

Framing the Work

This report was created by the Oregon Commission on Autism Spectrum Disorders for the purpose of communicating its recommendations to the Governor, legislature, agencies, individuals with Autism Spectrum Disorders, their families, and interested others.

The Commission's work was greatly enhanced by the conversations among professionals from education, health care, and community services, and families and individuals on the Autism Spectrum. The Commission believes that enhanced collaborations will result in better services and supports and a more efficient use of resources.

The need for change is clear. The population of individuals identified with Autism Spectrum Disorders has increased dramatically. Many of the services and supports currently available do not reflect today's growing body of research and understandings about Autism Spectrum Disorder. Moreover, the different ways health care, education, and community services are organized often makes it difficult for these systems to implement new research findings, modify existing programs, and collaborate with each other. The resulting issues and gaps can be best addressed by an ongoing commitment to clarify where they exist and to illuminate the shared path to resolving them.

The Commission believes that for change to be successful, individuals with Autism Spectrum Disorder and families must play a critical role in all aspects of public awareness, training, service design, implementation, and evaluation at both the system and the individual service level.

The information in the report is organized to facilitate both an overall understanding of the work of the Commission, and a focused view on particular areas of interest.

Although much of the work of the Commission was accomplished through its eight subcommittees, the recommendations are presented in the body of the report in thematic groupings which transcend the subcommittee structure. Anyone interested in the work of a particular subcommittee will find specifics in the Appendix. The report is designed to present the end result of thousands of hours of consideration, debate, understanding and compromise. The details of this process are available in meeting minutes on the Commission website (<http://www.orcommissionasd.org/>).

This report lays out a 10 year plan and many of the specific steps necessary to achieve that plan, including activities that have already begun. From the very beginning, Commission members were committed to not creating another report that simply

collected dust on some agency shelf. Through the work of the Commission, there is momentum and a recognition that the momentum must be sustained, even in a challenging economy, through rapid implementation of recommendations which allow us to make better use of the resources we already have. Those early action steps are highlighted throughout the report and in the Executive Summary.

We offer this report as our best effort to achieve a consensus-driven vision for Oregon, knowing that it will have flaws and omissions. It is intended to be a living document, informed by experience and changing as both circumstances and knowledge evolves. We hope that this report helps the guide Oregon to better address the unique service and support needs of individuals with Autism Spectrum Disorders and their families.

History of the Commission

In the past decade, there have been a number of both legislative and agency initiatives designed to address issues related to services for the growing population of individuals identified on the Autism Spectrum and their families. During that time, there have been significant changes in what is known about Autism Spectrum Disorders and responses to the unique challenges of ASD. Controversy continues to exist around identification statistics, causes of the disorder, and appropriate treatments or interventions.

In 2008, the Autism Spectrum Disorder Workgroup was created as an ad hoc committee by the Chairs of the House Education and Health Care Committees in response to the frustrations of families and agencies attempting to address the needs of the rapidly growing population of children and adults identified with ASD in Oregon. The Workgroup was chaired by then Rep. Chris Edwards and included other legislators, state agency staff, and several family members. The group reviewed the current status of services, developed draft recommendations, held 8 community forums and received input from over 300 individuals. The recommendations of the workgroup are contained in the document, "The Oregon Autism Project – Preliminary Findings and Recommendations."

In March of 2009, Governor Kulongoski issued an Executive Order that created the Oregon Commission on Autism Spectrum Disorder. The 13 member, Governor appointed, Oregon Commission on Autism Spectrum Disorder was charged to build on the efforts of the previous legislative workgroup, and to create a 10 year plan for Oregon that helped target limited resources and used best practices to improve services to all individuals and families experiencing Autism Spectrum Disorder. The report with its recommendations and identified action items is due in December 2010 and Executive Order is scheduled to expire on July 1, 2011

Mission Statement and Guiding Principles of the Oregon Commission on Autism Spectrum Disorder

Mission

Develop appropriate, collaborative and timely supports and services across the lifespan.

This mission is accomplished by the creation and implementation of a long term strategic plan that increases coordination, promotes best available practice, makes efficient use of resources, and both directly engages with, and better responds to the needs of people on the spectrum and their families.

Guiding Principles for the Oregon Commission on Autism Spectrum Disorder

❖ Respect

- Do no harm.
- Recognize that autism is a natural part of the human experience, and that all people on the autistic spectrum can be contributing members of their communities given the right supports.

❖ Include

- Listen to individuals with ASD and their families.
- Recognize that all individuals and their families, including those with diverse cultural backgrounds, have a right to receive information in accessible formats, communicate their needs and preferences, and participate in decisions concerning supports and services in education, health care, the community, and employment.

❖ Support

- Maintain high expectations for individuals and their families and provide the education, supports, services, and opportunities necessary to achieve a high quality of life.
- Recognize that appropriate supports to insure inclusive, meaningful, and safe participation in education, health care, the community, and employment include adapting physical and social environments, providing communication support including assistive technology, and assuring that comprehensive and coordinated services are available to individuals and

their families throughout the state.

❖ **Coordinate**

- Respect that the complex and dynamic needs of individuals and families require a seamless coordination of services and resources across the lifespan.
- Increase the capacity of the community to meet the needs of individuals and their families by enabling:
 - appropriate and timely responses to the meet the needs and goals of individuals and families,
 - quality pre-service and in-service professional development on best practices for educating and supporting individuals and their families, and
 - a long-term, system-wide perspective on the efficient and effective coordination of services and resources among individuals, families, and medical, educational, and human services providers.

Process

In order to quickly assess the needs of Oregonians, and to involve a wide array of Oregonians in the process, the Commission was organized into eight subcommittees. Subcommittee members were selected to provide diversity of perspective and specific content knowledge. Special effort was made to achieve geographic diversity and to include family members and individuals on the Autism Spectrum. Each subcommittee was provided an initial charter with a specific set of topic-related goals which were edited by the Subcommittee. Given that there was some necessary overlap, the subcommittees also coordinated their work through collaboration of chairs and some strategically designed overlap of personnel. The subcommittees made their recommendations to the full Commission, and this report was generated from the synthesis of both the subcommittee recommendations and the Commission's integration activities.

The Commission adopted operational guidelines early in the process that included a commitment to use a consensus process for decision-making.

EXECUTIVE SUMMARY

To be completed after final edits. Will highlight priorities and immediate action steps

COMMISSION RECOMMENDATIONS

Awareness and Information (AI)

Findings and Issues:

Individuals with ASD are best served when their needs are known. However, ASD is often under-recognized and incompletely understood, even by key professionals who must be relied upon to identify and work appropriately with individuals with ASD. Families and individuals on the spectrum struggle to find accurate information and appropriate services. Professionals from a variety of disciplines from health care to law enforcement to child care providers do not have the information they need in order to provide effective service.

There is much expertise regarding ASD in Oregon, but systems do not currently exist for ensuring that all individuals, families and professionals have easy access to updated information necessary for decision making and obtaining or providing appropriate services.

Goal: AI 1. There is an ongoing entity charged to continue the work of improving public awareness, and consolidating information from a wide range of sources.

Recommendations:

AI 1.1. Continue the Oregon Commission on Autism Spectrum Disorders or another entity with the authority and ability to fulfill the goal.

AI 1.2. Information on resources, research, trends, policies, services, and current evidence based interventions will be tracked and shared.

AI 1.3. The entity will oversee the creation of a public awareness campaign on ASD.

AI 1.4. Individuals with ASD and families, when appropriate, should be involved in the design of any public awareness and information materials development.

Goal: AI 2. The public is informed about ASD and the importance of early identification through a statewide community education and positive public awareness campaign incorporating diverse media strategies.

Recommendations:

AI 2.1. Appropriate public awareness materials will be used statewide.

Implementation Activities:

AI 2.1.1. Review available educational materials (e.g. HANS materials, Learn the Signs, First Signs). Determine the need for the development of additional materials for specific audiences, for example, a simple poster to include resource information for families and providers.

AI 2.1.2. Formulate a list of organizations to receive public awareness materials to distribute.

AI 2.1.3. Create a statewide public awareness campaign specific to identification of ASD in older children and adults. Develop and disseminate public awareness materials through health plans, professional groups, student health centers, and at colleges and universities.

Goal: AI 3. There is an updated, easy to use, centralized statewide clearinghouse and web-based directory of available information, trainings, and services.

Recommendations:

AI 3.1. Information will be shared among the wide range of entities that provide information and services across the state related to ASD.

Implementation Activities:

AI 3.1.1. Private and nonprofit entities, service providers, and state agencies, will be invited to participate in a statewide ASD consortium to share information and increase ASD resources throughout the state.

AI 3.1.2. All information for public distribution is easily accessible and is made available in multiple formats.

AI 3.2. Individuals on the autism spectrum and families when appropriate, participate in the design, selection, and distribution of information.

Goal: AI 4. Community members including law enforcement, business, co-workers, educators, and classmates have increased awareness, knowledge, and acceptance of individuals on the Spectrum.

Recommendations:

AI 4.1. Implement programs for awareness and acceptance of disability and diversity in law enforcement, business, and education.

Implementation Activities

AI 4.1.1. Identify model awareness curriculum from around the nation.

AI 4.1.2. Implement programs for awareness and acceptance of disability and diversity in the public school setting.

Empowerment (EM)

Findings and Issues:

Services and supports, both formal and informal, are most effective when individuals who receive them have a voice in their design, implementation, and evaluation. Individuals on the Spectrum and families face many barriers to being active participants. Lack of available, accessible, and understandable information may result in either a dependence on already overextended professionals or inability to successfully navigate and utilize complex service systems. Failure to use a strength-based, self-determined and respectful approach that is sensitive to the individual and/or family may result in poor long-term outcomes for the individual and/or the family. Peer mentoring and family-to-family support help create networks of community support in a period when fiscal resources are increasingly limited.

Goal: EM 1. A strengths-based, self-determined, and respectful approach that is sensitive to the individual and family dignity is adopted.

Goal: EM 2. Families and individuals are able to successfully negotiate service systems and utilize necessary supports as a result of improved awareness, outreach, training, and appropriate accessibility strategies, including navigation supports. In this context, navigation supports means assistance in locating and accessing appropriate supports and services.

Recommendations:

EM 2.1. Information, navigation support, and trainings will be readily available and automatically offered upon identification of ASD, or any time requested.

Implementation Activities:

EM 2.1.1: Upon identification of Autism Spectrum Disorder, individuals and families will be offered the opportunity to connect with an independent resource navigator of the family's choice or a peer support for an adult, if requested. In this context, independence resource navigator means an individual or entity that

assists a family or individual to locate and access appropriate supports and services.

EM 2.2. Materials, process, and consultations will be respectful of the heterogeneity of ASD, culturally and linguistically appropriate, and easily available in accessible formats.

Goal: EM 3. Peer supports and family-to-family connection strategies are supported.

Recommendations:

EM 3.1. Organizations which have existing infrastructure to offer peer mentoring and family-to-family connections will be identified and utilized more effectively through information sharing and coordination.

EM 3.2. Financial support will be available to current and new self-advocacy organizations to provide peer supports to individuals on the autism spectrum.

Goal: EM 4. Individuals on the Autism Spectrum and family members are informed participants in decision making, designing, implementing, and evaluating services.

Recommendations:

EM 4.1. Advisory groups determining policy specifically related to ASD are comprised of at least 51% individuals with ASD and family member representatives.

Accountability and Quality (AQ)

Findings and Issues:

High quality, appropriate services to individuals with ASD do exist in many places, but services are not consistent across the state. Individuals with ASD and families who live in rural areas or who are members of a linguistic, cultural, or racial minority may experience even greater difficulty in accessing appropriate services.

Oregon is not taking full advantage of the wealth of knowledge, best practice, and skill currently available in the state and elsewhere. The numbers and needs of individuals with ASD have outgrown the current capacity of our public systems to provide appropriate services and supports.

Current, accurate information and data about the numbers and needs of individuals with Autism Spectrum Disorders is not sufficiently available for public systems to be accountable and to provide appropriate services.

Goal: AQ 1. There is an ongoing entity charged to provide leadership by guiding system priorities and monitoring outcomes for programs serving individuals on the spectrum.

Recommendations:

AQ 1.1. Continue the Oregon Commission on Autism Spectrum Disorders or another entity with the authority to fulfill the goal.

AQ 1.2. Key performance measures and other quality improvement strategies are used to monitor implementation of recommended actions.

Goal: AQ 2. Access to quality ASD services is consistent across the state

Recommendations:

AQ 2.1. Review current system delivery infrastructures for opportunities enhanced efficiencies in services to individuals with ASD

AQ 2.2. Seek funding from state, federal, and private initiatives or opportunities to sustain and enhance ASD service delivery systems.

Implementation Activities:

AQ 2.2.1. Conduct needs assessment to identify system gaps.

Goal: AQ 3. Individuals experiencing Autism Spectrum Disorder and their families have access to coordinated, collaborative, accountable systems that provide information, supports, and services.

Recommendations

AQ 3.1 Individuals and families are actively engaged in assessment and evaluation of the services they receive.

AQ 3.2. Refer to the goals and recommendations in CC, HE 2, all of ED and all of CS.

Goal: AQ 4. The Oregon Commission on ASD (or ongoing entity) interacts with ongoing oversight structures in each public agency (Department of Human Services, Oregon Health Authority, Oregon Department of Education, health care) to ensure the

quality of services and information being provided to professionals, families, individuals and the public.

Recommendations:

AQ.4.1. Embed ASD expertise in targeted state agencies will oversee the implementation of the recommendations, develop service guidelines, provide trainings and technical assistance and serve as a liaison with other stakeholders

AQ.4.2. Agencies will use key performance measures and other quality improvement strategies to monitor implementation of recommended actions.

AQ.4.3. Agencies will assure that the recommendations of the Commission are part of their Quality Management Activities and required outcome reporting responsibilities.

AQ 4.4 Oregon Department of Education will create an ASD Leadership Network in collaboration with higher education ASD training programs to provide statewide leadership for the implementation of the Comprehensive ASD Program and best practice interventions.

AQ 4.5. Health care professional organizations will incorporate best practices associated with individuals with ASD in initial and continuing professional education offerings. In this context, best practice is intended to mean the use of best available evidence combined with expert guidance in designing individual-based care plans for individuals with ASD.

Goal: AQ 5. There is a valid, data-based foundation for strategically establishing and evaluating system and program improvements for individuals with ASD.

Recommendations:

AQ 5.1. Accurate data is collected by agencies that provide supports and services to individuals on the ASD Spectrum.

Implementation Activities:

AQ 5.1.1. Existing agency data and analysis is inventoried, and gaps identified.

AQ 5.1.2. Specific cross agency data needs are identified.

AQ 5.1.3. Agencies agree to key outcome and data measures to be tracked.

AQ 5.2. New data collection and analysis is conducted where there are gaps between the needed information and existing information.

AQ 5.3. The essential data and analysis needed to investigate, support or evaluate the desired system changes are clearly defined.

AQ 5.4. Data is shared among service entities and the public in a manner which protects confidentiality while supporting the monitoring of prevalence, funding, evaluation and service planning.

Goal: AQ 6. Oregon systems improve their capacity to respond to the significantly growing population of individuals with ASD and their families who may require support and services.

Recommendations:

AQ 6.1. There is a collaborative statewide effort to increase awareness, knowledge and skill of professionals and service providers in the public and private sector who support children, youth, and adults across the spectrum of ASD and their families.

AQ 6.2. Ongoing training on ASD and technical assistance will be available to increase understanding of ASD and appropriate use of effective interaction strategies. Training and technical assistance should be available to any entity engaged with individuals on the spectrum and their families.

Implementation Activities:

AQ 6.2.1. Shared trainings across entities will be promoted.

AQ 6.3 Individuals and families are actively engaged in the design of programs for training and technical assistance.

Coordination and Collaboration (CC)

Findings and Issues:

Families and individuals may receive services from multiple agencies and programs but these services are frequently not coordinated. The rapid increase in numbers of individuals being identified with ASD, the complexity and diversity of their needs, limited

resources, and the pressure on existing education and social services systems and health care require a more thoughtful, coordinated approach to funding, service development, and delivery.

Goal: CC 1. Outcomes for individuals and families are improved through interagency collaboration and coordination.

Recommendations:

CC 1.1. Written collaborative agreements will exist between relevant agencies, and these agreements will include action outcomes.

Implementation Activities:

CC 1.1.1. Require the Oregon Health Authority, Oregon Department of Human Services, and Oregon Department of Education to have written agreements which outline mutual and collaborative efforts specifically to address the recommendations of the Commission, and in general service to individuals on the Autism Spectrum.

CC 1.2. Explicit interagency agreements will be implemented regarding Transition. Joint activities will be developed and maintained between the Department of Human Services (Seniors and People with Disabilities, Vocational Rehabilitation, Child Welfare), Oregon Department of Education, and Oregon Health Authority (Addictions and Mental Health and Oregon Health Plan) that will improve the outcomes for youth transitioning from secondary education to further educational opportunities, employment and successful community living.

Implementation Activities:

CC 1.2.1. The Interagency Agreement will reflect common agreement on mission, values, goals and outcomes for transitioning individuals with ASD. It will define the roles and responsibilities of the participating State agencies, including performance expectations of each agency and performance outcomes.

CC 1.2.2. The interagency agreement will be renewed each biennium

CC 1.2.3. Agencies subject to the Interagency Agreement will participate in state level and local interagency transition advisory committees and other agreed upon collaborative initiatives. These bodies will be utilized to monitor, recommend, and advise on interagency collaborations, transition best practices, and student outcomes.

CC 1.2.4. The State Interagency Transition Advisory Committee (SITAC) will be created and comprised of cooperating state agencies, key stakeholders,

individuals with ASD, and families. SITAC will advise on standards for collaboration, performance expectations, student outcomes, transition best practices, and the identification of publications and tools for professionals and students with ASD and their families. Each collaborating agency will assume specific responsibility related to the operation of the SITAC.

CC 1.2.5. Local Interagency Transition Advisory Committees will be formed and will be responsible for developing an annual plan that specifies their activities and goals. The local plan may also include the use of non-publicly funded resources. The local committee may review, recommend and advise on practical standards for collaboration with local providers of services for transition age youth with ASD, optional transition best practices, additional publications and tools for professionals and students with ASD and their families beyond what is recommended or required statewide.

CC 1.2.6. Outcomes of transitioning youth will be tracked to provide data on impact of interagency collaborations.

CC 1.3. Written interagency agreements will be implemented for high cost children experiencing significant levels of support.

CC 1.4. Agencies at the state and local level will share expertise, promote common trainings, and collaborate on joint activities.

Goal: CC 2. The goals and outcomes of interagency agency agreements are transparent to the public.

Recommendations:

CC2.1. Require the Oregon Health Authority, Oregon Department of Human Services, and Oregon Department of Education to make public reports on the data, implementation and service outcomes of interagency agreements.

Screening, Identification, and Assessment (SIA)

Findings and Issues:

Not every young child in Oregon receives recommended screening for autism.

Oregon lacks a coordinated system for early identification for young children, which must include many types of caregivers. Early identification and referral for services is important for the success of young children with ASD.

There is not a consistent process for making the identification or diagnosis of Autism Spectrum Disorder. Individuals who are not properly identified may not receive the services they need. Individuals who are not properly identified may receive services they don't need, thereby wasting precious time for the individual and resources that could be better used for the benefit of other individuals. The work of defining the differences in the identification or diagnosis process for children and adults is still being completed. Inaccurate identification distorts public policymaking, service planning, and allocation of resources.

In the context of following goals, recommendations, and implementation activities, concerning screening, identification, these definitions will apply:

- Screening is the use of standardized tools at specific intervals (snapshot) to evaluate all members of a population. Screening may result in further evaluation.
- Surveillance is an ongoing process of identifying individuals at risk, based on red flags, in the context of unfolding development throughout the lifespan. It is especially pertinent to individuals who were not identified through early screening.
- Interdisciplinary evaluation -means the process through which several practitioners in different disciplines participate in determining whether or not an individual has an ASD using DSM criteria. Note: we could probably leave this one out entirely. If we do include it, I suggest the changes above (strikethroughs out, red added).
- Assessment refers to additional steps beyond identification, for the purpose of determining eligibility for services.

Screening, Identification, and Assessment: Children (SIAC)

Goal: SIAC 1. Primary care providers (PCPs) will screen all children for an ASD by their second birthday.

Recommendations:

SIAC 1.1. Support statewide expansion of the START Program (Screening Tools and Referral Training) of the Oregon Pediatric Society, which helps practices implement the developmental and behavioral screening guidelines of the American Academy of Pediatrics (AAP).

Implementation:

SIAC 1.1.1. Encourage collaboration between START and the Community Connections Network of the Center for Children and Youth with Special Health Care Needs (CYSHCN) to identify local physician “champions” to help expand START to rural areas through a train-the-trainer model.

SIAC 1.1.2. Recommend that START program training incorporate awareness and educational materials particularly relevant to the medical community regarding ASD.

SIAC 1.1.3. Recommend adjustments to the START program and AAP screening protocol based on emerging research, such as best ages for screening.

SIAC 1.1.4. Include the participation of Federally Qualified Health Care medical staff in START training.

SIAC 1.2. Increase the number of family practitioners, physician assistants and nurse practitioners who regularly screen young children for developmental and behavioral problems in their practice.

SIAC 1.3. Seek statutory mandate for ASD screening prior to the age of two.

Implementation:

SIA 1.3.1. Work with the Oregon Chapter of Family Physicians, Oregon Rural Practice Research Network (ORPRN), Oregon Primary Care Association (OPCA) and Federally Qualified Health Centers (FQHCs), state professional organizations of physician assistants and nurse practitioners to improve screening rates.

SIA 1.3.2. Ensure that payors will reimburse for appropriate and recommended screening.

Goal: SIAC 2. Public and private agencies, organizations and individuals will increase surveillance and referral for identification of young children for an ASD. Families of young children seek out screening and identification services for a potential ASD as appropriate.

Recommendation:

SIAC 2.1. Improve statewide public awareness activities related to screening and surveillance.

Implementation:

SIAC 2.1.1. Include public awareness information in materials provided by Oregon Health Plan, State Children's Health Insurance Program and Healthy Kids, for families whose children do not have a primary care provider.

SIAC 2.1.2 Individuals and families are actively engaged in the design of public activities and materials related to screening and surveillance.

SIAC 2.1.3. Distribute information on the importance of early identification of ASD, with training and resources available to health care, education and other providers involved in screening, referral and identification.

SIAC 2.2. Determine the need for additional training on developmental and behavioral surveillance for organizations serving young children, including Oregon Pre-K, Healthy Start, Babies First, Head Start, child care providers, and others.

SIAC 2.3. Improve the rate of screening of the young children of migrant families and other cultural groups.

Implementation:

SIAC 2.3.1. Distribute public awareness materials in Spanish and other languages through Federally Qualified Health Centers (FQHC);

Goal: SIAC 3. Screening and referral to ASD identification services by public and private agencies and individuals will be coordinated.

Recommendation:

SIAC 3.1. Strengthen the partnership between local primary care providers and Early Intervention / Early Childhood Special Education programs.

Implementation:

SIAC 3.1.1. Use standard referral form for improved communication of test results and recommended services between EI/ECSE and PCPs.

SIAC 3.2. Increase the collaboration between local school districts and other community early childhood providers to improve Child Find and other referral activities.

SIAC 3.3. Support the implementation of the Child Health Profile or similar interactive database by DHS to improve coordination of care among health care providers and public health nurses (expansion of the ALERT immunization database based on Vermont's model).

Goal: SIAC 4. Identification will be standardized, coordinated, efficient and timely. The resulting identification will be accepted universally and across systems in Oregon as a part of the eligibility determination for services. See diagram following Goal SIAC 5.

Recommendation:

SIAC 4.1. DSM criteria will be used for all identifications.

SIAC 4.2. The identification will be made through an interdisciplinary process.

SIAC 4.3. The standard evaluation for the identification of an ASD will include at least the following elements:

- 1) Diagnostic interview, including family history, with pertinent people such as child/person, parent/caregiver, and education staff.
- 2) Structured observation using standardized, research based, autism-specific instrument.
- 3) Unstructured observations, at least one of which is outside the team evaluation setting, which might include:
 - a) Familiar setting
 - b) Unfamiliar setting
 - c) Unstructured peer interaction
 - d) Unstructured independent activities
- 4) A developmental assessment, using the best available standardized tools appropriate for age and developmental level, for:
 - a) Cognition: thinking and reasoning
 - b) Adaptive functioning
 - c) Functional communication, including speech and language skills
 - d) Sensory function
 - e) Social and emotional skills
- 5)Hearing test for those up to age 5, for the first evaluation, if none has been done in the previous 6-12 months AND one or more of the following:
 - i. No newborn screen was done
 - ii. There is a family history of progressive hearing loss or there have been recurrent infections.

Note: A hearing assessment should be appropriate to the age and developmental level of the individual.
- 6) Reports should be made available to caregivers in accessible language with standardized elements

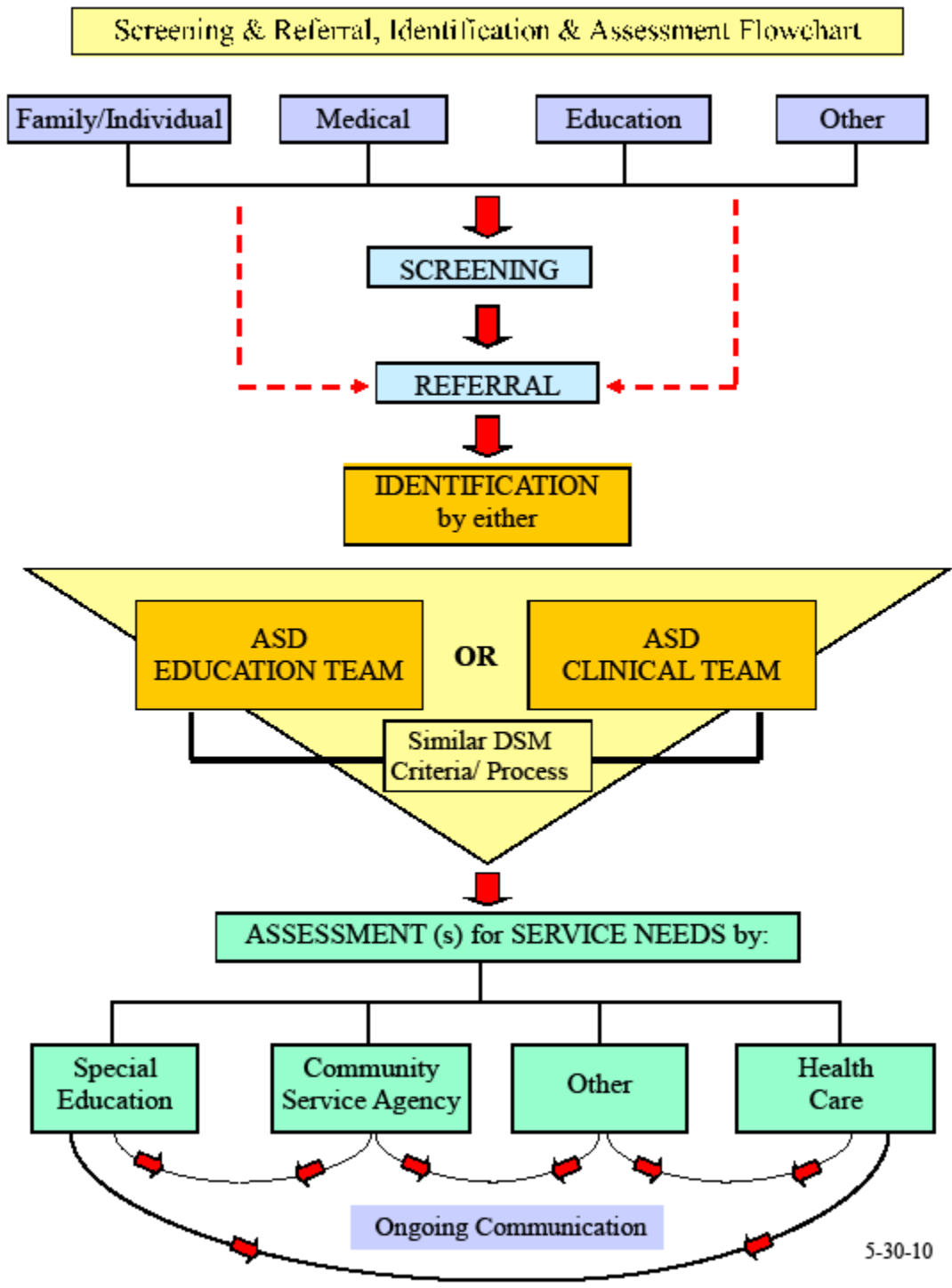
SIAC 4.4. The identification team as a whole must possess at least the following specific knowledge elements for applying the DSM criteria for identification of individuals with an ASD.

- a) Typical child development
- b) Atypical child development
- c) Psychopathology appropriate to the age of the person being evaluated and sufficient to differentiate an ASD from other conditions (such as intellectual disabilities, anxiety disorders, reactive attachment disorder, ADHD, and mood disorders)

- d) Formal (structured) and informal (observation/interview) assessment practices.
- d) Characteristics of ASD appropriate to the age of the person being evaluated.
- e) Assessment tools/methods for ASD and differential sufficient for referral for further evaluation.
- f) Family and environmental dynamics/systems (e.g. maternal depression, abuse, culture).
- g) Knowledge sufficient to identify red flags indicating need for further referral.

Goal: SIAC 5. An entity is identified to assume responsibility for dissemination of evolving best practice regarding ASD screening and identification.

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Identification and Assessment: Adults (SIAA)

Goal: SIAA 1. Older children and adults are appropriately identified with ASD.

Recommendations:

SIAA 1.1. Incorporate information and resources on the identification of ASD in older children and adults in training programs for health (including primary care providers, medical specialists, mental health professionals), justice system, corrections ,education professionals (including student health centers at community colleges and universities), and individuals with ASD and families, to improve quality and capacity.

Implementation Activities

SIAA 1.1.1. Develop necessary training materials and resources and implement as part of training programs on screening and identification. Engage individuals with ASD and families in both development of materials and trainings.

SIAA 1.2. Adults have access to respectful processes for the identification of Autism Spectrum Disorders and assessments for services.

SIAA 1.3. Identify and share best practices for the evaluation of older children and adults for ASD in the health care office (primary care providers, medical specialists and mental health professionals), justice system, corrections and educational settings.

SIAA 1.4. The adult identification process must recognize the unique features of the adult experience and concerns

Goal: SIAA 2. Identification will be standardized, coordinated, efficient and timely. The resulting identification will be accepted universally and across systems in Oregon as a part of the eligibility determination for services.

Goal: SIAA 3. Resources will be available to adults and their families both in seeking diagnosis and in seeking to understand what to do after identification.

Recommendation:

SIAA 3.1. Create a "starter packet" ("You've just been diagnosed, now what?") for newly diagnosed individuals and families to be distributed to Oregon clinicians, service locations (e.g., Vocational Rehabilitation offices), and put on the Internet.

SIAA 3.2. Utilize an online clearing house for official information regarding adults seeking diagnosis and services.

Health (HE)

Findings and Issues:

Individuals with ASD often face challenges in accessing health care services which are otherwise generally available. Most health care professionals have only a few individuals with ASD in their practices, and little or no formal training in appropriate care or needed accommodations. Individuals and families also experience difficulty in navigating care systems and being effective advocates, managers and directors of care.

Goal: HE 1. Health care professionals are aware of the diagnostic characteristics of ASD and know where to refer for identification services.

Recommendations:

HE 1.1 See Screening, Identification, and Assessment

Goal: HE 2. Individuals on the Autism Spectrum have access to appropriate health care, coordinated among health care providers, individuals, families as appropriate, and community professionals.

Recommendations:

HE 2.1. Child-serving programs will determine if children have health insurance. If not, they will provide information on the Oregon Health Plan, SCHIP and Healthy Kids.

HE 2.2. Individuals with ASD will have access to a regular provider who can accommodate needs, proactively manage care, refer to other resources when needed, involve the family when appropriate, and work with schools and community providers.

HE 2.3. Medical home activities which will help coordinate comprehensive care will be defined, measured and reimbursed.

HE 2.4. Community-based care coordination supports will be available to the PCP office based on the needs of the individual, family and office.

HE 2.5. Specialty consultations will be available to health care providers regarding the care of individuals with ASD.

Goal: HE 3. Individuals on the Autism Spectrum are served by health care professionals who have the skills, knowledge and supports to provide high quality health care appropriate to individuals with ASD

Recommendations:

HE 3.1. High quality health care, including dental care, to individuals with ASD will include:

- understanding of basic treatment approaches and challenges
- use of strategies to address the special sensory, behavioral and communication needs,
- identification of associated or co-morbid medical and mental health conditions, with initial treatment and timely referral as needed
- Involvement of, and support to, all members of the family, when appropriate
- knowledge about all treatments including complementary and alternative options,
- the same preventive services as are provided to persons without developmental disabilities,
- appropriate coding and billing for services provided

HE 3.2. Health care professionals (HCPs) will have access to the information and training necessary to provide high quality health care to individuals with ASD.

Implementation Activities:

HE 3.2.1. Develop and maintain a website to support training initiatives and provide resources to HCPs including quarterly updates on statewide medical home activities.

HE 3.2.2. Develop and implement training programs customized for several key groups such as primary care providers for adults, medical and surgical specialists, mental health professionals, dentists and dental staff and first responders.

HE 3.2.3. Provide training in multiple formats including webinars, regional conferences and learning collaboratives. Archive all presentations on the website.

HE 3.2.4. Identify, train and support local health care champions who would conduct local trainings, consult with local clinicians, schools and other community providers.

HE 3.2.5. Implement Developmental Pediatric and Child Psychiatric remote clinician-to clinician consultation services to support the local health care pediatric champions and other HCPs. .

HE 3.2.6. Identify and support HCPs who are interested and available to assume the health care of adults with ASD, including transition of youth.

HE 3.2.6. Collaborate with migrant communities and other cultural groups to make appropriate trainings available.

HE 3.2.7. Clinician training programs (e.g. medical school and residency) review and update the initial training provided regarding both screening/surveillance and serving individuals on the spectrum on a periodic basis.

Goal: HE 4. The general health and wellness of individuals with ASD is improved by the promotion of healthy behaviors, self-advocacy, self-determination and self-management.

Recommendations:

HE 4.1. Individuals and families will have the necessary information and supports, including access to facilities and health and wellness programs, to be able to implement healthy lifestyle choices about diet, exercise, and recreation.

Implementation Activities

HE 4.1.1 Create accessible health promotion materials to be available in multiple formats, addressing autism-related barriers to healthy lifestyles.

HE 4.1.2. Identify and support self-advocacy groups and help them to create peer-mentoring programs and wellness programs.

HE 4.1.3. Identify and support recreational facilities and other organizations which will create special events to accommodate the needs of individuals with ASD.

HE 4.1.4 Identify resources to support individuals with ASD to successfully participate in generic community activities.

HE 4.2. Individuals and families will have the tools and support to effectively inform HCPs about any relevant sensory, behavioral, and communication issues that affect their healthcare.

Implementation Activities

HE 4.2.1. Create questionnaires that will allow individuals to describe for healthcare providers ways that being on the spectrum affects the individual's healthcare interactions, with potential strategies to facilitate care.

HE 4.3. Individuals and families are included in medical decision making, and understand the consequences of their decisions.

Implementation Activities

HE 4.3.1. Compile educational materials and create training programs with individuals and families about how to communicate with healthcare providers, navigate the healthcare system, and access available resources and supports.

HE 4.4. Individuals and their families will have access to necessary information and supports to promote self-management of their health conditions.

Implementation Activities

HE 4.4.1. Support existing resource centers that can translate patient education materials and instructions into forms that are accessible to individuals' learning needs.

Health Insurance (HI)

Findings and Issues:

At this point, public and private health insurance in Oregon does not generally cover behavioral interventions and other services related to ASD. Many believe that health insurance should provide critical early access and ongoing treatments for individuals with Autism Spectrum Disorder that are currently not available.

A review of the history shows the role of health insurance in providing specific behavioral interventions, frequently identified as applied behavioral analysis, to individuals with Autism Spectrum Disorder has been controversial in Oregon. There has been debate over whether the interventions found most successful for young children on the Spectrum are best described as educational or medical. Medical systems are not well designed for coordinating and integrating care with other service providers. There has been disagreement whether the interventions meet the appropriate standard of

evidence for medical insurance. In 2007, a subcommittee of the Health Resources Commission was created to review the evidence for various treatments. The report, for a number of reasons, did not resolve the controversies.

Nationally there has been a significant movement to expand the role of health insurance in providing Autism specific treatments and interventions.

A recent opinion in an Oregon autism health care litigation has provided additional information for consideration in the discussions of the appropriate role of health insurance in the state.

The subcommittee addressing the Role of Health Insurance has not yet completed its work, which is likely to result in further recommendations where there is consensus. This subcommittee was the last subcommittee to be created. We will be adding recommendations as they become available.

Goal: HI 1. Public and private insurance in Oregon provide comprehensive integrated health care services and ASD treatments for individuals on the spectrum.

Recommendations:

HI 1.1 An ASD health insurance mandate is submitted for bill drafting for the 2011 Oregon Legislative session.

Goal: HI 2. There is an entity responsible for ongoing oversight and monitoring of best practices and emerging evidence, to provide periodic updated guidance to professionals. This includes a comprehensive evaluation of quality indicators and identification of strategies that need to be changed.

Goal: HI 3. Services provided in medical, educational and community contexts are coordinated and synergistic in approach. Gaps and overlapping areas are eliminated.

See also Coordination and Collaboration and Screening, Identification and Assessment sections.

Education (ED)

Findings and Issues: The existing education systems in Oregon are often inadequate to meet the increasingly complex needs of individuals identified with ASD. There is frequently not sufficient utilization of current best practice information to design and implement programs across the range of learners. The current model of Regional ASD Services no longer meets the needs of school districts that have a rapidly growing

population of children and youth with ASD. Services and access to personnel training and support may be different in various areas of the state depending on the capacity, role and expectation of Regional ASD Services, the ESD, EI/ECSE and local school districts. Rural areas of the state experience an even greater challenge in finding and retaining staff trained to work with children and youth with ASD. Access to trainings, specialized services and technical assistance varies.

There is a lack of stable funding to increase statewide capacity to meet the need for skilled ASD specialists, behavior specialists, and teachers.

Many individuals with ASD do not make a successful transition to permanent employment or continuing education. Successful transition from secondary school to employment or continuing education requires strategies that recognize the unique strengths and needs of individuals with ASD. Many post secondary educational and social service programs are uncertain how to support an individual with ASD.

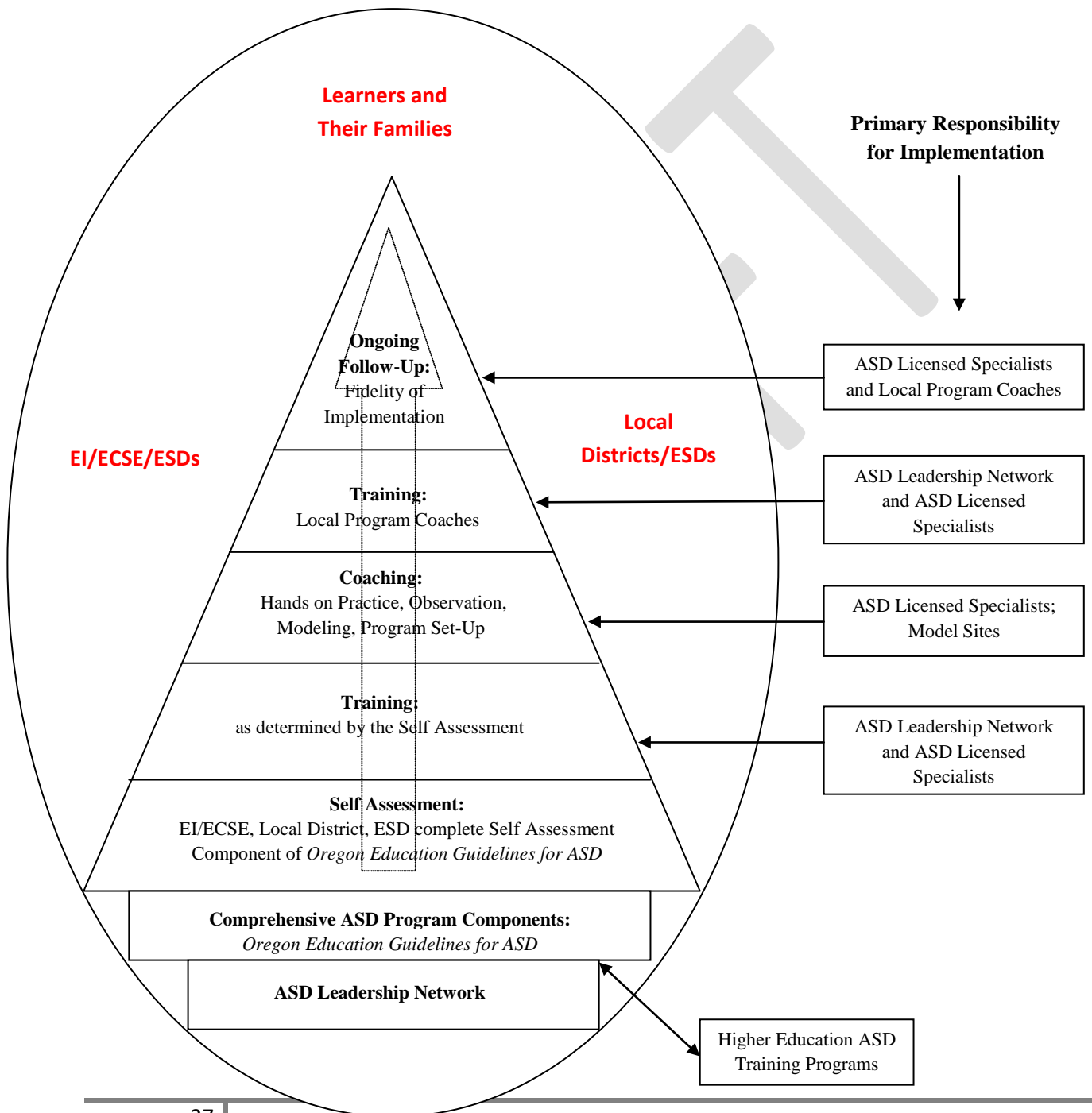
Training, research, and programmatic resources available in higher education are often not well supported or linked to service delivery in education, social services, and health care

The education systems must be better equipped to address the range of learning needs. A coordinated, integrated approach (Scaling Up) to program planning and instruction which involves parents, students (as appropriate), building administrators, ASD Licensed Specialists, general and special education staff, local program coaches, instructional assistants, and related staff must be put in place. Currently resources are available (and accepted in the field) identifying the critical components of comprehensive educational programs for learners with ASD. In addition, best practice information and implementation in the field of ASD is changing rapidly. In the last year, evidence of best practice regarding interventions has been distributed across the country. Oregon needs a consistent system for the design and implementation of this comprehensive system and best practice interventions. The following diagram shows how a strengthened comprehensive model for learners with ASD will be implemented.

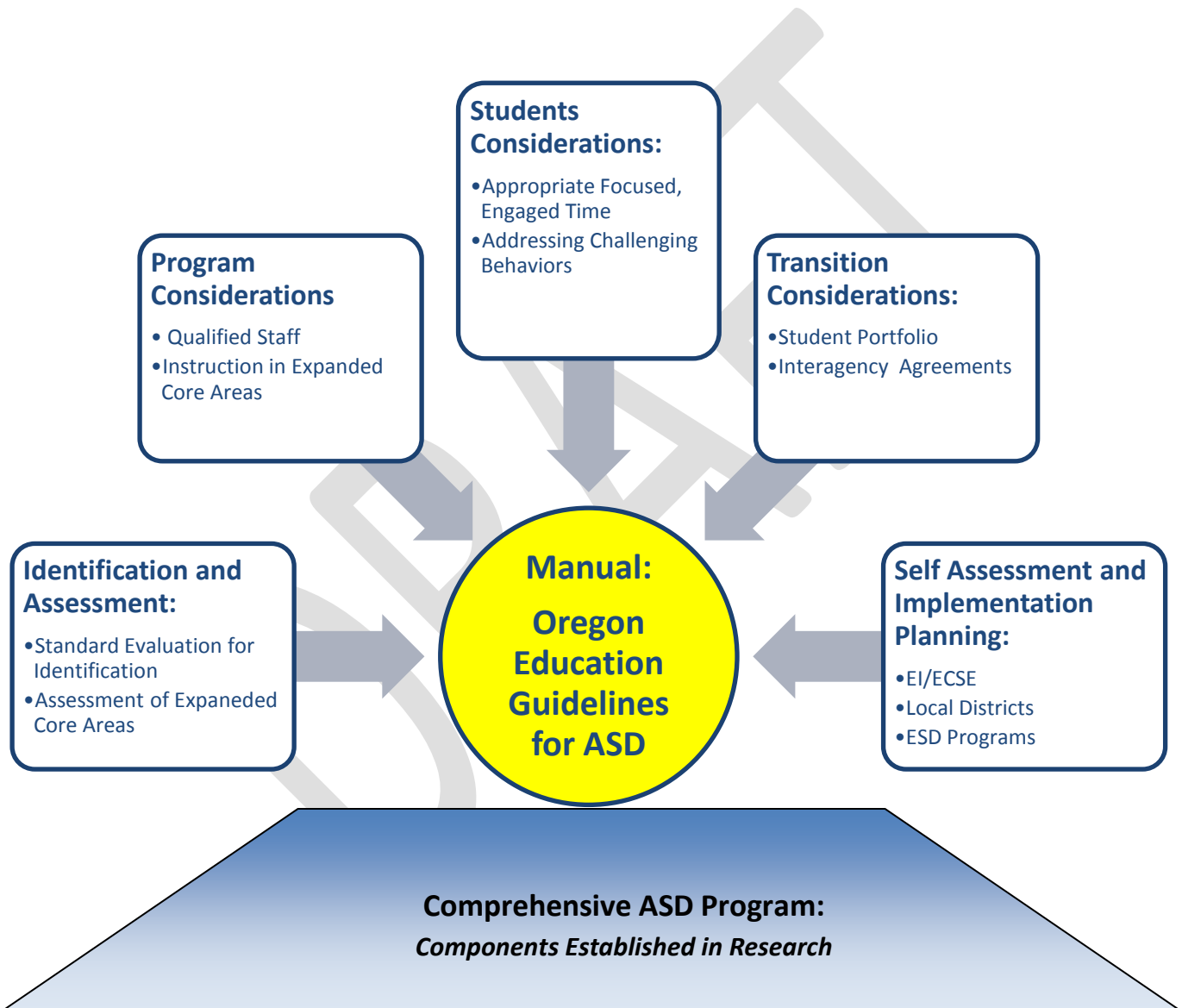
The following recommendations propose a significant shift in the current design and implementation of educational services related to ASD. These recommendations increase the capacity of the education system to more effectively and efficiently address the needs of the individuals on the Autism spectrum. It is intended that these reforms are implemented in the most cost neutral manner possible over a period of several years.

Implementation of Comprehensive ASD Program Framework

Provide statewide comprehensive framework for staff, families, and community to support appropriate, consistent instruction for all learners with ASD. As the training and coaching moves toward the point of the arrow, the more specific the implementation to the individual program, school, and learner.



Manual: Oregon Guidelines for ASD



ASD LICENSE AND/OR COMPETENCY REQUIREMENTS

Position	Requirements	Role	Other
ASD Licensed Specialist (ASD-CTL)	<ol style="list-style-type: none"> 1. Obtain ASD-CTL from Teacher Standards and Practice Commission (TSPC). 2. Add to current license: <ol style="list-style-type: none"> a. Special Education; or b. EI/ECSE 3. ASD-CTL TSPC license can be obtained through competency-based higher education coursework or competency-based, documented Portfolio. 4. Meet experience requirements needed to obtain ASD-CTL. (Refer to: Education – Teacher Training) 	<p>Support to EI/ECSE, Local District, and ESD programs in the implementation of <i>Oregon Guidelines for ASD</i> by providing:</p> <ul style="list-style-type: none"> • Training • Coaching • Program Set-Up • Follow-Up <p>(Refer to: Implementation of Comprehensive Program Framework)</p>	<ol style="list-style-type: none"> 1. You may be licensed as an ASD-CTL and also serve in role as ASD Identification Specialist or ASD Transition if the competencies for either position are demonstrated. 2. Holding an ASD-CTL license doesn't automatically qualify an individual to serve as an ASD Identification Specialist or ASD Transition Specialist. A separate set of competencies is required for each of those positions
ASD Identification Specialist	<ol style="list-style-type: none"> 1. Hold Current License: <ol style="list-style-type: none"> a. School Psychology; b. Speech and Language; c. ASD-CTL, or d. Special Education 2. Meet competency requirements established in OAR. 3. Meet experience requirements established in OAR. (Refer to: Education – Teacher Training) 	<p>Work with EI/ECSE and Local Districts to conduct required components of the Identification of an ASD.</p> <p>(Refer to: Screening, Identification, and Assessment)</p>	<ol style="list-style-type: none"> 1. The Identification team as a whole must possess the specific knowledge elements (competencies) for applying the DSM criteria for identification of individuals with an ASD. If one individual demonstrates all the competency and experience requirements, they would serve role as ASD Identification Specialist.
ASD Transition Specialist	<ol style="list-style-type: none"> 1. Hold current License: <ol style="list-style-type: none"> a. ASD-CTL b. Special Education c. General Education 2. Meet competency requirements established in OAR. 3. Meet experience requirements established in OAR. (Refer to: Education – Teacher Training) 	<p>Work with Local School Districts and ESD Programs in the implementation of best practice activities to transitioning youth as identified in the <i>Oregon Guidelines for ASD</i>.</p> <p>(Refer to: Education Interagency Transition)</p>	<ol style="list-style-type: none"> 1. This position works in collaboration with local education staff and ASD Licensed Specialists.

Early Intervention / Early Childhood Special Education through School Age (ED-EISA)

Goal: ED-EISA 1. A statewide *Comprehensive ASD Program Framework* is designed and implemented. The Comprehensive ASD Program, in this context, is based on the compilation of most current educational research available on Autism Spectrum Disorders. The details for the Comprehensive ASD Program will be contained in the implementation manual “Oregon Education Guidelines for ASD.” The statewide framework specifies delivery of service and instruction for learners with ASD for the purpose of 1) disseminating consistent evidence-based best practices, 2) providing consistent training and coaching, 3) offering coordinated, collaborative services 4) providing sufficient instruction to meet the needs of the individual learner, 5) ensuring that mandated timeframes for service are met, 6) Assessing successful outcomes.

Components of the Comprehensive ASD Program include:

- Appropriate Identification and Assessment
- Addresses the Expanded Core Curriculum for learners with ASD
- Uses Evidence Based Practices (focus on interventions that have an evidence base, while tracking and encouraging further investigation of interventions that have shown promise):
 - Instruction
 - Systematic Implementation
 - Data
- Provides Focused/Engaged Time – time in which the learner is engaged in systematically planned, developmentally appropriate educational activities aimed toward identified objectives. Where the activities take place and the content of the activities is determined on an individual basis. The learner must receive sufficient attention on a daily basis so that individual objectives can be effectively implemented. Instruction should include direct one-to one and small group teaching.
- Provides Qualified Staff
- Offers Continuum of Placement – how the environment and the educational strategies allow for implementation of the individualized goals for the child
- Provides Family Involvement and Supports
- Provides Community Inclusion Supports

Goal: ED-EISA 2. There is an “ASD Leadership Network”, consisting of 5 high level experts, with the responsibility to review, coordinate, develop policy, disseminate, train and coach on information related to the Comprehensive ASD Program.

Recommendations:

ED-EISA 2.1. Establish the kinds of expertise and qualifications needed for the ASD Leadership Network

Implementation Activities:

ED-EISA 2.1.1. Possible expertise to include may include the following:

- Director – expertise in ASD
- Clinical Psychologist or Physician –expertise in Identification and Differential Diagnosis
- Assessment Expert– expertise in assessment of ASD Educational Needs (Expanded Core Curriculum)
- ASD Expert– expertise in ASD Early Intense Intervention
- ASD Expert – expertise in Evidence-Based Interventions
- Professional Development – expertise in training and coaching practices
- ASD Transition Expert –expertise in ASD Transition Planning
- ASD Expert – expertise working with Families
- Family Member and/or clear mechanism for gaining of family input
- Individual with Autism Spectrum Disorder and /or clear mechanism for gaining of input

ED-EISA 2.1.2. Determine where ASD Leadership Network staff will be located, what agency/program will provide oversight for Network.

ED-EISA 2.2. A member of the ASD Leadership Network has expertise in supporting families in the areas of training, coaching problem solving, and facilitating family to family connections.

Implementation Activities:

ED-EISA 2.2.1. ASD Leadership Network will engage families in conducting needs assessments, designing the format for training to meet the needs of families statewide, implement and evaluate effectiveness of training.

ED-EISA 2.2.2. Provide local training, coaching and problem solving to families, in partnership with local staff.

ED-EISA 2.3. A member of the ASD Leadership Network has expertise in transition to adult life, community outreach and training community partners.

ED-EISA 2.4. Under the direction of the ASD Leadership Network, provide a web-based clearinghouse of expanded core curriculum materials, evidence-based books, training materials, assessments, and related resources available for short term loan to Oregon parents, educators, agencies and community.

Implementation Activities:

ED -EISA 2.4.1. Review the resources currently available at the existing statewide library and update as needed.

ED- EISA 2.4.2. Disseminate resource list statewide through education and community agencies

Goal:

ED-EISA 3. The manual *Oregon Education Guidelines for ASD*, which details the critical components programs need to have available to serve the range of learners with an ASD, assists local districts EI/ECSE programs, and ESDs throughout the state to implement the components of the *Comprehensive ASD Program*.

Recommendation:

ED-EISA 3.1. The *Oregon Education Guidelines for ASD* will be developed, based on best practice information and will address the following:

- Identification and Assessment, including the Expanded Core Curriculum for learners with ASD
- Program Considerations, including best practice intervention strategies
- Individual Student Considerations, including instruction of the expanded core curriculum using best practice intervention strategies and strategies for inclusion in the general curriculum and school activities.
- Behavior Considerations
- Transition Considerations
- Local district, EI/ECSE, ESD Self Assessment
- Local district, EI/ECSE, ESD Written Improvement Plan Format
- Best Practice Resources
- Qualifications for Staff

Implementation Activities:

ED-EISA 3.1.1. Design the format, content and training for implementing the *Components of a Comprehensive ASD Program* in the manual: *Oregon Education Guidelines for ASD*:

- Share draft guidelines with stakeholders. Solicit feedback and make modifications as needed. (Feedback from ASD working group, special education directors, ASO, Self advocates)
- ASD Leadership Network will train ASD Licensed Specialists on the components of a Comprehensive ASD Program using the manual *Oregon Education Guidelines for ASD*

- ASD Leadership Network will identify EI/ECSE, Local District, and ESD Program staff to train on use of Oregon Education Guidelines for ASD, including the Self Assessment and Written Plan.
- ASD Leadership Network and ASD Licensed Specialists will train identified Local districts, EI/ECSE, ESD program, parents and others on the components of the Oregon Education Guidelines for ASD
- Design plan for ongoing review ,effectiveness, and updates of Oregon Education Guidelines for ASD

ED-EISA 3.2. *Oregon Education Guidelines for ASD* will include a self assessment component and written implementation plan format, to be used by each district , EI/ECSE Program, and ESD Program to determine their level of implementation of the components of the *Comprehensive ASD Program*

EDT 3.3. Design a self assessment for community partners (relative to the Transition process) to assess their level of need for support from the ASD Leadership Network.

ED-EISA 3.4. The self assessment and written implementation plan of the Oregon Education Guidelines will serve as a needs assessment for determining the training, coaching, program set up, and follow provided by the ASD Leadership Network and the ASD Licensed Specialists to districts, EI/ECSE., and ESDs.

Goal: ED-EISA 4. Licensed educators, specialists, paraprofessionals, ASD Licensed Specialists, local program coaches, preschool providers and other community providers based on their education role in serving individuals with ASD, have a level of skills to ensure implementation of the *Oregon Education Guidelines for ASD*

Recommendations:

ED-EISA4.1. There are qualified ASD Licensed Specialists available statewide to provide expertise support to local districts and EI/ECSE programs to work in collaboration with the ASD Leadership Network to implement the Oregon ASD Education Guidelines for ASD.

ED-EISA 4.2. Competency-based, ASD Licensed Specialists will be available statewide to provide consistent training, coaching, program set-up, and follow-up as part of the implementation of the Oregon Education Guidelines for ASD.

ED-EISA 4.3. Ongoing professional development opportunities coordinated with the Comprehensive ASD Program and Oregon Education Guidelines for ASD are available statewide.

ED-EISA 4.4. ASD Licensed Specialists to provide support, to districts, EI/ECSE program, and families, in evidence-based interventions: a) systematic didactic training in evidence-based interventions, b) set up materials and setting, c) on-site coaching of evidence-based interventions and d) follow up support to address fidelity of implementation of the Oregon Education Guidelines for ASD.

ED-EISA 4.5, EI/ECSE, Local Districts, and ESD programs will identify local professionals to serve in the role of local coaches. ASD Licensed Specialists will train the local coaches to assist with fidelity of implementation of instructional strategies, follow-up and problem solving concerning individual student issues.

ED-EISA 4.6. The competencies needed for each ASD specialist is matched to the role in which they serve. In addition to demonstrating competencies, the ASD Licensed Specialist will be licensed through TSPC: (See diagram "ASD License and/or Competency Requirements).

- Identification Specialist
- ASD Licensed Specialist
- ASD Transition Specialist

ED-EISA 4.7. The role ASD Licensed Specialist will be to conduct assessments (expanded core curriculum), and to train and coach staff on the implementation strategies needed for the intensive learner and the learner in the general education setting. In this context, the intensive learner strategies mean behavioral teaching procedures based upon the principles of Applied Behavior Analysis. The program provides intensive intervention in highly structured settings.

ED-EISA 4.8. All staff, building administrators, general education teachers, special education teachers, and paraprofessionals participate in basic training regarding the needs of learners with ASD.

ED-EISA 4.9. Staff working directly with learners with ASD in the classroom (general and special education) are involved in systematic training and onsite coaching specific to the evidence-based interventions used by individual learners.

ED-EISA 4.10. There will be a sufficient pool of local coaches in schools and buildings (EI/ECSE programs, local district programs, ESD programs) to sustain fidelity of implementation of ASD evidence-based interventions.

ED-EISA 4.11. A systematic format for training and coaching, including the use of technology, will be used across the state to provide consistency for professional development on evidence-based interventions.

ED-EISA 4.12. Sufficient funding available to implement and sustain all the components of Comprehensive ASD Program framework

Implementation Activities:

ED-EISA 4.10.1. Advocate in the 2011 Legislative session for adequate funding for both EI/ECSE services and for the ASD Licensed Specialists needed to support the implementation of the Comprehensive ASD Program

ED-EISA 4.13. Each staff providing instruction to learners with ASD will demonstrate basic skills and participate in related professional development activities.

Goal: ED-EISA 5. Appropriate identification and a thorough assessment to determine the need for specially designed instruction is available in a timely manner for all individuals birth-21 referred for an evaluation for an ASD.

Recommendations:

ED-EISA 5.1. Training is provided to appropriate ASD Licensed Specialists (and experienced education personnel (e.g. School Psychologist, Speech Language Pathologist) needed to implement Oregon's identification process for ASD.

ED-EISA 5.2. The ASD Leadership Network and ASD Licensed Specialist personnel with the combined expertise in ASD and in recognizing co-occurring and other similar conditions provide training, coaching and problem solving support addressing the identification and assessment of learners suspected of having an Autism Spectrum Disorder

ED-EISA 5.3. ASD Licensed Specialists and the local team, as required by IDEA, collaborate in conducting the comprehensive assessment to address the *Expanded Core Curriculum* for learners with ASD as well as to determine the educational impact of the characteristics the learner with ASD displays, and to determine the need for specially designed instruction.

Goal: ED-EISA 6. Learners with an ASD receive appropriate coordinated instructional and other strategies using best practice interventions and support.

Recommendations:

ED –EISA 6.1. Young children identified with an ASD will receive coordinated intensive intervention and support

Implementation Activities:

ED-EISA 6.1.1. Seek funding of actual cost of early, appropriate, intensive intervention to meet the needs of learners with ASD from birth-5.

ED-EISA 6.2. Levels of service (based on assessment data) are sufficient to demonstrate appropriate time in which the learner is engaged in systematically planned, developmentally appropriate educational and other activities aimed toward identified goals and objectives. The location of the activities and the content of the activities are determined on an individual basis. The learner must receive instruction from an adult on a daily basis so the individual makes sufficient progress toward his/her goals. Instruction should include direct one-to one and small group teaching, maximizing planned teaching opportunities.

ED –EISA 6.3. Program planning addresses *the Expanded Core Curriculum for ASD* for each individual learner: communication development, social / emotional development, cognitive development, sensory and motor development, adaptive skills development, challenging behaviors, organization, career and life goals, and self advocacy.

Core Curriculum: the general curriculum and standards for all learners	Expanded Core Curriculum: the curriculum that addresses the unique characteristics and learning needs of learners with ASD
<ul style="list-style-type: none"> • English language arts,. 	<ul style="list-style-type: none"> • communication development,
<ul style="list-style-type: none"> • mathematics, 	<ul style="list-style-type: none"> • social development,.
<ul style="list-style-type: none"> • health, 	<ul style="list-style-type: none"> • cognitive development,
<ul style="list-style-type: none"> • physical education, 	<ul style="list-style-type: none"> • sensory and motor development,
<ul style="list-style-type: none"> • science, 	<ul style="list-style-type: none"> • adaptive skills development
<ul style="list-style-type: none"> • second language, 	<ul style="list-style-type: none"> • career and life goals
<ul style="list-style-type: none"> • social sciences, 	<ul style="list-style-type: none"> • self advocacy
<ul style="list-style-type: none"> • the arts 	<ul style="list-style-type: none"> • organization skills • challenging behaviors

ED-EISA 6.4. Flexible placement options are available to meet each student’s needs, providing the greatest opportunity for appropriate interactions with typical peers along with access to instruction on the core curriculum (all learners) and the *Expanded Core Curriculum* (for learners with ASD).

ED-EISA 6.5. Addressing the needs determined by the comprehensive assessment, instruction is designed to implement evidence-based intervention strategies known to be effective for learners with ASD and match individual strengths and weaknesses.

ED-EISA 6.6. For each individual learner, a carefully planned sequence of instruction, incorporating evidence-based instructional and intervention strategies, is provided, progress data collected and analyzed, and instruction modified as needed.

ED-EISA 6.7. Educational placements support the implementation of individualized goals for the learner. Placements promote continuity, cohesion and consistency across all environments to meet individual needs and enhance the learner's independence.

ED-EISA 6.8. Placement options are sufficient to address the implementation of the *Oregon Education Guidelines for ASD*.

ED-EISA 6.9. Each learner with ASD shall have appropriate opportunities for successful and meaningful interactions with similar aged peers. The activity and frequency of the activity should consider the preferences of the learner with ASD, and the family as appropriate.

Goal: ED- EISA 7. Children and youth with ASD have the appropriate support, if necessary, to access general education programs and other school based activities and experiences.

Recommendation:

ED-EISA 7.1. All educational and support staff understand the impact of the characteristics of ASD on student learning

Goal: ED-EISA 8. Effective family involvement provides an opportunity for participation in training, decision making and implementation of educational and other school programs..

Recommendations:

ED-EISA 8.1. Parent trainings are available in local communities on a regularly scheduled basis.

ED-EISA 8.2. Clearinghouse for materials and FAQ is available to all families.

Education Interagency Transition (EDT)

Goal: EDT.1. Individuals with ASD make a successful transition from secondary school to permanent employment, higher education, or other post secondary goals.

Goal: EDT 2. Students with ASD and their families are informed early and frequently about transition processes, best practices and opportunities.

Recommendations:

ED 2.1. Students with ASD will be provided with “Transition Roadmap” or standardized information packet at the key points: 5th grade, 8th grade, and appropriate periods throughout high school.

EDT 2.2. Students will maintain a *Transition Portfolio* beginning in the 5th grade when s/he first learns about diploma options and throughout the student’s remaining education. Each subsequent year, the student would add to the *Transition Portfolio*. See EDT 6.3 for further description of the Transition Portfolio.

Implementation Activities:

EDT 2.2.1. Complete the development of a *Transition Portfolio*, pilot use, evaluate and modify.

Goal: EDT 3. The Oregon Department of Education will participate in an Interagency Transition Agreement that includes explicit language defining transition, the transition process, and transition services in order to ensure common understanding and consistency in implementation of transition services. (See also Coordination and Collaboration)

Recommendations:

EDT 3.1. An explicit and readable guide will be used in Oregon schools to describe best practice activities schools **must** provide to transitioning youth and activities which they **may** engage in with transitioning youth.

Implementation Activities:

3.1.1 Develop a matrix to delineate best practice activities for transitioning youth.

EDT 3.2. The Oregon Department of Education will collaborate with other agencies in the development and distribution of materials on transition for ASD youth.

Goal: EDT 4. The Oregon Department of Education (ODE) and school districts participate in statewide and local Interagency Transition Committees designed to promote collaborative transition goals, monitor collaborations, address conflicts, support collaborative initiatives, and track transition outcomes.

Recommendations:

EDT 4.1. ODE and schools will utilize Interagency Transition Committees to monitor, recommend, and advise on interagency collaborations, transition best practices, and student outcomes.

Goal: EDT 5. Transition Specialists and ASD Licensed Specialists work collaboratively to improve the transition outcomes for youth with ASD.

Goal: EDT 6. Implementation of best practices in the education setting result in more seamless and successful transition outcomes for youth with ASD.

Recommendations:

EDT 6.1. Oregon Department of Education and Local School Districts will provide incentives, including credits, and opportunities for students with ASD to participate in transition activities, including:

- Students may receive academic credit for transition activities (e.g., work experience, internships, 1:1 transition counseling);
- Students have access to expanded core curriculum in which academic or elective credit is available for courses which teach skills needed for successful transition and self advocacy.
- Students have the option, when appropriate, of developing plans that integrate the Individualized Education Plan (IEP) and the goals of the adult services Individualized Support Plan (ISP).

EDT 6.2. The transition IEP format will specifically include the areas of transition identified in IDEA for the purpose of expanding the focus of transition activities consistent with IDEA.

EDT 6.3. The Summary of Performance format is expanded to reflect best practices and is made part of the *Transition Portfolio*. *The Transition Portfolio* shall include the documentation that facilitates entry into adult services or continuing education including the most recent testing information, vocational evaluation, present level of performances, strengths, needs and appropriate support strategies.

Implementation Activities:

6.3.1 Students will be taught to how to use the *Transition Portfolio* in self advocacy in seeking employment or further educational opportunities.

EDT 6.4. Every student with ASD will have IEP goals and objectives for an expanded core curriculum that reflect the Preferences, Interests, Needs and Services (PINS) in the unique academic and functional skills required to transition effectively into adult life. For example: Social Competence/Social Cognition; Self determination/self advocacy; and self awareness

Goal: EDT 7. Adult service agencies and educational agencies share trainings and best practice in achieving successful transition outcomes for individuals on the ASD spectrum.

Education - Teacher Training (EDTT)

Goal: EDTT 1. An adequate pool of skilled ASD Licensed Specialists, behavior specialists and teachers of children with ASD exists to meet the demand.

Recommendations

EDTT.1.1. To serve as an ASD Licensed Specialist, individual must (see EDTT 2.6 for phase in) obtain ASD Specialist Continuing Teacher License (ASD-CTL) from TSPC. For most of the professionals currently serving in the role as an ASD Specialist, there will be minor additions in the competencies they currently demonstrate.

EDTT 1.2. Qualified ASD Licensed Specialists will serve in identified role of Training, Coaching, Program Set-up, Follow-up: (Refer to the *Implementation of the Comprehensive ASD Program Framework and ASD License and Competency Requirements*)

Implementation Activities:

EDTT 1.2.1. Competencies will be established to align with the role of the ASD Licensed Specialist to address learners with an ASD in both the intensive classroom setting and in the general classroom setting.

EDTT1.2.2. Timelines will be established to transition current ASD Specialists to meet the licensure requirements to maintain an adequate pool of qualified staff.

Goal: EDTT 2. Multiple pathways exist to obtain, document, and demonstrate required knowledge and experience to obtain Licensure for CTL - ASD.

Recommendations:

EDTT 2.1. To Qualify as ASD Licensed Specialist must have a minimum of three years prior experience working with a range of students with ASD.

EDTT 2.2. An ASD Licensed Specialist Continuing Teacher License (ASD-CTL) may be added to one of the following Oregon licenses currently offered by TSPC:

- Special Educator |
- Early Intervention/Special Education

EDTT 2.3. An ASD-CTL license may be obtained by completing one of the following paths:

- University training programs in Oregon that offer consistent coursework statewide to address competencies and ASD-CTL standards, through TSPC.
- A Collaborative University Panel will be established to approve the documentation and demonstration of competencies through either coursework or specified portfolio evidence. University Panel members must demonstrate ASD qualified expertise for membership

Implementation Activities:

EDTT 2.3.1. Determine the make-up and qualifications of the University Panel

EDTT 2.3.2. Agree on coursework provided by Higher Education ASD Training Programs

EDTT 2.4. A consistent tool will be created by the Collaborative University Panel. to evaluate competencies

EDTT 2.5. The University Collaborative Panel will work with the ASD Leadership Network to provide continuous review and update of the competencies based on ongoing research in ASD.

EDTT 2.6. The ASD-CTL will initially be available January 2012 and fully required through a strategic phase in plan over the course of 5-7 years.

Implementation Activities:

EDTT2.6.1. Timelines will be established to ensure that adequately training personnel are available at each stage of the phase in plan.

EDTT 2.7. ASD Specialists employed in Oregon at the date of implementation of the available ASD-CTL through Teacher Standards and Practices Commission will have three years to document and demonstrate competencies and obtain the ASD-CTL.

Implementation Activities:

EDTT 2.7.1 In year one of the initial availability of the ASD -CTL existing ASD specialists will complete a self-assessment of the competencies of the ASD Licensed Specialist and submit a written plan of how they will document and demonstrate

competence by the end of the three years.

EDTT 2.8. Once the ASD-CTL is available, an individual cannot retain the title of ASD Licensed Specialist without meeting the identified competencies.

EDTT 2.9. A Transition plan and timelines will be developed to successfully phase in the all components of the *Comprehensive ASD Program Framework*.

EDTT 2.10. Some ASD Licensed Specialists will be qualified to function as “Identification Specialists”. These Specialists will meet criteria (competencies) required for use of the DSM for identification of individuals with ASD:

- Typical child development
- Atypical child development
- Psychopathology appropriate to the age of the person being evaluated. Understand DSM for other conditions to differentiate ASD from others such as intellectual disabilities, anxiety, OCD, RAD, ADHD, and bipolar. Understand behavior not explainable by typical cognition/emotion.
- Formal (structured) and informal (observation/interview) assessment processes
- Characteristics of ASD appropriate to the age of the person being evaluated
- Assessment tools/methods for ASD and differential sufficient for referral for further evaluation
- Family and environmental dynamics/systems (e.g. maternal depression, abuse, culture)
- Ideally, knowledge sufficient to identify red flags indicating the need for further referral

EDTT 2.11. Other licensed professionals will be qualified to function as an “Identification Specialist” by demonstrating identified competencies and experience for use of the DSM for identification of individuals with ASD (see EDTT1.3.and SIA). Licensed professionals include:

- School Psychologist
- Speech Language Pathologist

EDTT 2.12. A licensed professional will be qualified to function as an “ASD Transition Specialist” by demonstrating identified competencies and experience need to implement best practices in the education setting for transitioning for youth with ASD. Licensed professionals include:

- Special Education Teacher
- ASD Licensed Specialist

Goal: EDTT 3. There is a set of basic qualifications, training, and related professional development activities for each staff member providing instruction and/or support with learners with an ASD.

Recommendations:

EDTT 3.1 Professionals working with learners with ASD will obtain skills needed to be qualified staff as identified by the *Comprehensive ASD Program* and in the *Oregon Education Guidelines for ASD, through ongoing professional development activities.*

- Special Education Teachers
- Speech and Language Pathologists
- Paraprofessionals
- General Education Teachers
- Board Certified Behavior Analysts
- School Administrators

EDTT 3.2. Professionals are informed and trained on transition processes, best practices and opportunities, specifically as they apply to youth with ASD.

EDTT 3.3. Pre-service training of future special education teachers, general education teachers, and transition specialists contains content specific to individuals with ASD.

Education – Higher Education (EDHE)

Goal: EDHE 1. Adults on the Autism Spectrum will have access to the supports necessary for successful educational experiences and outcomes

Recommendations

EDHE 1.1. Disability Services Offices in colleges will be knowledgeable about Autism Spectrum Disorders, their responsibilities under the Americans with Disabilities Act and be able to provide the appropriate necessary supports.

EDHE 1.2. Training and support will be available to campus services such as the career centers, security, and student living.

EDHE 1.3 Students with ASD will be knowledgeable about how to advocate for appropriate supports and where to seek legal assistance if necessary.

Goal: EDHE 2. Students, high school counselors, personal agents, case managers, families, and others, will be aware of the opportunities provided through continuing education and the supports needed to make it a viable option for students on the Autism Spectrum.

Goal: EDHE 3. The college experience will be available to students on the Autism Spectrum who experience academic challenges.

Goal: EDHE 4. Autism specific college programs are available

Community Supports and Services

(CSSC Community Supports and Services: Children; CSSA Community Supports and Services: Adults)

Issues and Findings:

The diagnosis of Autism Spectrum Disorder does not automatically entitle an individual to any publicly funded services in Oregon. Individuals with ASD must meet additional eligibility criteria to receive services through social service programs such as those offered through Seniors and People with Disabilities, Office of Developmental Disability Services or Addictions and Mental Health or the Oregon Health Plan.

Individuals may struggle to succeed in employment, education, including higher education, making social connections and independent living because the entities involved have been unable to adequately respond to the issues presented by ASD. Many individuals on the Spectrum require supports and services to be successful, but do not meet any eligibility threshold that will entitle them to the needed services.

There are few services for children with ASD and their families. There is concern within the state agencies providing social services about how they will be able to respond to the growing population of individuals and families who may require support and services.

Advocacy and support groups, nonprofit organizations, and other private community groups have been unable to meet the statewide need of the thousands of individuals on the Autism Spectrum and their families.

Individuals with ASD and families are frequently not welcome participants in the design of public awareness and training activities. They often are not involved in service creation, implementation, and evaluation at both the system and the individual service level.

Community Supports and Services (CSS)

Goal: CSS 1. Services are available through the private and public sector to meet the unique needs of individuals with ASD, and their families when appropriate, across the lifespan and across the spectrum.

Goal: CSS 2. Providers of direct services have enhanced skills and competencies to meet the needs of individuals with ASD and their families. Training, research, and programmatic resources are available.

Goal: CSS 3. Community members including law enforcement, transportation system personnel, business, co-workers, educators, and classmates have increased awareness, knowledge, and acceptance resulting in connectivity, opportunity, and support for individuals with ASD in all environments.

Goal: CSS.4. Program administrators have accurate information about Autism Spectrum Disorders and an understanding of the impact of ASD on the individual / family, resulting in more effective services that better meet the full array of support needs of individuals and families across the Autism Spectrum.

Goal: CSS 5 An interactive, easy to use online service navigation and planning tool is available for individuals, families, resource navigators, and service coordinators to assist in identifying appropriate and available services and supports.

Goal: CSS 6 Individuals with ASD and families when appropriate will be engaged in the design and delivery of training, review of materials, and the design, implementation, and evaluation of supports and services at the system and individual level.

Goal: CSS 7 Supportive physical environments and a variety of appropriate housing options are available to individuals on the Autism Spectrum and families.

Recommendations:

CSS 7.1 Individuals on the Autism Spectrum, families, and advocates will engage with low income housing systems and advocates.

Implementation Activities:

CSS 7.1.2. Identify state and local planning opportunities and encourage participation from autism community.

CSS 7.1.2. Identify key issues and talking points related to housing issues for individuals on the Autism Spectrum

CSS 7.2. Individuals on the Autism Spectrum and families have access to information on strategies for community living and safety.

CSS 7.3. Discussions on housing and the physical environment will be included in person centered planning activities.

CSS 7.4. Technical assistance capacity in environmental assessment and modifications is available to individuals on the Autism Spectrum and families.

CSS 7.5. The results of self advocate generated information helps inform strategies for the physical environment and housing options.

Community Supports and Services Children (CSSC)

Goal: CSSC 1. Children and youth (birth-18) across the Spectrum and their families can access a full continuum of proactive support services through public and private sectors.

Recommendation:

CSSC 1.1 Eligibility criteria for publicly funded services will consider functional support needs of children across the ASD Spectrum.

CSSC 1.2 Support services for families will be family driven, family centered, strengths based, reflective of the heterogeneity of ASD, and will be delivered with sensitivity and respect for family dignity.

CSSC 1.3. Person centered planning and self advocacy will be critical components of services to families and children /youth.

CSSC 1.4 Services for families may include a wide range of both publicly and privately funded supports and interventions.

Implementation Activities:

CSSC 1.4.1 Respite services and trained providers will be coordinated and available through public and privately funded resources.

CSSC 1.5. Publicly funded services will be efficient, cost effective, and will maximize the use of Medicaid waivers and other collaborative funding mechanisms.

Implementation Activities:

CSSC 1.5.1 Review possibility of expanding the eligibility for the Children's Intensive In-Home Services (CIIS) behavior waiver program to include more children with intense behaviors who may be receiving services through Crisis or simply supported by General Fund only.

CSSC 1.6. There will be a clearly defined, transparent continuum of supports available to children and youth on the Spectrum and their families.

Implementation Activity: Children with intensive behaviors that do not meet the CIIS eligibility criteria should be considered for prioritization to receive a minimum level of family support.

Goal: CSSC 2. An interagency model of service delivery for children with ASD ensures integrated educational, medical/ mental health, in-home, and community supports and services.

Recommendation:

CSSC 2.1. Agencies create individualized child-centered written agreements that specify integrated supports and services.

CSSC 2.1. Children and youth experiencing co-occurring conditions will be accurately identified and will receive appropriate supports and services.

Goal: CSSC 3. Information, navigation support, and trainings are readily available to families upon diagnosis, at times of transition, and when requested.

Recommendation

CSSC 3.1. Every family will have access to service delivery system navigation map/documents and an opportunity to connect with a Resource Navigator. See EM 2.1.2

CSSC 3.2. Families will have access to in-home technical assistance (including environmental modification consultation) and positive behavior supports trainings.

CSSC 3.3. All families will have an emergency response plan and be aware of community safety resources.

Goal: CSSC 4. Professionals and service providers working with children and youth with ASD and their families are skilled and knowledgeable.

Recommendations:

CSSC4.1. Local publicly funded social and community service program offices will have staff with specific knowledge of characteristics and issues unique to ASD and the resources available.

CSSC 4.2 Behavior support providers will have the skill, knowledge and ability to appropriately implement and teach a variety of positive support strategies for use in the family home and other community settings.

Community Supports and Services Adults (CSSA)

Goal: CSSA 1. Adult eligibility processes must recognize the unique features of the adult with Autism Spectrum Disorder and their experiences and concerns.

Recommendations:

CSSA 1.1. Functional criteria used for eligibility by service agencies will (a) be relevant to autism, (b) relevant to the individual's age (c) account for the role of technology and support in function, and (d) ensure individual and family dignity is respected.

Implementation Activities:

CSSA 1.1.1 Provide training on the unique characteristics associated with ASD..

CSSA 1.1.2 Explore use of International Classification of Function to replace current functional assessments.

CSSA 1.2. ASD identification information must be portable between agencies and provide needed information to support assessments for eligibility for services from vocational rehabilitation, developmental disabilities, higher education, and other agencies.

Goal: CSSA 2. Case managers, personal agents, Vocational Rehabilitation counselors and service providers receive training and information to increase their capacity to effectively support individuals across the Spectrum during the school to adulthood transition process.

Goal: CSSA 3. Individuals and families can successfully navigate and utilize the adult services system as a result of improved awareness, outreach, training, and availability of appropriate accessibility strategies

Recommendations:

CSSA 3.1. Professionals, including case managers, Vocational Rehabilitation counselors, social workers, health care providers, and mental health workers will demonstrate increased knowledge, skills and capacity to serve adults on the Autism Spectrum.

Implementation Activities :

CSSA 3.1.1. Effective training and instructional materials will be provided to professionals to assist them to understand and operationalize (a) self-determination, (b) the heterogeneity of ASD, (c) support needs that may be unique to ASD..

CSSA 3.1.2. Collaborate with individuals and families to understand where eligibility and service processes may be breaking down and how to correct them.

CSSA 3.2. Eligibility and intake specialists will receive training to (a) better understand the heterogeneity of ASD and (b) improve interpersonal interactions with individuals and their families.

CSSA 3.3. Materials, processes, and consultations are culturally and linguistically appropriate and easily available in accessible formats. See EM 2.2

CSSA 3.4. A strengths-based, self-determined, and respectful approach that is sensitive to individual and family dignity will be adopted

Implementation Activities:

CSSA 3.4.1. Collaborate with self-advocates and family advocates to understand where language, processes, or materials may be degrading, and make corrections.

CSSA 3.4.2. Work with self-advocates and family advocates to improve self-determination and sensitivity training for intake and other service specialists.

Goal: CSSA 4 .Enhance skills and retention of providers of direct services to individuals with ASD and their families.

Recommendation

CSA 4.1. Effective training will be provided to direct service providers to assist them to understand and operationalize (a) self-determination, (b) the heterogeneity of ASD, (c) support that may be unique to ASD.

Implementation Activities:

CSSA 4.1.1 Include individuals with ASD as subject matter experts who can provide training.

CSSA 4.2 Minimum standards for competency, skill levels, and ongoing training will be established for individuals serving as behavior consultants.

Goal: CSSA 5. Publicly funded services will better meet the full array of support needs of individuals across the Autism Spectrum.

Recommendations:

CSSA 5.1. Establish new service structures that offer support which is not conditioned on a remediation outcome or skill acquisition.

Implementation Activities:

CSSA 5.1.1. Collaborate with the Oregon Health Authority, Department of Human Services, and Department of Education in identifying and clarifying desired service outcomes and funding expectations.

CSSA 5.2. Available and accessible quality trainings on the philosophies and processes regarding person-centeredness and self-determination will be available to individuals, families and providers.

Goal: CSSA 6. Alternative ways of accessing supports are available for individuals and families who do not currently qualify for publicly funded services, but who may need supports.

Recommendations:

CSSA 6.1. Establish peer mentoring services as an option for support for individuals

not eligible for publicly funded services.

Implementation Activities:

CSSA 6.1.1. Support programs in organizations which may have existing infrastructure to support this (e.g., Independent Living Centers) or create new ones.

CSSA 6.1.2 Link individuals to private funding, foundations, or charitable organizations which may provide services or equipment not available through public funding.

Goal: CSSA 7. The importance and sometimes specialized nature of recreation and social interaction for people on the Autism Spectrum is recognized and supported.

Recommendation:

CSSA 7.1. Include recreation and opportunities for social interaction in cross agency planning and person centered planning.

CSSA 7.2. Make existing community opportunities for recreation more “autism friendly.”

Goal: CSSA 8. Individuals on the Autism Spectrum have opportunities for successful employment.

Recommendations:

CSSA 8.1. Individualized employment supports will be available and appropriate for individuals across the Autism Spectrum

Implementation Activities:

CSSA 8.1.1. Improve the knowledge and implementation skills of job coaches, job developers, and direct support staff.

CSSA 8.1.2. Increase the technical assistance capacity to support both employers and employees.

CSSA 8.1.3. Long term supports need to be flexible enough to meet the needs of individuals on the Autism Spectrum.

CSSA 8.1.4. Individuals will have tools for effective communication with their employers about their needs, supports and a plan for problem solving .

CSSA 8.2. Individuals with Autism Spectrum Disorders will be considered in all

Oregon employment disability initiatives conducted by state agencies and in their outreach to business.

CSSA 8.3. Vocational Rehabilitation offices will have counselors with specialized knowledge on Autism Spectrum Disorders.

CSSA 8.4. Individuals on the Autism Spectrum, and families as appropriate, understand their ADA employment rights.

Goal: CSSA 9. Adults on the Autism Spectrum have access to appropriate health care delivered by qualified professionals. (See Health Care)

Goal: CSSA 10. Families providing support to adult family members on the Autism Spectrum have access to needed support services including respite.

Recommendations:

CSSA 10.1. Service agencies separate caregiver supports from those supports provided to the individual still living in the family home.

Goal: CSSA 11. Law enforcement, first responders, corrections, and the judicial system receive information and training to improve interactions and outcomes for individuals on the Autism Spectrum.

Recommendations:

CSSA 11.1. Families and individuals will receive information about strategies to improve interactions with law enforcement, first responders, corrections, and the judicial system.

Implementation Activities:

CSSA 11.1.1 Develop or identify existing informational cards specific to Autism that can be used by individuals and families.

CSSA 11.2. Families and individuals will be aware of voluntary police registry with sufficient detail to assure informed choices about participation.

Implementation Activities:

CSSA 11.2.1. Research where they are available, criteria and regulations

CSSA 11.2.1. Prepare document that highlights the pros / cons and make available to individuals and families.

CSSA 11.3. Law enforcement, corrections and the judicial systems will improve their ability to identify and appropriately respond to individuals on the Autism Spectrum.

Goal: CSSA 12. Transportation systems will be aware of and implement accommodation needs of individuals with Autism Spectrum Disorder

Recommendations:

CSSA 12.1. The Oregon Department of Transportation will support efforts to increase availability and responsiveness of transportation systems in Oregon to the accessibility requirements of individuals with ASD.

CSSA 12.2. Public transit systems will utilize training and information provided by individuals with ASD to make transportation accessible.

CSSA 12.3. Appropriate transit training will be provided to individuals on the Autism Spectrum.

APPENDIX

Executive Order

Membership

Subcommittee membership

Subcommittee Charters

Previous reports

By reference | Actual