

Autism Spectrum Disorder Strategic Plan Implementation: Annual Report 2015

December 2015

Cost of Report Preparation

The total cost for the Minnesota Departments of Education (MDE), Employment and Economic Development (DEED), Health (MDH), and Human Services (DHS) to prepare this report was approximately **\$538.18**. Most of these costs involved staff time in analyzing data from surveys and preparing the written report. Incidental costs include paper, copying and other office supplies.

Estimated costs are provided in accordance with Minnesota Statutes 2011, section 3.197, which requires that at the beginning of a report to the Legislature, the cost of preparing the report must be provided.

Autism Spectrum Disorder Strategic Plan Implementation: Annual Report 2015

In 2011, the Minnesota Legislature directed the establishment of an Autism Spectrum Disorder (ASD) Task Force, which would be responsible for the development of an ASD statewide strategic plan that “focuses on improving awareness, early diagnosis, and intervention and on ensuring delivery of treatment and services for individuals diagnosed with an autism spectrum disorder, including the coordination and accessibility of cost-effective treatments and services throughout the individual’s lifetime” ([Minnesota Legislative Special Session Laws, Chapter 9, Sec. 95](#)). This strategic plan was to be completed before January 15, 2013. The ASD Task Force completed the Strategic Plan in December 2012, and submitted the plan to the Legislature. For more information on the development of the strategic plan, please refer to the [Autism Spectrum Disorder Task Force Strategic Plan Report](#) (Exhibit A).

In 2014, the Minnesota Legislature then directed the Commissioners of Education, Employment and Economic Development, Health, and Human Services to implement the Autism Spectrum Disorder Statewide Strategic Plan developed by the Minnesota Legislative ASD Task Force collaboratively and within existing funding. According to the [Minnesota Legislative Session Laws, Chapter 291 Article 8, Section 20](#) (Exhibit B):

The Commissioners shall:

- (1) work across state agencies and with key stakeholders to implement the strategic plan;*
- (2) prepare progress reports on the implementation of the plan twice per year and make the progress reports available to the public; and*
- (3) provide two opportunities per year for interested parties, including, but not limited to, individuals with autism, family members of individuals with autism spectrum disorder, underserved and diverse communities impacted by autism spectrum disorder, medical professionals, health plans, service providers, and schools, to provide input on the implementation of the strategic plan.*

The following report highlights accomplishments made in the implementation of the 2012 Autism Spectrum Disorder Strategic Plan during the 2015 calendar year by the Minnesota Departments of Education (MDE), Employment and Economic Development (DEED), Health (MDH), and Human Services (DHS).

Minnesota ASD Strategic Plan Overview and Accomplishments

The following table highlights the nine vision elements of the 2012 ASD Strategic Plan and details the progress made toward achievement of the vision elements from January through December 2015.

Strategic Plan <i>Vision Elements</i>	Activities
<p>A. Early, timely and continuous, accessible assessment and screening: Individuals with ASD and their families have early and timely access in every region of the state to a seamless, culturally responsive, high quality, evidence-based procedure for screening and assessment. They are served by a comprehensive, multidisciplinary identification system that coordinates education, social services, community supports and physical and mental health systems. Referrals are made so that timely follow-up happens after needs are identified.</p>	<p>1. Through Minnesota’s Race to the Top - Early Learning Challenge Grant, twelve agencies will begin offering families with children birth-five years of age an opportunity to complete Ages and Stages Questionnaire(ASQ) and Ages and Stages: Social Emotional (ASQ: SE) screening instruments electronically. Agencies such as Early Head Start, local public health, early childhood screening and primary care providers are expanding their current method of offering print-versions of screening intervals to include on-line and app-based screening completion options. Caregivers will be given the opportunity to complete any of the ASQ and ASQ: SE intervals electronically in English, Spanish, Hmong and Somali. Audio versions in each language will also be available. Through this pilot opportunity, agencies will:</p> <ul style="list-style-type: none"> • Improve access to screening for families and for screeners through the use of the electronic screening system • Increase the number of children screened, specifically in populations that are currently hard to reach (i.e. homeless, non-English speaking children and families) • Support the coordination of care for young children and collaboration across sectors (school districts, clinics, public health, etc.) within pilot communities <p>Project evaluations will begin in March 2016.</p>

Strategic Plan <i>Vision Elements</i>	Activities
<p>A. Early, timely and continuous, accessible assessment and screening (continued): Individuals with ASD and their families have early and timely access in every region of the state to a seamless, culturally responsive, high quality, evidence-based procedure for screening and assessment. They are served by a comprehensive, multidisciplinary identification system that coordinates education, social services, community supports and physical and mental health systems. Referrals are made so that timely follow-up happens after needs are identified.</p>	<p>2. Hennepin County Developmental Disability Network is comprised of representation from Minnesota Department of Health, Minnesota Department of Education, Minnesota Department of Human Services, University of Minnesota, Minneapolis Public Schools, and community partners such as St. Davids and parents of children with autism spectrum disorders.</p> <p>Partners of the Hennepin County Developmental Disability Network will increase the early identification of children, prior to their third birthday, with potential and diagnosed neurodevelopmental disability and delay by 20 percent in Minneapolis/Hennepin County in order to improve a child’s timely access to health, education and social services. We commit to formalizing outreach strategies to expand peer to peer education and one to one consultation for primary caregivers within and across all cultures. Florida State’s Autism Navigator Primary Care Course will be viewed as a strategy to improve early identification of children with possible neurodevelopmental). 100 percent of children birth to five who do not pass a Modified Checklist for Autism in Toddlers (M-CHAT) or Ages and Stages Questionnaire: Social Emotional (ASQ:SE) screen at a medical clinic visit will be referred to Early Intervention for further evaluation. 100 percent of the time referral feedback will be sent to clinics and providers following evaluation by the local school district. Partnerships will be developed with five health care clinics to work in cooperation with the local school, county and health care clinic to collaboratively improve timely service delivery.</p> <p>3. The State Personnel Development Grant (SPDG), Goal #2 is an initiative designed to increase the capacity of early childhood special educators and other professionals to enhance the skills of parents of young children (birth to age three or Part C) identified with Autism Spectrum Disorders (ASD) or related developmental disabilities.</p> <p>4. The Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit for children on Medical Assistance with Autism Spectrum Disorder and related conditions. Department of Human Services received approval from the Center’s for Medicaid and Medicare for the EIDBI benefit on 3/27/15. A report was submitted in October of 2014 on barriers, strategies and effectiveness of practices in identification of children with ASD. Partners continue to work toward full participation on the part of health plans to improve consistent, systematic developmental screening and to improve rates for early screening, diagnosis and access to appropriate treatment and services and care.</p> <p>In addition, health plans and managed care organizations regarding consistency of social emotional screening were surveyed. The data from this survey will be used to train and educate providers about the importance of early screening for all children.</p>

Strategic Plan <i>Vision Elements</i>	Activities
<p>A. Early, timely and continuous, accessible assessment and screening (continued): Individuals with ASD and their families have early and timely access in every region of the state to a seamless, culturally responsive, high quality, evidence-based procedure for screening and assessment. They are served by a comprehensive, multidisciplinary identification system that coordinates education, social services, community supports and physical and mental health systems. Referrals are made so that timely follow-up happens after needs are identified.</p>	<ol style="list-style-type: none"> 1. Community Rehabilitation Providers were encouraged to expand services and develop expertise in the person-centered planning method, Discovery. Developed a Discovery Assessment Community of Practice to bring CRPs, Department of Human Services, and Department of Employment and Economic Development together. 2. Follow Along Program, which provides periodic tracking and monitoring of the health, development and social emotional development of children birth through three is currently being implemented in most counties throughout the state. It provides anticipatory guidance and education to families about the development of their child including activities to do with their children to encourage healthy development 3. There are state-wide efforts to provide training, technical assistance and consultation in the areas of adolescent and newborn/child health, especially developmental and socio-emotional screening instruments to ensure early identification and referral for services for children with ASD to health care providers and public health nurses. 4. Delegates were recruited to join our statewide network of Act Early delegates. The team developed a focused plan for building and training a cadre of new Act Early Delegates within culturally and linguistically diverse communities in Minnesota. The project will identify key cultural liaisons/community leaders within culturally and linguistically diverse communities who will serve as community leaders and trainers of Act Early Delegates. The Act Early delegates will then conduct outreach within their cultural communities around developmental monitoring, early signs of ASD, the importance of early screening, and the Center for Disease Control’s “Learn the Signs. Act Early” message. This work will continue into 2016.

Strategic Plan <i>Vision Elements</i>	Activities
<p>B. Well informed, empowered and supported families and caregivers: Families and caregivers have easy access to unbiased, culturally and linguistically appropriate information to answer questions, address concerns, and are able to easily navigate a road map to resources and supports. Families and caregivers are active, equal participants in the team, helping to drive the process.</p>	<ol style="list-style-type: none"> 1. Entered into a one-year agreement with the Help Me Grow National Center to explore the feasibility of creating a system in Minnesota. National Help Me Grow is a system that connects at-risk children with the services they need. Core components are: <ul style="list-style-type: none"> • Child Health Care Provider Outreach • Community Outreach • Centralized Telephone Access Point • Data Collection <p>Stakeholders are currently meeting to make recommendations for a Minnesota Help Me Grow System.</p> 2. ASD Advisory Council has expanded to include a parent sub-group to provide input on key ASD-related initiatives. The past two years the Department of Human Services ASD Advisory Council has focused primarily on developing the Early Intensive Developmental and Behavioral Intervention benefit for children with autism and related conditions. By providing parents to have a voice through their own sub-group of the broader Department of Human Services ASD Advisory Council has increased parent participation and specifically from our multi-cultural community. In 2014, the Department of Human Services hired a multi-cultural outreach and training coordinator who has helped connect parents to appropriate resources, educate them about their rights, and establish parent-to-parent supports as well as to train providers in multi-cultural competence. 3. Community forums were held in Hmong, Somali and Latino communities to discuss the findings in the <i>Qualitative Study of Families with Autism in the Somali Community: Comparing the Experiences of Immigrant Groups</i>. It provided a safe place to network amongst families who have children with autism. Outreach for the events was done through radio and newspaper ads. 4. Training was given to providers on developmental screening and what to do when you have a positive screen at the Health Care Home Learning Days. There was an added component related to culturally responsive strategies. 5. Legislation was passed in 2014 to establish a Statewide Interagency Autism Resource website. Work has begun to identify the common vision and move toward implementation.

Strategic Plan <i>Vision Elements</i>	Activities
<p>C. Coordination of Services: Coordination of services to individuals with ASD happens behind the scenes (system) and around the individual from birth through adulthood. A seamless, comprehensive service system coordinates a single individualized intervention plan that incorporates physical and mental health, educational, and family needs and goals. Coordination includes key transition periods throughout an individual’s life.</p>	<p>Every high school in Minnesota has a designated Vocational Rehabilitation Counselor assigned to that school.</p>
<p>D. Transition to adulthood: Preparation for individuals’ desired outcomes from school to post-secondary education, employment and independent living begins by at least 9th grade. Supports for transition to adult supports are seamless and comprehensive, and incorporate physical and mental health, educational, and family needs and goals.</p>	<p>Collaboration with PACER on the development and presentation of a class for parents, teens, and families about preparing your teen for work and a career. Olmstead plan affects this, and many other areas Guidelines may include:</p> <ul style="list-style-type: none"> • Housing as well as other supports needed for living independently • Incorporation individuals’ and families’ preferences
<p>E. Access to services throughout the state: Evidence-based interventions and services are accessible and funded in all geographic areas in the state to all cultural and socio-economic groups across the ASD spectrum. All students with ASD have access to tools and technology to better accommodate their communication and learning differences.</p>	<ol style="list-style-type: none"> 1. Thirteen, non-metro area Vocational Rehabilitation offices were trained in person centered planning and working with job seekers with autism. 2. Ongoing work in support of the new teaching license in the area of Autism Spectrum Disorders. Through September of 2015, approximately 1,300 teachers have completed their eligibility review and are eligible to receive the new ASD teaching license. There are additional newly licensed ASD teachers graduating from teacher preparation programs. 3. A state-wide ASD Evidence Based Practices survey was disseminated to measure: <ul style="list-style-type: none"> • The impact of our professional development on teaching practices. • How performance assessment and feedback are used to improve teaching practices. • Our need for professional development to impact teaching practices.

Strategic Plan <i>Vision Elements</i>	Activities
<p>F. Competent practitioners and supportive communities: Awareness of ASD exists among employers, landlords and the general public. Competency in ASD is an expectation for practitioners (pediatricians, family practice, teachers, paraprofessionals, mental health providers, child care providers, vocational rehabilitation counselors, etc.), trained first responders, and those involved in the judicial system.</p>	<ol style="list-style-type: none"> 1. County staff, educators, medical providers, and ASD provider agencies are trained in multi-cultural competence and awareness. 2. A statewide Autism Community of Practice, including a representative from every VRS office in the state was established. These staff completed the Autism Society of Minnesota’s Certification program for caregivers in 2014, and consult monthly with a psychologist from Autism Society of Minnesota to deepen their knowledge of ASD. 3. Training has been provided on the Autism Navigator®, a web-based instructional program developed by Florida State University Autism Institute to increase the capacity of early intervention and primary care providers to better serve young children with or at risk for Autism Spectrum Disorders (ASD). Staff from the Department of Employment and Economic Development completed ACRE Training through Department of Human Services’ Moving Home Minnesota program. ACRE certification is based on the Employment First model.
<p>G. Funding supports families: To enable the above outcomes to take place, all families of individuals with ASD have access to multiple sources of funding for necessary services.</p>	<p>Respite grants for families of individuals with ASD: the Department of Human Services is developing and implementing an autism-specific respite grant project to expand access to respite services, promote the well-being, quality of life and support living at home for child and family and expand training of current providers in strategies in working with individuals with ASD.</p>

Strategic Plan <i>Vision Elements</i>	Activities
<p>H. Data-informed policy: Data is used to inform practice and policy. Data is regularly collected, reviewed and analyzed to inform improvements to the system, and a Minnesota-specific surveillance system exists.</p>	<ol style="list-style-type: none"> 1. In partnership with researchers from: the University of Minnesota, School of Public Health; the Somali, Latino, and Hmong Partnership for Health and Wellness of West Side Community Health Services; and the Confederation of Somali Community in Minnesota completed a <u>Qualitative Study of Families with Autism in the Somali Community: Comparing the Experiences of Immigrant Groups</u>. <u>Translated Qualitative Study of Families with Autism in the Somali Community: Comparing the Experiences of Immigrant Groups</u>. <p>Common themes reported throughout the parent interviews included:</p> <ul style="list-style-type: none"> • General lack of understanding about autism (i.e., autism is linked to vaccines). • Belief that education about child development and signs and symptoms of autism would increase early detection and treatment. • Barriers to early identification and accessing services at the individual, provider and system level • Valued services, and when receiving services, noticed improvements for their child with autism. • Desire for more existing services, such as: speech and occupational therapy, applied behavior analysis and personal care attendants • Need for new types of services including family support, extracurricular activities for children, services for young adults after leaving the school system, and respite care • Need for more culturally- and linguistically-appropriate services and supports. <p>The leadership team made the following recommendations based upon the key informant and parent interviews:</p> <ol style="list-style-type: none"> A. Build on the existing capacity of parents in these communities to help each other. B. Develop resource centers housed in the community. C. Provide resources to form support groups for families. D. Build capacity in the system to provide culturally-sensitive services and decrease waiting times. E. Continue to address problems with insurance coverage and costs. <ol style="list-style-type: none"> 2. A report entitled, <i>Options for Public Health Surveillance for Autism Spectrum Disorder</i>, was published in order to summarize options for and outline the work needed to develop a public health surveillance system for ASD in Minnesota.

Strategic Plan <i>Vision Elements</i>	Activities
<p>H. Data-informed policy (continued): Data is used to inform practice and policy. Data is regularly collected, reviewed and analyzed to inform improvements to the system, and a Minnesota-specific surveillance system exists.</p>	<p>A public health surveillance system for ASD in Minnesota would allow the state to assess the occurrence of ASD in the population and provide data to inform an evidence-based public health response.</p> <p>In the report, the MDH recommended that Minnesota implement a statewide system based on data collection from educational and health records. To ensure complete data are collected, it would be necessary to implement a mandatory reporting system. Additionally, access to health care and education records to conduct routine data completeness and quality control audits would be essential to maximizing the completeness and comprehensiveness of the data in the proposed system.</p> <p>3. In 2015, the University of Minnesota’s Institute on Community Integration was awarded a CDC grant to join the ADDM Network, allowing Minnesota to both contribute to the national understanding of ASD, as well as to increase knowledge about populations of children with ASD and related developmental disabilities in Minnesota.</p>
<p>I. Ongoing emphasis on implementation of the strategic plan: A structure is in place and functioning to follow through on and continually update the vision and strategies.</p>	<p>The State Interagency team continues to meet to discuss cross agency issues. The Departments continue to seek community input in all areas of their work and in current advisory committees and working groups. Find additional information regarding their work on each of their websites:</p> <p>Department of Human Services Department of Employment and Economic Development Department of Education Department of Health</p>

Exhibit A: Strategic Plan

[2012 ASD Task Force Strategic Plan](#)

Exhibit B: Current Legislation

Minnesota Statute 2014 Minnesota Laws Chapter 291, Article 8, Section 20 Autism Spectrum Disorder Statewide Strategic Plan Implementation

The autism spectrum disorder statewide strategic plan developed by the Minnesota Legislative Autism Spectrum Disorder Task Force shall be implemented collaboratively by the commissioners of Education, Employment and Economic Development, Health, and Human Services. Within existing funding, the commissioners shall:

- (1) work across state agencies and with key stakeholders to implement the strategic plan;
- (2) prepare progress reports on the implementation of the plan twice per year and make the progress reports available to the public; and
- (3) provide two opportunities per year for interested parties, including, but not limited to, individuals with autism, family members of individuals with autism spectrum disorder, underserved and diverse communities impacted by autism spectrum disorder, medical professionals, health plans, service providers, and schools, to provide input on the implementation of the strategic plan.

EFFECTIVE DATE. This section is effective the day following final enactment.