Testimony
Department of Human Services
Human Services Committee
Representative Alon Wieland, Chairman
January 17, 2012

Chairman Wieland, members of the Senate Human Services Committee, I am Dr. Paul Kolstoe, Clinical Director of the North Dakota Developmental Center of the Department of Human Services and a Licensed Clinical Psychologist. I am here today to provide information about the diagnosis, early treatment, care and education of individuals with autism spectrum disorder from the perspective of the Developmental Center.

My remarks will not focus as much on the diagnosis, early treatment, or education of individuals with autism spectrum. I trust you are getting that from Barb Stanton's testimony. Simply, the role of the North Dakota Developmental Center and North Dakota State Hospital has more to do with later stages in the lives of people with autism spectrum. I will try to keep my remarks to that information and share recent developments in services that include people with autism spectrum throughout the state.

As Clinical Director, part of my role includes the continued transformation of statewide services at the North Dakota Developmental Center, in conjunction with the State Hospital and Human Service Centers. This includes the traditional role of directing the Psychology Department on behalf of the people living on the campus. However, in recent years my role has grown to include our CARES (Clinical Assistance, Resources, and Evaluation Services), crisis outreach service and Developmental Disabilities Behavioral Health Service.

The Developmental Center and State Hospital are the state level service for people with serious mental illness and intellectual disabilities. Historically, services had been focused there and people are still referred to us when all other resources are exhausted. With the dramatic developments of regional supports over the past several decades, though, most of these challenging needs are addressed close to the person's home in their own regions.

Specific to people with developmental disabilities, the Developmental Center has been transforming to address emerging needs. To address people in crisis we created the CARES Program in 1994 to prevent institutionalization where possible. The CARES Team primarily used professional staff to join with local teams to problem solve, until 2009, when direct support resources were added. CARES Direct Support Staff now allows us to provide brief, in-home increased supports in some situations to help people stay in their homes. The CARES Staff addition was a response to recommendations by the Transition Task Force, which includes representatives from the Department of Human Services, private service providers and advocates.

The Task Force also recommended re-expansion of developmental disabilities behavior analysts to resolve problems before they develop into crises. Behavior analysts specialize in supports to decrease challenging behavior and increase learning new skills. There was a serious loss of professional behavior analysts available to providers and families throughout the state due to changes in licensing practices, and later the psychology statute itself.

The Department of Human Services Cabinet enabled the transfer of Developmental Center positions to a new program to address this need. The Developmental Disabilities Behavioral Health Service (DD BHS) is assigned to me, the Clinical Director of the Developmental Center, but they are located throughout the state and able to move across regional boundaries.

Four of five positions are in place providing services in every region and to each of the providers asking for their support. The behavior analysts are working in coordination with the Human Service Centers. The 2011 legislature passed Senate Bill 2155 that added behavior analyst licensure and registration to the psychologist licensure law, and promises to move this critical professional service forward solving many payment and professional conflict problems.

This is particularly relevant to the education and treatment of children with autism spectrum disorder. Until SB 2155 passed behavior analysts were severely limited. While there were two well-trained professionals in the state who were Board Certified Behavior Analysts (BCBA) in the state, neither was allowed to practice. With the new law, the psychologist licensing board is now embracing the profession and is implementing necessary administrative rules.

The new law enables existing behavior analysts to become licensed or registered and facilitates people with the Board Certification in Behavior Analysis to qualify easily. It also enables people with similar training and credentials to become licensed or registered under specified standards.

For early intervention of children with autism spectrum disorder the best evidence is coming from the work with intensive, well-designed applied behavior analysis or ABA – which is the specialty of people with the BCBA certification credential. Some Blue Cross Blue Shield insurance programs appear willing to pay for ABA services and the federal government's Tri-Care insurance is also likely to qualify such practitioners.

Meanwhile, those with the BCBA credential are particularly focused on ABA-style intervention with children on the autism spectrum. Adults often need a slightly different focus, although the basic principles are often the same but may be less focused on intensive skill acquisition that children need. Adults with autism spectrum disorder often have difficulty with repetitive behaviors, sometimes referred to as compulsions, and may become self-injurious, aggressive, or destructive when one interferes with the behaviors.

For children or adults with serious behavior problems, behavior analysts must work closely with mental health professionals such as psychologists and psychiatrists. Psychiatric units in hospitals seldom find themselves prepared for these non-traditional patients, which can result in rushed discharge or complications with multiple medications. We continue to try to build professional supports close to the person, as well as the crisis support systems locally, regionally, and at the state level to minimize time out of the individual's home. While these are complicated inter-system collaborations to build, we in North Dakota, have small enough networks to adjust to address these emerging needs.

We are still recruiting and expanding our cross-system networks, but have seen many promising developments. We have established new behavior analyst supports across the state, in-home support options and provider flexibility, brief out-of-home options, and new psychiatric collaborations. As well, we have broken the barrier to getting qualified Board Certified Behavior Analysts the opportunity to deliver their critical services to children and see new opportunities in financial support for much needed interventions.

I would be happy to answer any questions.