THE CALIFORNIA SENATE
SELECT COMMITTEE ON
AUTISM & RELATED DISORDERS

Partnering with Families and Communities to Plan for a Brighter Future

Overview & Information:

Early Identification & Treatment of Autism Spectrum Disorders

California Legislature

Senate Select Committee on Autism & Related Disorders

STATE CAPITOL
ROOM 415
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Ensuring Fair & Equal Access to Regional Center Services for Autism Spectrum Disorders (ASD)

APRIL 30, 2012 (10AM to Noon)
The State Capitol Building; Room 3191

AGENDA

I. Welcome & Opening Remarks (10-10:05AM)

Senator Darrell Steinberg and Members

II. An Overview of California's Services for Individuals with ASD

(10:05-10:20AM)
Terri Delgadillo, *Director, Department of Developmental Disabilities*

1. The Lanterman Act
2. The California Regional Center System – Structure, Operations, Funding, Oversight.

III. Identifying the Gaps & Inequities in Regional Center Services for ASD

(10:20-10:45AM)
Areva Martin, *Martin &Martin & Co-Founder, Special Needs Network*;
Dr. BJ Freeman, *Clinical Psychologist, Professor Emerita, UCLA School of Medicine*;
Martha Matthews, *Directing Attorney, Children's Rights Project, Public Counsel;*
Catherine Blakemore, *Executive Director, Disability Rights California*

1. Public Policy Perspective and an Overview of the Issues
2. The Impact of Disparities in Early Intervention Services on the Lives of Children with ASD and Their Families.
3. A Synopsis of the Data, Information & Studies on the Distribution of Services for ASD and Other Developmental Disabilities.

IV. Regional Centers & Their Systems of Care (10:45-11:10 AM)

Jim Burton, *Executive Director, Regional Center of the East Bay*;
George Stevens, *Executive Director, North Los Angeles County Regional Center*;
Dexter Henderson, *Executive Director, South Central Los Angeles Regional Center*;
Robert Riddick, *Executive Director, Central Valley Regional Center*

1. Regional Center Funding & Services for Individuals with ASD
2. Innovative Approaches to Effective Community Outreach

V. Moving Towards a Solution: Recommendations & Discussion (11:10-11:45AM)

Dr. Sergio Aguilar-Gaxiola, *Director, UC Davis Center for Reducing Health Disparities*;
Dr. Barbara Wheeler, *Associate Director, USC University Center for Excellence in Developmental Disabilities, Children's Hospital Los Angeles*;
Dr. Jan Blacher, *Distinguished Professor of Education-UC Riverside & Founding Director, SEARCH*;
Rocio deMateo Smith, *Executive Director, Area 5 Board-State Council on Developmental Disabilities*;
Phil Bonnet, *Executive Director, Alta California Regional Center*;
Areva Martin, *Martin &Martin & Co-Founder, Special Needs Network*

VI. Public Comment (11:45-11:55AM)

VI. Closing Comments & Adjournment (11:55AM-12:00PM)

For videos, transcripts and additional information on the hearing, please visit:

http://autism.senate.ca.gov/informationalhearings

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- Los Angeles Times Series on ASD (December, 2011)
- Special Needs Network
- Dr. B. J. Freeman Testimony: Disparity in Diagnosis
- Disparities in Service Utilization and Expenditures for Individuals with Developmental Disabilities

Tab #4: Regional Centers & Their Systems of Care

- Panel Biographies (Burton, Stevens, Henderson, Riddick)
- Westside Regional Center: Literature Review; Description of Clinical Services; and the Achievable Foundation Clinic Project Overview
- Regional Center of Orange County: Behavioral Services Information; Position Statement on Behavioral Services; Components of Adaptive Behavior Definitions; Example of Behavioral Services Request Process

Tab #5: Moving Towards a Solution: Recommendations & Discussion

- Panel Biographies (Aguilar-Gaxiola, Wheeler, Blacher, deMateo Smith, Bonnet)
- Description of Program SEARCH
- The SEARCH Study of Autism in a Cultural Context

CHAPTER 2

Building Models of Integrated, Comprehensive Services for Early Identification and Intervention

Findings

- In a significant number of children, ASD is identified late in childhood or missed altogether.
- Many children diagnosed with ASD do not receive timely and appropriate intensive interventions.
- Children of low socioeconomic status, children living in rural areas, Latino children, and African American children are often diagnosed later than other children and are less likely to access early interventions.
- Existing community systems of care often do not collaborate to provide integrated, comprehensive services for children with ASD and their families.
- The medical system is overwhelmed, underfunded, and ill-prepared to deal effectively with ASD and often lacks linkages to other systems of care.
- Families often face a crisis when children with ASD reach age three and transition from the Early Start Program services provided through the regional center to the local education agency program.

Goal

- Ensure the early identification and access to seamless systems of effective intervention for children with ASD from birth to kindergarten.

Policy Recommendation

1. **Establish a demonstration project at multiple sites (including one or more sites in underserved communities), based on best practices in the field that are culturally sensitive, that will serve as a template that can be expanded and replicated to accomplish the following outcomes:**

- Expand early identification programs, including a focus on children in socioeconomic distressed and rural areas;
- Ensure access to intervention in a timely manner after detection with interagency collaboration;
- Improve communication and sharing of information between health care providers and community-based programs, services, regional centers, and local education agencies;
- Collaborate with systems of care that are now working to promote early identification, developmental screening, and referral to support (for example, some counties have developed pediatric developmental screening and assessment programs to address the problem of drug-exposed infants);
- Provide supports to families and caregivers to promote optimum development of children with ASD in the home environment;
- Improve communication between the "medical home" and families;
- Expand resources, supports, educational training, and other opportunities for health care professionals relative to early identification and intervention; and
- Provide a seamless system for service delivery between regional centers and local education agencies for children with ASD from birth to kindergarten, and thereby promote smooth transitions across systems and programs for children at age three.

2. The state of California should enact legislation to expand developmental surveillance and screening, including screening for ASD, for children from birth to age five through the use of research-based screening tools that have been demonstrated to be standardized, reliable, valid, and accurate for children from a range of racial, ethnic, linguistic, and cultural backgrounds. Increased screening activity could be implemented through well-baby visits, public programs, such as the Early Start Program and the Child Health and Disability Prevention Program, and other settings.

CART Early Identification Subcommittee Report

I. How new technology can be used more effectively for the identification and treatment of young children with Autism Spectrum Disorder (ASD)

a) Have on-line screening survey that, depending on results of parents' responses, directs parents to appropriate community resources, e.g., CVRC, local school districts, pediatricians, etc.

b) Using pediatric and family practice doctors' data bases and nurses' databases, find doctors who would be interested with seminars regarding early diagnosis of autism.

c) Online videoconference on autism, etc., for doctors to view.

d) Create brochures on early identification of autism and, with permission, place in their offices.

e) Develop an online parent resource site with an overview of the characteristics of autism (i.e., "red flags") – similar to (and perhaps including) the "Red Flag Video Series" from *Autism Speaks*.

f) Develop a website (or establish a link and advertise it) advising parents to contact their school district with concerns regarding any area of their child's development. Seek to support the connections parents establish with school districts at the earliest opportunity to facilitate the development of strong bonds, trusting relationships and appropriate educational programs. The school district may serve that student for 22 years – the earlier parent and school personnel are working together collaboratively, the greater the possibility for maximizing intervention time and ultimate success.

Note: American Academy of Pediatrics has an autism webinar series for viewing by doctors or interested individuals currently in place.

II. How Regional Centers and School Districts can work more effectively and collaboratively to promote and integrate a seamless system of care for children with ASD

a) Continue regular meetings. Understand each other's mandates. Attend staffing, IEP, and CVRC client meetings.

b) Collaboration with other outside services as to how we can assist one another.

c) Promote a region-wide outside services as to how we can assist one another.

d) Promote a region-wide task force with a FOCUS ON AUTISM to facilitate the education and training of all involved personnel and family members. (Include stakeholders of pre-existing professional development planning committees).

III. How parents can obtain information, resources and supports with regards to a transition plan

a) Can CVRC add links to their website for those types of resources? Parents can now obtain information from their school districts, CDE, their CAC, and the Internet. I think we would need to know what the difficulty in obtaining information has been to know where the breakdown is because there is a lot of information available.

b) Brochures, newsletters in doctors' offices that lacks this information

c) The SOAR Project at Exceptional Parents Unlimited is funded through the U.S. Department of Education Rehabilitative Services Demonstration and Training Program to provide training, information and assist to all students and their families seeking services for their transition aged child. Also, included in this is CVRC workers, and educational advocates. Students and families can invite this person to attend their IEP meetings to discuss transition options. Goals and objectives can then be written that will assist the student in completing a successful transition. It is mandated that a Transition Plan be attached to the IEP beginning at age 16. This is a great opportunity to discuss options and resources.

d) The Diagnostic Center, Central California, provides assistance to parents and districts in the area of transition planning at all levels including: transition to school; from grade-to-grade; and elementary to intermediate to secondary, as well as transition to the world of work. A training on Transition Portfolios is available for viewing on our website. www.dcc-cde.ca.gov

In General:

Many resources are available at the current time to address the issues and thoughts above. Parents and Educators, etc., would really benefit from extended efforts to implement the

recommendations of the California Blue Ribbon Commission of Autism, in alignment with the National Standards (National Autism Center). A clearinghouse of information regarding research0based, evidence-based, quality information was to be developed to review, consolidate and disseminate information that the reader would know was reliable and valid. The clearinghouse was to be an easily accessible and user-friendly resource.

Highlighted sections from Diagnostic Center, Central California

Amanda Aspen and Carole Bence

Examples: Just a few existing websites with a wealth of resource information that is FREE!

http://www.aap.org/publiced/autismtoolkit.cfm (American Academy of Pediatrics)

http://www.cde.gov/ncbddd/autism/index.html (Center for Disease Control)

http://www.aap.org/healthtopics/autism.cfm (Parent Resources on AAP)

Webinar Discussion: Early Identification & Treatment

(July 27, 2010)

Many thanks and congratulations to all of the Taskforce members for providing the excellent documents that were recently submitted in preparation for the forthcoming series of webinars. These initial webinars are intended as the initial steps in series ongoing discussions in order to formulate our final recommendations to the Senate Select Committee on Autism and Related Disorders (Autism Committee.)

The following information is an attempt to organize and categorize the ideas that you have recently provided. Criteria for inclusion within this list included: similar recommendations by multiple taskforces; recommendations that were within the purview of the Autism Committee; recommendations that identified potential funding sources; recommendations that included potential implementation strategies. Additional background information on selected topics will also be provided.

This list is intended to start our discussion and deliberations and is certainly open to future additions, deletions and revision. Indeed all of these changes are not only anticipated, but greatly appreciated. Again, many thanks for your commitment and dedication to this important project.
Cheers,

Lou Vismara
Staff, Senate Select Committee on Autism & Related Disorders

Barbara Firestone
Chair, Statewide Coordinating Council of Autism Taskforces

Webinar Discussion: Early Identification & Treatment
Tuesday, July 27, 2010
(11AM- 1PM)

Rules of the Road

1. Barbara Firestone, John Matthias, Kristen Byrne, and Lou Vismara will act as moderators for the session

2. We will make every effort to record and document all comments and materials presented

3. We will make every effort to quickly post this information on the Senate Autism Committee Web site

4. A list of the webinar participants will be provided

5. Webinar Agenda: Review of the 11 Revised Recommendations (Time constraints will limit discussion to **10 minutes** per topic)
   - Presentation (Lou V)
   - Comments by moderators
   - Group discussion: comments & questions

6. Initial comments will be made via telephone conference call
   - Kristen Byrne will provide instruction as to how additional questions and comments can be sent by email

Since this is new ground for many of us, we greatly appreciate your patience and good cheer. Thanks.

Lou Vismara
Staff, Senate Select Committee on Autism & Related Disorders

Barbara Firestone
Chair, Statewide Coordinating Council of Autism Taskforces

John Matthias
Vice-Chair, Statewide Coordinating Council of Autism Taskforces

Kristen Byrne
Co-Chair, Sacramento Autism Regional Taskforce

Revised Recommendations for Discussion

1. ESTABLISH THE CALIFORNIA AUTISM SPECTRUM DISORDER INFORMATION CLEARINGHOUSE

- Consider re-introduction of AB 1872 (Coto) that was passed by the Legislature but vetoed by the Governor in 2008.

  SB 1872: "The goal of the Clearinghouse is to present evidence-based recommendations and information regarding practices about the education of pupils with autism spectrum disorders. This includes but is not limited to information regarding instructional strategies, fiscal management practices and organizational structures. AB 1872 will ensure that the most current research and training methodologies are available to parents, schools and school districts, regional centers and nonpublic schools."

  - ✓ Where would the Autism Clearinghouse be "located"? SART recommended that it be developed and located at an entity such as the University Center for Excellence in Developmental Disabilities (UCEDD)
  - ✓ Who would be responsible for its development and "upkeep"?
  - ✓ How would it be funded?
  - ✓ Should we establish a "taskforce" to explore and define this recommendation?
  - ✓ Would there be "universal" access? Would there be any "protected" sites?

DISCUSSION:

2. ESTABLISH A PARENT ADVISORY GROUP(S) FOR INDIVIDUALS WITH ASD & RELATED DISORDERS

- Challenges of identifying and linking extensive and complicated resources. See excellent KART diagram and model
  - ✓ Are there parent advisory groups that are effective
  - ✓ Are we currently challenged by having a complex system of care that may be very difficult to access, overwhelming in its complexity, and very difficult to navigate?
- Would it be helpful to have one central parent advisory group that could help consumers, families, and individuals "access and navigate the system"
  - ✓ Is there a problem with having a too many parent advisory groups that are not coordinated, integrated, and lacking in sufficient "clout"?
  - ✓ Would it be helpful to establish a workgroup to provide specific recommendations on a parent advisory group for individuals with developmental disabilities? (i.e. establish a Senate Autism Committee Parent Advisory Group.)

- ✓ Is there already such a group in place that could fulfill this mission?
- Would it be helpful to have a Senate Autism Committee Parent Advisory Group that would provide recommendations to multiple agencies such as regional centers; SELPAs; school districts; school boards, first responders; public safety officials etc?
  - ✓ Would it be worthwhile to consider establishing a Senate Autism Committee Parent Advisory Group within the State Council of Developmental Disabilities? Within DDS?

DISCUSSION:

3. STRATEGIES TO PROMOTE THE IMPROVEMENT IN EARLY SCREENING, ASSESSMENT, DIAGNOSIS & TREATMENT OF ASD

- Re-introduce SB 527 (Steinberg) that was passed by the Legislature but vetoed by the Governor in 2008. The provisions of this pilot project would have require DDS to partner with at least one regional center in 3 geographic areas to do the following:
  - ✓ Improve early developmental screening and coordination of services between birth to five years.
  - ✓ Establish model of best practices with focus on diverse and underserved populations
    (question as to the cost and expenses of pilot projects during this economic crises; therefore, are pilot projects therefore an impractical option given our current economic climate)
- California Screening Initiative by the CA Dept of Public Health (Janet Hill)
- **SCART**: "We are now working locally on privately funded pilot projects for expanding EI services to underserved areas (Imperial County). This latter initiative is a positive result of the relationships we have built through collaborative process sparked by the State process. We are currently in contact with our regional center, NFAR< Easter Seals, UCSD and others about this collaboration, and looking at low cost, high impact, parent driven intervention"
  - ✓ "We have also explored the possibility of allowing families to remain in the EI system at age 3 instead of going to the school districts, for purposes of continuity of care. Two other states do this, and while there are issues surrounding flexibility of use of resources, the cost to the state should be no different."
- **SFMART:** Implement changes in the "Child Find" section of the California Early Intervention Services Act (Title 14).
- 1-800 number for developmental issues and problems; could we get First 5 CA (Prop 10) to develop this ?

- Mandate a standardized parent questionnaire (which would identify "red flag warning signs" for ASD and other developmental/learning disabilities) that would be required for all children entering school and this would become part of the child's permanent school record
- Partner with a company that has a focus on early childhood products (such as Johnson & Johnson) to promote and provide information on "red flag" warnings of ASD and other developmental disabilities; promote and provide a parent questionnaire on early childhood development milestones.
- **NLAART:** "Developing a standardized referral process for families seeking further diagnostic clarification or early intervention services is also highly recommended. Parents may be directed to community resources (e.g., Regional Center), 211 phone information database, printed materials, and to internet resources such as: http://www. Cdc.gov;
  - ✓ hhttp://www.autismspeaks.orgttp://www.researchautism.org; http://www.ASATonline.org" QUESTIONS: What would a "standardized referral process" look like? How could this be done? Is this a specific goal of the Coordinating Parent Autism Advisory Group?
- Explore and identify the impact of changes in 2009 Budget Trailer Bill that altered the eligibility criteria for the Early Start Program in order to determine whether this legislation has this had a adverse impact on the appropriate identification and treatment of children with ASD and Related Disorders.
- Recommend that the Senate Select Committee on Autism and Related Disorders be extended and reconvene during the 2011 and 2012 Legislative session.
- Establishing Community based screenings in underserved areas through collaborations that include volunteer professionals & paraprofessionals

DISCUSSION:

4. INTEGRATION & COORDINATION BETWEEN SCHOOL DISTRICTS AND REGIONAL CENTERS

- Consider Re-introduction of SB 1475 (Torlakson) that was passed by the Legislature but vetoed by the Governor in 2008
  Support documents provided)
  - ✓ Establish innovative, collaborative, integrated, and seamless methods, instruments, and systems of care between regional centers and school districts for the early identification and assessment of children with ASD from birth to five years of age.
  - ✓ Determine how the use of telehealth, telemedicine, and other innovative web-based technology strategies may improve the

professional development, outreach, and training of families, consumers, professionals, and staff who are affiliated with, or served by, regional centers, school districts, or local educational agencies.

- ✓ The department shall apply to theCalifornia Children and Families Commission for funding

- "Showcase," support, and disseminate information about the existing models of collaboration that already are in place and are working. Provide resources and technical assistance (i.e. models that are effective) to promote memorandums of understanding, interagency agreements, and other collaborative strategies between SELPAs and regional centers, and between CDE and DDS to promote effective collaboration for families.
  - o North Bay Regional Center/Sonoma County Office of Education (Please see the informative support documents provided by NBART)
  - o Valley Mountain Regional Center/SELPA
  - o Orange County Regional Center/Education Office/UCI Autism Clinic
  - o First 5California Special Needs Project (SFMART)
  - o Local Interagency Coordinating Area Councils (LICA) recommended by SFMART

DISCUSSION:

5. IMPROVE INFORMATION, TRAINING & SUPPORTS FOR CHILDCARE & PRESCHOOL PROVIDERS

- Developmental Screening in Childcare and Preschool
  - ✓ SFMART: "Make screening mandatory for all infant/toddler and pre-school for all programs (could be done in partnership with funders such as 1st 5 CA) Integrate screening in CCS funded new born intensive follow up clinics. Make screening a mandatory item to provide licensed day care." Question: how about a strategy to partner with first 5 ca commissions to provide resources and information on a voluntary basis?
  - ✓ SLAART: Mandate for Child Care Licensing agencies to include training on "red flags" of Autism Spectrum Disorder as part of its Orientation requirement, prior to licensing.
    - o BY REGULATION: Utilize the Standards and Practices *already in place* for routine inspections of child care locations (by Department of Social Services) to monitor the ongoing assessments for ASD, and the continual dissemination of written information to Parents about ASD. Child care licensing agencies already require CPR and Safety training, therefore, and additional component of training in early warning signs of Autism could easily be accomplished. The Manual of Policies

and Procedures for Community Care Licensing Division title 22, Division 12, Chapter 3 includes a requirement for 'site visits' and 'record keeping' which could easily include follow up for accountability that information and educational literature are being disseminated to parents (by means of parent signature of receipt of same). Any documented cases can be reported to Parent for further investigation.

- ✓ Identify organizations and individuals who can provide leadership and resources in identifying children with autism and other developmental disabilities (such as First 5CA (Prop 10); Resource and Referral Network
    - Establish the identification of children with ASD and other developmental and learning disabilities as an important priority for organizations that provide childcare and early childhood education
    - Develop statewide strategy
    - Provide materials
    - Provide information for assessment and treatment
- ✓ Legislation that would mandate that all children in foster care between the ages of birth to 5 years of age must receive a standardized evaluation and assessment for ASD, developmental disabilities and learning disorders.

- Partner with existing early childhood education (define the outcomes from the collaboration)- for example- all children will have appropriate developmental screening and evaluations; parents will obtain and understand results; children and parents will receive appropriate referral and support services in culturally and linguistically appropriate manner.
    - Jump Start suggested by OCART- early childhood education service that is national and promotes literacy and early childhood education: Jumpstart Western Region; 965 Mission Street-Suite 300;San Francisco, CA 94103; p: 415.536.5867; f: 415.536.5869

DISCUSSION:

6. ADDRESSING ISSUES RELATED TO SELPA/SCHOOL DISTRICTS & THE EDUCATIONAL SYSTEM
    - Require reporting requirements with regards to annual expenditures related to litigation
    - Require special education consultant reports done at public expense be easily accessible/available to the public (e.g. on the district's/SELPA's website).

- All Brown Act meetings within the District/SELPA should be required to post agendas, minutes, and background documents on available websites - not just bulletin boards at District offices.
- Appropriate access to educational records (what type of records? What are the problems?)
- Access to IEP information and materials- must be made available to parents- specific to the individual student

DISCUSSION:

7. PROVIDE GREATER CONSISTENCY & UNIFORMITY TO ALL OF THE 21 REGIONAL CENTERS
   - Standardization of the vendorization process for all regional centers
   - Promoting uniformity of standards at all of the regional centers
   - Consider providing regional centers greater flexibility in funding and providing services and to defer the intake for a permanent client status until the child is 5 years of age.
   - Explore implementation Individual Choice Budget
     (Are there future options that would enable parents to receive direct funding "block grant funding" from DDS?)
   - Establish monthly reporting requirements for regional centers that is publicly accessible of all eligibility data including the content and disposition of contacts made for eligibility, assessment and referral (post on DDS web site; check out what is currently available; who would pay for this? What are the goals and objectives?)
   - BAART: Self-Directed Service Plan for Early Intervention

DISCUSSION:

8. TECHNOLOGY: APPLICATION & EXPANSION:
   - Expand the use of technology for increasing access to screening tools and resources: online access to screening tools and referral systems for parents on RC websites or linkages from RC websites to CA Screening Collaborative website
   - Expand the use of technology for training parents, therapists: online access for training videos, webinars, telemedicine
   - Web-casting trainings (Ohio Center fro Autism and Low Incidence; National Standards Project; California DDS Project; National Professional Development Center fro Autism Project)
   - Readily available and cost-effective technology that utilize web camera systems such as Skype can be used for healthcare specialists to provide follow-up support to children in their natural environment. We recommend utilizing this technology for follow-up support after

initial face to face consultation/treatment. This may be particularly helpful in areas where less autism services exist.

DISCUSSION:

9. GREATER PUBLIC AWARENESS CAMPAIGN: PUBLIC SERVICE ANNOUNCEMENTS & OTHER FORMS OF MULTI-MEDIA OUTREACH (NLAART)
    - Senate Select Committee District Offices work with the Taskforce Parent Advisory Committee in establishing collaboration
        - Faith-based organization
        - Cultural & ethnic representatives
        - Thought-leaders
        - Cultural & ethnic organizations
        - Local media representatives
        - Local and regional autism organizations and advocacy groups
        - Representatives of other disability groups
    - Social Media Outreach
      How can this be mobilized effectively?
    - Utilize celebrities:
        - Is there a way to "brand" celebrities at a local and regional level?
        - Is there a way to "give a face" to ASD
        - Provide messages of hope that help is available
    - 211 Call Center
        - ✓ There are 26 211 call centers in the 58 counties in CA.
        - ✓ In Sacramento, the 211 call center is organized by The Community Services Planning Council: is a catalyst for community change, providing health and human services information for the public, engaging people in collaborative planning, conducting policy analysis on health and social issues, developing innovative programs, building coalitions to effectively respond to emerging community needs, and offering training and technical assistance in community planning, mobilizing and program development so people can improve their communities.

DISCUSSION:

10. Strategies and Recommendations to Professional Development for ASD
    - Provide incentives to college students to major in fields related to autism and other developmental disabilities; child development; early education.
        - ✓ **SCART:** We have proposals about expanding the availability of scholarships for teacher training to those involved in 0-3 work; we will be happy to provide them and to continue to support this State process.

Commented [JF1]:

- Certification of ABA providers (SB 1282)
    - Efforts at mandating CME training and credits would meet with opposition
- Explore whether First 5 CA funds could be used for professional development and training of pediatricians, primary care providers to improved developmental screening
- Promote no-cost CME credits for improvement in autism screening etc
- Explore whether there are federal funds that could be used for the development of electronic medical records that facilitate developmental screening, assessment, referral and treatment
- Provide recommendations to improve communication between healthcare providers and parents (how could this be done?; could the parent advisory group assist? could there be blogs and/or web sites that could be linked to healthcare providers (with appropriate disclaimers)? Is this a task that could be provided by the Coordinating Parent Autism Advisory Group?
- Can we develop resources and curricula that would be available to Community Colleges and other Institute of higher education to to promote greater understanding and awareness of ASD? Are there other strategies by which we can partner with institutes of higher education to achieve these goals?

DISCUSSION:

11. Recommendations to Improve the Appropriate Evaluation and Referral for ASD from Primary Healthcare Providers

- Universal screening for developmental and learning disabilities for all children prior to age 5 (consider using Prop 10 funds)
- New CPT codes for screening and evaluation
- Provide resources to primary care providers to improve screening, diagnosis and assessment of ASD
- Providing incentives (such as free continuing education credits) for attendance at specialized training seminars or webinars may encourage greater attendance from physicians, pediatric nurses, etc. Physicians and other healthcare professionals, (pediatric nurses, physician's assistants, etc.) particularly those in outpatient pediatric settings should receive highly specific guidelines on what information must be gathered during a "developmental screening" for a young child to aid in earlier identification and treatment of ASDs.
    - ✓ (Are there other incentives that could be provided to healthcare professionals to promote greater outreach efforts to communities with less access to specialized information and services related to ASD?)

(Mandated training, ongoing education, and additional CME requirements would be extremely difficult (if not impossible) to achieve from a political perspective)

DISCUSSION:

Early Identification Recommendations WebEx 7/27/10-- **Alyce**
Please numerically rank each of the recommendations. Please add any additional comments for any/all of the recommendations.

Topics	Rank	Your Comments
1. ESTABLISH THE CALIFORNIA AUTISM SPECTRUM DISORDER INFORMATION CLEARINGHOUSE	7	
2. ESTABLISH A PARENT ADVISORY GROUP(S) FOR INDIVIDUALS WITH ASD & RELATED DISORDERS	11	
3. STRATEGIES TO PROMOTE THE IMPROVEMENT IN EARLY SCREENING, ASSESSMENT, DIAGNOSIS & TREATMENT OF ASD	2	Leverage work of 2-1-1's and strategies such as Help Me Grow to connect families and providers to services
4. INTEGRATION & COORDINATION BETWEEN SCHOOL DISTRICTS AND REGIONAL CENTERS	3	Include integration with the child's health home
5. IMPROVE INFORMATION, TRAINING & SUPPORTS FOR CHILDCARE & PRESCHOOL PROVIDERS	6	
6. ADDRESSING ISSUES RELATED TO SELPA/SCHOOL DISTRICTS & THE EDUCATIONAL SYSTEM	10	
7. PROVIDE GREATER CONSISTENCY & UNIFORMITY TO ALL OF THE 21 REGIONAL CENTER	4	Consistent with American Academy of Pediatrics policies and medical practice standards
8. TECHNOLOGY: APPLICATION & EXPANSION	1	Emphasize during development of new information systems specifically related to health information technology and current system application changes.
9. GREATER PUBLIC AWARENESS CAMPAIGN: PUBLIC SERVICE ANNOUNCEMENTS & OTHER FORMS OF MULTI-MEDIA OUTREACH (NLAART)	9	
10. Strategies and Recommendations to Professional Development for ASD	8	
11. Recommendations to Improve the Appropriate Evaluation and Referral for ASD from Primary Healthcare Providers	5	

Recommendations Related to the **Early Identification and Treatment** of Children with Autism Spectrum & Related Disorders **(Statewide Webinar Results)**

This document is in follow-up to our recent Statewide Webinar on this topic. The recommendations are presented in the "priority order" that was established by the post-webinar rankings provided by the webinar participants. These results are summarized in the following Table.

		Rankings of the Early Identification Recommendations **WebEx 7/27/10**	
Rank	***Topic #***	***Topics***	***Average Score***
1	4	INTEGRATION & COORDINATION BETWEEN SCHOOL DISTRICTS AND REGIONAL CENTERS	1.97
2	3	STRATEGIES TO PROMOTE THE IMPROVEMENT IN EARLY SCREENING, ASSESSMENT, DIAGNOSIS & TREATMENT OF ASD	2.03
3	8	TECHNOLOGY: APPLICATION & EXPANSION	5.56
4	7	PROVIDE GREATER CONSISTENCY & UNIFORMITY TO ALL OF THE 21 REGIONAL CENTER	5.78
5	1	ESTABLISH THE CALIFORNIA AUTISM SPECTRUM DISORDER INFORMATION CLEARINGHOUSE	5.84
6	11	RECOMMENDATIONS TO IMPROVE THE APPROPRIATE EVALUATION AND REFERRAL FOR ASD FROM PRIMARY HEALTHCARE PROVIDERS	7.09
7	5	IMPROVE INFORMATION, TRAINING & SUPPORTS FOR CHILDCARE & PRESCHOOL PROVIDERS	7.16
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