



STATE OF VERMONT
OFFICE OF THE STATE AUDITOR

February 9, 2009

Rep. Ann Pugh
Chair, House Committee on Human Services

Rep. Mary Morrissey
Member, House Committee on Health Care

Re: Report on State Funds for Autism

Dear Rep. Pugh and Rep. Morrissey:

This is a report to you on the matter of State funding for services provided to individuals with Autism Spectrum Disorder (ASD) and their families.

Since your request, the State has experienced revenue shortfalls which have created stresses on the current fiscal year budget and that of FY 2010. We hope this report and attachments will provide information which can assist you in your budget and policy decisions. We would be happy to meet with you to discuss this review.

This report is not a formal audit which is normally performed to national government auditing standards which require much more time and cost. Rather, legislative reviews provide specific data or information requested by a legislative committee or members, are performed in a short time period, and may or may not contain recommendations or suggestions.

We appreciate this opportunity to look at specific programs and policy matters in State government, and to identify areas for future performance audits by our Office.

As we reviewed the information available to us, it was clear that 2007 and 2008 were busy years for advocates of improved services and funding, as well as for the State planners and program administrators.

As you know, Act 35, signed by the Governor in May of 2007, called for the Agency of Human Services (AHS) to work with the Department of Education (DOE) to develop a plan for providing services across the lifespan to individuals with ASD and their families. AHS and DOE formed a steering committee and five sub-committees of key stakeholders to gather information and public input. The information collected led to then-Secretary Cynthia LaWare's *Report to the Legislature to Address Services for Individuals with Autism Spectrum Disorders*. This report included 20 goals and 57 recommendations.

Secretary LaWare said the State did not have the resources to implement all the recommendations in the report concurrently. The steering committee deliberated and prioritized seven key goals with improvement strategies in a June 18, 2008 memorandum. Secretary LaWare and Bill Talbott, then-Interim Commissioner of DOE, sent legislators an update on October 6, 2008 outlining the priorities selected for the State to improve services for individuals with ASD. An update on activities in progress is attached. AHS and DOE will be convening an advisory committee¹ to provide guidance and advice to the State going forward.

Two auditors worked with me on this review. We noted that while planning appears to have been intense and inclusive in the past two years, certain realities of concern to advocates and families continue, such as:

- geographic inequity in access to diagnostic and other services, especially intensive services recommended for ASD individuals in early ages;
- need for additional qualified professionals to provide diagnostic and other services;
- need for improved collaboration among existing and new resources;
- need for study and recommendations related to best practices in delivering services to ASD individuals²;
- need for additional and sustaining post special-ed services for young adults such as job coaching;
- a growing number of special education students with ASD, increasing by approximately 12-15% from December 2007 to December 2008³; and
- financial and employment impacts on families with ASD children remain large⁴.

AHS and DOE appear to be in the early stages of tackling an ambitious agenda of recommendations, many of which are contingent upon additional funding and continued support of the autism specialists hired in the past several years to improve coordination of services, communication among providers, families and the State, and to spearhead additional training opportunities.

¹ Formal name is: Vermont Interagency Autism Spectrum Disorders Planning Advisory Committee.

² *Vermont Interagency White Paper on Spectrum Disorders* (Report to the ACT 264 Board), by AHS & DOE, March 2006.

³ As of February 9, 2009, DOE officials are reviewing individual information to determine what share of this increase is due to a 2007 change in the way ASD students are identified which can lead to more students having ASD as a diagnosis.

⁴ A significant study recently published by *Pediatrics – The Official Journal of the American Academy of Pediatrics* validates what the Human Services Committee has likely heard from advocates and parents – that families with ASD special needs children “have greater financial, employment and time burdens compared with other children with special health care needs.” Parents of those children were found to be three times more likely to quit their jobs or reduce work hours to care for their children than parents of children with other chronic diseases. The study also found that these parents spend more on care for their children, are more likely to have money difficulties and spend more time arranging for care.

Our detailed reply to the primary questions from committee members is provided as an attachment.

The primary conclusions of our review can be summarized as follows:

1. The estimate of \$57 million in state expenditures for services provided to individuals with ASD and their families, calculated by AHS for FY 2007, was reasonable.

2. Approximately \$2.3 million of estimated costs were counted twice, which lowers the estimate. Also, the reported FY 2007 costs for Developmental Disabilities Services to ASD individuals was likely overestimated by \$2.7 million, further reducing the overall estimate.

3. Despite these reductions the \$57 million in reported costs may still be understated due to the fact that the costs of several AHS programs for ASD individuals were not included in the estimate, and that general Vermont Medicaid healthcare expenditures on behalf of eligible ASD individuals were not included in the estimate.

4. There could be up to 1,000 individuals of all ages with ASD receiving state-supported services, higher than the 700 estimated in the *Report to the Legislature*. The number of individuals receiving Special Education services, funded through local schools and the Department of Education, appears to be accurately reported. However, there is some overlap among individuals served by various AHS programs, making the number of unique individuals served by AHS difficult to calculate.

5. Based on the above, it appears that the average state expenditure for an ASD individual in FY 2007 was more likely in the area of \$60,000 per year, rather than \$82,000 as estimated in the *Report to the Legislature*. However, this figure does not include many medical expenses.

6. Visits to two local school districts to review special education files provided limited assurance that the costs incurred by the local districts were accurately reported to the Department of Education. However, special education costs for ASD individuals receiving more than \$50,000 in services were under-reported by \$463,095 for FY 2007. Total special education costs for ASD students noted in the *Report to the Legislature* were \$27,417,759 and appear reasonable. Based on a review of documentation, interviews, and two site visits, the estimated cost of \$40-45,000 for ASD students below \$50,000 in costs appears reasonable also. A weakness in the Special Education area is the limited number of DOE professional staff to audit special education reimbursement reports and backup documentation as necessary to verify eligibility of the individual, the service provided, the provider, and the financial reporting of the service.

7. We learned that the number of ASD children receiving mental health services through the Department of Mental Health and its designated agencies increased from 309 in FY 2007 to 355 in FY 2008. Reported FY 2007 expenses of \$6.8 million for services to 309 children (average cost of \$22,000 per person) appear reasonable. We met with

statisticians in the department to better understand how monthly service reports are generated and used. These reports from designated agencies throughout the state feature data collected by diagnosis, adding reliability to the estimates used.

8. Planning work is taking place on a high-priority goal of the Autism Planning Steering Committee that “children in Vermont are screened and diagnosed for developmental disabilities, including autism spectrum disorders, as early as possible,” but solid achievements have not been reached yet. For example, AHS staff acknowledged that there remains geographical disparities in access to services, and delays in getting the appropriate diagnostic services. A directory of providers skilled at diagnosing ASD in children is being developed, but only about 10 providers have been identified to date. DOE regulations, for example, require diagnosis by licensed psychologists and/or medical physicians who have training and experience in understanding ASD and other developmental disorders. These names have not been posted to any website yet, but are available by contacting the autism specialists at AHS or DOE. Similarly, planning to help bring “best practices” more widely into the field is happening. For example, the Division of Disability and Aging Services (DDAS) is convening a committee of clinicians in Vermont to develop best practice guidelines for the diagnosis of ASD. According to a January 7, 2009, update on the priority goals of the Autism plan, “the intention is to increase the consistency and accuracy of diagnoses to ensure timely access to appropriate services.” The update notes that “the best practice standards for diagnosis of ASD will also serve as the basis for developing training to expand the number of qualified evaluators in the state.”

Recommendations

1. AHS is aware that programs for ASD individuals in early years might work better if consolidation of programs is studied and implemented where feasible; planning on this issue should continue as it offers the potential for more cost-effective service delivery.
2. In the past two years several states have adopted new laws mandating that health insurance plans cover certain diagnostic and treatment services for ASD individuals. AHS should ask BISHCA to review how coverage for ASD services could be improved through legislation. As an example, Pennsylvania’s “**Autism Insurance Act**” takes effect July 1, 2009.⁵ It affects coverage in state programs and the plans of private health insurers. The Act requires many private health insurance companies to cover the costs of diagnostic assessment and treatment of ASD for people under the age of 21 up to \$36,000 per year; the mandate applies to firms with more than 50 employees.

For more on the Act, see: www.dpw.state.pa.us/ServicesPrograms/Autism/Act62/003678235.htm

⁵ According to BISCHA, Vermont insurance companies do not cover ASD treatments, as insurance plans view ASD as a developmental disorder and not a medical or mental illness. Because of Vermont’s mental health parity statute, treatment for mental health-related conditions in individuals with autism, such as psychiatric services, would be covered. Staff at BISHCA reviewed the department’s complaint and inquiry records and found that no record of any complaints about coverage for autism.

Illinois and Arizona are other states that have recently enacted laws mandating coverage and treatment of ASD. This type of legislation could help the State achieve its goal of early diagnosis and early intensive services for ASD individuals more quickly and with reduced state expenditures.

3. From a financial perspective, tracking detailed costs by diagnosis over a long period of time and through different AHS-supported programs appears to be difficult, if not impossible. More thinking should be done about how to better track services and costs provided to ASD individuals. Further, financial best practices should be considered alongside best practices for services and treatments to promote greater accountability.

4. Increasing audit resources for special education would reduce the risk of improper reimbursement requests to the State by local districts.

5. The Autism Specialists at AHS and DOE appear to be leveraging substantial planning and training value and should be supported.

6. The 90% reimbursement rate for expenses above \$50,000 should be examined – a higher threshold might spur additional local cost control.

Acknowledgements

We would like to thank the Legislators involved for their patience as we conducted our review, and also Clare McFadden, Autism Specialist at (DAIL) AHS, and Claire Bruno, Autism Consultant at the Dept. of Education for promptly providing information and insights despite their busy schedules and pressing demands.

Sincerely,



George Thabault
Deputy State Auditor

cc: Rep. Johanna Donovan, Chair, House Committee on Education
Steve Vantine, Irina Aylward, State Auditor's Office
Tom Salmon, CPA, Vermont State Auditor
Clare McFadden, AHS Autism Specialist
Claire Bruno, DOE Autism Specialist

Attachments:

Detailed response to primary questions by State Auditor's Office
Special education expenditure summary report for FY 2008 – DOE
FY 2007 Extraordinary Cost Report for Students on the Autism Spectrum with
Primary Disability of Autism – DOE
Jan. 7, 2009 Update on Autism Planning – Claire Bruno (DOE) & Clare
McFadden (AHS)

1. DOES THE STATE ACTUALLY SPEND A REPORTED "\$57 MILLION (PER YEAR), EXCLUSIVE OF MEDICAL EXPENSES, TO SERVE THE CURRENTLY IDENTIFIED 700 VERMONTERS (APPROXIMATELY) WITH ASD, AVERAGING OVER \$82,000 PER PERSON," AS INDICATED IN THE JANUARY 2008 REPORT TO THE LEGISLATURE TO ADDRESS SERVICES FOR INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS?

Our review indicates that there could be up to 1,000 Vermonters of all ages with ASD receiving state-funded services of some kind. About 700, from ages 3 to 22, are in special education or other state-supported programs, and perhaps 300 adults are receiving mental health, disability, or vocational rehabilitation services programs of some kind.

Advocates have questioned the accuracy of then-Secretary of the Agency of Human Services Cynthia LaWare's statement that \$57 million in non-healthcare state funding was directed to individuals with ASD and their families.

Autism Spectrum Disorder affects people of many ages for a lifetime; as a result there are numerous state-supported programs, including special education, offering services. These have a variety of funding sources, with a range of eligibility factors. Some programs track costs by disability; others do not. Because of these factors, it is not easy to collect data; in preparing Secretary LaWare's report in a short time frame, staff averaged some costs and in some cases, used known costs associated with other disabilities as a basis for their calculations, conducted informal surveys on costs, and used other less-than-exact approaches to arrive at the \$57 million figure.

Despite these limitations, we believe the \$57 million expenditure number for FY 2007 was reasonable, and perhaps somewhat understated.

The reason for the apparent understatement of costs is that several programs in the Agency of Human Services serving people with ASD – such as *Healthy Babies, Kids & Families* and *Foster Care/Residential Placements* – were not included in the \$57 million figure.

Double counting \$2.3 million in costs

On the other hand, some spending was counted twice due to one program -- the Autism Collaboratives – which has both AHS and Dept. of Education special education dollars involved. Some of the costs of the Autism Collaboratives, which are three specialized autism programs provided by mental health centers in local schools, were reported by both AHS and Special Education in Secretary LaWare's report. AHS included the FY 2007 cost for 57 children at the three agencies with autism collaboratives, for a total of \$3,534,941.⁶ This was also reported in

⁶ Schools are responsible for providing academic instruction and related services such as occupational or physical therapy, while the AHS-supported mental health programs provide individualized support to the child to access the educational curriculum.

special education. Thus, the initial \$57 million estimate of the Secretary would be reduced by \$3.5 million, to about \$53.5 million. However, as we noted, the unreported costs of other AHS programs would increase this new estimated total.

Overall, with approximately 1,000 people receiving state ASD services, the per person expenditure average (excluding healthcare costs) is approximately \$57,000, not \$82,000, in our opinion.

Of the initial \$57 million reported total, \$27,417,759 million was reported as special education expenditures on behalf of 568 ASD individuals, an average cost of approximately \$48,000 per child.

In FY 2008 total special education costs were reported as \$239.1 million for 13,000 students, an average of approximately \$18,000 per special education student. The average cost for ASD special education services (\$48,000) is approaching three times the cost of the special education student average.

Over-estimating Developmental Services Spending by \$2.7 million

The *Report to the Legislature* cited \$15.1 million in expenditures for Developmental Disabilities Services (316 individuals) by the Department of Aging and Independently Living. The estimate was done quickly due to a short deadline, and was based on average annual per person costs for a Home and Community-Based Waiver.

Further research into actual amounts paid in FY 2008 for 328 individuals (\$12.4 million) suggests that FY 2007 costs used in the report could be reduced by approximately \$2.7 million.

Special Education (\$27.4 million)

Special Education Costs above \$50,000 per child per year

Eligible special education costs paid by local schools or SUs are reimbursed by the State Dept. of Education which pays approximately 58% of costs below \$50,000 per child, and 90% for children whose costs exceed \$50,000 per year.

We reviewed the extraordinary costs of special education for ASD individuals (above \$50,000 per year) to assure the reasonableness of the report, including site visits to one supervisory union and one school district, a review of records and other documentation, and through discussions with special education staff at the Dept. of Education and others working as special education directors in Vermont supervisory unions.

We noted that actual FY 2007 special education costs were slightly higher than reported. The difference is due to the fact that there were 60 students, not the 54 as the basis for the Secretary's report, whose costs were "extraordinary" (that is, above \$50,000) and they totaled \$5,440,854 in actual costs, an average of \$90,681. The \$5.4 million total was \$463,095 higher than the amount used in the calculation for initial report.

The highest per-pupil total cost in special education for an ASD student was \$247,296. We reviewed this cost in a site visit to the school to review records and invoices. This expenditure was for tuition at an out-of-state children's center whose daily tuition rate was approximately \$677 per day for 365 days. The current rate at this center is \$757.69 per day for a total of \$276,555.36 annually.

We also reviewed the extraordinary cost of a student diagnosed with severe ASD, who was placed in a sixth-grade classroom. The student's Individualized Education Program (IEP) indicated that the student's ASD prevented the student from participating in 60% of general educational classroom activities. The IEP for this child indicated a requirement for two full-time para-educators "in order to keep the child and the staff safe." We noted that the student's goals for improvement contained within the IEP were set at 80% of the State of Vermont educational standards. Total costs for 12 months of services provided in FY 2007 were \$143,692⁷. This student is Medicaid eligible.

The number of ASD students with extraordinary costs (above \$50,000 per year) in FY 2008 increased from 60 to 62.

The Department of Education reported to us that extraordinary costs for these 62 individuals totaled \$5,731,982 in FY 2008, or an average of \$92,451 per student.

The Department reported the following cost categories:

Special Education Tuition	\$3,031,097.84
Equipment:	4,072.52
Other instruction costs:	1,895,358.72
Related Services:	517,871.68
Transportation:	283,582.15
Total:	\$5,731,982.91

The DOE reimburses local districts or supervisory unions at 90% of the special education formula eligible costs for a student in excess of \$50,000.

Below are details of an Individual Educational Plan (IEP) for a student with ASD to provide an example of the wide range of services a student may receive, and of why special education costs for ASD students are high. (See table below.) Consultants and therapeutic specialists typically have fees in the range of \$65 to \$90 per hour.

⁷ Nine months school IEP services, and additional summer services.

One Student's Actual Individualized Education Program (IEP) 2007

Special Education Services & Related Services

Special Education Services	Frequency	Duration	Location	Personnel/ Provider	Group size
Case management	2 x week	30 min	office	special educator	na
Speech services	1 x week	30 min	Speech room	SLP	1:1
SLP/SPED consult	1 x week	15 min	school	SLP/SPED	
Classroom support including lunch/recess/specials/field trips	5 x week	7 hours	all school locations	para-educator	1:1
Direct services with special educator for math	2 x week	45 min	classroom	special educator	1:1
Direct services with special educator for reading	2 x week	45 min	classroom	special educator	1:1
Related Services					
Physical therapy	6 x year	30 min	school	PT	1:1
Occupational therapy	3 x year	60 min	school	OT	1:1
OT consult	1 x month	30 min	school	OT/para/SPED	na
Adaptive P.E.	1 x week	30 min	gym	para	group

Note: this student is served by an in-school para-educator for 35 hours a week, and receives other services on a regular basis as indicated.

Special education costs below \$50,000 per student per year

We also inquired about how the figure of approximately \$22 million in special education costs for ASD children costing less than \$50,000 per year in FY 2007 was calculated. We learned that the Dept. of Education central office in Montpelier does not track special education costs by disability until the cost for that student reaches the \$50,000 threshold, and that the costs were estimated through an informal survey.

Claire Bruno, autism specialist at DOE, reported that there are five groups of special education directors in the State which meet periodically. She and a colleague approached two of the groups at regular meetings with the question: "What would you estimate as the average cost of a free and appropriate public education provided to youngsters with ASD who do not cost over \$50,000?" A total of about 20 special education directors at two sites discussed this question. Ms. Bruno indicated that there was a consensus that the yearly cost came between \$40,000 and \$45,000, the higher figure indicated if the student received summer services.

To support this survey we reviewed costs of below-\$50,000 ASD special education students at two sites, and interviewed several special education directors.

One director pointed out when a student is “tuitioned out” to another specialized school or center it is easy to track expenses, as there is typically one invoice covering all services.

For students who receive services in their local school, it is much harder as there are “many pieces to the puzzle.” These fragmented charges include time with para-educators, therapeutic services, case management and supervision, transportation, equipment, etc. The \$40,000 annual cost estimate was reasonable, according to this director, because many ASD students require a full-time para-educator (who might be shared on occasion).

The cost of a para-educator is typically \$28,000 to \$30,000 including benefits, according to the director, and with a range of other services provided to the child, the cost could easily rise to the \$40,000 level.

During our two site visits, we reviewed the files of three students diagnosed with ASD who received less than \$50,000 of special education services. At one site, we noted that the two student files reviewed indicated they suffered behavioral problems that affected their ability to interact with their classmates and to learn. Review of each student’s specific costs indicated that the students required a minimum of a 1:1 relationship with an assigned para-educator during the school year. Accordingly, most of these costs were for personal services and benefits. Also at this site, summer services provided to the students were outsourced at a cost \$18,750 per student. The total cost of educational services was just over \$41,000 per student. Both of the two students were Medicaid eligible.

During our review of the files, we noted that two students were from the same family. Upon inquiry of the special education staff at this site, we were informed that of a school with 237 students (K-8), nine students or 3.8% were designated as special education qualified with ASD as the primary disability.

In conversations with DOE staff, we noted that there is only one trained professional (Certified Public Accountant) in the Department to audit special education reimbursement reports and backup records to provide assurance that eligible services have been provided to eligible children and have been accounted for properly. A recent audit found that a Supervisory Union (SU) had submitted over \$600,000 in ineligible charges for state reimbursement, such as providing services to ineligible students, and failing to document the services provided to eligible individuals.

Department of Mental Health (Children’s Mental Health: \$6.8 million)

We met with two statisticians at the Department of Mental Health to review the Department’s monthly services report process which showed approximately 310 children receiving services through local mental health agencies. The data is collected by diagnosis, which allows specific costs to be calculated. We learned that there was an increase, to 355, in the number of children in the program in FY 2008. Most of these children are also likely receiving special education services, we were told.

2. OF THIS SPENDING, WHAT IS THE PERCENTAGE OF DIRECT SERVICE EXPENDITURES VS. COSTS OF OVERHEAD AND OTHER INDIRECT EXPENSES?

We didn't have time to do extensive analysis of this question, but we can provide some information that could help estimate the percentages.

A review of the special education financial reports and some individual student records shows that the majority of costs in the extraordinary category, and perhaps for the under \$50,000 per year students, are for direct services such as education programming, specialized therapies, etc., and a smaller percentage of expenses are for equipment and transportation. Thus, "people costs" are by far the largest expenditure. Indirect costs may be categorized as those for fringe benefits and a range of administrative overhead.

In FY 2008 the DOE reported total special education expenditures as \$239,141,913. Of this total, \$104,309,808, or about 44%, was for salaries, and \$37.1 million, or approximately 35% of salaries, was for employee benefits. Further, purchased services totaled \$47.5 million, or approximately 20% of the total. Other costs cited included student transportation, \$7.3 million, or 3% of the total; \$32.5 for student support services, or about 14% of the total; and \$11.8 million for school/area administration, or approximately 5% of the total. State employees average about 34% of their wages in fringe benefits, according to the Department of Human Resources.

In a past review of general education expenditures, we noted that DOE reports approximately 60% of expenditures as instructional expenses, with the remaining costs a variety of non-classroom items such as transportation, food, plant maintenance, administrative overhead, and others.

It's clear that direct service efforts are supported by significant indirect and administrative costs which are necessary for the direct service to take place.

3. ARE SYSTEMS IN PLACE TO ENSURE THAT EFFORTS BY VARIOUS INDEPENDENT AND COMMUNITY PROVIDERS SERVING ASD INDIVIDUALS AND FAMILIES EMPLOY 'BEST PRACTICE' APPROACHES THAT ARE EFFECTIVE?

We discussed this question with Clare McFadden of AHS. The *Report to the Legislature* noted (page 14) that "there are currently no state guidelines for schools and service providers that outline best practices for service delivery for individuals with ASD and their families."

What makes the development of best practices complex is the fact that experts report "no single intervention or approach has proven to be effective for every individual with ASD, and therefore a range of approaches needs to be available in the State."

In the attached update on goals, we note progress on the goal to see that "professionals who provide services to individuals with ASD demonstrate competencies that reflect the experience needed when working with individuals on the spectrum." There have been a number of trainings in the recent past sponsored by AHS or DOE, and trainings by private organizations, including the Vermont Higher Education Collaborative, the Autism Society of Vermont, UVM,

Johnson State College, and others. For example, DOE has provided classroom training by North Carolina trainers to school personnel as a means of increasing skills and capacity. Over the last 3 years, in-state personnel have been trained to a level that will allow them to deliver “structured teaching” trainings, eliminating the need to hire outside experts.

Though the autism field appears to be “in flux” when it comes to best practice recommendations, for children under 6, there are national best practice recommendations to provide intensive services, 25 hours a week, 52 weeks a year, that are developmentally appropriate, in structured delivery programs. However, State experts indicate this has not been provided in Vermont up to this point on a consistent basis to eligible children.

Complementing program delivery best practices are financial best practices. Best practices represent proven methodologies for consistently and effectively achieving a business objective, in this case, balancing the needs of those served with the limited financial resources available. The use of common methodologies to better track ASD costs provided to individuals by the different State departments and agencies should be considered. This would allow for more accurate estimation of program financial requirements and provide for accurate expenditure reporting for individual with ASD.

4. WHAT IS THE CURRENT STATUS OF THE HIGH-PRIORITY GOAL OF THE AUTISM PLANNING STEERING COMMITTEE THAT “CHILDREN IN VERMONT ARE SCREENED AND DIAGNOSED FOR DEVELOPMENTAL DISABILITIES, INCLUDING AUTISM SPECTRUM DISORDERS, AS EARLY AS POSSIBLE”?

AHS staff acknowledged that there remains geographical disparities in access to services, and delays in getting the appropriate diagnostic services. A directory of providers skilled at diagnosing ASD in children is being developed, but only about 10 providers have been identified to date, and these have not been posted to any website yet, but are available by contacting the autism specialists at AHS or DOE.

A key step in meeting this goal were the regional meetings in every AHS district to prepare for the “statewide, universal implementation of early and continuous developmental screening” according to the American Academy of Pediatrics guidelines.

In addition, the Division of Disability and Aging Services (DDAS) is convening a committee of clinicians in Vermont to develop best practice guidelines for the diagnosis of ASD. According to a Jan.7 update on the priority goals of the Autism plan, “the intention is to increase the consistency and accuracy of diagnoses to ensure timely access to appropriate services.” The update notes that “the best practice standards for diagnosis of ASD will also serve as the basis for developing training to expand the number of qualified evaluators in the state.”

DOE's Essential Early Education division and the Children's Integrated Services Program (formerly the Family, Infant and Toddler Program) are working together on guidelines for conducting assessments for the purpose of intervention planning for young children. DOE expects that additional resources will be needed to provide the needed interventions to identified ASD children.

AUTISM SPECTRUM
 \$50,000 INDIVIDUALS
 FY 2007

FY-2007 Special Education Cost Reported for Students on the Autism Spectrum or with Primary Disability of Autism

qtrid	Special Ed Tuition	Equipment	Other Instruction	Related Services	Transportation	Total - Special Education Cost excluding Federal	Eligible for Extraordinary (Total - 50,000)	Extraordinary Reimbursement at 90%
407	0.00	0.00	46,598.13	0.00	16,380.00	62,978.13	12,978.13	11,680.32
407	57,129.00	0.00	0.00	120.00	4,850.00	62,099.00	12,099.00	10,889.10
407	0.00	0.00	124,402.11	29,773.20	3,433.97	157,609.28	107,609.28	96,848.35
407	35,733.50	387.98	4,224.48	10,436.00	2,911.00	53,692.96	3,692.96	3,323.66
407	0.00	0.00	30,889.62	22,853.43	0.00	53,743.05	3,743.05	3,368.75
407	17,911.00	0.00	33,372.00	24,422.50	1,400.00	77,105.50	27,105.50	24,394.95
407	57,185.95	0.00	0.00	0.00	0.00	57,185.95	7,185.95	6,467.36
407	112,937.19	0.00	0.00	0.00	3,653.10	116,590.29	66,590.29	59,931.26
407	247,296.00	0.00	0.00	410.00	0.00	247,706.00	197,706.00	177,935.40
407	0.00	275.07	74,872.38	3,557.75	882.98	79,588.18	29,588.18	26,629.36
407	0.00	25.00	85,802.00	6,376.00	4,220.00	96,423.00	46,423.00	41,780.70
407	32,796.50	0.00	14,959.45	923.31	2,480.38	51,159.64	1,159.64	1,043.68
407	182,207.60	0.00	0.00	0.00	0.00	182,207.60	132,207.60	118,986.84
407	91,519.00	0.00	0.00	0.00	0.00	91,519.00	41,519.00	37,367.10
407	0.00	194.00	24,198.98	27,053.05	5,375.00	56,821.03	6,821.03	6,138.93
407	78,960.00	0.00	0.00	1,742.16	876.90	81,579.06	31,579.06	28,421.15
407	108,200.00	0.00	0.00	0.00	0.00	108,200.00	58,200.00	52,380.00
407	35,733.50	0.00	7,031.60	10,384.00	2,911.00	56,060.10	6,060.10	5,454.09
407	35,733.50	1,267.99	6,062.40	9,154.08	2,911.00	55,128.97	5,128.97	4,616.07
407	35,733.50	0.00	12,124.80	7,577.06	2,911.00	58,346.36	8,346.36	7,511.72
407	0.00	0.00	187,358.93	4,147.64	0.00	191,506.57	141,506.57	127,355.93
407	0.00	0.00	144,500.09	15,589.85	2,991.95	163,081.89	113,081.89	101,773.70
407	0.00	0.00	28,895.34	38,538.50	0.00	67,433.84	17,433.84	15,690.46
407	51,681.60	0.00	0.00	0.00	5,832.00	57,513.60	7,513.60	6,762.24
407	75,000.00	0.00	0.00	0.00	0.00	75,000.00	25,000.00	22,500.00
407	24,466.55	614.90	66,702.89	5,007.50	623.36	97,415.20	47,415.20	42,673.68
407	0.00	726.12	73,825.96	69,072.04	67.90	143,692.02	93,692.02	84,322.82
407	0.00	0.00	42,136.82	11,821.43	0.00	53,958.25	3,958.25	3,562.43
407	0.00	0.00	28,521.04	47,890.20	0.00	76,411.24	26,411.24	23,770.11
407	0.00	0.00	19,896.61	47,890.20	0.00	67,786.81	17,786.81	16,008.13
407	0.00	0.00	17,125.36	47,890.20	0.00	65,015.56	15,015.56	13,514.00
407	0.00	0.00	18,639.32	47,890.20	0.00	66,529.52	16,529.52	14,876.57
407	51,681.60	0.00	0.00	0.00	10,692.00	62,373.60	12,373.60	11,136.24
407	0.00	0.00	36,256.00	18,345.00	0.00	54,601.00	4,601.00	4,140.90
407	63,000.00	0.00	8,913.00	1,920.00	12,103.00	85,936.00	35,936.00	32,342.40
407	75,000.00	0.00	0.00	0.00	4,655.00	79,655.00	29,655.00	26,689.50
407	76,950.00	0.00	0.00	0.00	2,748.00	79,698.00	29,698.00	26,728.20
407	83,041.00	0.00	0.00	0.00	4,817.00	87,858.00	37,858.00	34,072.20
407	0.00	0.00	46,628.00	36,830.50	3,149.32	86,607.82	36,607.82	32,947.04
407	76,120.88	0.00	480.00	5,880.00	15,062.05	97,542.93	47,542.93	42,788.64
407	61,529.00	0.00	0.00	1,249.00	19,011.00	81,789.00	31,789.00	28,610.10
407	25,000.00	602.00	44,695.00	0.00	0.00	70,297.00	20,297.00	18,267.30
407	0.00	4,896.00	42,589.00	22,542.31	0.00	70,027.31	20,027.31	18,024.58
407	6,250.00	0.00	77,036.00	12,446.00	814.00	96,546.00	46,546.00	41,891.40
407	0.00	1,018.00	16,277.72	39,786.15	20,900.00	77,981.87	27,981.87	25,183.68
407	153,715.24	0.00	19,445.25	1,837.50	11,545.89	186,543.88	136,543.88	122,889.49
407	163,819.30	0.00	34,598.70	1,000.00	317.74	199,735.74	149,735.74	134,762.18
407	65,093.00	0.00	73,351.00	6,443.00	1,317.00	146,204.00	96,204.00	86,583.60
407	50,120.00	0.00	151.99	330.00	5,240.00	55,841.99	5,841.99	5,257.79
407	0.00	0.00	27,891.00	41,625.00	3,523.00	73,039.00	23,039.00	20,735.10
407	39,134.97	2,960.00	3,900.00	14,529.28	0.00	60,524.25	10,524.25	9,471.83
407	84,762.34	0.00	0.00	1,727.46	7,120.00	93,609.80	43,609.80	39,248.82
407	0.00	189.81	94,430.40	53,688.85	1,891.94	150,201.00	100,201.00	90,180.90
407	0.00	0.00	30,170.80	22,377.50	1,249.30	53,797.60	3,797.60	3,417.84
407	57,760.39	0.00	0.00	1,727.46	0.00	59,487.85	9,487.85	8,539.06
407	57,760.39	0.00	0.00	1,727.46	0.00	59,487.85	9,487.85	8,539.07
407	38,056.00	0.00	77,700.01	21,888.26	3,467.70	141,111.97	91,111.97	82,000.77
407	71,136.00	0.00	0.00	6,785.00	950.00	78,871.00	28,871.00	25,983.90
407	17,316.00	0.00	26,881.87	11,097.50	3,550.08	58,845.45	8,845.45	7,960.91
407	2,200.83	0.00	30,349.13	29,001.43	0.00	61,551.39	11,551.39	10,396.25
60	2,599,671.33	13,156.87	1,783,885.18	845,304.96	198,835.56	5,440,853.90	2,440,853.90	2,196,768.55

SUMMARY OF FY-2008 FORMULA

Based on Final Special Education Expenditure Reports Received Through 9/10/2008

Formula Component	Service Plan Estimates	Actual Cost Based on Final Reports		
		Total Cost	State Share	Local Share
Mainstream Block	49,320,001	49,269,835.70	29,561,897.61	19,707,938.09
Spec. Ed. Expenditures	166,459,613	163,710,551.46	93,438,140.00	70,272,411.46
Extraordinary	6,168,472	7,834,737.91	7,051,264.15	783,473.76
Total School District Cost	221,948,086	220,815,125.07	130,051,301.76	90,763,823.31
Act 117 Cost Containment	1,282,705		1,199,134.23	
State-wide Programs	3,179,820	3,087,969.71	3,087,969.71	0.00
Formula Total	225,127,906	223,903,094.78	134,338,405.70	90,763,823.31
Share	60%		60%	
Spec. Ed. Exp. Rate	57.443%		56.79%	
Extraordinary Limit	50,000		50,000	
IDEA Funds Used for K-12 Cost	17,477,272	18,333,877.68		
Pre-School Extraordinary		(7,089.54)		
Service Plan Total	239,425,358.00	239,141,913.21		

11/26/2008



To: People interested in autism services in Vermont
From: Clare McFadden, Autism Specialist, Department of Disabilities, Aging and
Independent Living
Claire Bruno, Autism Consultant, Department of Education
Date: January 7, 2009
Re: Update on Autism Planning

Cynthia D. LaWare, former Secretary of the Agency of Human Services (AHS) and William Talbott, Acting Commissioner of the Department of Education (DOE), sent a memo to Legislators on the committees on education, human services and health & welfare on October 6, 2008 outlining the priorities selected for the state to begin working on to improve services for individuals with autism spectrum disorders. The priorities are attached. An update of the activities already in progress on these goals is also included. It is our intention to continue our work on implementing this plan with a realistic view that we may experience challenges related to the availability of resources given the current fiscal climate.

In order to continue the work of implementing the plan, AHS and DOE will be convening an advisory committee to provide us guidance and advice as we move forward. This committee will replace the previous Autism Plan Steering Committee and subcommittees. Previous members of these committees are welcome to apply. A description of the advisory committee and an invitation to be considered for membership on the advisory committee is attached. Please feel free to send this to others who may be interested in applying to be a member of the committee.

There will be other opportunities for involvement beyond the advisory committee as we move forward with implementation of the plan. Depending upon the activity, people will be specifically invited based upon their role, expertise or background or general invitations will be sent via our listservs and through our partner networks (including family networks).

We look forward to your continued interest and involvement in autism services in VT.

AUTISM PLAN PRIORITY GOALS

- **GOAL A:** Children in Vermont are screened and diagnosed for developmental disabilities, including autism spectrum disorders (ASD), as early as possible.

Improvement Strategies:

1. Pediatricians should implement the recommendations set forth by the American Academy of Pediatrics that prioritize screening for autism and other disabilities at ages 18, 24, and 36 months.
2. Collaboration with the Department of Health's "medical home" initiative should be explored to promote the use of nationally-recognized developmental screening tools for all primary care physicians.
3. A directory of providers who are skilled at diagnosing ASD across the lifespan should be created. In addition, the network of practitioners able to provide both diagnosis and assessment of ASD for support planning should be expanded.

Current Status: Regional meetings have been conducted in every Vermont Agency of Human Services (AHS) District in 2008 preparing for the statewide, universal implementation of early and continuous developmental screening per the American Academy of Pediatrics guidelines. AHS will work with VT Children's Health Improvement Program (VCHIP) to develop and implement a project to promote developmental screening, including autism specific screenings, according to the Bright Futures recommended guidelines. These activities will promote evidence-based developmental surveillance and screening in the medical home with appropriate connections/linkages/referrals to community systems of support. In addition the University of Vermont's Interdisciplinary Leadership Education for Health Professionals (VT-ILEHP), has received a grant which includes activities related to providing training for pediatric practices in the use of autism specific screening tools. These efforts are being coordinated.

The Division of Disability and Aging Services (DDAS) is convening a committee of clinicians in VT to develop best practice guidelines for the diagnosis of ASD. The intention is to increase the consistency and accuracy of diagnoses to ensure timely access to appropriate services. The best practice standards for diagnosis of ASD will also serve as the basis for developing training to expand the number of qualified evaluators in the state.

In addition, the Department of Education Essential Early Education and the Department for Children and Families Children's Integrated Services Program (formerly Family, Infant and Toddler Program) are collaborating

on developing guidelines for conducting assessments for the purpose of intervention planning for young children.

- **GOAL B:** All children, birth to 5, in Vermont receive effective, individualized, early intervention services consistent with the National Research Council recommendations from 2001 as soon as the diagnosis is seriously suspected. (screened positive by professionals as per American Academy of Pediatrics guidelines)

Improvement Strategy:

Intensive, early intervention services should be provided for young children with ASD as soon as a diagnosis is seriously suspected. Services should include a minimum 25 hours a week, 12 months a year, in which the child is engaged in systematically planned, developmentally-appropriate educational activities aimed toward identified objectives.

Current status: Not started yet.

- **GOAL C:** Responsibilities within AHS, including all departments, and DOE are clearly defined.

Improvement Strategies:

1. Memoranda of Understanding will be written between Department of Disabilities, Aging and Independent Living (DAIL), as lead agency at AHS, and all departments within AHS.
2. A Memorandum of Understanding will be written between AHS and Department of Education (DOE).

Current status: A draft has been written and is being finalized.

- **GOAL D:** Coordinated autism resource dissemination should be created to act as an information clearinghouse and promote collaboration among school staff, families, state agencies and community service providers and build capacity in all areas of Vermont to address the needs of individuals with ASD and their families.

Improvement Strategies:

1. Coordinated autism resource dissemination should include capacity in the following areas:
 - Provide updated information about best practices for support and intervention across the lifespan.
 - Create a directory of providers able to diagnose ASD and provide consultation across the lifespan.

- Disseminate information about available trainings.
- Using an informational phone line and other technology, provide information about available resources and assist individuals with ASD and families to navigate systems.

Current status: A list of all the current existing information dissemination entities has been generated. An advisory committee will be formed to advise on moving this goal forward.

- **GOAL E:** 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.

Improvement Strategies:

1. Define the competencies and experience expected of professionals (such as behavioral specialist, communication specialist, autism specialist, etc.) to provide quality services to individuals with ASD across the life span and across settings.
2. Provide pre-service, in-service and job embedded training in best practices, including mentoring, supervision, and coaching, to all people working with individuals with ASD.

Current status: The Vermont Autism Task Force has been asked to make initial recommendations regarding the competencies and experience needed of case managers in education and human services. Additional input will be solicited from stakeholders on the recommended competencies. Additional groups will be needed for other professionals.

In the past 12 months, the following training related to ASD has been provided by AHS or DOE:

Fall, 2007. Positive Behavior Support for individuals with ASD. Provided three 3-day trainings across the state.

Spring, 2008. Introduction to Structured Teaching/TEACCH. Three trainings in three locations.

July, 2008. 5 day intensive TEACCH training in Newport, VT.

October, 2008. Developing Employment Opportunities for people with ASD for Vocational Rehabilitation and Supported Employment staff. 2 day training in Burlington.

Miscellaneous autism trainings for small groups upon request, including

VT-ILEHP, early childhood providers, parents, transition counselors, VT-211 information line staff, graduate students, regional partnership teams, developmental services case managers, children's mental health agency staff, school staff (special education and general education staff), new special education directors.

Other autism trainings are provided by private organizations such as the Vermont Higher Education Collaborative, Nine East Network, Autism Society of Vermont and University of Vermont (UVM), etc. DAIL/DOE collaborate with these efforts when requested and advertise training opportunities through their listservs.

Additional training is being developed by DAIL and DOE for the upcoming year.

- **GOAL F:** Educational services that provide the full range of continuum of supports and services will be available to students with ASD throughout Vermont.

Improvement Strategies:

1. The availability of educational services that represent best practices should be examined in local schools in order to ensure consistency throughout the state and to explore models of service that provide the full continuum of supports and services to address the range of needs.
2. The reasons why children are put in more restrictive environments or are being removed from school for homeschooling should be studied and recommendations made for developing the full continuum of supports and services to maximize access to least restrictive educational environments in Vermont.

Current status: Surveys are being developed.

- **GOAL G:** Adults with ASD receive needed support to live in the community across all settings and to realize their hopes and desired goals. Adults with ASD are competitively employed.

Improvement Strategies:

1. Job opportunities, training, and resources for people with ASD should be increased. Training to Vocational Rehabilitation counselors, supported employment staff, current and potential employers, and job supervisors should be pursued to increase knowledge about the unique needs of employees with ASD and the skills for hiring and successful ongoing employment.

2. New post-secondary opportunities for education and community living skills (e.g., college support; peer mentoring/coaching; living coaches, etc.) should be developed.
3. Peer- and professionally-led support and counseling groups that will lead to independent social interaction should be developed. Social and leisure opportunities should be developed throughout the lifespan.

Current Status: Additional training for employment staff is planned for this upcoming year.

Howard Community Services has started up a new model of providing services to young adults with developmental disabilities, including ASD. The SUCCEED program is an innovative post-secondary program that supports students in building skills for independence. Participants take classes at UVM, work on career development, are involved in UVM campus life and learn independent living skills in a house near campus. If this model is successful, efforts will be made to encourage its replication in other areas of the state.

The University of Vermont recently received a grant to improve accessibility of teaching for students with disabilities. DAIL will be looking for opportunities to collaborate with UVM in terms of increased accessibility and supports for students with ASD.

Vocational Rehabilitation is exploring additional models of supporting adults with ASD. Two pilots are in being developed.

Vermont Interagency Autism Spectrum Disorders Planning Advisory Committee

Advisory Committee

- (a) An advisory committee is created to advise the Agency of Human Services (including relevant departments) and the Department of Education on the continued development and implementation of a plan for coordinated services designed to address the life-long needs of Vermonters with autism spectrum disorders (ASD) and their families. The committee shall advise the Secretary of the Agency of Human Services and the Commissioner of the Department of Education (DOE) regarding implementation of the plan and provide regular review and revision of the plan.
- (b) The committee shall consist of 16 members, including individuals with ASD and their families, professionals with established expertise in ASD, private and public providers of services to individuals with ASD and their families, entities providing support to families of individuals with ASD, and members of the autism task force, the Vermont Developmental Disabilities Council and the Act 264 advisory board. Efforts will be made to ensure that appointments of individuals with ASD and their families reflect diversity in geography, in diagnosis and the severity of symptoms as well as reflect the lifespan.
 - At least 50% of members will be individuals with ASD or family members of individuals with ASD including at least 5 from advocacy groups that represent people with ASD such as Autism Society of Vermont, Vermont Family Network, Vermont Federation for Children's Mental Health, Green Mountain Self-Advocates, VT Developmental Disability Council, Act 264 Advisory Board or the Autism Task Force.
 - At least 50% of the members will be professionals involved in service delivery for people with ASD including 3 education representatives from VT Special Ed Advisory Council, Special Education Administrators, superintendents, principals or special educators; 3 representatives from providers such as developmental disability services, mental health services, early childhood services, health services, etc, and 2 professionals with expertise in ASD.
- (c) Members of the committee will be appointed for staggered terms with term limits set by the committee. The appointments will be made by the Commissioner of Department of Disabilities, Aging and Independent Living (DAIL) and the Commissioner of DOE.
- (d) The committee shall elect a chair from among its members. The committee will meet at least 4 times a year and at other times as determined by the committee to complete its work.
- (e) The committee will develop and agree to operating procedures for the committee.
- (f) DAIL/DOE will provide administrative and technical support for the committee.
- (g) Consumers and family members shall be entitled to reimbursement for mileage and a stipend for attending committee meetings, when they not participating in meetings as part of their paid employment. DAIL and DOE shall share the costs for this reimbursement.



VERMONT

Autism Plan Advisory Committee

Please complete the following information if you are interested in participating on the advisory committee for the autism plan. Please note that the information you provide will be reviewed by representatives of the Department of Disabilities, Aging and Independent Living and the Department of Education.

Name: _____
Mailing Address: _____

Email Address: _____
Telephone Number: _____

My experience:

Individuals with ASD or family members

_____ adult with ASD
_____ family member of a person with ASD

Age of family member:

_____ Birth – 5
_____ 6-22
_____ adult

Severity of symptoms:

_____ mild (verbal, normal intelligence, minimal behavioral issues)
_____ moderate (somewhere between mild and severe)
_____ severe (non-verbal, intellectual impairment, significant behavioral issues)

Member of:

_____ Autism Society of Vermont
_____ Vermont Family Network
_____ Vermont Federation of Families for Children's Mental Health

- Green Mountain Self Advocates
- VT Developmental Disabilities Council
- Act 264 Advisory Board
- VT Autism Task Force

Professionals:

Please indicate your employer/role: _____

_____ professional with expertise in ASD

Education professionals:

- Vermont Special Education Advisory Council member
- Special Education Administrator
- Superintendent
- Principal
- Special Educator

Human Services provider professionals:

- Developmental Disability Services
- Mental Health Services
- Early Childhood Services
- Health services

Please tell us about your personal and/or professional involvement with ASD issues.

Note: A small stipend and reimbursement for transportation expenses will be provided for individuals with ASD and family members not participating as part of their employment.

Support and accommodations will be provided upon request for individuals on the autism spectrum to allow for participation.

***Thank you very much for your interest – Return the
form to:***

***Autism Plan Advisory Committee –Clare McFadden
Division of Disability and Aging Services
103 South Main Street, Waterbury, VT 05671-1601***

***Or by email to:
Clare.mcfadden@ahs.state.vt.us***

Return all forms by 2/11/09.