

**Testimony**  
**Department of Human Services**  
**Human Services Committee**  
**Representative Alon Wieland, Chairman**  
**May 30, 2012**

Chairman Wieland and members of the Human Services Committee, I am JoAnne Hoesel, Director of the Division of Mental Health and Substance Abuse Services, for the Department of Human Services (Department). I am here today to provide preliminary findings and recommendations concerning the regional autism spectrum disorder centers of early intervention and achievement pilot program pursuant to 2011 Senate Bill 2268.

Senate Bill 2268 states that during the 2011-13 biennium, the Department may use up to \$200,000 of funding from its legislative appropriation to establish and operate the regional autism spectrum disorder centers of early intervention and achievement pilot program.

The Department has not pursued the establishment of the regional autism spectrum disorder centers of early intervention and achievement pilot program due to not having available funds.

I am happy to answer any questions.

**Human Services Committee**  
**May 30, 2012**  
**Autism Spectrum Disorder Task Force**  
**Recommendation Report**

# Recommendations Requested

- Chairman Wieland requested the Autism Spectrum Disorder (ASD) Task Force provide the committee with prioritized recommendations for each of the need areas identified, including the estimated cost to implement each of the recommendations.

# Meetings Held

- Prioritization survey for ASD Task Force Members
- Executive Committee met April 30, 2012
- ASD Task Force met May 16 and May 23, 2012

# ASD Task Force Members

- Dr. Thomas Carver, MD
- Darren Dobrinski, Ph.D.
- Alison Dollar, DPI
- Carolyn Fogarty, parent
- Tom Gaffaney, Behavioral Analyst
- Senator Joan Heckaman
- Kim Hruby, DoH
- Dr. Kenneth Fischer, BCBS
- Carol Johnson, UND
- Tori Johnson, Special Education – Grand Forks
- Teresa Larsen, Protection and Advocacy
- Nancy Crotty Ulrich, Development Homes, Grand Forks
- Cathy Haarstad, Pathfinders
- JoAnne Hoesel, DHS

# Process Used

- Shared and discussed reasons for the choices made
- Identified common ground
- Plurality of ideas and approaches
- A version of the **nominal group technique** used
- All members' opinions taken into account
- Members ranked the recommendations, 1st, 2nd, 3rd, 4th, and so on

# Recommendation Format

- **Rank** and number of **votes** received
- **Explanation**
- **Priority area** impacted
- **Needs addressed**
- Preliminary **cost** estimate

# Rank #1 – State Autism Coordinator and Assistant (19 votes)

## Explanation

- Point person
- One-stop-shop
- Reduce fragmentation
- Pulse of current environment
- Hold regional meetings and help form regional ASD coalitions
- Hold annual ASD conference
- Develop state outreach plan
- Develop protocol for use after screening
- Lead effort to establish standards for professional development
- Contract for state website on ASD

## Priority Area Impacted

- Infrastructure
- Funding

## Needs Addressed

- Accessible information
- Consensus on service standards
- Coordination across lifespan
- Build access to ASD information
- Represents an overarching recommendation from the ASD Task Force

## Estimated Cost Projection

- \$ 494,135



# Rank #2 – Comprehensive Training Fund (16 votes +)

## Explanation

- Statewide training effort lead by Autism Coordinator in coordination with key agencies and stakeholders
1. Physician training
    - Early identification training provided via webinar/internet
    - Medical Continuing Education Credits provided
  2. Regional training plan – 3 trainings per region per year = 48 trainings
    - Daycare providers
    - Pre-School Programs
    - Public Health Centers
    - Schools
    - Communities
  3. Statewide training fund for completing college coursework
  4. Parent training plan

## Priority Area Impacted

- Infrastructure
- Training
- Funding

## Needs Addressed

- Increase knowledge and skills of providers
- Accessible information
- Training in appropriate and effective practices
- Consensus on service delivery standards
- Training in screening and testing of ASD conditions
- Increase knowledge and skills of providers
- Accountability within service provision

## Estimated Cost Projection

- \$ 158,032

# Rank #3 – ASD Medicaid Waiver Expansion and Re-focus (15 votes)

## Explanation

- Waiver coverage from age three through end of life
- Waiver focused on individuals with ASD
- Recommended to include:
  - Evidenced-based practices for direct therapy in ASD
  - Intervention coordination up to age seven or after two years in school
  - In-home supports
  - Equipment and supplies
  - Home monitoring through assisted technology support
  - Residential supports and services
  - ‘Extended’ vocational supports
  - Behavioral consultation

## Priority Area Impacted

- Infrastructure
- Treatment
- Funding

## Needs Addressed

- Increased outreach and service delivery
- Qualified trained providers
- Coordinated services across the lifespan

## Estimated Cost Projection

- Current DD traditional waiver is budgeted on each person’s services and supports costing an average of \$27,239 per year for waiver services

# Rank #4-5 – Increase Behavioral Analysts (13 votes)

## Explanation

- Increase the number of professionals delivering this vital service
- Provide funding support for 16 people (2 in each region) to complete the St. Paul on-line Board Certified Behavioral Analyst (BCBA) program to include the required supervision up to the point of taking the certification test.

## Priority Area Impacted

- Infrastructure
- Training
- Treatment
- Funding

## Needs Addressed

- Qualified and appropriately trained providers
- Delivery of appropriate and effective treatment practice in ASD
- Outreach and service delivery
- Coordinated services across the lifespan
- Accessibility of BCBA outside of the school day

## Estimated Cost Projection

- \$198,872
- This estimate reflects full-time studies and internship
- \$12,429 X 16 people = \$198,872

# Rank #4-5 –Dedicated Diagnostic, Evaluation, and Service Planning Teams (13 votes)

## Explanation

- Fund evaluation, diagnostic, and service planning teams comprised of physician, OT, PT, BCBA, family support member.
- Implementation process will include work with various agencies to achieve authority and approval for acceptance of by various systems.
- Must interact with regional coalitions, state agencies, and ASD Task Force.
- Build capacity in ND – trainer function
- Provide consultation to local teams
- Timely referral and outcome reports
- Combined clinic purpose to include diagnosis-evaluation-waiver and school eligibility

## Priority Area Impacted

- Infrastructure
- Treatment
- Training
- Funding

## Needs Addressed

- Consistent early identification and screening
- Funding to increase outreach and delivery of ASD services
- Qualified and appropriately trained professionals

## Estimated Cost Projection

- Clinics currently range from \$1,725 - \$5,045 per child
- 8 regions X 8 children screened = 64 (\$110,400-\$322,880) Biennial
- 8 regions X 16 children screened =128 (\$220,800-\$645,760) Biennial

# Rank #6 – Private Insurance Mandate

## (10 votes)

### Explanation

- Autism is a complex neurological disorder
- Autistic children have significant medical and therapy needs, but are often unable to obtain the care they require
- Eliminate the exclusions for autism care and treatment in health insurance policies
- Many families must make choices between paying for autism services not covered by insurance, or doing without the treatment recommended for their child

### Priority Area Impacted

- Infrastructure
- Treatment
- Funding

### Needs Addressed

- Coordinated services across lifespan
- Appropriate and effective practices
- Trained quality providers
- Funding to increase service availability
- Outreach and service delivery
- Recruitment and incentive for professionals

### Estimated Cost Projection

Source: Fiscal Note SB 2268 from 2011 Legislative Session projected 2011-2013 costs at \$5,844,910

# Rank #7 – Tracking System – ASD Registry (4 votes)

## Explanation

- Develop and implement an ASD tracking registry
- The goal is to gain better information on North Dakota's incidence of ASD to assist in planning
- Increase screening
- Assure that 100 percent of children requiring follow-up are referred to services
- Assure that children needing services are enrolled in services
- The ultimate goal is earlier identification and treatments to reduce lifetime impact, whenever possible, of ASD on individuals and families.

## Priority Area Impacted

- Infrastructure
- Funding

## Needs Addressed

- Early identification and screening
- Information access

## Estimated Cost Projection

- \$200,646

**Autism Spectrum Disorder Task  
Force Recommendation Report  
2012**

