

Montana State Autism Plan: 2015-2018

Many thoughtful hours went into the development of the Montana State Autism Plan. Community service providers, family members, policy makers, health care and education professionals and others discussed and debated this current draft. Considered a dynamic document, this plan may be used to guide policy and practice discussions, and as the basis for federal, state and local funding requests. It is not intended to be “final” or definitive. Participants determined that they wanted an action plan that provides sustainable guidance to providers, families and advocates over time.

This document represents a consensus standard to assist in decision making and to demonstrate a level of key stakeholder agreement on issues related to autism spectrum disorders and related disabilities. The individuals and/or organizations responsible to accomplish specific activities have not been determined, though much discussion has occurred on this point. For now, any one or subgroup of State Team members (participants) have the flexibility to take the lead on any activity described in the plan.

Participants indicated that this plan assumes that issues related to overall infant and child health are being addressed by community and state entities; children receive immunizations at the appropriate time, they engage in physical activity, and have good nutrition habits. There was some discussion about including these issues in this plan, but it was determined that, though critically important, they are beyond the scope of this plan.

The following table lists those invited to participate in the discussion. Full group meetings were held in May and September 2014. Meeting notes and review documents were distributed for review outside of full group meetings and to finalize this current document. The most recent participant review occurred via email in January and February 2015. Five participants submitted comments and content suggestions.

Montana State Autism Plan Discussion Participants

Team Member	Affiliation
Abbey Hood	Easter Seals, western Montana
Abdallah Elias, MD	Shodair Hospital: Medical Genetics
Amy Olsen	STEP, eastern Montana
Anisa Goforth	University of Montana Department of Psychology
Ann Garfinkle	Montana Act Early Ambassador and University of Montana Department of Curriculum & Instruction
Bobbie Dyrud	Child Development Center, NW Montana
Bonnie Stephens, MD	Community Hospital: Neurodevelopmental Clinic
Carol Kohler	The Child Development Center
Cheryl Young- Pelton	Montana State University—Billings, Department of Educational Theory and Practice
Christopher Bushard	Child Development Center

Team Member	Affiliation
David Munson	Early Childhood Intervention, Billings
Denise Higgins	Montana Department of Public Health & Human Services
Diana Tavary	PLUK, Inc.
Dianna Frick	Montana Family & Community Health Bureau
Doug Doty	Montana Office of Public Instruction
Jackie Emerson	Montana Department of Public Health and Human Services, Children's Waiver Services
Janeen Buss	University of Montana, CSD student
Jennifer Schoffer-Closson	President, Montana Speech and Hearing Association (MSHA).
Jody Jones	Confederated Salish & Kootenai Tribes: Early Childhood Services
Jon Metropoulos	University of Montana, CSD student
Kathleen Gallacher	Full Circle Counseling Solutions
Kelly Rosenleaf	Childcare Resource and Referral, Western Montana
Libby Hancock	Early Childhood Project
Lisa Davey	Montana Family Link and parent
Lucy Hart Paulson	University of Montana, Department of Communicative Sciences and Disorders
Martin Blair	Montana Rural Institute for Inclusive Communities
Mary Pierce	Head Start Collaboration, DPHHS
Meg Ann Traci	Montana Disability and Health Program
Meghan Kiser	Montana Department of Public Health & Human Services
Mary Jane Standaert	Montana Head Start Association
Peggy Moses	Child Development Center
Rachel Donahoe	Montana Children and Youth with Special Health Care Needs
Rick Thompson	Hi-Line Home Programs, NE Montana
Roger Holt	PLUK, Inc.
Sandi Hursh	Quality Life Concepts
Sandi Marisdoter	Quality of Life Concepts, eastern Montana
Sandra Morris	Director of Montana Child Care Plus
Sonia Sherwood	University of Montana, CSD student
Sylvia Danforth	Developmental Educational Assistance Program, DEAP
Wendy Studt	Coordinator, Montana Part C Program
Zachary Shindorf	University of Montana, School Psychology Doctoral Student
Zoe Barnard	Children's Mental Health, Montana Department of Public Health & Human Services
	Early Head Start
	WIC Program
	Indian Health Service (IHS)

If there are other individuals who should be invited to participate on this state team, please forward the name and contact information to Marty Blair at martin.blair@umontana.edu. Ongoing revisions to this state plan are encouraged.

Participants based their collective vision statement on these concepts:

- Each child and youth is entitled to accessible, appropriate and high quality screening and diagnostic services.
- There should be multiple opportunities for identification for every child and youth in Montana.
- The translation of effective research findings to community-based teams regarding identification, accessible and affordable services, and support across the lifespan is critical to individual success.
- Necessary services are identified and provided early in a child's life.
- Families require easy access to services, to appropriately trained providers, and to a defined set of services based on a child's age and developmental level.
- Quality services need to be available for individuals diagnosed on, or at risk for, Autism Spectrum Disorder, and their families.

Vision Statement

Autism Spectrum Disorder (ASD) in Montana: Every child in Montana will be offered universal, comprehensive, developmental screening. Those who are identified with ASD will have access to affordable, high-quality, comprehensive, family-centered services across the lifespan.

It is recognized that the goal areas below are somewhat overlapping. Further, as the field learns more, as additional resources become available, and as the nature of the target population(s) changes, the activities described in the plan will be modified to reflect current the context, as needed.

Several of the cells in the table are listed as TBD or To Be Determined. Through extensive discussion, it was evident that team members may apply a variety of activities or measurement methods for accomplishing the same end. Participants are encouraged to use the basic information provided in the plan and to develop specific activities and/or measurements, where called for. The consensus emphasis on the Montana State Autism Plan was on the goal areas and outcomes, not necessarily on the specific activities or milestones. During the next year, team members will engage in the difficult and complex discussions required to complete state plan details. Several of the activities and/or milestones represent large concepts and may require extensive plans of their own.

State Autism Plan Outline

Goal Area I: Universal screening leading to early identification		
Outcome: Accurate and early diagnosis with follow up reassessment is standard.		
Activity	Timeline	Milestones
Develop a standard “screening” definition so that it is clear what “screening” means.	2015	Consensus definition of “screening.”
Implement universal screening in early childhood settings (at or before 36 months).	2015	Universal, consistently defined, screening occurs at ages 18, 24, 30 months across public health, Part C, Indian Health Service (IHS), Early Head Start, child care, and medical communities. Screening occurs in urban, rural, remote, frontier areas.
TBD		>95% of children who are eligible for ASD services receive accurate diagnosis, including children under age 3.
TBD		A consistent identification rate and geographic distribution of OPI’s identification of children with ASD in educational settings.

Goal Area II: Quality Service Delivery		
Outcome: Effective, evidence-based services are distributed statewide, appropriate to the need, high quality, and seamless across the lifespan.		
Activity	Timeline	Milestone(s)
Develop telehealth options for family/ parent training, community-based team training, and service provision.	2016	<ul style="list-style-type: none"> • Telehealth is an accepted medium to provide child and family access to appropriate services. • Telehealth is an accepted medium for professional development purposes.
TBD		90% of children diagnosed with ASD and co-morbid conditions receive appropriate intervention.

Follow-up assessments are provided on a regular basis to determine effectiveness of interventions.		TBD
The Special Education Program at the Montana Office of Public Instruction (OPI) will ensure that students receiving services through IEPs are included in GM applications from LEAs.	2015	Graduation Matters initiative fully includes students diagnosed on the autism spectrum.
TBD		Youth and adults diagnosed on the autism spectrum are served through the transition into adulthood (education, employment, community integration, etc.).
Develop a Family Services Passport system that can be shared with providers across service systems.	2015	Family-wide services and supports.

Goal Area III: Infrastructure Development		
Outcome: State agency (-ies) develop a concerted focus on ASD services and supports for individual		
Activity	Timeline	Milestone(s)
TBD		A service co-op partnership is organized and fully funded.
Develop a statewide office/ resource that supports families and providers. The center must function with distributed expertise in order to meet needs statewide. See Goal II above.	2017 (prepare for biennial legislature)	An autism center is administered within the Montana University System to provide a multidisciplinary approach to Montana issues related to ASD-focused research, services and education.
Develop and maintain an efficient communication network for providers across disciplines.	2015-2016	Communication system uses a variety of mediums (e.g., listserv, blog, telephone, televideo).

Goal Area IV: Community Awareness & Outreach		
Outcome: A coordinated, statewide ASD awareness plan		
Activity	Timeline	Milestone(s)
Plan and implement a statewide autism conference. MSU Billings has sponsored an annual conference since 2008. This could be a foundation for a comprehensive, statewide approach to awareness and outreach.	2008-ongoing	<ul style="list-style-type: none"> • Individuals and families have strong self-advocacy skills. • Providers have an opportunity for face-to-face information sharing and networking.
Develop a coordinated, statewide information dissemination and awareness plan that focuses service and early screening information through community-based channels (e.g., farm report, high school sporting events, community health events on/near Reservations, in ranching communities, and so on).	2015	Local businesses are involved in community efforts to serve and support children, adults and families.
Develop and implement a targeted outreach and communication plan focused on ASD “screeners” across disciplines.	2015-2016	Plan is developed and implemented.

Goal Area V: Professional Development/ Technical Assistance		
Outcome: A qualified, statewide workforce has capacity to meet population needs across the lifespan.		
Activity	Timeline	Milestone(s)
Develop a plan to recruit and train culturally responsive providers and community staff.		Collaborative, ongoing professional development across service systems; multidisciplinary, culturally responsive inservice.
Develop specific recruitment and retention efforts targeted to Native American service providers.		TBD

<p>Develop (or adopt) an interdisciplinary preservice ASD/related disorder curriculum module(s) for use within the MUS and by community providers.</p> <p>Potential opportunities include the MSU-B elective undergraduate course on autism, MSU-B post-high school credential, “Registered Behavior Technician,” UM HFD minor courses, and UM T-TEAM personnel preparation program.</p>	<p>2015-2016</p>	<p>Interdisciplinary preservice course/ curriculum with emphasis on ASD and related disorders.</p>
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<p>Goal Area VI: Stakeholder Collaboration</p>		
<p>Outcome: Stakeholders collaborate across public and private organizations, etc.</p>		
<p>Activity</p>	<p>Timeline</p>	<p>Milestone(s)</p>
<p>Identify and include on the Montana State Team those stakeholders with an interest in autism spectrum disorders.</p>	<p>2014-2015</p>	<p>Shared knowledge of evidence-based approaches.</p>
<p>A comprehensive, statewide needs assessment across stakeholder groups to establish plan priorities.</p>	<p>2015-2016</p>	<p>Collaborative state plan.</p>
<p>Individuals diagnosed with ASD and their families participate in local and state policy decision making.</p>	<p>2014-2015</p>	<p>Individuals diagnosed with ASD and their families are active partners in plan development.</p>
<p>Investigate the development of policies and practices that enable health-related providers to access reimbursement to accommodate for large geographic distances between clients/ families and administrative offices.</p>	<p>2015-2016</p>	<p>Providers are reimbursed for necessary travel to meet needs of rural, remote, frontier clients.</p>