

The Virginia Department of Behavioral Health and Developmental Services

Response to the Joint Legislative Audit and Review Commission Report

Assessment of Services for Virginians With Autism Spectrum Disorders

First Draft

October 1, 2010

Response to the JLARC Study of Services for Virginians with ASD Table of Contents

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Executive Summary

During the past decade, the number of children with Autism Spectrum Disorders (ASDs) has increased dramatically in Virginia, as well as the rest of the nation. States are exploring ways to meet the rising demand for specialized services and supports needed to address these lifelong conditions. In fact, nearly all states have recently assembled a group tasked with identifying the key issues facing individuals with ASDs, and determining how well-positioned public programs are to address them. In Virginia, stakeholders have expressed concerns that the current service delivery system is not keeping pace with growing needs for diagnosing, treating, educating and providing long-term supports for individuals with ASDs. Furthermore, the rising prevalence of ASDs has raised questions about the ability of public safety personnel to properly respond to emergency and legal situations involving persons with ASDs.

In response to concerns about the prevalence of ASDs and availability of services in Virginia, the 2008 General Assembly enacted House Joint Resolution 105 (HJR 105). This study directed staff of the Joint Legislative Audit and Review Commission (JLARC) to assess the availability and delivery of autism services in the Commonwealth, examine the delivery of ASD services in other states, and recommend ways to improve delivery of these services in Virginia. In addition, the mandate directed JLARC staff to identify the extent to which public safety personnel are currently trained and educated about ASDs and to identify best practices employed in other states.

In June 2009, JLARC published House Document No. 8, “Assessment of Services for Virginians with Autism Spectrum Disorders,” in response to the General Assembly’s directive. The JLARC study contained 21 recommendations to improve services in Virginia. The JLARC recommendations in the study can be grouped into several common themes:

1. Identifying a single point of entry for access to all services in the state needed for those with a developmental disability, including ASD, and establishing a system of statewide accountability
2. Establishing a centralized, comprehensive and reliable source of information regarding ASDs for the citizens of Virginia
3. Increasing capacity to educate and train providers of services
4. Improving access to early diagnosis, screening and treatment of children with ASDs
5. Improving educational services for children and youth with disabilities, including ASDs
6. Increasing quality of life and independence for adults with ASD through work
7. Enhancing public safety, both for those with ASDs and members of the general population who interact with persons with ASDs

The JLARC study requested in its final recommendation that:

The Department of Behavioral Health and Developmental Services should create a detailed action plan reflecting the input of relevant stakeholders and the evaluation of options conducted by other State agencies, which specifies how the department will address the issues contained in this report and build a more effective system of care for Virginians with developmental disabilities, including autism spectrum disorders. This plan should be presented to the Secretary of Health and Human Resources, the Joint Commission on Health Care, and the House Appropriations and Senate Finance Committees no later than November 30, 2010.

In response to this directive, the Department of Behavioral Health and Developmental Services (DBHDS) convened several workgroups or requested that collaborating state agencies convene workgroups to address the recommendations in the study. The input of these workgroups, which included a broad base of state agency and stakeholder involvement, was used to develop the detailed action plan in this report.

This document addresses the JLARC recommendations discussed for each theme it identified, describes any workgroup or state agency activity to address the JLARC recommendations, and outlines specific items for future consideration or funding by the General Assembly. Below is a list of initial recommendations from this work, based on this work a detailed action plan has been developed for prioritizing current and ongoing activities as well as implementing future activities.

Recommendation #1: Adopt a single definition of developmental disabilities in Virginia.

Recommendation #2: Establish Community Services Boards as the single point of entry for the Developmental Disability System, including serving individuals with ASDs.

Recommendation #3: In FY12, move the day to day administration of the IFDDS waiver from DMAS to DBHDS, in order to realign and increase coordination of the ID and IFDDS waiver programs for families.

Recommendation #4: Create a stakeholder workgroup to determine the parameters and costs associated with combining the ID and IFDDS Waiver into one comprehensive Developmental Disabilities Waiver. The workgroup would address merging of the waiver wait lists, establish the parameters for case management, determine the costs associated with offering residential and congregate supports to a larger population, and the feasibility of implementing an Individual Resource Allocation methodology to assign waiver services, in order to present its findings to the General Assembly for the 2012 budget session.

Recommendation #5: Increase grants to localities to be used by the Community Services Boards as Family and Individual Support funds as needed with a limit of, up to \$1,500 per recipient per year.

Recommendation #6: Develop an on-line training program and expand the DBHDS-community college certificate program for direct support professionals to promote a well qualified DD community-based workforce.

Recommendation #7: Expand and develop Communities of Practice in Autism (CoPA) in order to develop skills and enhance service delivery planning/implementation through Part C Early Intervention.

Recommendation #8: Expand VDH VISP grant to 15 additional sites to provide assistance to physicians in creating medical homes for children autism and all children with special needs.

Recommendation #9: Seek grant funding to establish a statewide public service campaign regarding early detection and screening for autism.

Recommendation #10: Increase the capacity for screening for ASD in a non-clinical setting, such as local Departments of Social Services, day care centers, Head Start/Early Head Start and other places that come into contact with young children.

Recommendation #11: Increase by 50 the number of individuals trained and certified as Positive Behavior Supports Facilitators.

Recommendation #12: Determine the level of need and associated cost of a Medicaid respite waiver to provide minimum services to children with ASDs who meet waiver level of functioning criteria.

Recommendation #13: In determining appropriate strategies for addressing the treatment needs of children with ASDs, Virginia should continue to examine the role of private insurance in covering treatment.

Recommendation #14: Create online courses that will promote the certification of educators as Board Certified Behavior Analyst (BCBA) or a Board Certified Assistant Behavior Analyst (BCaBA).

Recommendation #15: Expand DRS case services to respond to the increasing demand for ASD services.

Recommendation #16: Establish 5 ASD specialty caseload counselor positions for DRS in parts of the Commonwealth with high numbers of individuals with ASD.

Recommendation #17: Expand employment supports for up to 200 individuals with autism through the long-term employment supports of the LTESS program.

Recommendation #18: Increase employment skills and opportunities for adults with ASD no longer in the school system, through a dual phase Project SEARCH model.

Recommendation #19: Implement five (5) five-day, regional Autism Work Support trainings for a total of 750 participants, designed to increase the knowledge base of employment service providers, day support providers, individuals with ASD and their family members about work supports for persons with ASD.

Recommendation #20: Provide resources to CSBs to create a limited number of microboards to directly assist families dealing with ASDs.

Recommendation #21: Develop a training curriculum for first responders.

DRAFT

Introduction:

Establishing a Detailed Action Plan for Serving Individuals with Autism Spectrum Disorders (ASDs)

During the past decade, the number of children with Autism Spectrum Disorders (ASDs) has increased dramatically in Virginia, as well as the rest of the nation. States are exploring ways to meet the rising demand for specialized services and supports needed to address these lifelong conditions. In fact, nearly all states have recently assembled a group tasked with identifying the key issues facing individuals with ASDs, and determining how well-positioned public programs are to address them. In Virginia, stakeholders have expressed concerns that the current service delivery system is not keeping pace with growing needs for diagnosing, treating, educating and providing long-term supports for individuals with ASDs. Furthermore, the rising prevalence of ASDs has raised questions about the ability of public safety personnel to properly respond to emergency and legal situations involving persons with ASDs.

Description of Autism Spectrum Disorders

Autism Spectrum Disorders are a form of developmental disability that usually manifest themselves before the age of three and affect social interactions, communication and behavior. The level of impairment and manifestations of ASDs vary greatly among individuals based on their specific disorder, age and developmental level. Some individuals exhibit few or mild ASD impairments, while others may be more severely impaired. However, a number of characteristics are often shared. For example, most individuals will experience some social impairment, such as not responding to a parent's smile or facial expressions, not showing concern for others or not bringing objects of interest to show parents. Individuals with ASDs often have difficulty interacting socially with others and interpreting social gestures and non-verbal communication such as facial expressions. This can lead to limited social relationships, inappropriate social responses and social isolation.

Individuals with ASDs may also exhibit some unusual behaviors, such as rocking back and forth, spinning, walking on their toes or flapping their hands. Furthermore, children with ASDs may experience delays in speech and language development. They may repeat exactly what others say without understanding meaning (echolalia) or not respond to their name. The breadth of ASD symptoms generally affects individuals' ability to function in all settings, including home, school, work and the community.

Autism Spectrum Disorders are complicated in that they often occur with other disorders. The fact that the families of individuals with ASD must learn about these medical conditions in tandem with autism further compounds the amount of stress that families experience. The most prevalent co-occurring disorders include: seizure disorders, genetic disorders, gastrointestinal disorders, sleep dysfunction, sensory integration dysfunction, and pica (an eating disorder).

Autism Prevalence

The Centers for Disease Control published estimates on December 19, 2009, that an average of 1 in 110 children in the United States has an Autism Spectrum Disorder. This represents a prevalence of about one percent of all children. With this current prevalence rate, the potential number of affected individuals in Virginia could range in the tens of thousands. Currently there is no one agency collecting and maintaining data on the number of individuals in the Commonwealth with an ASD diagnosis. However, we can extrapolate possible figures from the 2009 U.S. Census Bureau numbers. Virginia's population estimate was 7,882,590. (<http://quickfacts.census.gov/qfd/states/51000.html>). Children under age five represented 6.7% of the total population, meaning that as many as 5,281 children may have an ASD. Looking across all age ranges, one percent of the state's population equals 78,825 individuals potentially falling somewhere on the Autism Spectrum.

Assessing Needs in Virginia and Developing a Detailed Action Plan

In response to concerns about the prevalence of ASDs and availability of services in Virginia, the 2008 General Assembly enacted House Joint Resolution 105 (HJR 105). This study directed staff of the Joint Legislative Audit and Review Commission (JLARC) to assess the availability and delivery of autism services in the Commonwealth, examine the delivery of ASD services in other states, and recommend ways to improve delivery of these services in Virginia. In addition, the mandate directed JLARC staff to identify the extent to which public safety personnel are currently trained and educated about ASDs and to identify best practices employed in other states.

In June 2009, JLARC published House Document No. 8, "Assessment of Services for Virginians with Autism Spectrum Disorders," in response to the General Assembly's directive. The JLARC study contained 21 recommendations to improve services in Virginia. The 21 recommendations are outlined in Table 1 below.

Table 1: Summary of JLARC Recommendations from *Assessment of Services for Virginians with Autism Spectrum Disorders* (House Document No. 8)

1. The Department of Behavioral Health and Developmental Services should collaborate with relevant State agencies and stakeholder groups to design a centralized, comprehensive, and reliable source of information to educate Virginians about (1)autism spectrum disorders, (2) research findings about treatment approaches and interventions, (3) publicly supported programs and supports, (4) private providers specializing in autism spectrum disorders, (5) support groups, and (6) any other relevant information identified by stakeholders. The department and stakeholders should determine the mechanism most suitable for delivering this information, such as a guidebook, website, or staffed clearinghouse, and the entity best suited to create and administer the mechanism selected.

2. The Department of Behavioral Health and Developmental Services should collaborate with relevant stakeholders to (1)evaluate the options for promoting State-level accountability and coordination of services
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<p>for Virginians with autism spectrum disorders, enhancing access to information about community resources, and improving the coordination of individual care; and (2) identify no later than March 31, 2010, which, if any, options are most beneficial to pursue.</p>
<p>3. The Department of Behavioral Health and Developmental Services should collaborate with relevant stakeholders to (1) evaluate the options for raising public awareness about autism spectrum disorders, increasing consistent and standardized screenings, expediting diagnoses, and improving the referral process; and (2) identify no later than March 31, 2010, which, if any, options are most beneficial to pursue.</p>
<p>4. The Department of Medical Assistance Services should develop and implement a plan for educating Virginians with autism spectrum disorders (ASDs) and their families; Medicaid case managers; providers; and personnel from relevant programs including School Part B, Early Intervention Part C, and Comprehensive Services Act about the availability of Medicaid waivers and programs through which needed services can be obtained. In particular, outreach efforts should convey that individuals with ASDs may be eligible for the Elderly or Disabled with Consumer Direction Waiver, and that Medicaid and waiver recipients under age 21 can receive a comprehensive array of medically necessary services through the Early and Periodic Screening, Diagnosis, and Treatment program. The department should present a detailed plan outlining its proposed outreach efforts to the Joint Commission on Health Care no later than November 30, 2009.</p>
<p>5. The Department of Behavioral Health and Developmental Services should collaborate with relevant stakeholders to (1) evaluate the options for enhancing the early intervention system for children with autism spectrum disorders by improving the Early Intervention Part C program and developing services through regional offices; and (2) identify no later than March 31, 2010, which, if any, options are most beneficial to pursue.</p>
<p>6. The Department of Education should collaborate with relevant stakeholders to (1) evaluate the options for enhancing the early intervention system for children with autism spectrum disorders by improving the Part B special education services available to preschool-age children and offering educational alternatives through a scholarship program; (2) identify which, if any, options are most beneficial to pursue; and (3) report its findings to the Department of Behavioral Health and Developmental Services no later than March 31, 2010.</p>
<p>7. The Department of Medical Assistance Services should collaborate with relevant stakeholders to (1) evaluate the options for enhancing the early intervention system by improving the Medicaid programs serving young children with autism spectrum disorders; (2) identify which, if any, options are most beneficial to pursue; and (3) report its findings to the Department of Behavioral Health and Developmental Services no later than March 31, 2010.</p>
<p>8. The Virginia Department of Education should collaborate with the Office of the Attorney General to develop operational guidelines for schools on the provision of a free and appropriate public education for students with disabilities, as determined by federal and state legal decisions.</p>
<p>9. The Department of Education should develop a model individualized education program (IEP) for Virginia students with autism spectrum disorders. The model IEP should include guidance on (1) developing appropriate and measurable goals and objectives; (2) addressing all major domains of functioning for students with autism spectrum disorders, including behavior, communication, sensory, and cognitive skills; (3) building social and life skills; and (4) fostering generalization of skills to environments other than the school.</p>
<p>10. The Department of Education should create transition guidelines that offer strategies for addressing the unique and complex needs of high school students with autism spectrum disorders; securing the services needed to build life, social, and vocational skills; and positioning them for pursuing opportunities of their choice after these students exit the school system.</p>
<p>11. The Department of Education should collaborate with relevant stakeholders to (1) evaluate the options for improving the delivery of services to school-age children with autism spectrum disorders by increasing the consistency of service provision, enhancing its professional development programs, developing goals and</p>

<p>objectives and monitoring progress, improving transition services, and offering educational alternatives through a scholarship program; (2) identify which, if any, options are most beneficial to pursue; and (3) report its findings to the Department of Behavioral Health and Developmental Services no later than March 31, 2010.</p>
<p>12. The Department of Medical Assistance Services should collaborate with relevant stakeholders to (1) evaluate the options for improving the delivery of services to school-age children with autism spectrum disorders by increasing knowledge about Medicaid services, developing standards and rates for Medicaid providers, and adjusting existing or creating new waiver programs; (2) identify which, if any, options are most beneficial to pursue; and (3) report its findings to the Department of Behavioral Health and Developmental Services no later than March 31, 2010.</p>
<p>13. The Department of Behavioral Health and Developmental Services should collaborate with relevant stakeholders to (1) evaluate the options for improving the delivery of services to school-age children with autism spectrum disorders by developing services through regional offices; and (2) identify no later than March 31, 2010, which, if any, options are most beneficial to pursue.</p>
<p>14. The General Assembly may wish to consider directing the Olmstead Community Integration Implementation Team to include in its action plan and implementation update a discussion of steps that can be taken to help Virginians with autism spectrum disorders achieve greater levels of independence and be further integrated in the community.</p>
<p>15. The Department of Rehabilitative Services should collaborate with relevant stakeholders to (1) evaluate the options for fostering greater independence among adults with autism spectrum disorders by improving employment services and supports; (2) identify which, if any, options are most beneficial to pursue; and (3) report its findings to the Department of Behavioral Health and Developmental Services no later than March 31, 2010.</p>
<p>16. The Department of Medical Assistance Services should collaborate with relevant stakeholders to (1) evaluate the options for fostering greater independence among adults with autism spectrum disorders by improving Medicaid waiver programs; (2) identify which, if any, options are most beneficial to pursue; and (3) report its findings to the Department of Behavioral Health and Developmental Services no later than March 31, 2010.</p>
<p>17. The Department of Behavioral Health and Developmental Services should collaborate with relevant stakeholders to (1) evaluate the options for fostering greater independence among adults with autism spectrum disorders; and (2) identify no later than March 31, 2010, which, if any, options are most beneficial to pursue.</p>
<p>18. The Department of Criminal Justice Services should collaborate with relevant stakeholders to (1) evaluate the options for promoting awareness of autism spectrum disorders among law enforcement personnel; (2) identify which, if any, options are most beneficial to pursue; and (3) report its findings to the Department of Behavioral Health and Developmental Services no later than March 31, 2010.</p>
<p>19. The Virginia Department of Health should collaborate with relevant stakeholders to (1) evaluate the options for promoting awareness of autism spectrum disorders among emergency medical services, fire, and rescue personnel; (2) identify which, if any, options are most beneficial to pursue; and (3) report its findings to the Department of Behavioral Health and Developmental Services no later than March 31, 2010.</p>
<p>20. The Supreme Court of Virginia should collaborate with relevant stakeholders to (1) evaluate the options for promoting awareness of autism spectrum disorders among judicial personnel; (2) identify which, if any, options are most beneficial to pursue; and (3) report its findings to the Department of Behavioral Health and Developmental Services no later than March 31, 2010.</p>

21. The Department of Behavioral Health and Developmental Services should create a detailed action plan reflecting the input of relevant stakeholders and the evaluation of options conducted by other State agencies, which specifies how the department will address the issues contained in this report and build a more effective system of care for Virginians with developmental disabilities, including autism spectrum disorders. This plan should be presented to the Secretary of Health and Human Resources, the Joint Commission on Health Care, and the House Appropriations and Senate Finance Committees no later than November 30, 2010.

The JLARC recommendations in the study can be grouped into seven common themes:

1. Identifying a single point of entry for access to all services in the state needed for those with a developmental disability, including autism, and establishing a system of statewide accountability
2. Establishing a centralized, comprehensive and reliable source of information regarding autism for the citizens of Virginia
3. Increasing capacity to educate and train providers of services
4. Improving access to early diagnosis, screening and treatment of children with autism
5. Improving educational services for children and youth with disabilities, including autism
6. Increasing quality of life and independence for adults with autism through work
7. Enhancing public safety, both for those with autism and members of the general population who interact with persons with autism

The JLARC study requested in its final recommendation that:

The Department of Behavioral Health and Developmental Services should create a detailed action plan reflecting the input of relevant stakeholders and the evaluation of options conducted by other State agencies, which specifies how the department will address the issues contained in this report and build a more effective system of care for Virginians with developmental disabilities, including autism spectrum disorders. This plan should be presented to the Secretary of Health and Human Resources, the Joint Commission on Health Care, and the House Appropriations and Senate Finance Committees no later than November 30, 2010.

In response to this directive, the Department of Behavioral Health and Developmental Services (DBHDS) convened several workgroups or requested that collaborating state agencies convene workgroups to address the recommendations in the study. The input of these workgroups, which included a broad base of state agency and stakeholder

involvement, was used to develop the detailed action plan in this report. Appendix A shows the workgroups and participants.

Each section of this report will outline issues and concerns for each theme identified in the JLARC study, discuss recommendations from the relevant agency and workgroups, then list recommendations for the detailed, action plan. This report will conclude with a detailed plan outlining the costs and implications to implement these recommendations.

Section 1: Identifying a single point of entry for access to all services in the state needed for those with a developmental disability, including autism, and establishing a system of statewide accountability

Section 2: Establishing a centralized, comprehensive and reliable source of information regarding autism for the citizens of Virginia

Section 3: Increasing capacity to educate and train providers of services

Section 4: Improving access to early diagnosis, screening and treatment of children with autism

Section 5: Improving educational services for children and youth with disabilities, including autism

Section 6: Increasing quality of life and independence for adults with autism through work

Section 7: Enhancing public safety, both for those with autism and members of the general population who interact with persons with autism.

Section 1

Establishing a Coordinated System of Statewide Accountability

The JLARC study identified the need for a single developmental disabilities (DD) agency, improved system coordination, and improved access to care for individuals. The study also identified the need for Virginia to consider ways to improve delivery of ASD and DD services, including enhancing Medicaid waiver programs. The study concluded that a more streamlined system with greater accountability would significantly improve the ability of individuals with ASD and their families to access services.

Workgroups were formed to address recommendations in the JLARC report related to the issues of the single point of entry and centralized system management. These were made up of representatives of the Virginia Association of Community Services Boards (VACSB), Centers for Independent Living, The Arc of Virginia, DBHDS staff, Department of Medical Assistance Services (DMAS) Division of Long-Term Care staff, Developmental Disability Waiver case managers, family members and self-advocates. While there was not universal consensus on all issues discussed, there was general agreement on the direction and many of the elements of changes that were recommended. The major points of agreement were:

1. DBHDS should continue to be the lead state coordinating agency for autism services and policy.
2. Virginia should adopt a definition of developmental disability to ensure appropriate services and policy development.
3. The Community Services Boards/Behavioral Health Authorities (CSBs) should be the single point of entry into the system for individuals with autism and developmental disabilities.
4. Individuals with autism and their families will be better served with one comprehensive developmental disability waiver rather than the current system.

Designating a Single State Coordinating Agency

The lack of a lead agency designated to assume responsibility for the establishment and coordination of a developmental disability system for Virginia was cited by the JLARC study as a major barrier to successfully resolving issues affecting individuals with ASD and their families. The study cited the fragmentation of services that were developed by the various agencies in isolation from each other and the lack of

an entity to develop a clear and unified policy direction for the Commonwealth concerning ASD as examples of the problems that Virginians with ASD and their families now face.

In 2009, the Joint Commission on Health Care designated DBHDS as lead agency to coordinate autism services and policy across the Commonwealth. The JLARC Study endorsed the decision for DBHDS to serve in the lead capacity by observing, "... this choice appears to provide a useful foundation for addressing many of the challenges that currently undermine the delivery of services to Virginians with ASDs and is also consistent with the approach followed by most other states..." (Pg. 38).

Partly in anticipation of accepting a broader role beyond the traditional role of serving individuals with intellectual disabilities, the name of the Department changed in July of 2009 from the Department of Mental Health, Mental Retardation and Substance Abuse Services to the Department of Behavioral Health and Developmental Services. Also, in October of 2009, DBHDS added two staff members to help guide and shape this new direction.

Defining Developmental Disabilities for the State of Virginia

The JLARC study noted that there is limited and fractured funding available for services for people with ASDs relative to other disability populations in Virginia (e.g. those with intellectual disabilities). As the lead agency for developmental disabilities, DBHDS began consulting with stakeholders to better define the ASD and developmental disability population in Virginia. It is critical that a common definition of developmental disabilities, including those with ASDs be established so state agencies, including DBHDS, DMAS, VDOE, and others can appropriately plan to address the needs of this population. In addition, a common definition can assist policy officials and legislators in determining the resources necessary to serve the developmental disability population in Virginia.

A workgroup of stakeholders convened to discuss this issue and reviewed various definitions, including the definition currently used by the federal government (Developmental Disabilities Act, section 102(8).) to define developmental disability. Another consideration was that the definition must not exclude anyone who is currently receiving state-funded services in Virginia. In the end, the workgroup defined the population by accepting the federal definition with one small change to ensure the inclusion of everyone being served currently by the Individual and Family Developmental Disabilities Waiver Services (IFDDS Waiver) which services many people with developmental disabilities, including ASDs. Those individuals whose characteristics and needs are encompassed by this definition, including those with ASD, would qualify – with sufficient funding – for services provided by DBHDS, CSBs, and other state agencies as applicable.

"Developmental Disability" means a severe, chronic disability of an individual that

- A. *Is attributable to a mental or physical impairment or combination of mental and physical impairment;*
- B. *Is manifested before the individual attains age 22;*
- C. *Is likely to continue indefinitely;*
- D. *Results in substantial functional limitations in two or more of the following areas of major life activity:*
 - i. *self-care;*
 - ii. *receptive and expressive language;*
 - iii. *learning;*
 - iv. *mobility;*
 - v. *self-direction;*
 - vi. *capacity for independent living; and*
 - vii. *economic self-sufficiency; and*
- E. *Reflects the individual's need for a combination and sequence of special, interdisciplinary or generic services, individualized supports or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.*

An individual from birth to age nine, inclusive, who has substantial developmental delay or specific congenital or acquired conditions may be considered to have a developmental disability without meeting two or more of the criteria described above in (A) through (E) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

Three levels of support needs were identified in this population. They are:

1. Those individuals who meet the “Level of Functioning” criteria for Medicaid services. These individuals will require the highest levels of support and will most likely require some level of support throughout their lifetime.
2. Those individuals who require a fair amount of support in order to fully integrate into the mainstream of community life, but who do not meet the “Level of Functioning” criteria that would qualify them for Medicaid services. With some supports in place to help with basic life skill needs, such as job coaching, counseling, skills training, budgeting and financial needs planning, and general periodic monitoring and companionship, these individuals can assimilate successfully into community life.
3. Those individuals who need periodic support in order to maintain an integrated lifestyle, such as case management, peer group counseling, occasional assistance with decision-making and guidance.

Recommendation #1: The General Assembly should adopt a single definition of developmental disabilities in Virginia. DBHDS recommends the definition outlined above.

Current Partnerships with Sister Agencies and Organizations

DBHDS is already working with many agencies, state and local, as well as advocacy and non-profit service organizations to coordinate autism services and policy.

Advocacy and Non-Profit Partners. The Advisory Consortium on Intellectual and Developmental Disabilities (TACIDD) is a workgroup of stakeholder agencies, advocates and interested parties who meet quarterly to advise the DBHDS Office of Developmental Services (ODS) on policy directions and issues of stakeholder interest. Last year, DBHDS formed the State Employment Leadership Network Advisory Group, a work group of stakeholders and agencies gathered to promote integrated employment initiatives for individuals with developmental disabilities. The Virginia Autism Council (VAC), long seen as operating under the Virginia Department of Education (VDOE), has increasingly become a partner working more closely with the support of DBHDS. In July of 2009, state funds for the Commonwealth Autism Service (CAS) began to be channeled through DBHDS, as opposed to Virginia Commonwealth University, its former host. In doing this, DBHDS established a formal relationship with CAS. DBHDS already had a similar arrangement with the Virginia Autism Resource Center. All of these collaborative endeavors are serving to strengthen the coordination of efforts among the various agencies on behalf of individuals on the autism spectrum.

Community Services Boards. The DBHDS contractual relationship with the forty Community Services Boards (CSBs) has long been a strength in the system of ties between the Department and direct services in the community. Likewise, the relationship between the Department, the CSBs, and the more than five hundred licensed, private, community providers of services and supports provides a support network throughout Virginia for services to individuals with intellectual disabilities. Since July of last year, the CSBs have agreed that their focus should also expand in scope, to include those with ASD and other developmental disabilities. To that end, the “Intellectual Disability Council” of the VACSB has begun to take steps in this direction by changing its name to the “Developmental Services Council.” Members of this council authored a white paper titled, “Shaping the Future for Comprehensive ASD Services,” in which they outlined the steps that each CSB could take now to begin to improve their responses to families and individuals with ASD living in their communities. As the system continues to expand and broaden to accommodate the needs of individuals on the spectrum and who have other developmental disabilities, the strength of this existing network of providers and stakeholders will prove most beneficial in bringing services and supports to individuals and their families.

Department of Medical Assistance Services (DMAS). The Centers for Medicare and Medicaid Services (CMS) requires that the state Medicaid agency retain ultimate administrative authority and responsibility for the administration of all Medicaid programs, including the State Plan Option service of Targeted Case Management and all of the Waivers. While other state, local, regional or private contractual agencies may perform some of the waiver administrative functions, the state Medicaid agency must exercise oversight of these entities’ performance. Therefore, since 1990, the management

of Virginia Medicaid services for individuals with ID has been a joint effort of DMAS and DBHDS, combining the Medicaid expertise of DMAS with the ID services expertise of DBHDS. Through an interagency agreement, each department’s responsibilities regarding the ID and Day Support (DS) Waivers are enumerated. While some activities are the primary responsibility of one of the two agencies (examples below), the effective management of services for individuals with ID requires strong collaboration between both partners in areas such as the development and submission of waiver applications, regulatory packages, policy manuals and State Plan Amendments, and the development of budget proposals. The ongoing, collaborative relationship between DMAS and DBHDS will serve as a foundation for future efforts to improve waiver services for individuals with ASDs.

DMAS operates the IFDDS waiver, which is the primary waiver serving individuals with autism in Virginia today. The IFDDS, ID and DS waivers now support, together, approximately 8,800 individuals, while another 6,000 individuals remain on the waiting lists for these valuable services. All three of these waivers seek to address the needs of individuals with developmental disabilities, including those with ASDs.

Table 3: Description of Virginia’s Waiver Programs for Individuals with Developmental Disabilities

Waiver	Population Served	Operating Agency	Currently Enrolled	Waiting List
IFDDS	Individuals above the age of 6 who have a developmental disability, but not MR/ID. Must meet the Level of Functioning Criteria.	DMAS	595	Over 1,000
MR/ID	Individuals under the age of 6 who are at developmental risk <i>and</i> Individuals with a MR/ID diagnosis. Must meet the Level of Functioning Criteria.	DBHDS	8152	5348
Day Support	Individuals with a MR/ID diagnosis. Must meet the Level of Functioning Criteria.	DBHDS	280	MR/ID Waiver Statewide Waiting list (see above)
EDCD	Individuals who meet nursing facility criteria. Must meet dependency criteria according to the Uniform Assessment Instrument.	DMAS	18029	No waitlist

Virginia Department of Education. DBHDS, particularly the Office of Child and Family Services, and VDOE have worked closely for many years on areas common to the two agencies such as early screening and diagnosis and supports for transition aged-youth and families whose lives are affected by mental illness, intellectual disability, and substance abuse disorders. Recent collaborative efforts include development of the Early Intervention Autism Guidance Document, Awareness and Diagnosis Workgroup, co-membership within the Virginia Autism Council and jointly seeking grant opportunities to assist individuals with ASD and their families. VDOE and DBHDS exchange information at least weekly in order to assist those within the developmental disability community.

Department of Rehabilitative Services. DBHDS and the CSBs have worked cooperatively with DRS for many years to promote the employment of individuals with ID, mental illness and substance use disorders through a variety of supported employment initiatives. Most recently, DBHDS and DRS are working together on the State Employment Leadership Network. DBHDS and DRS have also partnered for a number of years to provide OBRA-87 funding for needed specialized services for individuals with related conditions who reside in nursing facilities.

Virginia Department of Health. DBHDS has primarily worked with VDH through the Part C program, as both have the goal of systematically increasing the developmental screening, diagnosis and receipt of needed services among young children with developmental disabilities and related medical issues. DBHDS and VDH collaborated recently to submit a grant to the federal Department of Health and Human Services in the hopes of obtaining funding to improve services for children and youth with ASD. While Virginia's grant application was not funded, the planning work that was accomplished has helped to provide the basis for some of the proposed joint efforts outlined in this document.

Public Safety Agencies. While DBHDS has worked for many years with public safety agencies and the courts regarding the forensic population, prevention activities for individuals with ASD and other developmental disabilities, such as those described in Section 7, are a new venture for the Department.

The Community Services Boards as the Single Point of Entry

The JLARC study recommended DBHDS explore methods to improve case management of services for individuals with ASDs. It recommended examining establishing regional offices to provide case management, training family members to provide this service, or expanding the role of existing case managers that serve similar populations in Virginia. DBHDS brought together a workgroup to examine these recommendations. The group determined the most effective mechanism to improve case management services for individuals and families was to leverage the professional case management expertise of those providing the service under the ID and IFDDS waivers.

Currently, individuals with ID receive case management through their local CSB (public case management), while individuals receiving IFDDS Waiver or on the IFDDS Waiver waiting list receive case management through their choice of private providers. In the model discussed by the workgroup, CSBs would not only be the single point of entry for those with ASDs seeking services, but for the IFDDS Waiver and ID Waivers. Eventually, with appropriate funding, the CSBs would bear the responsibility for ensuring that all individuals with DD/ID, regardless of ability to pay or Medicaid eligibility, receive needed case management services, either through a public or private provider. CSBs would thus act as the safety net for individuals with DD, as they currently do for individuals with ID, mental illness or substance use disorders. An integral part of this role is ensuring, with assistance from DBHDS, that there is a person-centered focus to service planning and delivery and that choice of type of case management provider is honored. Current case managers of the IFDDS waiver could contract with CSBs to continue to provide case management services.

As the single point of entry, services and assistance would be provided through the following steps:

- Once the CSB, as the single point of entry, is contacted, screening/assessment(s) is completed to determine what services the individual needs and for which he/she is eligible
- The individual or family, as applicable, is given choices of services (including case management) for which the individual is eligible/needs
- Families choose their providers. Oversight entities would expect all those providing case management to be familiar with the locality in which the individual lives
- Required annual eligibility re-evaluations for ID/IFDDS (and eventually a combined DD) Waiver services (i.e., Level of Functioning Surveys) will be completed by the individual's chosen case manager.

The group agreed that it is essential that choice of case management provider, like that of Waiver services providers, includes the following aspects:

- All case management entities are presented as equal choices
- The individual/family is supported in choosing the type of case management entity that is right for them (e.g., small vs. large, public vs. private, appealing in philosophy)
- The individual/family is supported in choosing a case manager.

The workgroup agreed that the State continue to provide oversight through the following agencies:

- DBHDS Offices of Licensing and Human Rights – all case management entities would be required to be licensed through DBHDS (and thus required to comply with Human Rights regulations as well)
- DMAS Quality Management Review and Utilization Review – offer quality assurance and financial oversight.

The work group also achieved consensus regarding CSBs as the appropriate venue for the provision of Information and Referral (I&R) Services to anyone with a developmental disability who asks for assistance in their community. CSBs' I&R duties will thus include:

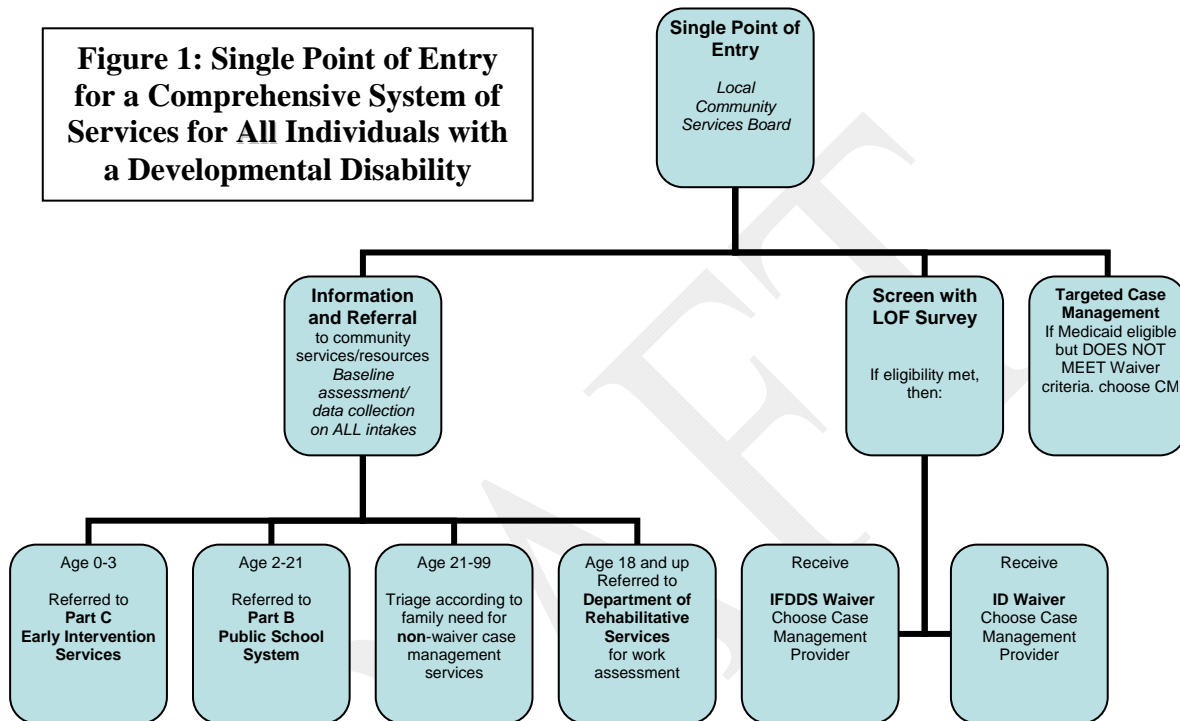
- Telephone consultations or face-to-face meetings with individuals seeking services
- The completion of needs assessments, with due consideration of Intellectual Disability, Mental Health, and Substance Abuse services eligibility
- Determination of individuals' eligibility for inclusion on ID or IFDDS Waiver waiting lists, the Elderly or Disabled with Consumer Direction (EDCD) Waiver, Early Intervention Services and other community services and/or state benefits
- Preparation and distribution of basic information, referral and resource packets to include fact sheets, relevant web sites, phone numbers to health lines, etc.

The VACSB has agreed that this I&R activity is a necessary function in order to build a state system for all individuals with DD. To facilitate this, DBHDS has added autism resource links to its website. In addition to linking to DBHDS' website for DD and ASD information, CSBs must post resources they offer to persons with DD and ASD on their agency websites.

This I&R function will also enable the CSBs to have the ability to collect data on the needs of constituents in order to assist with future planning and budgeting for state and local services. Information to be collected includes:

- For individuals with ASDs who are active in the CSB Service System - Annual reporting by CSBs, beginning FY2010, of persons with co-occurring ASDs receiving Mental Health, Substance Abuse and Intellectual Disability services .
- For individuals with ASDs who are not currently receiving services through their local CSB– Data collection, as individuals are made known to the CSB, to minimally include, the person's name, contact information, address, telephone and date of birth.

The addition of I&R responsibilities and case management for all individuals with DD has the potential to add an additional financial strain to an already overburdened CSB system. Additional funding will be required in order to offer case management services and I&R services to all individuals with DD. The revised model, with CSBs as the single point of entry, is depicted in Figure 1 below.



The work group agreed that it is desirable for the future DD system in Virginia to encompass a birth to end of life continuum of supports. In this system, individuals will

- Be referred by their pediatrician or family doctor to early intervention services
- Be placed on a Waiver that is administered by their local CSB
- Receive services to ensure a productive, healthy life within their own community
- Have life-long support coordination (case management) within their local community via private or public providers.

Virginia's future DD system will have as its goal a streamlined, cohesive structure in comparison to the current fragmented arrangement of resources.

Recommendation #2: Establish CSB's as the single point of entry for the Developmental Disability System, including serving individuals with ASDs.

Establishing a Comprehensive Developmental Disabilities Waiver

Currently Virginia maintains two separate comprehensive waivers for individuals with developmental disabilities the ID waiver and the IFDDS waiver. These waivers are accompanied by two separate waiting lists. As the individuals served by these waivers have similar and often co-occurring diagnoses, there is frequently confusion among individuals and their families as to which waiver is more appropriate, as well as which waiting list will lead to the receipt of needed services in the shortest amount of time. Children under the age of six years with any developmental disability/delay are only eligible for the ID Waiver. However, when they reach the age of six, if they have not received an ID diagnosis, they must switch to the IFDDS waiver, which may or may not have an available slot. In recognition of these challenges, JLARC recommended DBHDS, in concert with stakeholders, examine combining these two waivers to improve services for the developmental disabilities population and reduce family confusion over wait lists and services. A stakeholder workgroup was convened to discuss this option. The workgroup supported the idea of transitioning toward a single, comprehensive waiver for all individuals with developmental disabilities. The consensus of the workgroup was that this would help achieve parity in processes and services for all individuals with DD in the Commonwealth.

The services offered by the ID and IFDDS Waivers are identical, with two exceptions. The IFDDS Waiver contains one service not included in the ID Waiver: Family/Caregiver Training. The ID Waiver contains one service not included in the IFDDS Waiver: Congregate Residential Support. This service, in which individuals may receive residential supports in DBHDS-licensed sponsored residential homes, group homes or in supervised apartment settings at the same time as their roommates, is one which numerous IFDDS Waiver individuals and their family members have requested and from which they would benefit. Benefits would accrue from increased independence on the part of the individuals (being able to experience the natural milestone of moving out of one's parents' home), as well as increased peace of mind for parents/family members in knowing that their loved ones are living and receiving appropriate services in licensed, supervised settings, if that is the level of support that is required. Thus, combining these two waivers could provide individuals access to two services to which they were previously ineligible.

As a first step in a carefully planned and executed transition to a more streamlined and unified DD service system in Virginia, the stakeholder work group recommended that, prior to the merging of the ID and IFDDS waivers, DBHDS would assume responsibility for the day to day management of the current IFDDS Waiver, under DMAS' oversight, as is presently the case for the ID Waiver. Then over a time period the waivers could be carefully merged into one comprehensive DD waiver.

To ensure that these two waivers are merged appropriately a study would be conducted over a period of one year, with DMAS involvement. This study would need to examine how to resolve a number of challenges including these:

- The two waivers use different criteria for selection. The ID waiver wait list uses needs, urgent and non-urgent, to place individuals on the wait list. The DD waiver uses a first come, first serve methodology.
- Remedy differences in the payment system for the waivers' different case management programs and ensure that all case managers receive appropriate training.
- Determine the increased costs associated with merging the waivers. While the services received under the two waivers are similar, those on the DD waiver do not have access to congregate care as do those on the ID waiver. It will be important to determine any increased costs that may arise as the array of services available to the two groups becomes consolidated.
- Determine whether the Supports Intensity Scale, which is already being used to provide a standardized assessment of individuals with disabilities in Virginia, can be used to move to an Individual Resource Allocation methodology for the DD waiver. Individual Resource Allocation may permit Virginia provide more flexible waiver options to individuals in need in Virginia without significantly increasing costs.

Recommendation #3: In FY12, move the day to day administration of the IFDDS waiver from DMAS to DBHDS, in order to realign and increase coordination of the ID and IFDDS waiver programs for families.

Recommendation #4: Create a stakeholder workgroup to determine the parameters and costs associated with combining the ID and IFDDS Waiver into one comprehensive Developmental Disabilities Waiver. The workgroup would address merging of the waiver wait lists, establish the parameters for case management, determine the costs associated with offering residential and congregate care to a larger population, and the feasibility of implementing an Individual Resource Allocation methodology to assign waiver services, in order to present its findings to the General Assembly for the 2012 budget session.

Support for Providers of ASD Services through the DBHDS Office of Licensing

Pursuant to §37.2-404, this office licenses service providers offering treatment, training, support and habilitation to individuals who have mental illness, intellectual disabilities or substance abuse disorders; to individuals receiving services under the IFDDS Waiver; and to individuals receiving services in residential facilities for individuals with brain injuries. Licensing staff make at least one unannounced inspection of service sites per year and investigate complaints about licensed providers.

The Office of Licensing has created criteria for providers to be recognized as having an ASD specialty. In order to be considered qualified to receive an "autism track" with the agency's license, the Office of Licensing requires the applicant to have:

1. Documented organizational, supervisory and staff experience with supporting individuals with ASD
2. Evidence of implementation of best practices in ASD supports with an expectation that some type of Applied Behavior Analysis be in use
3. Certification by staff and supervisors in ABA.

Currently, there is one provider in the state with this ASD specialty designation. Additional resources and staff should be made available to permit providers to receive ASD specialty designations. Workforce and provider readiness will be addressed in Section 3 of this document.

The Need for State General Funds for Family and Individual Supports

In the definition of developmental disability found in Section 1, there are three levels of support needed for individuals with ASD and other developmental disabilities to insure an adequately supported system. This plan has already identified recommendations and strategies for improving services to individuals who meet the criteria for Medicaid funded supports and who are part of the Early Intervention and Education systems. There are also many individuals, both children and adults, who are need of supports and who do not fall into the categories that have already been described.

In the past, Virginia has provided state general fund dollars for family and individual support needs for individuals whose needs are fewer, but who none-the-less, will not be able to fully integrate into the community without a basic level of support. As the system has evolved, more and more of the state general fund dollars have become used to draw down the federal Medicaid funds to serve the Medicaid eligible population, leaving those individuals who do not qualify for Medicaid without opportunity for supports. These funds should be made available through the CSB case management system to support individuals and their families as needed.

Family and Individual Support dollars should be made available to each Community Services Board/Behavioral Health Authority to fund, as needed, limited specialized supports to qualifying individuals and/or their families. Often, it is as simple as respite care funds or funds needed for job training for a young adult transitioning from school.

Recommendation #5: Increase grants to localities to be used by the Community Services Boards/Behavioral Health Authorities as Family and Individual Support funds as needed with a limit of, up to \$1,500 per recipient per year.

JLARC recommended that DBHDS work with partner state agencies, local government, non-profit, providers, and advocacy entities to begin developing a coordinated, streamlined system of care for individuals with ASDs and other developmental disabilities. As the designated coordinating agency, DBHDS convened

several stakeholder groups to develop a common definition of developmental disabilities for Virginia, envision a single point of entry system supported by local CSBs, and determine steps to move toward one comprehensive developmental disabilities waiver for individuals with ID, autism, and other developmental disabilities. The recommendations in this section seek to outline the next steps required to fully achieve these goals and will be incorporated into the detail, action plan in Section 8 of this document.

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Section 2

Establishing a Centralized Source of Information Regarding ASDs

The JLARC study identified the lack of a consistent and reliable resource to find available information about autism as a major barrier for Virginia families seeking services. The JLARC report recommended the development of a centralized, comprehensive and reliable source of information to educate Virginians about:

- 1) Autism Spectrum Disorder
- 2) Research findings regarding treatment approaches and interventions
- 3) Publicly supported programs and services
- 4) Private providers specializing in ASD
- 5) Support groups
- 6) Any other relevant information identified by stakeholders.

A workgroup was convened to address these recommendations. The group recommended there be a manned clearinghouse on ASD operated directly by the state. While this recommendation has merit, it would be redundant for DBHDS to create such an entity that encompasses all of the recommended components. When reviewing resources currently active in Virginia, many information and referral sources already exist through non-profit, partially state-funded organizations and other private non-profit organizations such as the Autism Society of America's chapter parent support groups, and The Arc of Virginia. Since 2009, DBHDS has been partnering with other organizations to ensure the development and expansion of a statewide network that will provide accurate and timely dissemination of information concerning supports available to these individuals and their families.

Commonwealth Autism Service

Commonwealth Autism Services (CAS) currently maintains the largest statewide website on autism and provides information and referral services through a toll free number and website. CAS has received funding from the General Assembly for this purpose since its creation in 1995. CAS has recently redesigned their website at a cost of \$7,500 to increase visual appeal and contain the components recommended by the JLARC study. DBHDS will assist in marketing the CAS website as Virginia's primary, web-based source of information concerning ASD.

CAS' website will have resource links to other parent support groups including all Autism Society of America chapters, which also have comprehensive resource listings for their local area. CAS will have other information concerning autism such as bio-medical interventions, sensory integration, how to access Medicaid Waivers and to how to find a summer camp for a child with ASD, etc. CAS will also be responsible for continual

review of their website to ensure the reliability of the information. DBHDS will assist CAS in ensuring that information is accurate. The CAS website addresses the JLARC recommendation of having a centralized, comprehensive and reliable source of information to educate Virginians about ASD.

An additional resource facilitated by CAS has been the formation of Autism Action Groups (AAGs). AAGs consist of members of local communities who have a desire to actively and collaboratively work toward providing quality services and resources for individuals with ASDs within their own local geographical area. Representatives from each group meet yearly to network and share ideas and knowledge of resources in order to better serve those with autism within their own community.

In addition to these activities, CAS services include:

- Trans-disciplinary Diagnostic and Assessment Clinic©
- Public Safety Training
- Transition and Adult Services
- Partnership for Capacity Development in Public Schools©
- Training and Consultation
- Annual Conference
- Learning Institute

The Virginia Autism Resource Center

The Virginia Autism Resource Center (VARC) has been in operation since 1982 from a grant from the General Assembly and was the first autism organization in Virginia. For the first 26 years, VARC was operated exclusively by Grafton School. Since 2008, VARC has been a collaborative effort between Grafton School and Virginia Commonwealth University (VCU). Currently, VARC is the only statewide autism resource embedded within a university. Consequently, VARC has been able to leverage resources to engage in original research that establishes evidence-based practice.

VARC's mission is to collaborate with individuals, families, professionals and agencies to build knowledge and skills so that those with ASD can live, learn and work in the community. VARC attempts to accomplish this through:

- Raising public awareness about ASDs
- Empowering individuals with ASDs and their families
- Educating families, professionals and the general public on the many strengths possessed by people with ASD and promoting respect
- Providing information, education and training to equip families and professionals with knowledge, skills and tools to effectively teach, support and guide individuals with ASDs.

VARC accomplishes this mission through providing an extensive free lending library, an updated and easy to use web site with online informational web cast and an

extensive list of resources, and live training workshops. VARC is currently engaged in research to identify scientifically sound vocational programs for transition aged students and adults with ASD. Additionally, through its collaboration with Grafton, Inc., VARC is completing action based research into the impact of data based decision making on IEP development and implementation.

Staff from VARC are active in many of the Commonwealth's committees addressing the needs of individuals with ASD and supporting efforts to improve the capacity of the Commonwealth to serve individuals with ASD across all ages at every level of impact. VARC's placement at VCU results in the availability of a post-baccalaureate certificate from VCU in Autism Spectrum Disorders. VARC staff are also integrally involved in the training of Positive Behavior Supports facilitators. Finally, through VARC's consultation, information, referral, lending library and program development, the agency provides direct services to nearly 3,000 citizens yearly across the Commonwealth.

In the coming years, VARC intends to further support the recommendations of the JLARC report by:

- Increasing the number of online, web services available to citizens
- Continuing to participate in state-wide committees addressing the needs of individuals with ASD
- Providing training and resource referral
- Continuing to complete research to further guide practitioners in Virginia.

DBHDS will seek to continue coordinating these information resources through a variety of mechanisms including email, support groups, and CSB information and referral assistance. DBHDS has created an e-mail list of ASD support groups within Virginia and will ensure information concerning ASD at the state level is disseminated to these groups. DBHDS is working with these groups in order to assist DBHDS in understanding the needs of those with autism and that their families' voices are heard at the state level.

DBHDS, working with all 40 CSBs, will assist with creating local community resource action groups where a CAS Autism Action Group does not currently operate. Each CSB is encouraged to develop a local group of stakeholders, or if one already exists, to become engaged with this group. DBHDS will assist any CSB in creating a DD Resource Support Group for their local area. Two CSB-initiated groups have been formed, one in Virginia Beach and another in Charlottesville. Additional groups are in the organizational phase at this time.

Section 3

Educating and Training Providers

The JLARC study found that inadequately trained educational professionals and service providers can limit the effectiveness of therapies and treatment for children and adults with ASD. These concerns are also well established for the broader developmental disabilities community. This section of the report discusses several current programs that are assisting professionals and providers in advancing their knowledge and expertise in provider services to individuals and families who are challenged with developmental disabilities. Section 5 of this report, which discusses services within the education system, will more specifically address how VDOE is educating its professionals to teach children with autism.

Virginia Autism Council

The Virginia Autism Council (VAC) is an interagency council of ASD stakeholders that seeks to define needed skill competencies and to advance higher education, training and educational opportunities for personnel and caregivers supporting individuals with an ASD. To this end, VAC created “Skill Competencies for Professionals and Paraprofessionals in Virginia Supporting Individuals with Autism across the Lifespan.” This document has served as the foundational resource for professionals seeking to build knowledge and skills in the area of ASD through multiple content areas. The VAC will revise and disseminate “Skill Competencies,” collaborate with agencies across the state to provide training on an array of ASD-related topics, as well as assist DBHDS with meeting the recommendations of the 2009 JLARC report.

The VAC will continue to review additional university programs that wish to obtain Autism Certificate Certification for class work that meets “Skill Competency” levels. DBHDS is seeking additional funding for tuition reimbursement for Early Intervention providers, Medicaid providers and family members who wish to take these classes and expand their ASD knowledge and skill sets. In order to provide tuition assistance for 200 persons at \$300 per class, a yearly budget of \$60,000 will be needed. The Tuition Reimbursement Program for individuals employed in a public or private school or enrolled in a teacher preparation program in the state of Virginia will continue to be supported by the Virginia Department of Education.

DBHDS Training and Education of Providers

Since the inception of the ID Waiver services, DBHDS has employed regionally-based staff responsible for providing training and technical assistance to providers of case management and Waiver services, as well as to individuals with ID and their family members. Being regionally-based has made these “Community Resource Consultants” more accessible to providers in the five-designated “Health Planning Areas” of the state. In addition to responding to numerous telephone and electronic inquiries, they frequently go on-site to provide consultation regarding provider requirements, as well as best

practices. Large-scale training events are coordinated and delivered by this group and on-line training modules have begun to be developed on topics of relevance to case managers, service providers and family members. These highly trained and capable professionals could be leveraged further to train providers if a comprehensive Medicaid waiver for developmental disabilities is established.

DBHDS recognizes that additional training for private providers of supports to individuals with ASD and other DDs is needed. This is particularly challenging considering the high rate of staff turnover in most provider agencies. Linkages to VAC or VARC sponsored training is one avenue. Another is the development of an on-line training module to be available through the DBHDS website.

Another way in which DBHDS can improve the capacity and expertise of the provider workforce is to partner with local community colleges to offer a certificate in direct support services/management for persons with DDs. The Direct Support Professional Career Pathway (a partnership between DBHDS and the Virginia Community College system) is a recent effort to accomplish this goal. This initial project began in July 2010 through the Wytheville Community College.

Skilled direct support workers are essential to delivering high quality service to individuals with developmental disabilities and their families because they provide most of the hands-on support to these individuals. Direct support work is physically and emotionally demanding and the working conditions are often unfavorable when compared to alternative employment possibilities. Annual turnover and vacancy rates for direct support workers in DBHDS-operated facilities are among the highest for any role in State government.

To improve services, reduce high vacancy and turnover rates, and create an improved learning environment for direct support workers, DBHDS community colleges, College of Direct Support, and others have structured a three tier career pathway toward becoming a Direct Support Professional. It is hoped that this career pathway will support a more motivated, experienced and competent direct care staff pool and provide higher quality supports to individuals with developmental disabilities, including ASD.

While this effort is in its early stages and currently involves only DBHDS facility direct support workers, an expansion of this model across the state and made available to community service providers' staff would be greatly beneficial.

Regional Early Intervention Training and Technical Assistance in ASD

The Partnership for People with Disabilities at VCU currently administers two contracts with the DBHDS, Virginia's lead agency for the Part C early intervention system. Both of the contracts relate to Virginia's Comprehensive System of Personnel Development (CSPD) for the early intervention workforce.

The Integrated Training Collaborative (ITC) is the mechanism the Partnership established for overseeing Virginia's CSPD. The ITC brings together the experience and expertise of providers, family members, university faculty, Part C staff and other dedicated individuals to help implement training opportunities and enhance educational networking on behalf of infants and toddlers with developmental delays or disabilities and their families.

One priority of the ITC is the continued facilitation of regional Communities of Practice in Autism (CoPAs). The CoPAs were established in 2007 to serve as a means for regional problem-solving, for learning about evidence-based practices for serving children with ASD and building local expertise in this area. There are nine CoPAs currently operating in Virginia, and each group has established priorities and developed an action plan for the year. The CoPAs have been, and will continue to be, an effective mechanism for informal support, networking and learning.

One need that has continued to emerge from the work of the CoPAs and through needs assessments of the early intervention workforce, however, is hands-on mentoring and coaching as a means of skill development and service delivery planning/implementation with individual infants and toddlers and their families. Practitioners have requested the expertise of trained professionals to assist with local direct service implementation at the child and family level.

The proposed project is designed to bring professionals with expertise in the area of ASD to local early intervention providers. Based in the established Part C regions, the program specialists will be responsible for providing direct consultation to Part C teams, including family members, so that they can determine eligibility, develop effective IFSP outcomes and plan interventions for infants and toddlers with ASD. The goals for the program specialists during this one-year pilot project are to bring knowledge and expertise to local early intervention providers and to build the knowledge base of the early intervention provider community through mentoring and consultation.

At the conclusion of this special project, the provider community will have developed skills and expertise that can continue to be used with infants and toddlers served through the early intervention system. An evaluation plan will be developed and executed throughout the year to determine the change in provider knowledge as a result of the mentoring. The program specialists will use evidence-based and promising practices in their consultations, particularly those identified by the National Professional Development Center on ASD. The program specialists will also coordinate their work with the VDOE's Training and Technical Assistance Centers (T/TAC) statewide. Many additional trainings and education opportunities are placed within the appropriate sections of this document in addition to those that are listed above.

Recommendation #6: Develop an on-line training program and expand the DBHDS-community college certificate program for direct support professionals to promote a well qualified DD community-based workforce.

Recommendation #7: Expand and develop Communities of Practice in Autism (CoPA) in order to develop skills and enhance service delivery planning/implementation through Part C Early Intervention.

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Section 4

Improving Access to Early Diagnosis, Screening, and Treatment of Children with ASDs

The JLARC study found that Virginia could significantly improve the lives of children with ASD and their families and reduce costs to the Commonwealth with earlier diagnosis, screening, and treatment of children. This section outlines efforts currently underway and those required to improve the depth and scope of early intervention activities in Virginia, particularly around diagnosis and screening. The final parts of this section discuss how Medicaid and private insurance could be leveraged to provide effective treatment earlier to children and families.

Early Intervention

The Infant & Toddler Connection of Virginia is Virginia’s system of early intervention supports and services for infants and toddlers from birth through age two (and their families) who are not developing as expected or who have a medical condition that can delay normal development. Early intervention services are designed to meet the full range of developmental needs of each child, and the needs of their families related to the child’s development. Services are provided through both public and private agencies in Virginia, and are designed to include a wide range of family-centered services, resources and supports. Services are provided within the everyday routines and activities in which families participate and in places where the family would typically be, so that their daily life is supported and not disrupted by services. There are 40 Points of Entry, each serving specific cities and counties across Virginia.

DBHDS is required to keep data on children who are served by the Infant and Toddler Connection per Part C of the Individuals with Disabilities Education Act (IDEA). Part C served over 12,000 children in 2009. During 2009 only 27 children had officially received the diagnosis of ASD. Two hundred and twenty-two (222) children were found eligible under the category of Atypical Development with behaviors that included “Impairment in social interaction and communication skills, along with restricted and repetitive behaviors.” These children are suspected of having an ASD. Even if all the 222 children do have ASD, these numbers are extremely low.

Children with a Diagnosis of Autism or Suspected to Have ASD

	New Autism Diagnosis	New Atypical Development with Autism Spectrum Disorder Characteristics	Total	Annualized Child Count	*December 1 Child Count
2007	42	236	278	11,095	6,023
2008	34	248	282	12,066	6,321
2009	27	222	249	12,017	6,288

*December 1 Child Count represents a point in time of children in the Part C system.

The Virginia Department of Education (VDOE) is required by Part B of the IDEA to maintain data on the students that they serve. As of December 1, 2009, Child Count Data reflected 10,092 students from the ages of 0 through 22 with the primary disability category label of autism as defined by the IDEA receiving special education services. In an effort to better insure that students are not inappropriately labeled the Virginia Department of Education has required a more specific disability category for Developmental Delay. The age of eligibility for Developmental Delay has changed from ages two through eight, inclusive to two through six. This change encourages local educational agencies to re-assess students' abilities and performance at a younger age to determine the appropriate classification and level of services as determined by the Individualized Education Program (IEP) team (Virginia Department of Education, Fast Fact April 2010).

Accomplishing Early Identification

A clear message from the ASD research literature is that "earlier is better." The Centers for Disease Control (CDC) released new data in 2009 showing the average age at which children are diagnosed with an ASD is four and a half years. In Virginia, the average age of diagnosis is six to seven years of age. This late age of diagnosis is a reminder of how important it is to be aware of milestones that mark a child's development and to act early if a delay is suspected. Early identification of the disorder and appropriate interventions lead to more successful outcomes for children. This message is echoed by the medical community. Both the American Academy of Neurology and the American Academy of Pediatrics (AAP) call for the routine screening for autism of all children, because children with autism who receive early identification and intensive intervention have the best prognosis. However, despite this understanding, many children are not screened at all. Virginia's JLARC report highlights both:

- 1) Inadequate information and understanding regarding child development, ASDs, and
- 2) what to do when early signs of an ASD are noticed, and lack of regular and standardized developmental screenings as primary reasons why children are diagnosed later, or not at all.

Additionally, once a concern has been identified through developmental screening, there is often a lag in receiving a comprehensive diagnosis. As cited in the JLARC report, Virginians with ASDs must often wait for several months to receive a formal diagnosis and even longer for comprehensive assessments from interdisciplinary teams (JLARC report, p. 58). A staff survey conducted by JLARC revealed that two-thirds of respondents waited for a diagnosis, a quarter waited one to two months, another quarter between three and six months and 18 percent waited longer than six months. Further, only eight percent of respondents indicated receiving a diagnosis from a multidisciplinary team, which is considered a best practice (JLARC report, p. 58).

The coordinated, detailed action plan will support the goals of Virginia’s early intervention community which seeks to lower the average age of diagnosis of autism from six to seven years to the national average of four and a half years within the next 4 years. This will be accomplished by directly addressing the barriers to screening and diagnosis in multiple ways. Current training and technical assistance will be supplemented at both the pre-service and continuing education levels to increase the depth and spread of evidence-based screening and diagnostic practices and practical strategies for implementing the “medical home model.” These efforts will increase the availability and quality of screening, evaluation, diagnosis and treatment interventions for individuals with ASD across the state.

The *medical home model* is a partnership between patients, primary care providers and families. The philosophy promotes care coordination related to the health status and developmental progress of the specific needs of a child and his/her family. The primary care physician in the medical home should be aware of the array of available subspecialty services, know when these services are needed, know how to gain access to and advocate for subspecialty care within health plans and know how to use subspecialists' recommendations and communicate the subspecialists' reports to the family.

Medical homes for children with special health care needs incorporate the same elements of health supervision, community-based preventive care, developmental surveillance and anticipatory guidance used in the ongoing care of all children. Care should be accessible, comprehensive, continuous, compassionate, culturally effective and family centered. The medical home reinforces care coordination activities by the primary care practice team: the primary care physicians in collaboration with nurses, families, and support staff.

Screening

It is important that pediatricians be able to recognize the signs and symptoms of ASDs and have a strategy for assessing them systematically. Pediatricians also must be aware of local resources that can assist in making a definitive diagnosis of and in managing ASDs. The pediatrician must be familiar with developmental, educational, and community resources, as well as medical subspecialty clinics.

In order to achieve the goal of more pediatricians being able to recognize the signs and symptoms of ASD and knowing where to refer parents for diagnosis and local services, DBHDS Part C staff, in coordination with the Virginia Department of Health (VDH), will roll out a statewide “Learn the Signs” campaign. This is a national educational effort that has been created by the Centers for Disease Control and Prevention to assist in increasing public awareness concerning developmental milestones for both providers and the general public.

In addition, current collaborations between VDH, DMAS (specifically the EPSDT office), Early Intervention Part C at DBHDS and the Virginia Chapter of the AAP are working towards the education of physicians regarding the need for regularly scheduled developmental screenings and how to bill for these services during office visits. Billing

issues are a key concern to physicians because additional screenings mean longer office visits with their patients. It is the expectation of VDH, DBHDS, DMAS and VAAP that the systematic use of standardized tools for developmental screening of young children be spread statewide

The VDH has a Systems Improvement (VISIP) grant that is focused on developmental screening and promoting *medical homes* and will be implementing learning collaborative in the next two years, with the intent to apply to the American Board of Pediatricians (ABP) for recognition of the effort for Maintenance of Certification (MOC). VDH has an AAP “point person” on implementing many components of the grant, including working with practices in the collaborative and implementing the curriculum, looking to achieve the MOC recognition. The VISIP grant aims to increase capacity for developmental screening among home visitors, and to test the model of using *home visitors* to better support medical homes.

<p>A <i>Home Visitor</i> is a professional who visits a family within their home, such as Department of Social Services, Home Healthcare, or Early Intervention Services.</p>

At this time, the VSIP grant activities represent VDH’s capacity to promote medical home in practice by working with practices over time to develop the medical home model. This grant’s learning collaborative will reach 15 primary care sites with a budget of \$220,000. In order to expand these activities to an additional 15 primary care sites and additional \$220,000 will be required.

Diagnosis: Creating Regional Capacity to Provide Multidisciplinary Diagnoses

The ideal of a multidisciplinary diagnosis for children suspected of having an ASD involves recruiting, training, and retaining a team of professionals from different disciplines to provide diagnostic services to a designated region. The professionals involved in a diagnostic team should include a Speech therapist, nurse, psychologist, social worker, occupational therapist, neurologist, and educational consultant, among others.

Virginia Leadership Education in Neuro-developmental Disabilities (VA-LEND) which operates under the auspices of the Partnership for People with Disabilities at VCU, strives to assist in building capacity to screen and diagnose ASD. Va LEND is a federally funded, advanced level, interdisciplinary leadership education program. The purpose of the training grant is to prepare healthcare providers and special educators in the field of neurodevelopmental disabilities to assume leadership roles in the health care system and the community. As part of their goals, Va LEND will provide training in autism screening, diagnosis, and treatment for two Autism Fellows (300+ hours of training) per year and at least 12 medium-term trainees (40-299 hours of training). In addition one faculty member will become a certified Autism Diagnostic Observation Schedule (ADOS) trainer in order to increase the ADOS training capacity in the Commonwealth. At present, Donald Oswald, a Va LEND faculty member, is the only certified ADOS trainer in the Commonwealth of Virginia.

To increase ASD diagnostic services and evidence-based interventions in targeted, underserved regions of Virginia, Va LEND provides technical assistance and coaching to at least two interdisciplinary teams yearly in targeted areas, with a goal of increasing the number of these teams from seven to 12 by 2015. Training for teams to provide multidisciplinary diagnostic evaluations for children with autism has been developed and is being implemented in multiple locations throughout the Commonwealth. In FY 2010, training was provided for two community-based teams (school systems and clinic/school combinations), and in FY 2011, training will be provided for three community-based teams. Training focused on developing the diagnostic expertise of multidisciplinary team members, supporting the use of evidence-based assessment approaches and building confidence in diagnostics.

In FY 2011, Va LEND faculty will work with the VCU School of Medicine Pediatric Residency Program to provide training for administering the Modified Checklist for Autism in Toddlers (M-CHAT), a validated ASD screening tool. The purpose is to incorporate ASD screening into the 18 and 24 month pediatric well child visits.

CAS has operated a trans-disciplinary diagnostic and assessment clinic in Richmond for more than 10 years and it is the only one of its kind in the Commonwealth. They have consistently expanded capacity over the years and we now see more than 40 children a year for diagnosis and assessment. Additionally they have taken this model and replicated it within their school based partnership in the Shenandoah Valley Regional Program (SVRP) and plans are underway to do the same in other school based locations.

Also as part of this effort, Commonwealth Autism Service (CAS) will continue to build trans-disciplinary diagnostic and assessment teams for ASD through collaboration with all interested parties to include school divisions, the medical community, community service boards and state child development clinics. CAS will focus these collaborative efforts primarily on underserved areas throughout the Commonwealth.

Appropriate Referral

The final direct service related goal of the Early Intervention system is the promotion of family referrals from medical professionals to local Part C offices for assessment and, if eligible for Part C, the timely development of an Individual Family Service Plan (ISFP) and service coordination.

In order to achieve this goal the following will take place:

- DBHDS will collaborate with the Virginia Chapter of the American Association of Pediatrics concerning increasing pediatrician knowledge base of how and where to refer families for full team diagnosis. DBHDS will keep a resource listing for families and physicians on full team diagnostic centers for ASD on its website.
- DBHDS will promote the awareness of doctors of the Universal Consent Form in order to assist in the referral all children under age 3 with a suspected developmental delay to their local Part C system.

- DBHDS, DMAS and VDH will promote *medical home* in practice across all primary care settings.
- DBHDS, DMAS and VDH will work with the VAAP and Virginia Academy of Family Physicians (VAFP) Association to increase the periodic use of regular standardized developmental screening tools for all developmental delays, including autism.

The following actions are recommended:

Recommendation #9: Expand VDH VISP grant to 15 additional sites to provide assistance to physicians in creating medical homes for autism and all children with special needs.

Recommendation #9: DBHDS will work with other state agencies to seek grant funding to establish a statewide public service campaign regarding early detection and screening for autism.

Recommendation #10: DBHDS, DMAS and VDH will seek to increase the capacity for screening for ASD in a non-clinical setting, such as local Departments of Social Services, day care centers, Head Start/Early Head Start and other places that come into contact with young children. This will also involve the development of referral protocols for further evaluation, assuring communication with the medical home.

In order to track the progress of these activities, Part C will start collecting data within the Infant and Toddler Operating System (ITOTS) on children who exit the Part C System with a diagnosis of ASD or meet the 3 markers of ASD. DBHDS will track the expansion of diagnostic centers in Virginia and request data from these centers concerning how many children they serve. DBHDS, in collaboration with DMAS and VDH, will survey pediatricians and family practices on their use of the M-CHAT screening tool. DMAS will track Medicaid usage of billing codes for screenings.

Improving School Divisions Capacity to Identify and Determine Educational Eligibility for Students with ASD

Screening and diagnosis are shared responsibilities across state agencies and community partners. The Part B educational system is required to appropriately identify children with autism through state mandated child find (8VAC20-81-50). In addition to the agencies mentioned previously, local school divisions have a role in finding and serving individuals found to be educationally eligible for services under the IDEA definition of autism. The purpose of the activities planned by the Virginia Department of Education is to increase regional capacity to provide identification and assessment services to individuals with autism. The development of an effective and efficient system with trained teams of professionals skilled in the administration of assessments specific

for individuals with autism would allow expertise to grow locally and be shared across school divisions in each region of the state.

The Autism Diagnostic and Observation Schedule (ADOS) instrument is considered to be the “gold standard” of assessment tools for individuals with autism as it can be used across ages, developmental levels and language skills of individuals with autism. In order to address the immediate need for increasing the regional capacity of school divisions to accurately assess students with characteristics of autism the Virginia Department of Education sponsored four regional training sessions in the administration of the ADOS in 2010. These trainings were to address the need for educational professionals (autism specialists, lead teachers, educational diagnosticians, school psychologists, etc.) to be able to conduct assessments using the ADOS. The Virginia Department of Education has also equipped regional Training and Technical Assistance Centers (TTAC) throughout the state with the ADOS assessment kit to be used in local school divisions by professionals trained in its administration.

The Virginia Department of Education has formed a workgroup consisting of educational assessment professionals, special educators and Virginia Department of Education personnel to address the need to create regional capacity for identifying and assessing individuals with autism. The need for the creation of an ongoing assessment system and training model that meets the needs of local school divisions across the Commonwealth is an important focus of this group. A final set of recommendations for a statewide, educational assessment system will be completed as part of the grant activities for the Autism Center of Excellence between the Virginia Department of Education and Virginia Commonwealth University.

Autism Specific Guidance Document for Families and Providers

The JLARC Report specifically recommended adopting and updating “Service Guidelines for Providing Early Intervention Services to Infants and Toddlers with ASDs.” The State Part C office has adopted these guidelines for serving infants and toddlers with ASDs, resulting in multiple benefits:

- They will provide greater direction to local Part C staff and providers for incorporating into their services the components of effective early intervention programs for young children with ASDs
- They will be a useful tool for program staff and providers to educate families about ASD interventions and what they should expect from the Part C system
- They will provide local Part C staff, service providers and families with consistent and current information as to the effectiveness of particular treatments

In essence, adopting these guidelines will be an important step toward bringing staff, providers and families onto the “same page.” DBHDS is in the process of

completing an *ASD Guideline for Families and Providers within the Part C System*. Completion of this document is expected in the spring of 2011. Copies will be available online at the Infant Toddler Connection website, DBHDS website and VDOE website.

The Role of Medicaid

Virginia Medicaid has had a role in funding services specifically for individuals with developmental disabilities since the advent of Targeted Case Management and Day Health and Rehabilitation services in 1990. This was closely followed by the initiation of the Mental Retardation (now Intellectual Disability) Waiver in early 1991. While some individuals with intellectual disability (ID) served by the State Plan Option and Waiver services also had other, co-occurring developmental disabilities (such as autism or cerebral palsy), in addition to ID, individuals with non-ID developmental disabilities received comparable Medicaid funded supports in 2000 through the IFDDS Waiver. Prior to 1990 and continuing through to the present day, some individuals with developmental disabilities have received Medicaid funding for needed community-based services through the Elderly and Disabled with Consumer Direction Waiver. It is clear that Medicaid has become a vital source of funding for supports for qualifying Virginians with developmental disabilities in the past 20 years.

The Role of EPSDT in Accessing ABA Services

The Medicaid Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT) program is a State Plan service available to all Medicaid-eligible children under the age of 21. EPSDT is a comprehensive and preventive child health program which includes periodic screening, vision, dental and hearing services, with the goal being to keep children as healthy as possible. This is accomplished by assuring that their health and developmental concerns are diagnosed and treated as early as possible.

In addition to health screenings and immunizations, other services such as personal care, assistive technology, private duty nursing and specialized behavioral rehabilitation and residential treatment services may be provided through EPSDT, when deemed medically necessary for the child. These types of services may be especially critical for children with developmental disabilities. In particular, one of the research-based treatments for ASD, Applied Behavior Analysis (ABA), can be funded through EPSDT as an “Intensive In-home Support” (see “Behavior Treatment as a Specialized Service within EPSDT Intensive In-home Services” section below). EPSDT is the only means of obtaining ABA through Medicaid at this time.

Individuals must have documentation from a licensed mental health professional and EPSDT Screener that the proposed treatment services will provide clinical benefits which improve the functional behavioral and communicative abilities of the individual so that behavioral needs can be managed effectively by the family and the child can be maintained in the home setting. For all continuation of services requests the treatment provider must demonstrate clinical efficacy with the child and the family members to qualify for further reimbursement by DMAS.

Medicaid is the Avenue to Accessing EPSDT

Because EPSDT is a Medicaid State Plan service, children must meet Medicaid financial eligibility criteria. In general, children only meet these criteria if their *families* meet the Medicaid financial criteria. However, children approved for one of the Waivers have financial eligibility determined on *their* income alone (i.e., family income is not considered). This means that a child, birth to six years of age, whose family income is more than 133% of the federal poverty level (\$29,327 for a family of four) or a child, six – 19 years of age, whose family income is more than 100% of the federal poverty level (\$22,050 for a family of four), would only qualify for EPSDT if he or she is also receiving waiver services. Therefore, many children who could benefit from early intervention in the form of ABA, cannot receive it because this therapy is unavailable to them through Medicaid, nor is it covered by most private insurance policies. However, children who are eligible for EPSDT by virtue of their receipt of a Waiver (and the different financial “deeming” rules that accompany them) would have access to ABA. The present difficulty is that children under the age of six are not eligible for the IFDDS Waiver and the criteria for meeting the “urgent” designation for the ID Waiver preclude most young children from obtaining one of those slots.

Behavior Treatment as a Specialized Service within EPSDT Intensive In-home Services

Within the past year, DMAS has approved and defined a more specialized therapeutic intervention called Behavior Treatment within EPSDT-funded Intensive In-home services. This service is available to children eligible for EPSDT who are deemed to have medical necessity and who are at risk of needing out-of-home placement due to the severity of their challenging behaviors. From September 1, 2009 to August 31, 2010, 121 children have benefited from this intervention at a cost per child of \$7,151.

While board-certified Behavior Analysts (BCBAs) or board-certified Associate Behavior Analysts (BCABAs), as well as Positive Behavioral Supports Facilitators (PBSFs) endorsed by the Partnership for People with Disabilities at Virginia Commonwealth University, may be reimbursed through Medicaid under EPSDT for Intensive In-home (specifically Behavior Treatment) services provided to individuals with ASD (as well as other developmental disabilities), the number of providers who are aware of this and in possession of the proper DMAS provider agreement is limited. Currently there are only 25 providers statewide. Additional outreach to the BCBA/BCABA and PBSF communities is needed to make this support available to more families of young children with ASD. DBHDS staff will meet with organizations connected directly to PBSFs and BCBAs/BCABAs to discuss this need, as well as ways they can provide the needed services.

Classes leading to a PBSF endorsement are offered through a cooperative agreement between DBHDS and the Partnership for People with Disabilities (Virginia’s University Center for Excellence in Developmental Disabilities Education, Research, and Service). This effort to increase the number of PBSFs statewide is funded through 2013, but financial support for this valuable effort beyond that date would be an asset to the

state. In addition, an increase in the reimbursement rate would assist in attracting more qualified professionals to this work in the Commonwealth. Virginia's \$70 per hour reimbursement rate is approximately \$10 under the national average for this service.

Recommendation #12: Increase by 50 the number of individuals trained and certified as Positive Behavior Supports Facilitators.

Elderly and Disabled with Consumer Direction Waiver (EDCD)

Currently, over 1160 children under the age of 21 and 320 adults on the ID and IFDDS Waiver waiting lists are accessing services through the EDCD Waiver. These individuals must meet the EDCD Waiver's medical criteria (not all individuals with a developmental disability meet these criteria, so not all are eligible for EDCD Waiver). The services offered through the EDCD waiver are prescribed by a physician and are related to medical needs identified by that physician. An added benefit for children receiving the EDCD waiver is that this also qualifies them for EPSDT services as well. They are also able to access other Medicaid State Plan services; however they do not necessarily have access to Targeted Case Management services (not available for most on the EDCD Waiver) and their waiting list status indicates that they are seeking other, more disability-specific services.

It is clear that some families can access ABA if they have limited resources to qualify for Medicaid. If these same families can navigate the current fractured system of waiver programs and supports, they may also access ABA and other services through either the EDCD, IFDDS, or ID waiver programs. The current burden to locate these services and resources is on families and may not be timely.

A Respite Waiver as An Option for Children and the Families

Respite care services are services that are needed by all families of children with disabilities. Respite provides much needed relief to families who are the sole provider of supports for their children. Families often cite respite care as the one service that provides them with the ability to continue to provide the intensive support needed by their children. As a Medicaid service, this, too would qualify children for EPSDT service if needed.

It is recommended that a study be conducted to determine if a respite waiver that provides minimum services to families of children with ASDs can be established so that all families can receive the benefits of a respite service as a first step in their ability to provide the care needed by their children. The added benefit of this would be that more intensive therapeutic interventions prescribed by a physician could then, also, be made available through EPSDT. The study would have to weigh the costs of such a program with the benefits. In addition, it would have to weigh the value of such a waiver if Virginia chooses to move to one comprehensive DD waiver with individual resource allocation methodologies for funding. A comprehensive DD waiver may provide more value and services to these families over time.

Recommendation #13: DBHDS and DMAS should determine the level of need and associated cost of a Medicaid respite waiver to provide minimum services to children with ASDs who meet waiver level of functioning criteria.

The Role of Private Insurance

The JLARC study states that insurance coverage of ASD services is "consistent with the role of insurance," as indicated on page ii of the "Evaluation of Proposed Mandated Health Insurance Benefits, Evaluation of House Bill 83: Mandated Coverage of Autism Spectrum Disorders," September 2008. It is also noted in the report that it is unlikely that a single solution exists that will meet the service needs of all persons with ASD.

Private insurance companies often make a distinction between therapies which are rehabilitative and those which are habilitative, or not restorative, in nature. These definitions often reflect considerations for those injured or recovering from illness rather than the growth and developmental issues associated with those with Developmental Disabilities, particularly children. Insurance is more likely to cover rehabilitative therapies that restore an individual to his/her former level of functioning. Further, while treatment for medical conditions frequently associated with ASDs (such as digestive problems) are covered under health insurance, other treatments (such as Applied Behavioral Analysis (ABA) based techniques) are viewed by health insurers as educational or behavioral and therefore habilitative, versus medically necessary. However, medical experts indicate that even though there is often an attempt to classify ASD treatments as either educational or medical, many treatments can be considered both educational and medical, so such a distinction is not warranted.

Medicaid provides greater coverage for developmental disabilities and delays, including Autism, than many private insurers. The Virginia Medicaid State Plan provides coverage for medically necessary physical, occupational and speech therapy for children with developmental delays. In the context of treating children with developmental delays, these therapies are often habilitative because they are used to help children attain functioning which they have not previously possessed. Although private insurers typically cover rehabilitative services, arguing that their role is to fund services with the aim of regaining functions lost to illness or injury, Medicaid does not make this distinction. Medicaid funds services to assist children in attaining functions considered components of normal growth and development. The DMAS Rehabilitation Services provider manual specifically states that, "rehabilitation services for speech impairments secondary to developmental delays, autism, and other related communication disorders are also covered services."

The federal government has also begun covering treatments for autism for dependents of military personnel through TRICARE, its health insurance plan for military personnel and their dependents. TRICARE covers habilitative services, including ABA-based treatment, for individuals with ASDs. This coverage is available under TRICARE's Extended Care Health Option (ECHO). The TRICARE maximum

allowable charge for ECHO services, including ABA-based treatment, is \$2,500 per month, as long as a certified provider administers the service. As of March 2008, TRICARE initiated an Enhanced Access to Autism Services Demonstration which will offer more options for children with ASDs. While the maximum allowable charges for services remains the same, the demonstration seeks to expand the availability of ABA-based services by expanding the definition of eligible ABA providers.

In addition to Medicaid coverage and TRICARE coverage, 21 states now have autism insurance mandates that require the coverage of ABA services in addition to speech therapy, occupational therapy and other medical needs. These states are:

Arizona	Kansas	Montana	Pennsylvania
Colorado	Kentucky	Nevada	South Carolina
Connecticut	Louisiana	New Hampshire	Texas
Florida	Maine	New Jersey	Wisconsin
Illinois	Massachusetts	New Mexico	
Indiana	Missouri		

The General Assembly may elect to revisit the role of private insurance coverage for ABA and other services. The JLARC study notes that Virginia could save \$137,000 in educational costs per student with autism over their educational tenure if medically necessary treatments were available through private insurance. Early and adequate treatment could reduce the need for ongoing supports over a child’s lifetime and reduce overall tax payer burden.

It should be noted that two General Assembly bills mandating at least some private insurance coverage have been introduced in the 2008 and 2010 General Assembly sessions and failed to pass. HB83 (2008) would have required a insurance companies to provide coverage for habilitative services for children and would have cost an estimated \$1.3 million in FY09 and \$1.3 million in FY10 in state general funds. SB464 (2010) would have required health insurers to provide coverage for diagnosis and treatment of ASDs in individuals from date of diagnosis to age 10 years with some exceptions. The estimated general fund cost of this bill would have been \$2.5 million beginning in FY2016. In addition to state general fund costs, opponents of both bills have noted that these coverage mandates may increase health insurance premiums in Virginia. However, experiences in other state show minimal quantifiable impact on premiums. Additional private insurance coverage in Virginia may offset some limited Medicaid costs, but the impact is not yet quantified.

Recommendation #14: In determining appropriate strategies for addressing the treatment needs of children with ASDs, Virginia should continue to examine the role of private insurance in covering treatment.

Section 5

Improving the Education System for Children and Youth with ASD

The JLARC study recommended that several steps be taken to improve the education system for children and youth with ASDs. Recommendations included development of operational guidelines on free and appropriate public education for students with disabilities, development of a model Individualized Education Program (IEP), and establishment of transition guidelines for students with disabilities aging out of the education system. This section outlines the Virginia Department of Education's (VDOE) and other agencies' responses to these recommendations.

The VDOE has developed operational guidelines for schools on the provision of a free and appropriate public education for students with disabilities, as determined by federal and state legal decisions. These guidelines were developed through a collaborative and multi-stage research, development and review process. Guidelines from several other state departments of education were used as models, including Colorado, New Mexico, California, and Ohio. Statutes, regulations, case law and policy provided a framework for expectations in educational goals and for the process of developing individualized educational programming for children with ASD. Peer-reviewed educational, medical and psychological literature informed both the characteristics of students with Autism Spectrum Disorders and suggested instructional practices. To date, each draft of the guidelines has been reviewed by experts in the field of education for students with ASD.

The guidelines are intended to provide practical guidance on ASD-specific instruction and professional development programs for school staff, parents, social workers, psychologists and physicians. Each of the four major guidance documents have been completed and are currently being edited and formatted within the VDOE in preparation to be released for the 2010-2011 school year. The documents address the following major topics.

ASD Guidance Document

The guidelines for autism spectrum disorders contain focus areas and resources directly related to the education and participation of individuals with autism in Virginia Public Schools. These guidelines are intended to serve as a resource primarily for educators, but may also be helpful to parents, medical professionals and other providers when they are making informed choices about the education of students with ASD. The guidelines offer an overview of the current best practices for educating individuals with ASD.

The Guidelines are not a standard of practice for the education of individuals with ASD in Virginia. Rather, they are intended to serve as a resource for families, educators,

service providers and others who seek to design educational programming for such students. The inherently individual nature of ASD, the broad range and combination of abilities of individuals, and the legal mandates for individualized instruction necessitate thoughtful, informed consideration in educational programming design. Continuity across autistic disorders allows these guidelines to address both the specific disability category of autism, as well as the more broadly defined group of Autism Spectrum Disorders. The contents of the guidelines represent the “recommended practices” available at the time of its creation. Below are the focus areas included in the document for additional detail.

- Foundational competencies
- Special education process
- Providing an effective education
- Considerations in educational programming
- Professional collaboration
- Family involvement
- Professional development
- Resources

Transition and ASD Guidance Document

The transition and autism guidance document contains the issues, challenges, and strategies that are specifically involved in helping young people with autism fully participate in society. The overall focus of the guide is on assessing the strengths and needs of young people with autism and designing the supports to expand opportunity and potential. Transition planning and composition is a critical area of need in supporting young adults with autism. The focus areas in this guide describe how to help persons with autism move from adolescence to adulthood and overcome the barriers that their disability presents. The unique needs of students with ASD are taken into consideration in this document and guidance is offered for students with ASD, their families and IEP teams to develop and implement quality transition plans and IEPs. The guide also discusses the specific issues to which transition teams should attend in supporting students with ASD. Below are the focus areas included in this document.

- Characteristics of excellent transition programs
- Transition team composition
- Transition assessment
- Educational and transition planning
- Instruction for transition age youth in natural environments
- Addressing challenging behavior through positive behavior supports
- Navigating adult services
- Postsecondary education
- Workplace challenges and supports

- Home living skills
- Recreation and leisure skills
- Social Security and benefits planning

Parents' Guide Document

The purpose of the parents' guide is to provide parents of students with ASD information about the disorders across different ages and to discuss how ASD may affect school-aged children and youth. Additionally, the guide presents parents with information about how to best partner with the school to ensure a quality education for their child and to implement interventions and carry over skills practiced at school into the home environment. The guide also provides parents with information that will assist them in understanding how to determine if a treatment approach is scientifically based and how to communicate with educational staff regarding other treatments they are implementing at home. The overall focus of the document is related to ensuring that parents have open communication with the school staff and are active partners in their child's education. Below are the focus areas included in this document.

- Description of autism and impact on learning
- The educational process (assessment, curriculum and Individual Education Plans)
- Life with autism in the home and the community
 - Use of positive behavior supports at home
 - Building social and communication skills
 - Communicating and collaborating with private providers and school personnel
- Resources
 - Parent Resource Centers (PRC)
 - Teacher Training Assistance Centers (TTAC) Online
 - Special Education Advisory Committees (SEAC) and Lead Educational Advisory Committee (LEAC)
 - Due Process and Mediation
 - Parent Education Advocacy and Training Center (PEATC)

Model Program in ASD Guidance Document

The purpose of the Models of Best Practice document is to provide the tools required to uniformly meet the multifaceted needs of students with ASD in the educational setting. The document outlines comprehensive information on the array of available research-based strategies and supports. Content will enable teachers and related services staff to identify and implement practices that have the desired effects on students' short-term functioning and long-term independence. Below are the focus areas included in this document.

- Model IEP document
- Curriculum framework
- Assessment framework and procedures
- Goal development
- Instructional strategies and considerations
- Addressing interfering behavior
- Educational strategies
- Focus areas for educational intervention
- Educational environment
- Organization and structure
- Collaboration with educational team
- Case studies
- Examples to demonstrate best practice

ASD RELATED PROFESSIONAL DEVELOPMENT

Tuition Reimbursement Funding for ASD specific coursework

The Virginia Department of Education provides funding for education professionals to access tuition reimbursement for VAC sponsored coursework through community colleges and universities throughout the commonwealth. In 2010 the Virginia Department of Education increased the funding for this initiative over 100% from its previous funding level. .

Eleven Community Colleges and Universities Carrying VAC Sponsored Coursework	
Averett University	Old Dominion University
Longwood College	Radford University
Lynchburg College	Rappahannock Community College
James Madison University	Regent University
Mary Baldwin University	Mary Washington University
Virginia Commonwealth University	

The Virginia Autism Council Professional Competencies are currently undergoing revision, reorganization and stakeholder review to include recent research from a variety of sources (National Professional Development Center on Autism, National Autism

Centers National Standards Report, etc.) and, inclusion of terminology consistent with the use of Applied Behavior Analysis to provide a great behavioral focus.

Revised Virginia Autism Council Professional Competencies:

- General Autism Competencies
- Environmental Structure and Visual Supports Competencies
- Comprehensive Instructional Programming Competencies
- Communication Competencies
- Social Skill Competencies
- Behavioral Competencies
- Sensory Motor Development Competencies
- Independence and Aptitude Competencies

Center for Excellence in ASD

The Center includes a collaborative partnership between the Virginia Department of Education and Virginia Commonwealth University's (VCU) Rehabilitation and Research Training Center (RRTC) and School of Education. This center brings together noted experts and practitioners in the field of Autism Spectrum Disorders from a variety of professional perspectives.

One of the center's first major initiatives will be to assist the Department of Education in working with selected local school divisions across the commonwealth to improve their capacity to provide high quality programming for students with Autism Spectrum Disorders. This will be done through an innovative support model called job embedded professional development. The model provides a school division with an on-site Board Certified Behavioral Analyst that will coach administrators, teachers and paraprofessionals to improve their autism programs. All training and coaching is done on-site and strives to create long-term sustainable change.

In order to meet the needs for increased professional development in the area of autism throughout the state, VDOE is requesting \$500,000-\$750,000 to develop a six-university consortium to coordinate online professional development in the area of autism. This will also serve to prepare professionals with the coursework needed to achieve certification as a Board Certified Behavior Analyst (BCBA) or a Board Certified Assistant Behavior Analyst (BCaBA). This project will be a collaborative effort between a network of Virginia Institutes of Higher Education to improve the preparation of teachers, administrators, related service providers and paraprofessionals who work with students with ASDs. The Center for Excellence will strive to support this consortium by providing research based information, support in identifying quality instructors and collaboration with the Behavior Analysis Certification Board (BACB) for the participating colleges and universities in the development of associated coursework. Below are the key areas of focus for the initiative.

Eligibility

- Diagnostic teams
- Early intervention
- Adult service transition
- Research
 - Model development
 - Technical assistance for long term sustainability
 - Peer mentoring
- Pre-Service and professional development
 - ASD Consortium
 - BCBA and BCaBA programs increased regionally
 - On demand online professional development modules
- Technical Assistance
 - Product development
 - Long term embedded technical assistance (behavioral focus)
 - Regional and local technical assistance
 - Self-determination
- Family Involvement
 - Center for Family Involvement (Partnership for People with Disabilities)

\$750,000 is being requested to begin a university consortium with at least, six of Virginia's major colleges/universities to build an online program that would prepare professionals to become Board certified Behavior Analysts (BCBA) and Board Certified Assistant Behavior Analysts (BCaBA). These professionals would be uniquely prepared to deliver research based techniques in Applied Behavior Analysis (ABA) throughout the Commonwealth.

Recommendation #15: Create online courses that will promote the certification of educators as Board Certified Behavior Analyst (BCBA) or a Board Certified Assistant Behavior Analyst (BCaBA).

Commonwealth Autism Service has developed a nationally unique approach to growing the capacity for schools to better serve children with ASD. Their *Partnership for Capacity Development in Schools*© model program involves embedding CAS staff that are certified Behavioral Analysts to work directly with school staff in implementing evidence based practice and supporting the schools in developing a comprehensive strategic plan for autism. Currently they have sixteen BCBA level staff embedded in 28 school divisions across the state. This also demonstrates the need for capacity building of individuals who are educated in Applied Behavior Analysis.

SUPPORTING TRANSITION-AGED YOUNG ADULTS

Develop New Project Search Programs

Project SEARCH is an employment program that is employer based and “where total immersion in the workplace facilitates the teaching and learning process through continuous feedback and application of new skills.”

(<http://www.cincinnatichildrens.org/svc/alpha/p/search/transition/default.htm>) Students may take place in three to four internships while in the program. Upon completion of the program a student is prepared to seek competitive employment with or without supports. VDOE works with local businesses, state service agencies and public school systems in a partnership to create and sustain Project SEARCH locations. For additional details on Project Search see Section 6.

VDOE supported Project SEARCH sites in Richmond City, Montgomery County, Norfolk City and Chesterfield County (partial support). Additional LEA/Other supported sites include Henrico County (VCU DRIP Grant), Williamsburg/James City, York County, Hampton/Newport News, Roanoke (4-6 school divisions). VDOE is also planning to support two additional sites in 2010.

College Age Youth

CAS has developed an Asperger’s College Model© program in partnership with another statewide non-profit service provider designed to enhance the likelihood of college success and the acquisition of vocational skills for those with Asperger’s Syndrome. Planning is currently underway to replicate this model in other areas of the state.

Section 6

Services for Adults

EMPLOYMENT

When a young, “neuro-typical” adult reaches the age of 16, he and his family may start seriously thinking about and planning for what he may do when he “grows up.” Ideally, when a young person with autism reaches the age of 16, the student and his family are also looking forward to exploring career interests, post-secondary educational options or trying different vocational interests. Unfortunately, as the JLARC report demonstrates, this is rarely the case for individuals with ASD in Virginia.

There are inherent differences between the systems that support children in transition versus the systems that support adults due to the federal and state mandate of IDEA for a “free, appropriate, public education.” Services for adults with ASD or DD are based on eligibility criteria, not mandates. To further compound this situation, Virginia has historically and continually ranked among the bottom five states in the nation for spending on community-based supports for persons with DD, whereas we rank among the top ten in the country for per capita income. However, Virginia is not unique in struggling with this fundamental difference in structure between systems for youth and those for adults. Nationwide, stakeholders advocate for greater parity between educational services and adult supports.

The JLARC report has served as a catalyst for change in the way various agencies work together, share resources and face the challenges of supporting adults with ASD. In the JLARC report, there were several key suggestions on how to improve the lives of adults living with ASDs and ways to increase their opportunities for greater independence. Three key areas were highlighted as being fundamental in achieving these goals: employment, housing and transition.

DRS Efforts on Behalf of Individuals with ASDs

The Department of Rehabilitation Services (DRS) has been quite active in building vocational services capacity for transition-aged students and adults with ASDs. DRS has partnered with agencies known for their excellence in vocational supports for persons with DDs and has allocated funding from its budget to pursue key initiatives to increase its capacity for working with this population. For example, DRS has:

- Hired additional staff experts

- Planned and offered trainings to vocational counselors/rehabilitation providers on ASD

- Improved upon its services within Woodrow Wilson Rehabilitation Center by hiring new, highly trained staff
- Offered training to existing staff and increased “soft skills supports” (i.e., vocationally –related social skills, activities of daily living, etc.) for those with ASD.

Participation in Evidenced- Based Research on ASD Service Models

The VCU ASD Career Links is a collaborative initiative between the Virginia Department of Rehabilitative Services (DRS) and Virginia Commonwealth University (VCU) to conduct evidence-based research on vocational rehabilitation (VR services models for individuals with ASDs. The research covers four areas:

1. The impact of intensive, community-based work experiences on the employment outcomes of youth with ASDs;
2. The postsecondary school participation and ultimate employment of college students with ASDs;
3. The impact of personal digital assistants on the employment outcomes of individuals with ASDs; and
4. A longitudinal analysis of VR service delivery and employment outcomes among DRS clients with ASDs.

Over the 60-month period of this project DRS and VCU will test, refine, and implement new VR service models for individuals with ASD. As a result of participation in this research project, DRS will establish best practices from research within the DRS system that are proven to improve the employment outcomes of individuals with ASD

ASD Service Enhancements to WWRC Life Skills Training Program

In 2009, WWRC expanded its Life Skills Training Program to serve an additional 114 clients. This program expansion addressed the service needs of VR clients with ASD to enhance their social and other independent living skills, resulting in a 15% increase enrollment for this population. The WWRC Life Skills Training Program is a nine-week program that exposes students to basic life skills in an environment where they can “grow” their independence and social networking skills. Many participating students with ASD report a significant improvement in social skills because of participation in the program. It is also critical to note that the rehabilitation rate (the percentage who complete their VR program and become successfully employed) of consumers who participated in Life Skills Training is around 70 %; almost 20% higher than those who did not participate in Life Skills Training at WWRC.

In addition, WWRC currently offers a staff facilitated ASD support group to help students deal with adjusting to campus life at WWRC. This support group has lead to greater opportunities for students to meet with peers to discuss and process challenges to support their success across center programs and activities.

Behavioral Supports Pilot Projects

DRS is piloting two projects in Henrico and Fairfax to evaluate the use of Applied Behavior Analysis (ABA) and Positive Behavior Support (PBS) as strategies for decreasing negative behaviors that interfere with employment outcomes for persons with ASD. WWRC will participate in a three-year project to evaluate ABA as a therapeutic intervention to enhance employment outcomes for WWRC students. Information gathered from these pilot projects will support agency decisions regarding further implementation of agency behavioral support services programs.

Grants to Employment Services Organizations

DRS purchases employment and training services from over eighty Employment Services Organizations across Virginia. These organizations serve people with all types of disabilities. In 2009, DRS funded two grant programs designed specifically for people with a diagnosis of ASD. PRS, Inc. in Loudoun County was awarded a grant to establish a specialized community-based work adjustment training program designed specifically for youth with ASD. This program is currently serving six youth. The goal of the program is competitive employment in jobs in the community. DRS also awarded a grant to Virginia Commonwealth University's RRTC to support job placement and training for five Richmond area individuals with ASD, with an emphasis on Aspergers Syndrome. This program has exceeded its expectations.

Project SEARCH

DRS has been involved in numerous internship and work programs over the last several years to provide work experiences for youth with disabilities. Project SEARCH, a national model being replicated in Virginia, has proven to be effective in providing work experience and assessment for youth with severe disabilities, including ASD. As one of the four VCU ASD Career Links studies, DRS has worked collaboratively with VCU RRTC to develop and evaluate a SEARCH site that served exclusively students with ASD. This grant project has proven to be very successful. In the 2010-2011 school years, DRS will support eight school systems as Project Search sites. Although not all students come with the ASD diagnosis, many do. DRS will integrate evidence-based practices identified through the VCU ASD Career links grant across all SEARCH sites that service students with ASD. See block below for a detailed description of Project SEARCH.

Collaborating with Partner Agencies to Provide ASD Training Opportunities

DRS recently worked with the Virginia Autism Council (VAC), an interagency council of ASD stakeholders and experts, to develop and implement professional trainings for DRS, WWRC and ESO staff on strategies for supporting people that experience social, communication, and sensory issues related to Autism in an employment, community, or

training environment. In addition, DRS has sponsored training on a range of topics also focused on Autism and employment, such as assistive technology for the workplace, effective school to work transition models, and vocational service models for persons with ASD. Two new training opportunities that are currently in development include an online self-paced training series that will cover vocational services and considerations for working with persons with ASD, and a DRS website with ASD specific tools, resources, and vendors.

Another ASD and employment focused strategy that DRS is involved in is a local Community of Practice model (CoP). In collaboration with George Washington University, DRS has provided training and technical support to establish the Northern Virginia Autism Employment Collaborative. The purpose of this CoP is to capitalize upon the knowledge and resources of a diverse group of stakeholder to develop a shared vision and enhance employment outcomes of individuals with ASD in the Northern Virginia region.

To date, DRS has provided a range of training topics and formats to support DRS and ESO staff training on ASD and is involved in several projects to expand access to training and resources on supporting persons with ASD in employment. DRS will continue collaborating with partner agencies such as the VAC, The VCU RRTC, Virginia Autism Resource Center, and The National Technical Assistance and Continuing Education Center at George Washington University to develop new training opportunities.

Increase in numbers of DRS clients with ASD

The Department of Rehabilitative Services is seeing a steady increase in applications for services by people with ASD. In 2010, the Department served 1029 people with ASD, up from 737 in 2008. In addition, in 2010, 88% of those served are transition age youth. These individuals often have higher support needs and thus require more extensive vocational rehabilitation services than other consumers with disabilities served by the Department. As stated throughout this document, DRS is building its capacity to serve this population by developing specialized services to meet the need. The federal Vocational Rehabilitation program requires matching dollars to access the program funds. State General Fund dollars appropriated to DRS are currently insufficient to respond to the influx of consumers with ASD applying for vocational rehabilitation services. A General Fund appropriation of \$1,000,000 for case services to respond to this increased demand would help DRS build its capacity to best serve the population.

Preliminary findings of the VCU ASD Career Links research grant indicates specialty case loads are an effective practice for serving person with ASD. DRS would be in a better position to create specialty caseloads if additional dollars and FTEs were allocated by the General Assembly to provide this support statewide. It is anticipated that additional FTE resources would be needed to support small caseload sizes and the provision of more intensive service models that would be engaged with local CSBs and

LEA staff to coordinate employment focused services. An appropriation of \$500,000 would allow the agency to establish five ASD specialty counselor positions in parts of the Commonwealth with high numbers of consumers with ASD.

Current DRS data shows consumers with ASD require higher levels of employment supports to achieve successful employment. DRS administers the Long-Term Employment Support Services (LTESS) program to provide supported employment services to qualifying individuals beyond the 90 days allowed by the vocational rehabilitation program. DRS contracts with private Employment Services Organizations to provide these long-term support services. The program is funded exclusively with General Fund dollars and has the potential to ensure that individuals with ASD who need ongoing support remain successfully employed. In FY 2008, people with ASD represented three percent of all LTESS recipients. In FY 2009, that percentage increased to 5%. Because funding for the program is capped, not all individuals who require long-term supports are able to receive them. This program has received significant funding cuts over the last several years. As a result, many clients with ASD who require this service will not have access to needed funding. There are currently 1029 persons with ASD enrolled in the vocational rehabilitation system. It is anticipated that a large percentage will likely require LTESS upon exiting the vocational rehabilitation system. These service supports are not currently available. \$600,000 would be required to address this need based on an anticipated yearly cost per person of \$3,000 for 200 people.

Recommendation #16: Establish 5 ASD specialty caseload counselor positions for DRS in parts of the Commonwealth with high numbers of individuals with ASD.

Recommendation #17: Expand DRS case services to respond to the increasing demand for ASD services.

Recommendation #18: Expand employment supports for up to 200 individuals with autism through the long-term employment supports of the LTESS program.

Office of Developmental Services (ODS) Employment Related Efforts on Behalf of Adults with ASDs

In late fall 2009, the DBHDS Office of Developmental Services (ODS), began its response to the JLARC report by assembling a variety of stakeholders from across the state to form focus groups that examined the recommendations assigned to DBHDS. Inherent to this age group is the fundamental difference between the presence of federal and state mandates to support those who are “below age 21” in comparison to the absence of mandates for those “above age 21”. In recognition of this, addressing issues pertaining to adulthood would require collaboration, the sharing of ideas, and resources, but also identifying funding for any significant impact to occur.

ODS formed two workgroups to consider ideas and actions relative to following JLARC study recommendations #17 (evaluating options for fostering greater independence among adults with ASD) and #2 (state level accountability/coordination of

services for Virginians with ASD, enhancing access to information about community resources and improving the coordination of individual care). The latter pertains to all ages but is extremely relevant to adulthood independence issues. The workgroup that addressed #17 developed a list of ideas/initiatives to pursue which included:

- Developing new or utilizing existing curricula for on-going training of direct support services staff on the characteristics and successful strategies for adults with ASD
- Developing training plans and piloting various employment models for individuals with ASD
- Investing in the improvement of Transition Councils regionally across the state to monitor and address the complex needs of transition-aged young adults with ASD
- Developing a system of supports provide adults with ASD and other DDs with case management and services through public and private agencies in the Commonwealth.

The original workgroup that met to discuss recommendation #2, State Level Accountability and coordination of care, concluded with a core list of action steps that was vetted by The Advisory Consortium on Intellectual and Developmental Disabilities (TACIDD) at the group's April meeting. This work continued to be refined through a department head level committee, as well as a workgroup comprised of representatives from the CSBs, DD Waiver provider community, DMAS, advocates and other stakeholders. The final report of recommendations for an entire DD system change process is outlined in Section 1.

Simultaneously to the release of the JLARC report last June, the ODS had already made significant investments in helping adults with DD (including ASD) to become more independent. The Office brought aboard two new staff to assist DBHDS in becoming more inclusive of an overall DD population, building collaborations and relationships across historically disability groups, increasing and improving upon the capacity for serving children and adults with ASD, as well as expanding housing and employment opportunities for persons with DD. Furthermore to improve outcomes for adulthood independence, ODS had also invested in the nationwide collaborative project "State Employment Leadership Network" (SELN). This project combines the staff expertise from the Institute for Community Inclusion (University of Massachusetts, Boston) and the National Association of State Directors of Developmental Disability Services (NASDDDS) in an effort to help states to improve the integrated employment opportunities for the persons with DD that they serve. More specifically, the goal is to assist these individuals find community jobs earning minimum wage or more through the use of innovative models.

A large Virginia SELN advisory group has been formed, consisting of multi-agency/department, disability, and advocacy group stakeholders. This diverse group is in

the process of proposing an “employment first” initiative for the Commonwealth, which emphasizes that everyone can work, regardless of disability. Upcoming activities may include:

- Recommendations for state policy changes
- Advocacy for regulatory and rate change to provide incentives for employment over day support services
- Public and business community awareness campaigns
- Trainings for self advocates on employment options, work incentives/benefits counseling and job skills
- Trainings on best practices in employment for persons with ASD for providers of employment services across the state
- The formation of a “Promising Practices in Employment” team to develop, plan and implement a Project SEARCH for adults in the Northern Virginia area. Project SEARCH has proven to be an effective approach to employment for persons with ASD. Although its history mainly involved transition-aged students, application of this model to adults with ASD or other DDs has shown promise as well.

Continuation of the SELN is paramount to maintaining the momentum for assisting persons with DD and ASD to become employed in their communities.

In response to the JLARC report and, which required DBHDS and DRS to identify and plan for effective employment programs specific to persons with ASDs, ODS and other DBHDS staff and stakeholders have researched and pursued information about promising and evidenced-based practices in employment supports for persons with ASD or DD. The results of this research were reported to stakeholders (via the “Collaborations” Conference, October 2010) as emerging and promising practices in employment supports for persons with ASD.

Presently, the body of evidence-based research in vocational rehabilitation for persons with ASD is very limited. In spite of that realization, we have identified two promising model projects within our state. One is the Fairfax Long Term Care Coordinating Council’s pilot program for employment supports for persons with ASD. This is a collaborative project in conjunction with the Fairfax county regional DRS office and PRS, Inc. The emphasis is to help individuals with autism work on “soft skills” and to develop adaptive behaviors in preparation for a successful career opportunity. In addition, several licensed renditions of successful model of employment (called Project SEARCH) have occurred across Virginia in the past 2 years.

Project SEARCH is a business-led transition program designed for students or adults with disabilities. The cornerstone of the one year program is immersion into a community based work experience at a host business site. During the internship period, individuals participate in three internships that each last 10 weeks. They meet in a classroom, within the business, in the morning and afternoon each day to learn other soft skills such as resume preparation, job interviewing and problem solving skills. Individualized job development and placement occurs based on the student's experiences, strengths and skills. In Virginia, several replications of Project SEARCH are occurring. In particular, the VCU Career Links program version of Project SEARCH, has successfully trained eight interns, six of whom are employed by the hospital where the project took place. For more info: www.vcu-autism.org

As a result of HB 1099, ODS staff have consulted with staff from VCU's RRTC to develop a plan for two related and innovative projects. The first is a series of replications of Project SEARCH for adults with ASD or DD. Project SEARCH (previously mentioned in Section 4) is a business-led transition program designed for students or adults with disabilities. The cornerstone of the one-year program is immersion into a community based work experience at a host business site. During the internship period, individuals participate in three internships each lasting 10 weeks. They meet in a training room, within the business, in the morning and afternoon each day to learn other soft skills such as resume preparation, job interviewing, and problem solving skills. Individualized job development and placement occurs based on the student's experiences, strengths, and skills. In Virginia, several replications of Project SEARCH are occurring. In particular, the VCU Career Links program version of Project Search, has successfully trained eight interns, six of whom are employed by the hospital where the project took place.

The initial HB 1099 related "demonstration" project would take place in the northern Virginia area. This region offers a dense population, many potential business opportunities with which to partner and a very strong network of providers and disability coalitions. An innovative approach, which is aligned with our state's "employment first" stance is to partner with day support providers in the area of the designated business. Participants in those day support programs would be offered the opportunity to participate in career development and discovery processes in order to assess their interests and match skills for internships. The emphasis is on raising awareness within these traditionally segregated placements that the persons they serve can and want to work. The second "phase" of this project would be to replicate this model up to three times across the state. Again, utilizing day support programs that are interested in acquiring new ways to support individuals with challenging behaviors and increasing employment skills and opportunities for the people they serve.

Recommendation #19: Increase employment skills and opportunities for adults with ASD no longer in the school system, through a dual phase Project SEARCH model.

The second project in partnership with VCU/RRTC is to offer a set of regional trainings on autism work supports. The priority audience would be providers of waiver employment services (i.e., Employment Service Organizations), day support providers

and individuals with ASD and their family members. There would be a charge for these trainings, but the cost would be offset by resources from DBHDS. There is a great need for this type of training, as evidenced by feedback that providers and other stakeholders have provided to DBHDS staff. This particular approach was developed by VCU/RRTC staff and implemented in Texas within the Texas Vocational Rehabilitation System this past year. The target audience was rehabilitation services counselors, rehabilitation providers (i.e., employment providers), and others. The post-conference/training surveys indicate participants gained a great deal of useful knowledge and skills at a relatively low cost and time commitment.

Recommendation #20: Implement five (5) five-day, regional Autism Work Support trainings for a total of 750 participants, designed to increase the knowledge base of employment service providers, day support providers, individuals with ASD and their family members about work supports for persons with ASD.

HOUSING

Affordable and accessible housing is a significant current and future issue for individuals with autism in Virginia. DBHDS staff regularly receive information and inquiries regarding housing crisis situations, indicating that the funding and service options are not currently adequate to meet the level of need. Aging parents of transition-aged, middle aged and even elderly children are not sure what will happen to their sons or daughters when they are no longer able to care for them in their homes.

During the 2009-2010 legislative year, a committee met, in response to Item 315.Z of the 2008 Appropriation Act, to study the housing needs of individuals with ID/DD and develop recommendations for better meeting the existing needs. The final report, "Report on Investment Models and Best Practices for the Development of Affordable and Accessible Community-Based Housing for Persons with Intellectual and Related Developmental Disabilities (Item 315 Z)," was submitted to the Governor and Chairs of the House Appropriations and Senate Finance Committees in November of 2009. It contained a thorough history of institutional housing and the significant loss of public funding individuals incurred upon moving into community housing.

This report concluded with a list of recommendations that DBHDS, in collaboration with the other involved agencies (VHDA, DHCD, VACSB, The Arc of Virginia and the Virginia Network of Private Providers), determined to be critical in building financial and service capacity. The following highlights the steps that will be pursued in the coming biennium and beyond.

Suggested Action Steps from the 315 Z Housing Study

1. Develop a state policy and plan to expand critically needed community housing options.
2. Prioritize, target and align state agency investments of assistance.

3. Invest in the development of innovative housing and financing models that can effectively leverage affordable housing finance capital and private investor resources.
 - a. Build the capacity and willingness of the housing development community to provide desired community housing options
 - b. Establish program priorities for federal housing resources allocated to Virginia, including any National Housing Trust Fund resources, which are aligned with 14 state investment priorities for addressing the community housing needs of people with intellectual and related developmental disabilities
 - c. Direct the Virginia Housing Commission to study General Obligation bond use for housing in Virginia, including any Virginia-specific legal concerns.
4. Establish a community living supplement program for room and board to support the choice of community housing.
5. Convene a meeting of agency heads from DBHDS, VHDA and DHCD to consider the adoption of an updated Memorandum of Understanding.
6. Establish a permanent state source for education and training to provide a resource for CSBs and others to continually connect housing and the needs of people with intellectual and related developmental disabilities.
7. Direct the Disability Commission, through the state interagency Housing Expansion Task Force and in conjunction with the Housing Commission, to conduct an annual review of Virginia's implementation of these recommendations in subsequent years.

Response to the Housing Study and Promotion of Independence among Adults with ASD

DBHDS has recently formed a Housing Implementation Team for developmental services, which will ensure alignment with the DBHDS Commissioner's Creating Opportunities Strategic Plan and the Governor's Housing Taskforce focal areas. The above recommendations will be reviewed and analyzed for timeline, priority and resource availability. The end result of this committee will be to execute those related goals. DBHDS, in addition to the other mentioned agencies or departments, may request funding supports from the General Assembly for the 2012 fiscal year and beyond to make an impact on reducing homelessness and increasing opportunities for affordable housing for persons with ASD or DD.

In addition, training of providers and families in effective residential supports (activities of daily living, positive behavioral approaches, social skills, etc.) is paramount for assisting adults with ASDs in becoming independent in their home environments. As

referenced in Section 1 of this report, Virginia has in existence or in planning numerous opportunities for supports training. The importance of a well trained staff or family cannot be undervalued.

Microboards

In order to assist families in accessing person-centered planning and community supports while they are waiting to access Waiver services, it is recommended that funding be established to assist in the creation of microboards for interested individuals. A microboard is a small group of committed family and friends who join with a person with a disability to create a nonprofit corporation for the purpose of developing the resources and support the individual needs to achieve his/her desired life outcomes and dreams. Since the microboard is a structured and legal entity, its purpose is to ensure that the person's circle of support will endure. Members of a microboard have a personal relationship with that person. They act as "bridge builders" to the community, and ensure that the person has opportunities to participate in his/her community in as many ways as possible.

Microboards ensure that the services the person receives are individualized to meet his/her needs and identify ways that the individual can contribute to his/her community. Thus, a microboard aids the individual in remaining active, engaged and a contributing member within his/her local community.

Although microboards are a form of "natural supports" (i.e., unpaid), training and assistance in the creation and maintenance of microboards will be necessary for family members and the individual with a disability. In order for this to be accomplished, it is recommended that the CSBs (in their roles as the single points of entry for those with DDs) receive funding to distribute for this purpose.

Recommendation #21: Provide resources to CSBs to create a limited number of microboards to directly assist families dealing with ASDs.

Section 7

Public Safety

Chapter 9 of the JLARC report, “Assessment of Services for Virginians with Autism Spectrum Disorders” provides an overview of current awareness of ASDs among Virginia public safety personnel. Chapter highlights include:

- Individuals with ASDs tend to encounter public safety personnel more frequently than the general population
- Individuals with ASDs are more likely to be victimized or wander away from caregivers; exhibit behaviors that may appear suspicious to others; and are less likely to appreciate the seriousness of dangerous situations
- Some of the characteristics and behaviors exhibited by individuals with ASDs can complicate the work of public safety personnel. These behaviors can easily be interpreted as aggression or resistance directed toward public safety personnel
- Few public safety personnel in Virginia have received training to gain an understanding of ASDs, which could help them to more effectively work with people with ASDs
- The social and communication deficits that are the hallmarks of ASDs make it difficult for individuals to advocate for themselves when confronted by law enforcement, rescue, or judicial personnel
- Characteristics typical of ASDs (such as being non-verbal, unable to effectively communicate and naïveté regarding social situations) likely contribute to victimization
- The tendency of many individuals with ASDs to wander away from their homes and caregivers also increases their likelihood of encountering public safety personnel acting in a “search and rescue” capacity
- Inappropriate encounters can create liability issues
- While some public safety agencies have begun to provide their personnel with ASD awareness training, most agencies have not
- There is no systematic ASD awareness training available to judicial personnel
- Nearly three-quarters of criminal justice academies reported that they had never considered offering ASD training. Two-thirds of those academies indicated that

the absence of a State requirement to offer such training influenced their decision not to offer training

- Attempts to help a person with an ASD in an emergency situation may be misinterpreted or trigger an escalation in violent behavior
- Several respondents to the JLARC staff survey of caregivers described problematic encounters with emergency medical personnel.

Most public safety agencies do not offer specific ASD awareness training to public safety personnel, but do offer a special needs training that includes autism in the Emergency Management Training Curriculum. The failure to learn the characteristics of ASD may prevent public safety personnel from recognizing and reporting victimization, or cause them to misinterpret the behavior as defiance, non-compliance, as indicative of criminal intent when it is not. There is no comprehensive, systematic ASD awareness training available to public safety personnel at this time. Emergency Medical Service (EMS) personnel are not required to receive specific training on ASDs, but in-service sessions on ASDs have been offered at the State's EMS training conference during the past few years.

Virginia firefighting personnel are not required to receive ASD specific training; however, the majority of firefighters are certified Emergency Medical Technicians (EMTs). EMTs and paramedics have had the opportunity to receive ASD awareness training at the State's EMS training conference.

The Supreme Court of Virginia and Commonwealth's Attorney's Services Council indicated to JLARC staff that ASD awareness training has not been offered through the training programs offered to judicial personnel by their agencies.

Training for individuals with ASDs and their caregivers on how to work in cooperation with public safety personnel would be beneficial to the ASD community. The current lack of awareness and recognition of ASD on the part of public safety personnel complicates their work when they encounter an individual with an autism spectrum disorder.

The Public Safety Workgroup, which formed as a result of the JLARC study, has set for itself the following goals in order to remediate the current limitations in ASD training and awareness activities available to Virginia public safety representatives:

- 1) At least one general instructor in each training academy will be certified to teach ASD awareness training.
- 2) 100% of new training academy cadets will receive ASD awareness training.
- 3) Multiple comprehensive training modules, using a variety of training techniques and tools, will be developed and provided in a variety of settings.

- 4) ASD awareness will be increased by offering training opportunities in several locations across Virginia.
- 5) The integrity and consistency of the training will be protected by the maintenance of a core cadre of instructors.

In order to achieve the above goals, Commonwealth Autism Service dedicated a full time staff person to assist with the newly created Public Safety Workgroup in order to communicate and collaborate and identify and/or develop training tools that can be used to provide ASD awareness training for all public safety personnel.

The Public Safety Workgroup will:

- Continue to meet monthly via online meetings, conference calls, or in person until all activities identified in the action plan have been completed.
- Define and develop a Basic Training program.
- Define and develop in-service training modules.
- Offer a minimum of five training opportunities a year to public safety personnel, in various regions across Virginia
- Develop a training budget.
- Seek funding to provide training. Funding sources could include the Virginia General Assembly, public and private foundations or corporate and private donors. PSW agencies will develop letters of support to use for solicitation of funding.

Public Safety Workgroup Action Plan

Due Date	Activity	Responsibility	Notes
November 2011	Establish training standards to include ASD awareness lessons plans	Department of Criminal Justice Services	
	Develop and publish a model policy for law enforcement personnel regarding ASD awareness	Department of Criminal Justice Services	Policy will be distributed to all public safety agencies and interested parties.
	Establish a link to autism information and	Virginia Fire	

	resources on agency website		
	Update and modify current ASD training materials	VDH/OEMS/VFP	
	Identify a core cadre of certified general instructors to be “ASD Awareness Trainers”	PSW	
	Have 100% of new officers trained with basic training program	PSW	
	Design and Develop basic ASD training	PSW	Basic understanding of autism
	Design and Develop in-service training modules	PSW	
	Offer 5 training opportunities targeted to law enforcement personnel	PSW Trainers	In 5 different regions
November 2012	Add Fire and EMS as a target audience	PSW	
November 2013	Add courts, attorneys and judicial personnel as a target audience	PSW	
November 2014	Add parents and caregivers as a target audience	PSW	
November 2015	Add private security as a target audience	PSW	
	Have training materials accessible online	PSW	
Ongoing	Continue to chair Public Safety Workgroup	Commonwealth Autism Service	
	PSW agencies will provide letters of support of training and ASD funding	PSW	
	Maintain roster of trained general instructors	PSW	
	Develop and maintain an archive of PSW activities	Commonwealth Autism Service	Shared with all agencies
	Maintain training evaluation summaries	Commonwealth Autism Service	Shared with all agencies
	Collect current training materials	Commonwealth Autism Service	Reviewed by all PSW agencies

	Consistently update training materials with recent statistics/research interventions and strategies	PSW	
	Seek and apply for ASD awareness funding	PSW	

Workgroup Activities to Date

To date, the Public Safety Workgroup has met 9 times, and collaborated numerous times via telephone calls and email. The group has identified training needs, ways to meet the training needs of public safety personnel, reviewed training materials from a variety of sources, and researched best practices.

Workgroup expenses to date include personnel costs to participate in meetings, including salaries and travel expenses, training materials, and personnel costs to research training being provided other states have implemented, including travel expenses, personnel costs for workgroup coordination including salary and benefits. Workgroup members have contributed over 1,716 hours for meetings and research. Additional workgroup contributions include travel expenses to meetings, training materials, and meeting locations.

The Public Safety Workgroup has concluded that:

- Public safety personnel are seeking ASD training, and ASD training is critical to protecting the health and safety of the community.
- All participating agencies will use the same curriculum in order to maintain consistency in all agencies.
- Funding will be critical in order to successfully complete the action plan. Budget requirements will include compensation for instructors (including instructor fee, mileage and other travel expenses), audio/visual equipment (lcd projector, laptop, and accessories for sound), and training materials (manual, instructor’s guide, ASD awareness cards, videos, cds, etc.). Additionally, the workgroup realizes that additional staff will be needed to coordinate workgroup activities.

Budget for Workgroup Activities

The Public Safety Workgroup has identified the following budgetary needs to develop the training curriculum and begin implementation of action items identified for year one of the action plan:

Recommendation #21: Public safety agencies develop a training curriculum for first responders.

Implementation of training will be to travel to 5 regions in Virginia and train other public safety personnel to become instructors utilizing a “Train-the-Trainer” model, increasing the number of instructors available in each region. Agencies receiving training will pay for training via budgets; however, a pool of funds should be made available for agencies that are unable to pay for the training. The Public Safety Workgroup respectfully requests that funds be appropriated to support development and implementation of the training curriculum developed by this workgroup.

Commonwealth Autism Service serving in both a leadership and secretariat capacity will manage the funding and provide the project coordinator and administrative support staff.

DRAFT

Section 8

Detailed, Action Plan

The action plan will be written after receiving public comment on the report and its recommendations.

DRAFT

Appendix A

Workgroups and Stakeholders

Workgroup	Stakeholders	
DBHDS		
Diagnosis and Assessment	Brian Campbell	DMAS/EPSDT
	Carol Burke	Part C
	Deana Buck	Partnership
	John Harrington, MD	VAAP
	Holly Jenkins	parent/ ASA CV
	Jessica Philips	CAS
	Karen Waters	Part C
	Mitchel Blair	Fairfax CSB
	Paul Durbin-Westby	Self Advocate
	Karen Poe	CVTC
	Joanne Boise	VDH
	Mary Ann Disenza	DBHDS/Part C
	Cindy Gwinn	ODS/Parent
Resources	Jan Markin	parent Chesterfield
	Jim Gillespie	Rapidan CSB
	Joanna Bryant	parent Virginia Beach
	Katherine Lawson	VBPD
	Sally Kirchoff	parent Chesterfield
	Wendy Turner	parent Henrico
	Richard Kriner	DRS
	Cindy Gwinn	ODS/parent
	John Toscano	CAS
Adulthood	Alf, Ronald	parent Fairfax
	Bailey, Judy	provider-employment services
	Billingsley, Sheila	parent
	Lett, Kim	parent/Center for Independent Living- Fredericksburg
	Hulcher, Bradford	ASA + parent Henrico
	Kriner, Richard	DRS
	Lawyer, Heidi	Virginia Board for PD
	Lipstock, Joan	parent Henrico
	Long, Ann	Career & Transition Services
	McCormick, Karen	Shenandoah Valley Autism Partnership-parent
	Moore, Linda	parent Hanover
	Narodny, Dottie	CAS
	Poe, Lisa	Richmond Residential Services
	Russ Vida, Kimberli	writer, teacher
	Villa, Bob	Powhatan/Goochland CSB
	Witt, Woody	CSB & parent
	Yarbrough, Dana	Partnership for People with Developmental Disabilities/VCU

Statewide Accountability/ Single Point of Entry	Alf, Ron	parent
	Ankiel, Steve	DMAS-LT Care Dir
	Bennett, Pat	parent Vienna
	Bergeron, Maryanne	Virginia Community Services Boards
	Branscome, Ron	Exec Dir Fairfax/Falls Church CSB
	Braunstien, George	Fairfax CSB
	Burcham, Debbie	Chesterfield CSB
	Capaldo, Tim	Norfolk CSB
	Cole, Mary	Cumberland Mountain CSB ID Director
	Diorio, Mark	NVTC-Dir
	Egle, Jill	Co-Exec Dir The Arc NoVa
	Fidura, Jennifer	VNPP Dir
	Fulz, Deb	DisAbility Resource Center - Fredericksburg
	Gallegos, Diane	Case Manager-Henrico CSB
	Gillespie, Jim	Fredericksburg CSB
	Gwinn, Cindy	DBHDS/ODS Manager/parent
	Hallowell, Maureen	CIL Director Virginia Beach
	Harrigan, Lucia	CM Supervisor- Hampton Newport News CSB
	Hollowell, Maureen	Endependence Center- Virginia Beach
	Hulcher, Bradford	Central Virginia ASA and parent
	Hunter-Evans, Allison	DMAS
	Jill Jacobs	Ability Unleashed and parent
	King, Stephen	Autumn Home -DD CM
	Lawyer, Heidi	Virginia Board for People with Disabilities
	Lazier, Jay	Virginia Beach CSB
	Leonard, Helen	DMAS
	Liban, Jamie	The Arc of Virginia
	Marisa,	Self Advocate
	Martin, Beth	CCC -DD CM
	Mercer, Nancy	Co-Exec Dir The Arc NoVa
	Miller, Brian	ID Director CSB
	Nordin, Tracy	Access and Inclusion, and parent
	Oconner, Mike	Exec Dir Henrico CSB
Price, Lee	ODS-Dir ODS	
Redmond, Linda	VBPD	
Schall, Carol	VARC-Dir	
Tettrick, Frank	DBHDS-Assis Comm	
Thompson, Betty	Parent/advocate Chesterfield	
Wilson, Josh	Self Advocate	
Witt, Woody	Parent/advocate Fairfax	
Wooten, Alan	ID Director CSB	
Yoder, Tera	PPD/VCU	
Zaryczny, Didi	CAS and parent	
Review of Agency March 31, 2010 Reports		
	Alan Wooten	Fairfax/Falls Church CSB
	Alison Standring	Part C Rappahannock CSB
	Beth Tetrault	Henrico CSB
	Bill Hawkins	SVTC

	Bill Painter	RRMM Architects
	Bob Villa	Goochland/Powhatan CSB
	Bradford Hulcher	parent
	Brian Miller	Prince William CSB
	Carol Webster	District 19
	Cathy Healy	PEATC
	Courtney Phillips	RR CSB
	Cynthia McKoy	Central Fairfax Services
	Cynthia Smith	ODS
	Dan Longo	Colonial CSB
	Dana Yarborough	Partnership
	Darlene Rawls	Western Tidewater CSB
	Deborah Roundtree	Estelle Place LLC
	Debra Smith	Crossroads CSB
	Dennis Pancoe	Arc of Piedmont
	Elaine Senft	NVTC
	Gail Rheinheimer	ODS
	Glordine Lambert	New Beginnings, Inc.
	Greg Preston	Piedmont CSB
	Jack Brandt	Partnership
	Jamie Liban	ARC of VA
	Jessica Philips	CAS
	John Toscano	CSB
	Joward Olshansky	Arc of Piedmont
	Karen Telelski	VaACCSES
	LaBrenda Haynes	Destiny Place LLC
	Lisa Medron	Prince William CSB
	Lynnie McCrobie	Middle Peninsula/Northern Neck CSB
	Pat Rimwell	SVTC
	Ron Wallace	River City Residences, LLC
	Samantha Marsh	VDOE
	Sarah Luck	Richmond Residential Services
	Traci Roberson	Central Virginia CSB
	Tracy Self	Parent
	Vernessa Samuel	ARC of North Central VA
Dept. of Rehabilitative Services		
Public Safety		
	B. Leigh Drewry, Jr.	Cunningham and Drewry
	Bryan Lawrence	Roanoke City Police Department
	Caroline E. Kirkpatrick	Virginia Supreme Court
	Dana Schrad	Virginia Association of Chiefs of Police
	David Jolly	Virginia Department of Fire programs
	Didi Zaryczny	Commonwealth Autism Service
	Don Hansen	Virginia Department of Fire Programs
	Donna Michaelis	Virginia Department of Criminal Justice Services

	Gary Brown	Virginia Offices of EMS/Virginia Department of Health
	Greg Neiman	Virginia Office of EMS /Virginia Department of Health
	Linda Caldwell	Parent
	Mark Eggeman	Virginia Department of Emergency Management
	Ronald E. Bessent	Virginia Department of Criminal Justice Services
	Ronald J. Staton	Central Virginia Training Academy
	Ronnie Sitler	Lynchburg Police Department
	Sheriff Charles Phelps	Virginia Sheriff's Association
	Sheriff Charlie Jett	Virginia Sheriff's Association
	Shirl Light	Parent
	Sylvester Henderson	Richmond Firefighter/Parent
	Tim W. Sutton	Hanover County Sheriff's Office
	Tommy Carter	Project Lifesaver International
	Travis Akins	Roanoke City Police Department
	W.G. Shelton, Jr.	Virginia Department of Fire Programs