not get early intervention, they will depend on the system which will be 1000% more expensive than getting services through EIDBI.
9. DHS mentions following the BACB board, why? There are other better qualified behavior analysis boards such as Qualified Applied Behavior Analysis (QABA) which is a national and internationally recognized board that focuses on autism unlike the BACB.
10. If the case load of the qualified supervising professional and/or the behavior analyst is limited to twelve children or so, and EIDBI is serving thousands, wouldn't that mean kids will not get services, at most there are only three hundred or so behavior analysts in Minnesota. DHS cannot limit access for children.
11. DHS mentions things they can fix now such as having a business phone line, email that is privacy compliant, and safe place to do therapy. Instead of complaining about miniscule items they have the power to do, they should give each new and/or current EIDBI agency a checklist to follow. DHS needs to do training for new and current EIDBI providers in-person, not a drive through webinar where they silence people. They preach person-centered but fail to follow it.
12. DHS needs to provide stricter oversight to ensure the children are learning, the family understands their rights and responsibilities and progress is tangible. They can do this now and do not need a license; they are simply an agency of minimum effort and only takes up issues if God forbid is in the news.

Sincerely, Idil Abdull – Somali Autism Mom

January 29, 2024

**To the Members of the Human Services Committee
Minnesota State Legislature**

Dear Members of the Human Services Committee,

My name is Anisa Hagi-Mohamed and I am a Bloomington resident and a mother of three children on the autism spectrum. As a neurodivergent parent myself, and an African immigrant raising my family in this state, I feel compelled to share my perspective on Applied Behavior Analysis (ABA) and advocate for its continued improvement, not its abolishment. My testimony is rooted in personal experience, social justice, and the recognition of the diverse realities faced by families like mine across Minnesota.

ABA has been a critical tool in helping my children navigate their unique challenges while empowering our family to support them meaningfully. Through the guidance of a licensed psychologist and a team of professionals with varying levels of expertise—from Level 1 to Level 3 providers—my children have made remarkable progress. ABA has equipped them with essential communication skills, self-regulation strategies, and greater independence, significantly improving their quality of life and our family dynamic.

Parent education, a cornerstone of ABA, has been invaluable in helping me understand and support my children's unique needs. Additionally, the culturally responsive providers we've worked with, including professionals from the East African community, have bridged the gap between clinical approaches and our family's cultural context. This cultural alignment has been essential for my children's success, but I know this level of responsiveness is not yet available to all families in Minnesota. Expanding access to culturally competent providers is an area where continued improvement is needed.

It is troubling when individuals claim to speak for the entire autism community while presenting a singular, often biased perspective. As a Black mother raising Black autistic children, I cannot relate to or support the notion that ABA is universally harmful. The risks my children face are compounded by systemic racism. When my autistic child stims in public, the stakes are not just misunderstandings—they are risks to his safety. My child may be seen as a threat, not someone deserving of care or compassion. This stark reality underscores the importance of ABA as a tool for equipping children with skills that enhance their safety, independence, and ability to thrive in a world that often marginalizes Black children with disabilities.

The conversation about ABA must include the diverse experiences of families like mine, avoiding narratives that reflect only the realities of privileged communities. Instead of abolishing ABA or shutting down autism centers, efforts should focus on improving the system to ensure it meets the needs of all families. ABA is not perfect, but it has immense potential to empower families and improve outcomes. We need to refine and enhance its ethical standards, cultural responsiveness, and accessibility, not discard a therapy that has proven life-changing for so many.

DHS's role in improving ABA and autism services is critical. Licensing, while important, should serve as a tool for supporting and strengthening autism centers, not as a barrier to their operations. Shutting down centers or creating punitive restrictions will only harm families who depend on these services, particularly in marginalized communities. Licensing must be a collaborative process that ensures accountability, quality care, and adequate resources for providers, so they can continue supporting families like mine.

The success I've seen in my family gives me confidence in ABA's value, and I want more families to benefit from this support—not less. Rather than dismantling ABA or imposing measures that limit access to services, we should work together to build a system that prioritizes high-quality, culturally responsive care for all Minnesota families.

Thank you for considering my testimony. As a mother, advocate, and member of the East African immigrant community, I hope my perspective underscores the importance of supporting and improving ABA services for all families in Minnesota.

Sincerely,
Anisa Hagi-Mohamed

Parent, Autism Advocate

Dear Members of the Human Services Committee,

My name is Najma Siyad. I am the mother of a bright and resilient 4-year-old child with autism. As an African immigrant raising my family in Dakota County, Minnesota, I have become a dedicated advocate—not just for my son but for countless other children and families navigating similar paths. My testimony today is deeply informed by my personal experiences, my commitment to social justice, and my belief in the need for equitable, effective systems to support families like mine.

Applied Behavior Analysis (ABA) has been a transformative tool for our family, helping my son overcome challenges and equipping us with the tools to support his growth meaningfully. With the guidance of a licensed psychologist and a dedicated team of professionals, my son has made remarkable progress. Through ABA, he has developed essential communication skills, self-regulation strategies, and greater independence—all of which have improved his quality of life and strengthened our family dynamic.

Parent education, a key aspect of ABA, has been invaluable in helping me understand and address my son's unique needs. I am especially grateful for the culturally responsive providers we have worked with, including professionals from the East African community. Their understanding of our cultural context has been instrumental in bridging clinical approaches with our family's values and traditions. However, I recognize that this level of cultural responsiveness is not yet available to all families in Minnesota, and expanding access to culturally competent care must be a priority.

It is concerning when singular narratives dominate the conversation about ABA, often disregarding the diversity of experiences within the autism community. As a Black mother raising a Black autistic child, I cannot align with claims that ABA is universally harmful. The challenges my child faces are compounded by systemic racism. When he stims in public, the risks extend beyond misunderstandings—they are risks to his safety. In such moments, he may be perceived not as a child deserving care but as a potential threat. This reality underscores the critical role of ABA in equipping children like mine with skills that enhance their safety and ability to thrive in a society that often marginalizes Black children with disabilities.

The discussion around ABA must reflect the diverse realities of families across Minnesota. Instead of abolishing ABA or shutting down autism centers, we should focus on improving the system to ensure it meets the needs of all families. ABA is not without flaws, but its potential to empower families and improve outcomes is immense. Efforts should be directed toward refining its ethical standards, enhancing cultural responsiveness, and expanding accessibility.

The Department of Human Services (DHS) plays a vital role in this process. Licensing and oversight should aim to strengthen autism services, not create barriers that disproportionately harm marginalized communities. Shutting down centers or imposing punitive restrictions will only further limit access for families who rely on these services. Licensing must be a collaborative process, ensuring accountability while providing the resources necessary for providers to deliver high-quality, culturally responsive care.

The progress I have witnessed in my own family affirms the value of ABA, and I want to see more families benefit from these services—not fewer. Instead of dismantling ABA, we should work together to build a system that prioritizes the needs of all Minnesota families, particularly those from underrepresented communities.

Thank you for considering my testimony. As a mother, advocate, and member of the East African immigrant community, I hope my perspective highlights the importance of improving ABA services for all families in Minnesota.

Sincerely,

Najma Siyad

Testimony: Amina Adan – Educator and Community Leader

To the Members of the Human Services Committee,

My name is Amina Adan, and I come before you as an educator, community leader, and a strong advocate for children and families in Minnesota. In my work, I have had the honor of witnessing the incredible resilience and determination of parents as they navigate the challenges of raising children, particularly those with autism spectrum disorder (ASD) and related conditions. Services like Early Intensive Developmental and Behavioral Intervention (EIDBI) have been transformative for many families, and I am here to highlight their importance while urging continued improvement in their structure and accessibility.

As a community leader, I see the positive impact these services have had. Parents are empowered when they see their children making developmental strides. They feel reassured knowing that resources exist to help them navigate their child's unique needs. However, I also see the challenges—cultural barriers, lack of awareness about available support, and hesitancy to seek help due to fear of stigma or misunderstanding. We need more culturally responsive and inclusive practices that welcome all families into these vital systems of care.

The recommendations outlined in the 2025 EIDBI Licensing Report are a step in the right direction. Establishing health and safety standards, improving training requirements, and ensuring robust oversight are essential for protecting vulnerable children. However, as with any systemic overhaul, we must address shortcomings with compassion and collaboration. Licensing should not merely be a mechanism of enforcement but a tool for empowerment—providing coaching, guidance, and resources to providers so they can serve families effectively.

Mistakes happen. Human error, lack of knowledge, or systemic inefficiencies can lead to gaps in care. As an educator, I know the power of learning and growth. We must extend this mindset to EIDBI providers, equipping them with the skills, cultural competence, and tools they need to succeed. A supportive approach—one that includes clear guidelines, accessible training, and in-person coaching—will ensure that providers not only meet licensing requirements but also deliver high-quality, compassionate care.

At the same time, we cannot ignore the concerns voiced by families and providers about the potential rigidity of licensure. Families in rural or underserved areas and communities of color must not face reduced access to services due to bureaucratic hurdles or staffing shortages. Instead, we need creative solutions to expand the pool of qualified providers and supervisors. This includes investing in training pipelines and fostering partnerships with communities to recruit diverse professionals who reflect the families they serve.

As a Somali-American woman, I also want to highlight the disproportionate rates of autism among Somali children and the unique challenges faced by our community. Language barriers, systemic racism, and a lack of cultural understanding compound these challenges. The state

has a responsibility to ensure equity in its approach, recognizing that underserved communities may require additional resources and tailored outreach to fully benefit from these services.

Parents should feel confident that the help they seek will support, not hinder, their ability to raise healthy, thriving children. I call on this committee and the Department of Human Services to embrace a balanced approach to EIDBI licensure—one that values accountability while providing providers with the tools to grow, improve, and serve families effectively.

In closing, I believe in the potential of these services to uplift our children and their families. But to fully realize this potential, we must work together to build trust, address inequities, and ensure that every child, regardless of their background, has access to the care they deserve.

Thank you for the opportunity to share my testimony.

Sincerely,

Amina Adan

Educator and Community Leader