

**AHS Integration Efforts  
Autism Planning for the Future**

Meeting Minutes

**Date:** January 10, 2019

2:00-4:00

**Location:** Waterbury State Office Complex, Ash Conference Room

**Overall Goal of our work group:** How do we use our collective resources to move autism services forward for children and their families in Vermont?

**Present:** Valerie Wood, Diane Bugbee, Jim Calhoun, Diane Bugbee, Mary-Graham McDowell, Beth Forbes, Megan Mayo, Rachel Borgatti, Marilyn Mahusky, Danielle Howes, Paula Reynolds, Hillary Hill, Jeremiah Dickerson, Courtney,

**Regrets:** Julie Smith, Carol Hassler, Cortney Keene, Matt Habedank

Agenda Item	Discussion Notes	Next Steps
<p><b>Introductions and Updates</b></p> <ul style="list-style-type: none"> <li>• Updates from group members about any legislative information, other workgroups addressing autism services, DVHA, etc.</li> <li>• Leadership opportunity for group member</li> </ul>	<p><b>Leadership opportunity for group member:</b> Looking for someone to co-lead this group with Cheryle as Diane will be staying in this group as a member but will be co-chairing another group so we would like to find an interested group member to co-chair. Please reach out to Diane and Cheryle if you are interested. Thank you!</p> <p><b>Updates:</b> DVHA: final policy on new ABA CPT codes has been posted--this can be found on the state of Vermont website. This is not a change to the rates.</p> <p><b>Dr. Forbes:</b> UVM clinic is ramping up. The CDC in Rutland and Barre is decreasing evaluations with Dr. Hassler – six per month in Barre and four in Rutland. UVM is increasing evaluations—2 per week, working in tandem with Dept of Health for psychological evaluations. Will be hiring a new SLP.</p> <p><b>Carol Hassler:</b> “I am sorry not to have been able to attend the meeting this week. I want to clarify the information about my work with the VT Child Development Clinic. Barre and Rutland will continue to be the Hubs that serve children who have the need for developmental diagnosis in the regions further away from Burlington/UVM. We are also committed to examining how we can reach the children in these areas better, and are exploring new ideas with CIS about collaborative developmental assessment.” Thanks! Carol</p>	

	<p><b>Dr. Dickerson, Autism assessment clinic update:</b>          Busy and getting many referrals. 2 evals a week, 1-2 also being done by the other team there. Are accepting other insurances for evaluations-not just Medicaid anymore. Getting referrals for adults and Dr. Dickerson sees them outside the clinic evaluations. This seems to be happening more as there are times when people may not have been assessed or diagnosed during childhood and then they or their caregiver expresses concerns when they are older. Need to think about this in terms of supports and services for these individuals.</p> <p><b>Danielle Howes, CIS:</b>          Discussing with Dr. Carol Hassler how to make sure early intervention assessments/information is communicated with ongoing service provider. Also working on how to best support referrals and ensuring releases are signed so the full information can be given to Dr. Hassler prior to the evaluation. This may expedite the length of the evaluation.</p> <p>I-Team early intervention project training on autism is something that is being explored. More to come. The I-Team serves young children with medical diagnoses and co-occurring autism.</p> <p><b>Megan Mayo, CSAC:</b>          Interns from Middlebury college have started and are working in their autism program with the hope that they stay on and help in the summer for children who need summer support and afterschool support.</p> <p><b>Courtney Daffinrud, Kingdom Autism:</b>          Shared that they have had interns from Northern Vermont University, Lyndonville Campus and have had many stay on—a lot of interns when they start don't even know what ABA services are. This has been a good way to find staff.</p>	
<p><b>Strategic Planning for the next two years</b></p> <p>1. Individually:</p> <ul style="list-style-type: none"> <li>○ Review the notes from our last meeting, look at the themes on the flip chart</li> </ul>	<p>This group has been meeting for three years and was the reinvigoration of a previous Autism Plan Advisory Committee. We wanted to spend time today relooking at our goals and planning how to move forward.</p>	<p><b>We will send out a draft strategic plan structure in the next couple of weeks to solicit your</b></p>

<p>paper, and review the priority goals we have been focused on.</p> <p>2. In groups of 5: Current State of the State</p> <ul style="list-style-type: none"> <li>○ Assign notetaker</li> <li>○ Looking at the goals we've been working on-- is there anything we need to carry over? What have we accomplished?</li> <li>○ If your group identifies a theme not on a flip chart, please add it</li> </ul> <p>3. Large group debrief— highlight the points from your discussion</p> <p>4. Individually:</p> <ul style="list-style-type: none"> <li>○ Review the themes identified on the flip charts and put a dot (you'll have three) beside the top priority themes.</li> </ul> <p>On the themes you identify as priorities, write down a corresponding goal related to this theme.</p>		<p>feedback and then bring the document to our next meeting to detail out.</p>
<p><b>Wrap Up and Next Steps</b></p>	<p><b>Next Meeting:</b>  <b>Monday, March 11<sup>th</sup> from 10:30-12:30</b></p>	

### Themes for Flip Chart Paper:

- |  |                                     |
|--|-------------------------------------|
| 1. Family/Private Provider/School/State Partnerships | 4. Screening and Early Intervention |
| 2. Learning about models of intervention for Autism  | 5. Family Centered Care             |
| 3. Education and Outreach to Community Members       | 6. Older Adolescents with Autism    |
|  | 7. Other?                           |

### **Priority Goals from the Past Three Years**

1. All children in Vermont receive effective, individualized, intervention services consistent with the National Research Council (NRC) recommendations from 2001 as soon as the diagnosis of ASD is seriously suspected.
2. *Professionals who provide services to individuals with ASD will demonstrate competencies that reflect the experience needed when working with individuals on the spectrum. Training will be available to all professionals for building capacity to meet the needs of individuals with ASD and their families.*
3. *Educational services that provide the full range of continuum of supports and services will be available to students with ASD throughout Vermont.*

### **From our Autism Workgroup Meeting on 11-7-18:**

Small group exercise: compilation of goals/suggestions for more discussion at the meeting in January. This is what folks wrote down and provided back to us:

- Encourage AOE to conduct district-wide needs assessment
- Is there a way to explore increasing community preschool settings responsibilities for providing services that are recommended by local schools? Once a child is found eligible-community child care center has few responsibilities but gets funding from public schools.
- Can we have input into the revised MTSS field guide?
- Can we be more creative about how we meet needs?
- Increase education involvement with ASD services to create more involvement
- Break barriers between Designated Agencies
- How do we offer what families are asking us for vs what is convenient for agencies—consistency with what DMH provides.
- Early Intervention and how providers can collaborate by region
- Incorporate the Early Start Denver Model as an approved, available intervention through CIS/EI.
- Develop a curriculum for VT high school students, in order to increase their exposure to developmental service careers as part of their own career/vocational exploration.
- Consider ways to provide a “first pass” at developmental evaluation/assessment at the community level. This would likely be a collaborative effort between developmental service agencies and the medical home.
- Develop consistent language and/or curriculum to effectively communicate the range of intervention options to patients/families, as well as ways to support families who need a more flexible approach to service planning.