



Human Services Advisory Committee

***Report on Autism Spectrum Disorder
in Dakota County***

Presented to

**Dakota County
Community Services Committee of the Whole**

October 14, 2008



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I. Introduction

A. What is Autism?

Autism is a developmental disability that typically appears during the first three years of life and produces substantial impairments in social interaction and communication, plus restricted, repetitive, and stereotyped behaviors. It is a spectrum disorder- symptoms and characteristics of autism can be present in a wide variety of combinations and from mild to severe. The combination of behaviors, and their frequency and intensity, are unique for each person. There is a frequently heard comment, "If you've seen one child with autism, you've seen one child with autism."

Thinking and learning abilities vary from cognitively gifted to severely challenged. Many people with ASD also have unusual ways of learning, paying attention, and reacting to different sensations.

ASD's occur in all racial, ethnic, and socio-economic groups and are four times more likely to occur in boys than in girls. As the hallmark feature of autism is impaired social interaction, parents are usually the first to notice symptoms of autism in their child.

More formally, "autism spectrum disorder", according to the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)¹, includes the following:

- Autistic Disorder: Impairments in social interaction, communication, and imaginative play prior to age 3 years. Stereotyped behaviors, interests, and activities.
- Asperger's Disorder: Characterized by impairments in social interactions and the presence of restricted interests and activities. No clinically significant general delay in language and testing ranges of average to above average intelligence.
- Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS): A diagnosis of PDD-NOS may be made when a child does not meet the criteria for a specific diagnosis, but there is severe and pervasive impairment in specified behaviors.
- Rett's Disorder: A progressive disorder. Period of normal development and followed by loss of previously acquired skills. Loss of purposeful use of hands is replaced with repetitive hand movements beginning at the age of 1-4 years.
- Childhood Disintegrative Disorder: Characterized by normal development for at least the first two years, significantly loss of previously acquired skills.

¹ Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition- Text Revision (DSMIV-TR), 2000.

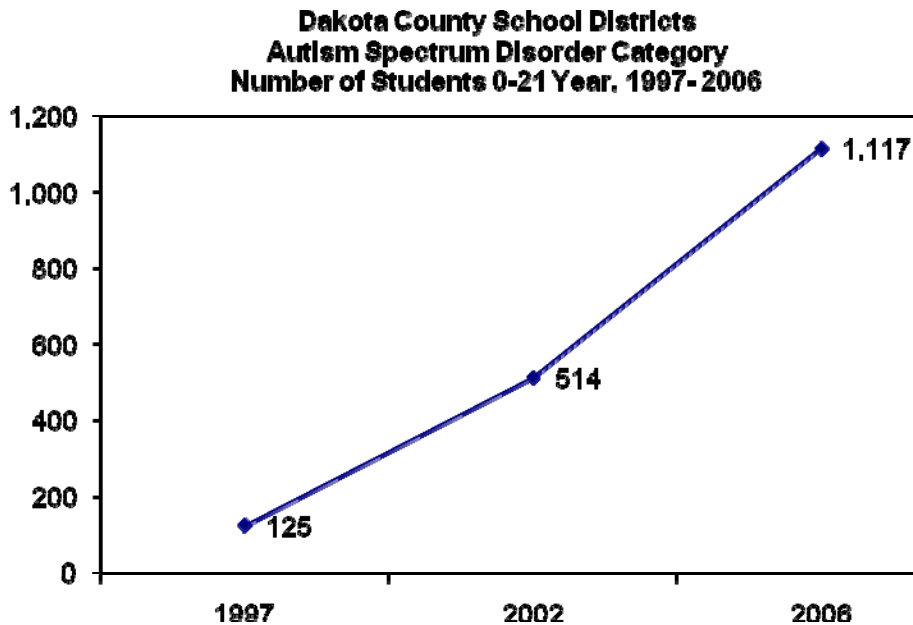
B. What are prevalence trends?

The prevalence of children and adults diagnosed and/or categorized with ASD has increased dramatically in recent years, both nationally and locally. In professional journals, popular media, autism websites and blogs there are lengthy (and often heated) discussions about the reasons for this growth. While we will not attempt to answer that question here, we recognize that multiple factors may be involved, including broader ASD criteria, increased recognition by professionals, and environmental factors.

In Dakota County we have two data sources for trends in children and adults on the autism spectrum: school districts and Dakota County Social Services Department. There is no "registry" that combines all sources and even the two sources we use have different methods for determining that autism is present.

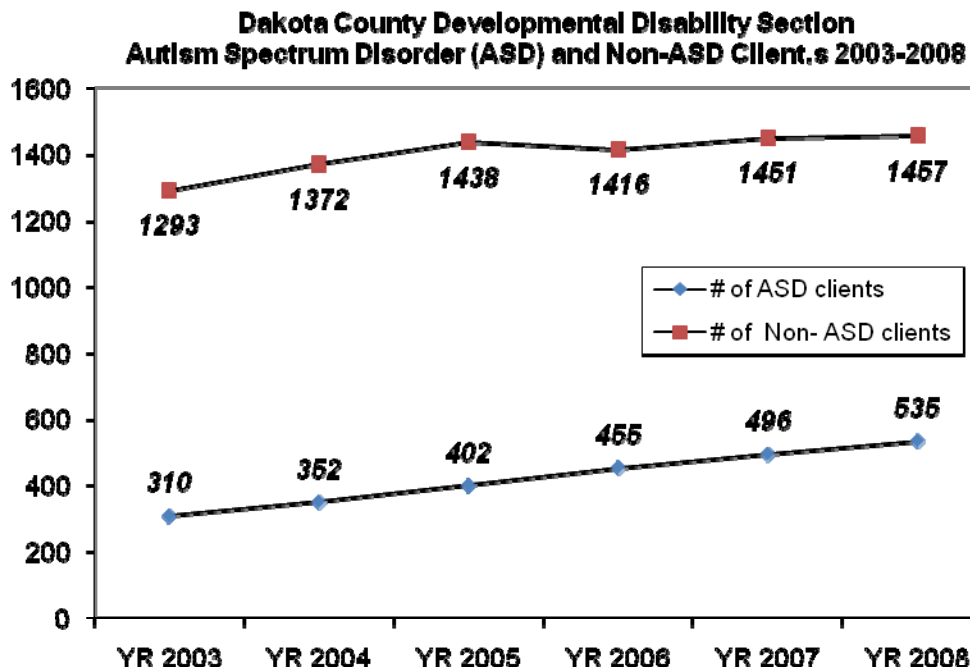
Dakota County has more restrictive rules compared to school districts, which are more inclusive and serve students with lesser needs. The County Social Services Department uses diagnostic assessments through purchase of service agreements with local clinics and psychologists based on the Diagnostic and Statistical Manual. School districts use a comprehensive examination of behaviors, not a medical diagnosis, to determine eligibility for services under the autism label.

Data from eight local school districts in Dakota County show that between 2002 and 2006, the number of persons 0-21 years old with autism served through Special Education departments increased by *117 percent*, from 514 to 1,117 children.



Source: Minnesota Department of Education, Minnesota Funding Reports Systems: Special Education Unduplicated Child Count Reports

During a different time period, the number of children and adults with ASD served by the Dakota County Developmental Disabilities (DD) Section increased by 73 percent (+225). This is 37 percent faster than clients with all other disability labels (+164). From 2003 to 2008, clients with ASD increased from 19 percent to 27 percent of total served in the DD Section.

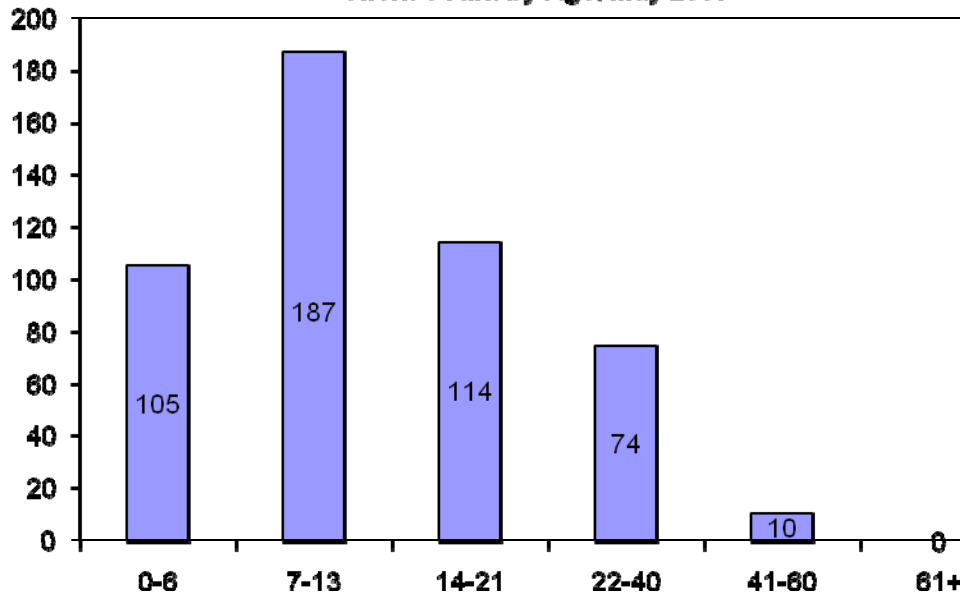


Source: Dakota County Social Services Department,
Developmental Disabilities Section

The graph on the next page shows that the Developmental Disabilities Section currently serves relatively few adults over 21 years old, only 17 percent of clients with ASD. However, this will change dramatically as more and more children with ASD transition out of school district services and families look to the county for assistance. *In 10 years, it is likely that the number adults with autism served by Dakota County will more than double.*

Also, the relatively small number of children in the 0-5 age category illustrates that, while symptoms of autism are often present before the age of five, the process leading to a diagnosis frequently takes a long time.

**Dakota County Developmental Disabilities Unit
Autism Spectrum Disorder Diagnosis
Client Count by Age, May 2007**



Source: Dakota County Social Services Department,
Developmental Disabilities Section

II. Study Process

A. Human Services Advisory Committee.

The Dakota County Human Services Advisory Committee (HSAC) is a 21-person group of County residents appointed by the Dakota County Board of Commissioners to advise the Board on human services issues. With assistance from Community Services Division staff, HSAC typically seeks out expert information and opinions through literature studies and presentations by academic and community informants.

In recent years, HSAC has completed two studies per year and presented its findings and recommendations to the Dakota County Community Services Committee of the Whole.

B. Sessions

HSAC met monthly from April 2008 through September 2008. During these sessions HSAC members learned about the complex nature of autism spectrum disorder- causes, trends, impacts, best practices, and Dakota County services. Parents, staff from school districts, service providers, University of Minnesota, and Dakota County presented information and answered questions.

Following the data-gathering phase, HSAC members met to summarize what they had learned, to determine major issues and concerns, and to develop recommendations for the County Board.

III. Impact of Autism Spectrum Disorder

A. Effects on Families

1. Introduction

According to a blog posted by the parent of an autistic child, "It's not just the child who gets autism; it's the whole family. And the whole family is autistic all day, every day."² The world changes dramatically and impacts marital and sibling relationships, finances, time demands, sleep patterns, and relationships with other family members and friends.

2. What works, what doesn't work for families.

Six parents took time to speak with HSAC members at the May session about their young children and adult children with autism who receive services from the Dakota County Developmental Disabilities Section.

In addition to telling stories about personal and family journeys with autism, they shared their viewpoints about service systems.

"Once regarded with suspicion by his classmates, Adam rarely got invited to birthday parties and, on rare occasions when he was invited, he was found hiding under beds or running away down the street."
(MSNBC, *More US families...*)
Masland, M. (2005, February 23).
More U.S. Families in Grip of Autism. MSNBC.

On the positive side, they noted five areas which they found helpful:

- **First steps.**
Appearance of autism within a family brings about many challenges and questions, such as will my child get better and where do we find proper treatment. Parents noted that knowledge and guidance about Autism Spectrum Disorder by pediatricians and information from support organizations are particularly helpful.
- **School + County.**
Referring to school and county services, parents said that these are effective when trained and supportive staff have low caseloads which allow them to spend sufficient time with families and to coordinate diagnostic and treatment services with other organizations.
- **Intervention Tools.**
Parents found a variety of tools that helped their children make strides, including speech therapy, applied behavioral analysis, feeding clinic, chore services, respite care, and an employment group. Many families enrolled in Consumer Directed Services use flexible funds to purchase these services.

"And Jake's behaviors were even more dangerous. He'd climb on top of the refrigerator and rip wallpaper off the walls... we also get no sleep. If we could get him to bed, it might be 1 a.m. Or if he went to bed, he might get up at 2 a.m. and stay up all night running around the house."
Clayton, L. (2005, February 24) How families connect to cope with autism. MSNBC.

²<http://inhjectingsense.blogspot.com/2006/05?autism-every-day.html>

- Individualized Methods.
Families found that treatment methods must be designed for each person with ASD... and changed as needs change, "allowing them to be who they are."
- Financial Support.
Most families face challenges in meeting life-long costs of services. Financial assistance is available for many services and all school-provided services are free.

On the negative side, the parents noted three areas of concern:

- Lack of knowledge.
They found many doctors are uninformed about autism and not willing to listen to parents and that many teachers and Personal Care Attendants (PCA's) are not trained to work with ASD kids or adults.
- Inappropriate methods.
Some schools are said to try a "one size fits all" and use discipline or punishment that are counter-productive for kids with ASD.
- Financial Stress.
While there are no fees for school district services, HSAC heard concerns from parents about parental fees for County services, mixed experience with TEFRA application processing time, and many out-of-pocket expenses not covered by any insurance.

B. School District Special Education Perspective

HSAC was fortunate to welcome the Special Education Directors from Lakeville and Rosemount/Apple Valley/Eagan school districts.

Beginning with a historical perspective, they noted the following:

- Teachers who completed training many years ago had little or no education about autism. This has changed and some districts now have autism experts.
- Schools now do a much better job of identifying kids with autism and starting services.
- Special education staff learned a lot about applying effective strategies, even if there is no "cure".

Currently, special education programs tend to identify kids with autism-like symptoms as having "developmental delays" and then observe behavior changes after service initiation. Also, schools face special challenges:

- Transitions are difficult for ASD students, whether daily, such as moving from one classroom to another, or developmental, such as changing schools or teachers.
- Environmental inputs, including lights, sounds, and noise may result in disruptive behaviors.
- Simple decision-making and planning, (e.g., schedules, homework) are a common challenge for kids with autism. Thus, staff spend considerable time working with kids on these skills.

Organizationally, special education programs prepare annual IEP's (individual education plans) that guide services for each student. They serve approximately 1 of 5 ASD students in separate classrooms; most other students participate in regular classrooms and/or special resource rooms. The directors stated that

there are still boundary issues with other systems- county departments, health insurers, medical profession, and private agencies. And they also noted that some school-social worker relationships are sound and some are difficult.

IV. Effective Practice Issues

The National Institute of Mental Health notes that there is no single best treatment package for persons with ASD. Though there is a growing literature about which treatments and methods are effective, parents and professionals face a maze of treatment options with varying degrees of research and anecdotes to support them.

To learn more about effective practice, HSAC invited three local experts to discuss their experiences and insights. (See Appendix A.) They covered three themes: treatment strategies, system strategies, and adult approaches.

A. Treatment.

Dr. Michael Reiff, University of Minnesota pediatrician and Director of the U of M Autism Clinic, said that the single most important conclusion is, "The best return on investment is early diagnosis and intervention." He noted that most initial concerns about children are raised when they are about 18 months, but the most common age at diagnosis is 5-6 years. Thus, valuable time is lost.

He emphasized that it is most important to address the core deficits in "social understanding"- these include "joint attention" with others and imitation of

"We do have some important knowledge in treatment of autism, but we're still very much at the beginning of this journey," says Geraldine Dawson, professor of psychology, University of Washington, Seattle.

Weaver, Jane. (2005, August 9). Inside the Autism Treatment Maze. MSNBC.

others. Finally, Dr. Reiff also added that a growing body of "evidence-based practice" is essential, but parents have also reported to him that less-studied treatments have "made all the difference." A comprehensive review article found that applied behavior therapy has the most research to support its effectiveness for many children.³

B. Systems

All three speakers agreed that a single case manager responsible for linking the family, professional services, informal supports, and funding is central for effective overall service delivery. In addition, they noted that families faced with autism diagnoses are frequently overwhelmed with advice on multiple treatment options and unclear funding streams. Thus, the best work includes someone to help families navigate and coordinate service and funding systems: schools, county, medical, health insurer, and private agencies.

Another important theme that emerged was the need to improve and to expand resources available to kids, adults, and their families. This would require:

³ Rogers, S.J. & Vismara, L.A. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology*. 37, 1, 8-38.

- More investment in ASD training and education for existing service providers.
- Inclusion of autism training as part of professional education for social workers, public health nurses, personal care attendants.

C. Adults

Dr. Barbara Luskin, staff psychologist with the Autism Society of Minnesota, noted that there are relatively few therapists serving adults who are on the autism spectrum disorder. Participants in an Autism Society of Minnesota support group for adults with Asperger's Syndrome typically have had many other diagnoses or simply no diagnosis at all, while never quite "fitting in." Thus, therapy and support groups focus on catching up and learning how to organize their lives through more structure.

She also emphasized that most of these adults are socially isolated, have lived that way for a long time, and that it is hard to re-organize that lifestyle.

V. Dakota County Populations and Services

Children and adults with ASD are served primarily by Dakota County within the Social Services Department- Children's Mental Health Unit and the Developmental Disabilities section, Adult and Children's Units.

Families find their way to Dakota County by many paths- referrals from school districts, hospitals, clinics, non-profit agencies, other Dakota County departments, and self-initiated referrals. Chronologically, there are four main groups identified: early intervention or pre-school, child school-age, transition (from school), and adults. In the following table only persons who are diagnosed or categorized as having autism are included.

**Persons with ASD, Dakota County Involvement
2008**

Area of Service	Total Caseload	Persons With ASD
Early Intervention (0-5 Years)	1,323	175
Children's Mental Health	210	75
Child- Developmental Disabilities	843	400
Adult- Developmental Disabilities	1,153	142
Total		792

The following sections describe each of these four areas with a brief narrative, a table summarizing key components, and comments.

A. Early Intervention

The federal Individuals with Disabilities Act (IDEA) requires that services are available to infants, toddlers, and preschoolers with developmental delays. The Dakota County Interagency Early Intervention Committee (IEIC), composed of parents, school, county, and community agency members, oversees the process. Funding for the IEIC Coordinator position is shared by local school districts and Dakota County.

Referrals	<i>From</i> parents, families, doctors, public health nurses, child care providers, WIC clinics, therapists... <i>To</i> school district Early Childhood Special Education (ECSE).
Assessment	A screening or full evaluation by team of ECSE staff. This is not a medical diagnosis.
Eligibility	Infants or toddlers with delays in reaching developmental milestones or condition with probability of delays.
Service Array	Special education, speech, occupational, and physical therapy; assistive technology; public health or social worker; respite care; family training and support. <i>Service Coordinator</i> monitors services and assists families.
Notes	Funding for IEIC services helps to foster cooperation across systems.

State legislation mandates that schools and counties work together and designates funding for school staff positions to coordinate services with families. The IEIC Coordinator organizes an annual parent conference and parent newsletters. Even within the most highly coordinated of the “mini-systems,” there is concern about pediatricians who take a “wait and see” approach (and therefore delay services) and about length of time for TEFRA approval.

B. Children: Mental Health

The Children and Family Services Section is distinctive within the county as it serves both *voluntary* families served through the Children’s Mental Health unit and *mandated* families served through Child Protection who are referred due to alleged incidents of abuse or neglect.

Referrals	<i>Voluntary- From</i> families, hospitals, doctors, therapists , and self-referred families <i>To</i> Children’s Services Intake or <i>Mandated- From</i> Child Protection worker <i>To</i> Children’s Mental Health Unit
Assessment	90-day process includes diagnostic assessment and functional assessment.
Eligibility	Child must meet Child with Severe Emotional Disturbance definition and have significant impairments in life domains.
Service Array	Behavioral treatments (long list), medication monitoring, independent living, recreation, home based services, respite care, day treatment, parenting skill training and support. <i>Social Worker’s</i> coordinate services and assists with obtaining financial resources.
Notes	Treatment focuses on core deficits in social skills, emotional regulation, and daily living and family support.

In addition to working through the challenges that families face when a child is diagnosed with autism, approximately 90 percent of the parents have other specific conditions themselves, such as mental health diagnosis, chemical abuse, domestic violence, financial stress, unstable housing and employment situations. Therefore, intense case management and care plan coordination are required. Respite care is also identified here as needing expansion. Both county and school staff recognize that more effort is needed for system cooperation.

C. Children: Developmental Disabilities

While school districts are charged with being the primary provider of services to students with autism (up to age 21), some families seek additional services that are available through the county. These services complement those received in the school setting.

Referrals	<i>From families requesting services To Children's Services Intake. If preliminary phone screening determines that they may be eligible, families receives information packet.</i>
Assessment	Intake Worker gathers medical, intellectual, and functional assessments, plus a social history.
Eligibility	Must have an IQ below 70 or related condition and adaptive functioning skills well below average.
Service Array	Social Worker serves as broker for family, linking them with services based on service plan to address core deficits, intellectual functioning, and activities of daily living. May include in-home services, respite care, and array of behavior treatments.
Notes	Parent may access services through CSD (client-driven supports) that include informal services Social Worker serves as broker for family, linking them with services based on service plan..

The biggest challenge for county social workers is connecting families with funding streams that match needs of the child with eligibility criteria. With increase in children identified by school districts as on the autism spectrum disorder, this unit is also finding caseloads increasing and young children with more intense needs. Again, respite is mentioned as highly important for families.

D. Adults: Transition and Long-term Care

Adults served by the Developmental Disability Section/Adult Unit are likely to require long-term assistance to promote community inclusion, least restrictive environment, and opportunities for development. School districts coordinate transition from the school-based to the county-based system, typically between the ages of 18 and 21 years.

Referrals	<i>From families requesting services and other sources, including school staff, health professionals, non-profit agencies, and other Social Services sections To Developmental Disabilities Intake.</i>
Assessment	Intake Worker gathers medical, intellectual, and functional assessments, plus a social history.
Eligibility	Must have an intellectual disability, IQ below 70, or related condition, that manifested prior to person's 22 nd birthday.
Service Array	Social Worker serves as broker for family, linking them with services based on service plan: Support Services (semi-independent living, in-home support, respite care, crisis), Residential (foster care, supportive living, group home), Day Programs (employment, sheltered work, day training), and Consumer Directed Supports (individualized by family).
Notes	The caseload includes a combination of adults transitioned from the school district system and those who first seek out services as adults.

A significant change is that adult children are living at home longer- they are older when they are "launched" from parents' home. This trend creates the need for new types of services to assist families with older adults. Additional challenges for this mini-system include simply developing a larger pool of providers who serve adults- specific need areas include housing with supportive services, employment, and transportation.

E. Funding for services: Waiver Program

Home and community-based waiver programs provide funding for adults and children as an alternative to institutionalization. Persons who require certain levels of care, such as a nursing facility or hospital, can have services authorized under the waiver programs to support greater independence in a community-setting.

Referrals	Families, county staff, medical and school providers, can request a Long Term Consultation (LTCC) screening by contacting Public Health Intake.
Assessment	An LTCC is completed to assess a person's health, psychosocial and social needs, supports and preference for cost-effective community services.
Eligibility	Must be on MA or TEFRA and certified disabled to be eligible. Eligibility for these programs is determined by Public Health Nurses and Social Workers in Dakota County Community Living Services unit.
Service Array	Service coordinator serves as broker for family, linking them with home and community services based on a care plan.
Notes	Funding is based on available slots and the CADI, CAC and TBI aggregate Budget.

VI. Issues and Concerns

Thus far, this report on autism spectrum disorder has described trends, impacts on families and schools, effective treatment and system strategies, and county served populations and services.

To analyze what we have learned, this section pulls together the varied perspectives, comments, and suggestions gathered during the first five sessions to offer an overview of issues and concerns.

- **Improve skills and knowledge**

We should have an adequate supply of knowledgeable and competent providers. Many persons working with kids or adults have had little or no training about autism. Also, there is now a gap between useful research findings and practice in the field. Thus, for example, social workers, doctors, teachers, and personal care attendants, would be do more effective work when equipped with additional skills and knowledge.

- **Expand services**

For persons with ASD across the age continuum, we heard that respite care for family caretakers is extremely valuable. Effective and responsible parenting requires a “time out” to allow the caregivers time for rest and renewal. The large increase in persons with ASD results in a need for more respite care services.

Additionally, the need to develop more services is particularly acute for the adult population. As noted earlier, adults served by Dakota County will likely more than double within 10 years. Already, for example, there are insufficient residential foster homes, group homes, employment, and independent living services. Consequently, when parents are less able to take care of the adult child at home and request a placement, there is likely to be lengthy waiting period.

- **Improve partnerships**

For the most part, the “systems” serving the growing number of persons with ASD were not intentionally designed to coordinate with each other- but focused on meeting rules and regulations pertaining to their field- such as medical diagnosis and care, special education, case management for persons with disabilities. As a result, staffs are skilled at complying with their particular requirements, but families ask, “Do systems talk to each other, or does the left hand know what the right hand is doing?” We heard that, at times, social workers and school special education disagree about what is the best care plan for a child.

- **Develop system of care approach**

While improving partnerships and mutual understandings across many provider systems will certainly reap benefits for families and persons with autism, there is no group positioned to lead a system re-design effort that examines how the collage approach could be improved. Further, it is important to keep families foremost in mind and make sure that pieces are in place sensibly, not fragmented.

- Support parents and families

Developing parent groups and networks in Dakota County would greatly help families. While some of this support exists in Dakota County through early intervention and children's mental health sectors, there simply is a great need to expand.

In professional journal articles and from advocacy and parent groups, we learned that parents are heartily grateful for the valuable information and interpersonal support and encouragement they receive.

- Challenge to Dakota County

The major challenge facing Dakota County is developing a stronger infrastructure and appropriate services for the growing number of children and especially adults. While "waivered" services through Medical Assistance...

The "infrastructure" includes additional staff that would provide case management and coordination directly to families, develop contracts with providers, and create individualized services for clients.

Housing options for adults coupled with supportive services present the biggest test for development because they are highly individualized. Right now, County Social Services can barely keep up with requests by parents to place adult children with ASD into independent or semi-independent living.

VII. Recommendations.

HSAC members crafted recommendations in this report based on three major foundations:

First, five issues and concerns, described in the previous section, emerged from the information-gathering part of the study:

- Improve knowledge and skills.
- Expand services.
- Improve partnerships.
- Develop system of care approach.
- Support parents.

Second, HSAC member believe that a series of principles should guide service delivery improvements:

- Facilitate diagnosis and intervention as early as possible.
- Insure that systems coordinate case planning, funding, service provision, and case management and help families navigate these intersecting systems.
- Use research-based evidence to guide treatment and organizational strategies.
- Develop individualized plans for individuals and families.
- Provide ongoing education and training for providers and families.

Third, recognition that Dakota County, given the budget levy limit imposed for 2009, will not fund new or expanded services or additional staff positions. HSAC agreed, however, that it is important to highlight areas of need.

Below is a summary table that presents recommendations to consider as the "County prepares for wave of autism cases." ⁴

⁴ "Adelmann, L. (2008, April 16). County prepares for wave of autism cases. Thisweek Newspaper.

Recommendations Summary Table

Issue and Concern	Actions	County Role	Potential Partners	Timeframe
Improve skills and knowledge.	Partner with agencies that provide ASD training to promote events in Dakota County for providers and families. For example, be a host site for U of M Center for Excellence in Children's Mental Health Autism Lessons from the Field seminars.	Convene and facilitate meetings.	Autism Society of MN, Fraser, National Alliance Mental Illness-MN, PACER Center, The Arc of MN, University of MN.	Nov '08 start
	Develop joint training programs with other organizations, especially school districts and providers.	Convene and facilitate meetings.	School District Special Education Directors, providers	Dec '08
Expand services.	Continue to include autism-related proposals in County legislative agenda.	Part of annual County legislative process.	Local Minnesota legislators (especially Rep. Madore)	Dec '08- May '09
	Organize information sessions for service providers to "recruit" additional services for Dakota County residents. Examples of needed services include respite care and crisis homes.	Work with Community Services Contract Unit to develop work plan.	Service providers.	In process for respite providers. Nov – Dec '08
	Create new housing options through Social Services Department Resource Development Unit and array of supportive services for adults.	Currently included on Resource Development's project list.	Community Development Agency, MN Department of Human Services, and service providers	Jan '09 start
	Coordinate employment services with Workforce Centers and MN Department of Vocational Rehabilitation and MN Department of Education Transition programs.	Educate and initiate.	Workforce Investment Board of Dakota and Scott Counties, MN Department of Education, U of M Institute on Community Integration.	Jan '08- Mar '09
	Seek out opportunities to apply for grants from foundations and Federal and State programs.	Lead.	Office of Planning and Analysis	Nov '08

Issue and Concern	Actions	County Role	Potential Partners	Timeframe
Improve partnerships.	Develop a county-wide "autism coalition" comprised of all stakeholder groups and existing collaborative. Create work plan, goals, and responsibilities. Issues to address include "turf" problems and most effective use of resources.	Convene representatives from collaborative and stakeholder groups. Include adult perspective. Request Office of Planning and Analysis help.	Schools, service agencies, families, health plans, Children's Mental Health/Family Service Collaborative, Adult and Child Mental Health Local Advisory Committees, Interagency Early Intervention Committee, and Community Transition Interagency Committee.	Dec '08 start
	Meet with Special Education directors group to develop methods for improving working relationships.	Initiate.	Local school district special education.	Jan –June '09
	Join with current efforts that engage the medical community about autism spectrum disorder.	Expand existing efforts.	Clinics, health systems, Public Health, and National Alliance for Mental Health-MN.	Nov –Dec '08

Issue and Concern	Actions	County Role	Potential Partners	Timeframe
Develop system of care approach.	<p>Undertake thorough review of internal county practice, eligibility processes, and structure to determine if any major staffing and/or organizational changes are warranted.</p> <p>Research case management models for people with autism.</p> <p>Consider public health approach of addressing needs on three levels- service delivery, community awareness, and organizational and policy changes.</p>	<p>Organize a staff task force.</p> <p>Request “process improvement” assistance.</p>	<p>Social Services Children’s Mental Health, Developmental Disabilities, and Adult Services; Community Corrections; Public Health; Office of Planning and Analysis.</p>	<p>TBD. But soon.</p>
Support parents and families.	<p>Develop informative and welcoming materials (electronic and paper formats) that help parents and families, especially when first dealing with ASD diagnosis, ease worry and empower decision-making.</p> <p>Design County web pages for ASD.</p>	<p>Research, review, and prepare materials.</p> <p>Identify valid and reliable web sites.</p>	<p>Other counties, Association of MN Counties, and/or NACO.</p>	<p>TBD on overall County website development.</p>
Support parents and families.	<p>Contact agencies that currently offer support groups to locate support groups in Dakota County for families and for adults with ASD.</p>	<p>Initiate discussions.</p>	<p>ASM, Fraser, PACER</p>	<p>Jan ‘09</p>

**APPENDIX A. Autism Spectrum Disorder Study
Presenters at HSAC Meetings, April – August, 2008**

April 2008

Mary Powell, former Executive Director
Autism Society of Minnesota

Greg Kruse, Supervisor
Dakota County Social Services Developmental Disabilities Section

May 2008

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Liz Alexander
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June 2008

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July 2008

Dr. Barbara Luskin, Consulting Psychologist
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Pat Pulice, M.A., L.P.
Director of Autism Services, Fraser Child and Family Center

Michael Reiff, M.D.
Associate Professor and Director, University of Minnesota Autism Clinic

August 2008

Greg Kruse, Supervisor
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Dakota County Interagency Early Intervention Committee

Teresa Walsh, Supervisor
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Leslie Yunker, Supervisor
Dakota County Social Services Children's Mental Health