

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL  
EDUCATION

Autism Ad Hoc Committee Strategic Planning Session

**Meeting Minutes**

LOCATION

Alaska Mental Health Trust Authority  
3745 Community Park Loop, Suite 200, Anchorage, Alaska

October 6, 2015  
12:00 p.m.

**Attendees:**

Amanda Lofgren  
Amy Sundheim – telephonic  
Annette Blanas  
Caroline Hogan  
Jill Burkert  
Jimael Johnson  
Monica Luther  
Tara Maltby  
Rebecca Parenteau  
Mychal Machado - telephonic  
Mollie Fallon - telephonic  
Patrick Pillai  
Phillip Tafs  
Veronica Howard  
Maureen Harwood - telephonic  
Mary Elam  
Maureen McGlone  
Richard Kiefer-O'Donnell  
Meghan Clark  
Chris Saddler - telephonic  
Rebekah Morisse  
Stephanie Wrightsman-Birch  
Anthony Cravalho - telephonic  
Dr. Matt Hirschfeld

Council Staff:

Patrick Reinhart, Executive Director  
Christie Reinhardt, Program Coordinator I  
Brittney Howell, Research Analyst III

Facilitated by: Heidi Wailand, Agnew::Beck

CART Provided by: Lenny DiPaolo, RPR, CRR, CCP  
Minutes Prepared by: Paula DiPaolo, Peninsula Reporting

**Call to Order – 12:00 p.m.**

**Roll Call**

**WELCOME FROM THE CHAIR**

Jill Burkert welcomed participants to the meeting and introductions were made.

**OVERVIEW AND APPROVAL OF DAY'S AGENDA AND PREVIOUS MEETING MINUTES**

A quorum was not established, and the agenda and previous meeting minutes could not be approved.

**UPDATE ON RECENT DEVELOPMENTS, INCLUDING THE GCDSE FIVE-YEAR PLANNING PROCESS**

Patrick Reinhart explained that the Governor's Council is in the process of completing their Five-Year State Plan. He stated that they are doing community forums around the state to get input from people, and if any of the Autism Ad Hoc Committee members would like to participate in a forum, they can do so in their communities; and he also asked that committee members spread the word to others who might like to testify. Patrick stated that the data gathered in the community forums will be used to inform their Five-Year State Plan.

Christie Reinhardt added that during today's meeting, this committee will want to recommend priorities to be included in the Council's Five-Year Plan.

Maureen McGlone provided updates related to Applied Behavior Analysis (ABA) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT), and Amanda Lofgren provided a brief update on Medicaid redesign.

**REVIEW STRUCTURE OF THE FIVE-YEAR PLAN**

Heidi Waitland referred committee members to the Autism Workgroup Five-Year plan measurable goals and targets to review their priority areas.

**PRIORITY AREA #1 – Screening and Diagnosis**

Stephanie Wrightsman-Birch reviewed updates with the group in the area of screening and diagnosis as they relate to the measurable targets, measurable goals, and priorities listed below:

**Measurable Targets (3-5 year) and Measurable Goals (2015)**

- Number of children screened.
- Percentage of children seen by a diagnostic team.
- Percent of children screened by age x; age of child at referral for screening.
- Age of child at diagnosis.
- Time between referral and diagnosis.
- Time and cost of screening.

Based on discussion among committee members, the strategic plan was updated as follows:

<b>3- 5 Year Priorities</b>	<b>2015 Priorities</b>
<ol style="list-style-type: none"> <li>1. Secure 2.5 PNDs.</li> <li>2. Gold standard screening, multidisciplinary diagnosis (when beneficial), treatment planning, referral, and parent navigation.</li> <li>3. Ensure systems for diagnosis after age six and re-evaluation of both children and adults.</li> <li>4. System of care that is consistent and easy regardless of location; no wrong door.</li> <li>5. Develop a roving, multi-disciplinary team that travels to communities to alleviate pressures on local medical teams</li> </ol>	<ol style="list-style-type: none"> <li>1. Offer 13 neurodevelopmental outreach and autism screening clinic days (5 individual screenings per day).</li> <li>2. Enhance connections and systems of care with communities, including schools and tribal health partners.</li> <li>3. Investigate screening and diagnostic models at the national levels, including provider types who conduct screening.</li> </ol>

**PRIORITY AREA #2 – Workforce Development and Training for Professionals, Educators, Families, and Community Partners**

Annette Blanas reviewed updates with the group in the area of workforce development and training for professionals, educators, families, and community partners as they relate to the measurable targets, measurable goals, and priorities listed below:

**Measurable Targets (3-5 year) and Measurable Goals (2015)**

- Number of licensed BCBAs.
- Number of RBTs trained.
- Number of teachers who receive autism training.
- Number of school psychologists who receive autism screening training.
- Number of ILP providers who receive training for early autism screening.

Based on discussion among committee members, the strategic plan was updated as follows:

<b>3 – 5 Year Priorities</b>	<b>2015 Priorities</b>
<ol style="list-style-type: none"> <li>1. Develop robust training and supervision program for BCBAs, BCABAs, and RBTs to support service delivery in different settings and across the lifespan.</li> <li>2. Re-establish track for social workers to pursue behavioral analysis certification.</li> <li>3. Develop system that routinely provides training and ongoing coaching to parents, professionals, and community partners across the lifespan.</li> <li>4. Define family training and ensure it is integrated into the care plan of the child.</li> </ol>	<ol style="list-style-type: none"> <li>1. Explore options for person-centered infrastructure for autism workforce development and training in the state.</li> <li>2. Enhance training program of RBTs and ensure it is available for parents if desired.</li> <li>3. Develop LEND tract for families.</li> </ol>

**PRIORITY AREA #3 – Early Intervention and Educational Systems**

Christie Reinhardt reviewed updates with the group in the areas of early intervention and educational systems as they relate to the measurable targets, measurable goals, and priorities listed below:

**Measurable Targets (3-5 year) and Measurable Goals (2015)**

- Number of schools in the state that have access to a behavioral interventionist or consultant.
- Increase graduation rates.
- Increase school performance.

<b>3 – 5 Year Priorities</b>	<b>2015 Priorities</b>
<ol style="list-style-type: none"> <li>1. Support culture of inclusion and tolerance in schools, and engage schools in a dialogue about long-term sustainability, continuity, and success.</li> <li>2. Improve outcomes for transition-aged youth.</li> <li>3. Provide early intervention and schools with access to autism professionals across the state that may enhance interventions for ages 0 – 22.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop a plan for increasing access and maintaining quality of statewide BCBA services for schools.</li> <li>2. Establish a system for ongoing, high-quality training for students, administration, and faculty.</li> <li>3. Promote ways to increase school access to autism professionals across the state.</li> <li>4. Develop intentional student teaching opportunities with high quality autism classrooms.</li> </ol>

**PRIORITY AREA #4 – Integrated and Comprehensive Services**

Jimael Johnson reviewed updates with the group in the area of integrated and comprehensive services as they relate to the measurable targets, measurable goals, and priorities listed below:

**Measurable Targets (3-5 year) and Measurable Goals (2015)**

- Number of families surveyed about family need.
- Number of calls to the Physician’s Health Line.

Based on discussion among committee members, the strategic plan was updated as follows:

<b>3 – 5 Year Priorities</b>	<b>2015 Priorities</b>
<ol style="list-style-type: none"> <li>1. Create an Autism Center.</li> <li>2. Establish systems for screening and diagnosis across the age span.</li> <li>3. Make it easier to access integrated medical, behavioral, education,</li> </ol>	<ol style="list-style-type: none"> <li>1. Begin researching, designing, and building the case for an Autism Center.</li> <li>2. Develop a central repository of regional autism resources for</li> </ol>

<p>mental health care, community-based services, housing/residential, employment, community-based services, and care coordination across the lifespan.</p> <p>4. Ensure statewide access to patient-centered medical homes with families at the center of decision-making and support to transition to adult physical and preventative care.</p> <p>5. Support lifelong learning, employment, and community engagement.</p>	<p>families and providers using “Help Me Grow.”</p> <p>3. Develop a plan for comprehensive and integrated autism services. Ensure individuals with autism are one of the target populations of 1915(i) and (k) reform efforts.</p>
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**PRIORITY AREA #5 – Funding, Billing, and Systems Issues**

Maureen McGlone reviewed updates with the group in the area of funding, billing, and systems issues as they relate to the measurable targets, measurable goals, and priorities listed below:

**Measurable Targets (3-5 year) and Measurable Goals (2015)**

- Percent of coverage by public and self insurers.
- Number of school districts effectively billing Medicaid for related services, including behavioral therapy.

Based on discussion among committee members, the strategic plan was updated as follows:

<b>3 – 5 Year Priorities</b>	<b>2015 Priorities</b>
<p>1. Comprehensive autism services, including transition services, are covered by insurance for individuals and their families across the lifespan and an appropriate rate structure helps to ensure sustainability.</p> <p>2. Effective blending and braiding of funding supports integrated care across settings and during transitions.</p> <p>3. Availability of flexible funds for challenges and problem solving.</p>	<p>1. Engage in Medicaid expansion and reform payment model discussions.</p> <p>2. Explore funding opportunities to support coordinated interventions, especially for ongoing training/coaching of staff and the entire family/team.</p> <p>3. Explore options for blending and braiding funding for services (medical, school, SDS, DBH, Early Intervention/ILP, and DVR)</p> <p>4. Support implementation of private insurance billing.</p>

<p>4. Establish a robust telemedicine program that supports training and service delivery needs, including medication consultation. (Should this go in #4?)</p> <p>5. Explore and develop housing options for youth under age 18. (Should this go in #4?)</p>	<p>5. Pursue grant and other fundraising opportunities.</p>
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**DISCUSS AND AGREE UPON PRIORITIES TO RECOMMEND FOR INCLUSION IN THE GOVERNOR’S COUNCIL PLAN**

Brittney Howell stated that the five goal areas for the Governor’s Council’s Five-Year Plan are:

- Early intervention
- Education
- Formal and informal supports and services
- Health
- Employment.

Christie Reinhardt stated that the goals developed by this committee will be interspersed into each of the five categories mentioned above.

Throughout the course of the meeting, committee members discussed the idea for an Autism Center in Alaska as summarized below:

**What is the Autism Center?**

*Infrastructure for centralized person-centered and collaborative autism and workforce development training, research, screening, diagnosis, treatment, and support for professionals and families.*

- This idea of an Autism Center was sparked by the observation that professionals need better training and that the path of trying to integrate autism training into every professional training experience is a long pathway.
- The center was envisioned originally as a place where professionals could get field experience working directly with families; if they go that direction, they can see opportunities for providing services to adults as well.

- The center would help sustain the committee's autism efforts and provide models for other systems. Florida was able to show how developing a center would save money over time by preventing overlap in efforts, recidivism, and under employment; for Alaska, it's a home for addressing the needs of adults with autism, which is a huge gap as kids are getting older.
- Strong support from the group to create and develop an Autism Center that supports the work outlined in the plan and above.
- A system of services and efforts around the topic of autism. Coordinating efforts is going to be a major feat.
- Could be bricks and mortar or virtual – coordination of learning, training, policy, systems activities, et cetera.

### **What are the first steps we need to take toward creating a center?**

- Identify obvious, critical gaps and then take the next steps.
- Research other autism centers – what are they doing and how are they funded.
- Compile financial data on the comparable costs and investigate how to document the return on investment. What has been the impact on graduation, incarceration, employment, et cetera?
- Identify partners who can contribute to the cause. Could Alaska be producing professionals that could contribute to other causes to spark interest?
- Look at potential funders. Get sophisticated about how to make connections with decision-makers and funders.
- Collect case histories and testimonials related to the condition of autism to illustrate the needs and the barriers. Need to tell the story as to why this is needed and can talk about how an Autism Center would have changed the experience of families.
  - Digital storytelling is a powerful tool that is used a lot in the Tribal system.

### **Getting Organized: What do our efforts look like moving forward?**

- Everyone in this group is doing the work, which is a way to keep it integrated and coordinated.
- Being a Governor's Council ad-hoc committee means there needs to be at least five Council members as part of this group. They also have a requirement to hold meetings as a group via teleconference or

in person at least three times a year, and they have staff support for that.

- Have five priority areas and five workgroups with leads.
- The plan is to touch base quarterly as a whole committee.
- Workgroups can meet as desired, and they do not need to be attended by staff, but staff should be informed of the meetings.
- Would like the workgroups to develop work plans.
- Envision the workgroups recruiting additional workgroup members by finding the right mix of teachers, parents, et cetera.
- Christie Reinhardt to set up a free website/worksite to support workgroups in sharing documents.
  - Some of these areas overlap, and it would be really nice to be able to see where other workgroups are in their work.
- Convening in person annually to revisit the plan; timing that so they can inform the Governor's Council plan annual update.
- Working with the Governor's Council to allocate staff resources.

## **ADJOURNMENT**

After committee members shared final thoughts, the meeting adjourned at 5:04 p.m.