Governor's Autism Council Meeting
May 14, 2012

Council Members: Nissan Bar-Lev, Terri Enters, Vivian Hazell, Milana Millan, Glen Sallows, Pam Stoika, Brad Thompson, Michael Williams

Facilitator: Kris Freundlich

DHS Staff: Julie Bryda, Bill Murray, Maddie Valent, Tracey Brent

Guests: Nan Huai (Wisconsin Early Autism Project), Daniel Parker (Department of Public Instruction)

Members of the Public: Virginia Smith (Provider, Children's Behavioral Health Services)

The meeting began shortly after 10 AM.

I. Welcome and Introductions

II. Approval of Minutes

a. Vivian Hazell made a motion to approve the minutes from the March 5, 2012 meeting.
b. Terri Enters seconded the motion and all approved.

III. New Waiver Services—Julie Bryda and Bill Murray

Four new Service Provider Codes (SPCs) are now available after the 2011 Waiver Renewal. The new services include Mentoring, Community Integration, Early Intensive Behavioral Intervention (EIBI) Services, and Consultative Behavioral Intervention (CBI) Services. A brief overview of the services follows:

a. Mentoring (SPC 513)
Mentoring services are adult-supervised supports that are intended to improve the participant's ability to interact in their community in socially appropriate ways. The mentor provides the participant with such services as peer interaction, social/recreational and employability skill-building opportunities.

b. Community Integration (SPC 514)
Community Integration Services (CIS) include services and supports that are identified by the child/parent and the multidisciplinary team as necessary to support a child and family within a community setting based on their strengths and needs. Typical services include daily living skills, mentoring, parent education and training, community integration activities, behavioral interventions, development and nurturing of natural supports, transportation, and respite services.

c. Early Intensive Behavioral Intervention (SPC 512)
Early Intensive Behavioral Intervention (EIBI) services use behavioral treatment methods to change socially important behaviors in measurable and meaningful ways in the child's daily life. The services involve discrete-trial teaching, breaking skills down into their most basic components and rewarding positive performance, and are provided on a one-

to-one basis in a manner individualized to meet each child's developmental needs. The goals are to build a range of important communication, social, and learning skills, as well as reduce challenging behaviors that may occur in children diagnosed with a congenital developmental disorder, such as Autism, Asperger Syndrome or Pervasive Developmental Disorder, not otherwise specified (PDD-NOS). A child must be receiving this service at an intensive level to be eligible for CLTS Waiver coverage of this service. Intensive levels of services are defined as a minimum of 30 to a maximum of 40 hours of face-to-face treatment per week provided in the location most appropriate to meet the child's needs as determined by the treatment clinician.

d. Consultative Behavioral Intervention (SPC 512.10)
This service is identical to EIBI services with the exception that Consultative levels of services are defined as a minimum of 10 to a maximum of 20 hours of face-to-face treatment per week provided in the location most appropriate to meet the child's needs as determined by the treatment clinician.

Council members discussed the extent of travel for some families. Council members mentioned how their agency uses technology to conduct team meetings with families rather than having their staff travel. The Council discussed the different forms of technology they currently use including Skype and Windows LiveMeeting, and talked about when and how to use technology. While the Council agreed this was a good idea, the concern was raised that not everyone has access to a computer and/or internet.

Bill Murray addressed the growing wait list and the issue of getting younger kids services sooner and will provide a visual of proposals at the next meeting.

IV. Core Curriculum Discussion—Bill Murray

The Council held a discussion regarding the curriculum for new staff training and identified key topics including Introduction to Autism, Introduction to Behavior Modification, Ethics and Confidentiality, and Restraint and Seclusion policies. Vivian Hazell pointed out that many training models exist already courtesy of the Autism Society of Wisconsin (ASW). Vivian Hazell, Pam Stoika, Michael Williams, and Nan Huai (as designated by Glen Sallows) have volunteered to work more on these topics. Milana Millan also volunteers to work on Ethics and Confidentiality, specifically.

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V. Autism Treatment Provider Meeting—Bill Murray

Bill Murray gave an overview of the April Provider meeting.

VI. Coordination of Services with Schools—Daniel Parker (WI Dept of Public Instruction)

Daniel Parker and the Council held a discussion on the collaboration of services between home and school, where typically the school district decides on appropriate collaboration with families. Daniel discussed the Free and Appropriate Public Education (FAPE) Act and attendance requirements which restrict children from having shortened school days to allow for therapy. Council members mentioned virtual schools, but expressed their concern as these schools are not under the same guidelines as traditional schools. Council members expressed the desire to have a joint statement between DHS and DPI stating the rules and regulations.

The Council expressed the possible involvement of Birth to 3 staff joining for a future meeting.

VII. Proposed DSM-V changes—Nan Huai, Ph.D. (Wisconsin Early Autism Project)

Dr. Huai joined the Council meeting to describe the proposed changes to the DSM-V, which are scheduled for publication in final format in May 2013.

Key changes include:

- Elimination of sub group differentiation of Asperger's, Autistic Disorder, Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS), and instead use Autism Spectrum Disorder (ASD) as a singular diagnostic term
- Reconfiguration of diagnostic domains
- Elimination of Rhett's and Childhood Disintegrative Disorder as ASD diagnosis
- Age of onset (early childhood)
- Functional impairment

Overall, drastic outcomes are not to be expected with this change. The core diagnostic system remains the same, just reconfigured and some areas will even see expansion, specifically with behaviors that are considered restrictive/repetitive.

VIII. Bureau Updates—Julie Bryda

Maddie Valent has joined the Children's Long-Term Support team and comes with an extensive background in working with children. Maddie's focus will be on Foster Care and will also help with Autism related issues.

a. Breakdown of numbers:
    i. As of May 10th, 2012 there are 5,024 children enrolled in the CLTS Waivers.
    ii. 812 of these children are receiving intensive autism treatment services.
    iii. 1,596 of these children are receiving ongoing waiver services.
    iv. There are currently 402 children on the autism treatment waiting list.
b. The Council meeting scheduled for Monday August 13th has been rescheduled for Thursday, September 6th.

IX. Adjourned at 2:42 PM