


The Michigan Autism Council

AUTISM COUNCIL MEETING MINUTES

Friday, February 24, 2023

9:00 am – 12:00 pm

[Recorded Meeting Link](#)

COUNCIL MEMBERS PRESENT	ORGANIZATION, REPRESENTATION
Amy Matthews	Grand Valley State University, State-funded Initiatives
Brian DeBano	Department of Licensing and Regulatory Affairs
Colleen Allen	Autism Alliance of Michigan, Non-Profit Organization serving those with ASD
Dana Lasenby	Oakland Community Health Network, Pre-Paid Inpatient Health Plans/Community Mental Health Service Programs
Emily DeLaGarza	Michigan Department of Insurance & Financial Services
Frank Vaca	Self-Advocate, ASD Community
Jacob Daar	Northern Michigan University, State Universities
Jeanette Scheid	MDHHS Children's Services Agency
Jenny Piatt	Michigan Rehabilitation Services, Employment Services
Raymie Postema	Michigan Department of Health & Human Services, Recipient Rights
Rebecca McIntyre	Michigan Department of Education
Krista Boe	Acorn Health, Certified Behavior Analysts
Neelkamal Soares	Western Michigan University Homer Stryker MD School of Medicine, Health Care Providers
COUNCIL MEMBERS EXCUSED	ORGANIZATION, REPRESENTATION
Lauren Ringle	Intermediate School Districts and Local Schools
Martin Baum	Parent, ASD Community
MDHHS STAFF PRESENT	MDHHS REPRESENTATION
Audrey Dick	MDHHS
Lisa Grost	MDHHS
Victor Benavides	Bureau of Children's Service Coordinated Health Policy & Supports
Leslie Asman	MDHHS
Lisa Collins	Bureau of Children's Service Coordinated Health Policy & Supports
Marina Wyrzykowski	Legislative Affairs
Mary Luchies	State Hospital Administration
Erika Dianis	MDHHS

Phil Kurdunowicz	Bureau of Children's Service Coordinated Health Policy & Supports
Ali Cosgrove	Bureau of Children's Service Coordinated Health Policy & Supports
Sara Salamey	Bureau of Children's Service Coordinated Health Policy & Supports
GUESTS PRESENT	ORGANIZATION
Adam Briggs	Eastern Michigan University
Allison	Guest
Ashley Shayter	Autism Alliance of Michigan
Barb Groom	Mid-State Health Network
Branislava Arsenov	NMRV
Brittany Pietsch	Northcare Network
Cheri Ramirez	GIHN
Emily C	Guest
Janet Marra	MCCMH
Jennifer Van Cleve	Oakland CHN
Justin Persoon	Lakeshore Regional Entity
Karen Clark	AAOM
Katie Oswald	Guest
Kayla Perdue	Kids Speech
Lillith Reuter-Yuill	Comprehensive Speech and Therapy Center
Margo Uwayo	Guest
Melissa Nantais	KRESA
Nicole Osgood	HCHS
Rachel Barnhart	DWIHN
Rachel Browder	DWIHN
Stephanie Dyer	Guest
Stephanie Peterson	WMICH
Stewart Mills	ISRE
Tammy McCrory	Black Leadership Advisory Council
Tera Harris	Mid State Health

CALL TO ORDER

The Autism Council meeting was called to order by Amy Matthews at 9:05 am. A quorum was present for the meeting.

ROLL CALL

A roll call of Council members, MDHHS staff, and guests was completed.

APPROVAL OF PREVIOUS MINUTES

Amy Matthews called for a **MOTION** to approve the December minutes. Krista Boe made a **MOTION** to approve the December minutes. Frank Vaca **SECONDED** the motion. The **MOTION** carried.

PUBLIC COMMENT

Victor Benavides introduced himself, he works closely with Ali Cosgrove in the BCCHPS bureau outreach and communications plan as the Community Outreach Coordinator.

Michigan Department of Health and Human Services (MDHHS) UPDATES

Financial Operations Administration-MDHHS Budget: Audrey Dick reported on FY23 Budget (detailed document is attached at the end of the minutes):

- Appropriation Name: Autism Comprehensive Care Center
Budget: \$2,500,000
- Appropriation Name: Behavioral Health Program Administration – Autism Navigator Program earmark
Budget: \$1,025,000
- Appropriation Name: Autism Services (Medicaid)
Budget: \$292,562,600

(1) The direct care wage increase is a separate boilerplate and funding provision from the fee schedule for the Autism rates,

(2) the direct care wage increase is based upon the parameters outlined in the attached L-Letter, and

(3) Milliman (the state's actuary for PIHP rates) factors considerations for the direct care wage increase and the fee schedule for Autism services into the PIHP rates.

Legislative Update: Marina Wyrzykowski reported on quite a few bills being referred to committee. The detailed document on each bill is attached at the end of this document.

Bureau of Children's Service Coordinated Health Policy & Supports (BCCHPS)

Bureau of Children's Coordination Health Policy & Supports:

Lisa Collins and Phil Kurdunowicz presented on some updates on MI Kids Now including MichiCANS, Mobile Response Grant, Internship Stipend Program, and the Capacity Building Center. The PowerPoint to these updates is attached at the end of this document on page 13. The Capacity Building Center will be reviewed in further detail in a future meeting in order to stay on track.

IDD & ASD Services Section:

Dr. Mary Luchies introduced Dr. Erika Dianis as the new Departmental Specialist. Also working on hiring an analyst to help in this area. Dr. Luchies is currently prioritizing the language related to autism services in all the areas. Hoping to share more specific information by the next meeting.

Emergency Department Admittance Data: Phil Kurdunowicz reported on the continued workaround with staffing in obtaining this data, we now have internal access to pull this data and will be ready by the next meeting.

Old Business

- Action Items from December Meeting were reviewed and completed prior to this meeting.
- Open Meetings Act Update
 - All council members must be present in person unless there is an extenuating circumstance that requires the need for virtual attendance. The Open Meetings Act has recently been updated with new provisions. Ali is going to review the changes with Marina and present what changes will impact this council at the April meeting. Let [Ali](#) know if you have any questions in the meantime.
- Autism Council Chair/Vice Chair Update
 - Amy Matthews has volunteered to chair the council and will take on this role starting in June, Jacob Daar will serve as vice-chair of the council. MDHHS will submit the official paperwork to the director for approvals. Lauren Ringle will resume the secretary role once Amy takes on the Chair position in June.
- Audit of Autism Council Resources
 - Amy is reporting on the need to review the resources on the state autism website, making sure that relevant information is available. Dr. Scheid reminded the group that materials need to be written at a reading level appropriate for a broad audience.
 - Regular review and audit of documents on the website, would like to have a group of volunteers to help review these items and bring them back to the council for further consideration in updating.
 - One thing to consider is how to disseminate this information to parents, how can this information be promoted. Frank mentioned that the Michigan Protection and Advocate Services has been changed to Disability Rights Michigan. It was also suggested to have this information available in other languages. Council is interested in knowing how many people are visiting these websites? Sara will ask for this information from IT and share with the group.
 - Nominations for volunteers to help can be sent to [Sara Salamey](#). This PowerPoint can be viewed on page 21.

New Business

- Presentation on Severe Behavior Consortium of Michigan with Adam Briggs and Dr. Peterson was given. You can review the PowerPoint on page 24 of this document.
- Autism Community Connection Share Out – since the council was out of time we will move this to the next meeting.

Member Updates

- Amy Matthews: MCTI (<https://www.michigan.gov/leo/bureaus-agencies/mcti>) in April.
- Jenny Piatt: Friendly Reminder Hidden Talent Workshop in-person hosted by SBAM on March 21 https://www.sbam.org/event/7th-annual-mi-hidden-talent-workshop/?_zs=bhp3i1&_zl=8AAI8
- Frank Vaca: Continuing with Mary on Sexuality Education Peer educator. Classes for building healthy relationships will be starting in June or October.

Action Items			
<i>Status (Open) (Complete)</i>	<i>Description</i>	<i>Owner</i>	<i>Target Date</i>
	Share updated Open Meetings Act changes.	Sara	3/10/23
	Check the number of site visits on the State Autism Page	Sara/Ali	3/10/23
	Send Sara Salamey any volunteers to help with review of the Autism Parent Resource Document	All	3/15/23

	Lauren to provide meeting details for upcoming MCTI Tour	Lauren	4/1/23
	Continue to send Sara any volunteers for a task force on ABA Guidance at SalameyS@michigan.gov	All	3/15/23

Adjourn

Amy Matthews adjourned the meeting at 12:02 pm. The next Autism Council meeting will take place on April 28, 2023, at MCTI for a tour and meeting.

The Michigan Autism Council



AUTISM COUNCIL AGENDA
February 24, 2023
9:00 am – 12:00 pm
Grand Conference Room
South Grand Building
333 S. Grand Ave, Lansing, MI

9:00	Welcome and Roll Call	Lauren Ringle
9:05	Approval of Previous Meeting Minutes	Lauren Ringle
9:10	Public Comment	Lauren Ringle
9:15	MDHHS Updates	
9:15	MDHHS Budget	Audrey Dick/Ali Cosgrove
9:20	MDHHS Legislative	Marina Wyrzykowski
9:30	Bureau of Children's Coordinated Health Policy & Supports	Ali Cosgrove
	• IDD and ASD Services Section	Mary Luchies
	• Emergency Room Admittance Data Update	Phil Kurdunowicz
9:45	Old Business	
9:45	Action Items from Previous Meetings	Lauren Ringle
9:50	Open Meetings Act update	Ali Cosgrove
9:55	Autism Council Chair, Vice Chair	Sara Salamey
10:05	Audit of Autism Council Resources	Amy Matthews
	• Early Identification	
	• Child Welfare	
	• Next steps for audit process	
10:30	New Business	
10:30	Presentation: Severe Behavior Consortium of Michigan	Adam Briggs, Dr. Peterson
11:45	Autism Community Connection Share Out	Lauren Ringle
	• Planning meeting	
11:45	Member Updates	All Members
10:55	Action Items and Wrap Up	Sara Salamey
12:00	Adjourn	

Next Meeting: April 28, 2023 Michigan Career and Technical Institute

FY23 Autism Budget

Appropriation Name: Autism Comprehensive Care Center

Budget: \$2,500,000

Boilerplate Sec. 1956

From the funds appropriated in part 1 for autism comprehensive care center, the department shall allocate \$2,500,000.00 to a nonprofit organization with at least 20 years of experience providing behavioral services and with at least 11 sites across this state with a main office located in a county with a population between 1,200,000 and \$1,500,000, according to the most recent federal decennial census for capital expenses, services, and program operations for an autism comprehensive care center that would provide personalized services, including, but not limited to, the following:

- (a) Autism programming, including screening, evaluations, therapy offerings, and intensive behavioral care and support.
- (b) Speech and occupational therapy.
- (c) Family and sibling therapy.
- (d) Experiential life skills

Appropriation Name: Behavioral Health Program Administration – Autism Navigator Program earmark

Budget: \$1,025,000

Boilerplate Sec. 913

- (1) From the funds appropriated in part 1 for behavioral health program administration, the department shall allocate \$1,025,000.00 for the autism navigator program. The department shall require any contractor receiving funds under this section to comply with performance-related metrics to maintain eligibility for funding. The performance-related metrics shall include, but not be limited to, all of the following:
 - (a) Each contractor shall have accreditations that attest to their competency and effectiveness in providing services.
 - (b) Each contractor shall demonstrate cost-effectiveness.
 - (c) Each contractor shall ensure their ability to leverage private dollars to strengthen and maximize service provision.
 - (d) Each Contractor shall provide quarterly reports to the department regarding the number of clients served by PIHP region, and ability to meet their stated goals.
- (2) The department shall require an annual report from any contractor receiving funding from this section. The annual report, due to the department 60 days following the end of the contract period, shall include specific information on services and programs provided, the client base to which the services and programs were provided, and the expenditures for those services. The department shall provide the annual reports to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.

Appropriation Name: Autism Services (Medicaid)

Budget: \$292,562,600

Boilerplate Sec. 924

From the funds appropriated in part 1 for autism services, for the purpose of actuarially sound rate certification and approval for Medicaid behavioral health managed care programs, the department shall maintain a fee schedule for autism services reimbursement rates for direct services. Expenditures used for rate setting shall not exceed those identified in the fee schedule. The rates for behavioral technicians shall not be less than \$52.35 per hour and not more than \$57.35 per hour.

Boilerplate Sec. 960

- (1) From the funds appropriated in part 1 for autism services, the department shall continue to cover all Medicaid autism services to Medicaid enrollees eligible for the services that were covered on January 1, 2019.
- (2) To restrain cost increases in the autism services line item, the department shall do all of the following:
 - (a) By March 1 of the current fiscal year, develop and implement specific written guidance for standardization of Medicaid PIHPs and CMHSPs autism spectrum disorder administrative services, including, but not limited to, reporting requirements, coding, and reciprocity of credentialing and training between PIHPs and CMHSPs to reduce administrative duplication at the PIHP, CMHSP, and service provider levels.
 - (b) Require consultation with the client's evaluation diagnostician and PIHP to approve the client's ongoing therapy for 3 years, unless the client's evaluation diagnostician recommended an evaluation before the 3 years or if a clinician on the treatment team recommended an evaluation for the client before the third year.
 - (c) Limit the authority to perform a diagnostic evaluation for Medicaid autism services to qualified licensed practitioners. Qualified licensed practitioners are limited to the following:
 - (i) A physician with a specialty in psychiatry or neurology.
 - (ii) A physician with a subspecialty in developmental pediatrics, development-behavioral pediatrics, or a related discipline.
 - (iii) A physician with a specialty in pediatrics or other appropriate specialty with training, experience, or expertise in autism spectrum disorders or behavioral health.
 - (iv) A psychologist with a specialty in clinical child psychology, behavioral and cognitive psychology, or clinical neuropsychology, or other appropriate specialty with training, experience, or expertise in autism spectrum disorders or behavioral health.
 - (v) A clinical social worker with at least 1 year of experience working within his or her scope of practice who is qualified and experienced in diagnosing autism spectrum disorders.
 - (vi) An advanced practice registered nurse with training, experience, or expertise in autism spectrum disorders or behavioral health.
 - (vii) A physician's assistant with training, experience, or expertise in autism spectrum disorders or behavioral health.
 - (d) Require that a client whose initial diagnosis was performed by a diagnostician with master's level credentials have their diagnosis and treatment recommendations reviewed by a physician, psychiatric nurse practitioner, physician's assistant with training, experience, or

expertise in autism spectrum disorders or behavioral health, or fully credentialed psychologist.

- (e) Allow and expand the utilization of telemedicine and telepsychiatry to increase access to diagnostic evaluation services.
 - (f) Coordinate with the department of insurance and financial services on oversight for compliance with the Paul Wellstone and Pete Domenici mental health parity and addiction equity act of 2008, Public Law 110-343, as it relates to autism spectrum disorder services, to ensure appropriate cost sharing between public and private payers.
 - (g) Require that Medicaid eligibility be confirmed through prior evaluations conducted by physicians, psychiatric nurse practitioners, physician's assistant with training, experience, or expertise in autism spectrum disorders or behavioral health, or fully credentialed psychologists to the extent possible.
 - (h) Maintain regular statewide provider trainings on autism spectrum disorder standard clinical best practice guidelines for treatment and diagnostic services.
- (3) By March 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on total autism services spending broken down by PIHP and CMHSP for the previous fiscal year and current fiscal year and total administrative costs broken down by PIHP, CMHSP, and the type of administrative cost for the previous fiscal year and current fiscal year.

Autism Council Legislative Update

New:

Senate Bill 27 (Anthony) – *Provides equitable coverage for behavioral health and substance use disorder treatment*– DIFS Lead, referred to Senate Health Policy Committee

Senate Bill 28 (Anthony) – *Expands definition of restraint in the Mental Health Code to include chemical restraint* – DHHS Lead, referred to Senate Health Policy Committee

Senate Bill 29 (Anthony) – *Allows a certain number of excused mental health days from school attendance* – MDE Lead, referred to Senate Education Committee

Senate Concurrent Resolution 5 / House Concurrent Resolution 1 (Anthony / Brixie) – *Waives the legislative notice requirement for increases in rates of compensation for certain employees in the state classified service*– SCR 5 adopted by House and Senate by 1/31/23

House Bill 4081 (Brabec) – *Establishes a minimum number of school counselors to be employed by a school district, intermediate school district or public school academy* – MDE Lead, referred to House Health Policy Committee

House Bill 4089 (Meerman) – *Creates a school safety and mental health commission* – MDE/LEGAL Lead, referred to House Education Committee

House Bill 4097 (Breen) – *Requires each intermediate school district to employ one emergency and safety manager and at least one mental health coordinator* – MDE/LEGAL Lead, referred to House Education Committee

House Bill 4101 (VanderWall) – *Modifies temporary licensing of speech-language pathologists* – DHHS/LARA Lead, referred to House Health Policy Committee

House Bill 4131 (Liberati) – *Modifies coverage for health care services provided through telemedicine* – No Lead Agency assigned yet, referred to House Insurance and Financial Services Committee

After Identification of Autism Spectrum Disorder (ASD) Parent Resource

My child has been diagnosed with Autism Spectrum Disorder. What is my next step?

Try not to feel overwhelmed and find good information. Take one step at a time. This quick guide will get you started and link you to useful resources. Having a child with ASD can affect everyone in the family so working together is important.

- ✓ Get early intervention services as soon as possible. This benefits the child and the family. Your child can learn skills that help them communicate and interact with others.
- ✓ To determine eligibility for free educational and family services contact:
 - [Early On® Michigan](#) (birth to age 3) Link to the *Early On* website or call 1-800-Early On
 - [Build Up Michigan](#) (ages 3 to 5) Link to the Build Up Michigan website or call your [Child Find Coordinator](#) or the Michigan Special Education Information Line at 1-888-320-8384
 - Your local school district (ages 3 and up) at [find your school district](#) or call your local school district administration office.
- ✓ To find out if your child is covered by private insurance, contact your insurance company to learn whether Applied Behavior Analysis (ABA), speech therapy, psychological, or other services are available for children with ASD (See the [Guide for Insurance Representative Communications](#) for questions to ask.)
- ✓ To find out if your child is covered by Medicaid insurance, contact [your local CMH](#) to access ABA, speech therapy, psychological, or other services.
- ✓ Ask anyone who is working with your child how you can teach and support your child at home. Use goals and strategies taught at school and in therapy during your daily routines.
- ✓ If you need additional guidance, find help from the Autism Alliance of Michigan at [MiNavigator Program](#) or 1-877-463-AAOM
- ✓ Take care of yourself and your family. This might include seeking out parent training, [local autism support groups](#), or sibling support groups.

- ✓ One resource for families of newly identified children is the [First 100 Day Kit](#) by Autism Speaks.
- ✓ Talk to your immediate family, extended family, and friends about what your child needs and how they can help. A good book to share with others is [10 Things Every Child with Autism Wishes You Knew](#) by Ellen Notbohm.
- ✓ Develop a safety plan, especially if your child tends to wander. Find information at [Autism Safety Project Resources](#).
- ✓ Educate yourself through trainings, conferences, websites, and books. It is important that you find information that has good supporting evidence such as these websites:
 - [Centers for Disease Control \(CDC\) – Autism Spectrum Disorder](#)
 - [The National Clearinghouse in Autism Evidence & Practice \(NCAEP\) and AFIRM Modules](#)
 - [Association for Science in Autism Treatment \(ASAT\)](#)
 - [Michigan Alliance for Families \(MAF\) Special Education Resources for Families](#)
- ✓ Be a member of your child's school team and health care team. Advocate for your child by setting goals and developing plans for now and in the future. Working together is very important. You are the center of your child's team!

***This document has clickable links to resources. The electronic document is available at:
<http://www.michigan.gov/autism> - click "Resources"***

MI KIDS NOW

MichiCANS

Mobile Response Grant

Internship Stipend Program

Capacity Building Center

1

The MichiCANS Supports Teaming

Teaming is an effective vehicle for collaboration on assessment, action planning and decision making. The MichiCANS can play a critical role in supporting these processes.



Summarizes the Assessment Process

The MichiCANS is intended to be the process by which the assessment information is organized, summarized, used and communicated once it has been collected.

Integrates the Family's Story

The MichiCANS provides a summary of the youth and family's story, and it should be done as an integration of multiple story tellers.

A Shared Vision for Coordinating Care

The consensus-based process of determining action levels on items and prioritizing relevant needs and strengths from which a coordinated plan is developed.

Supports Change Management

Mapping the information from the MichiCANS to the plan facilitates outcomes monitoring and management by all members of the team including the youth and family, allowing for plan adjustment, acknowledgement of accomplishments, and celebrating goals that have been met.

2

Why Change to the MichiCANS?

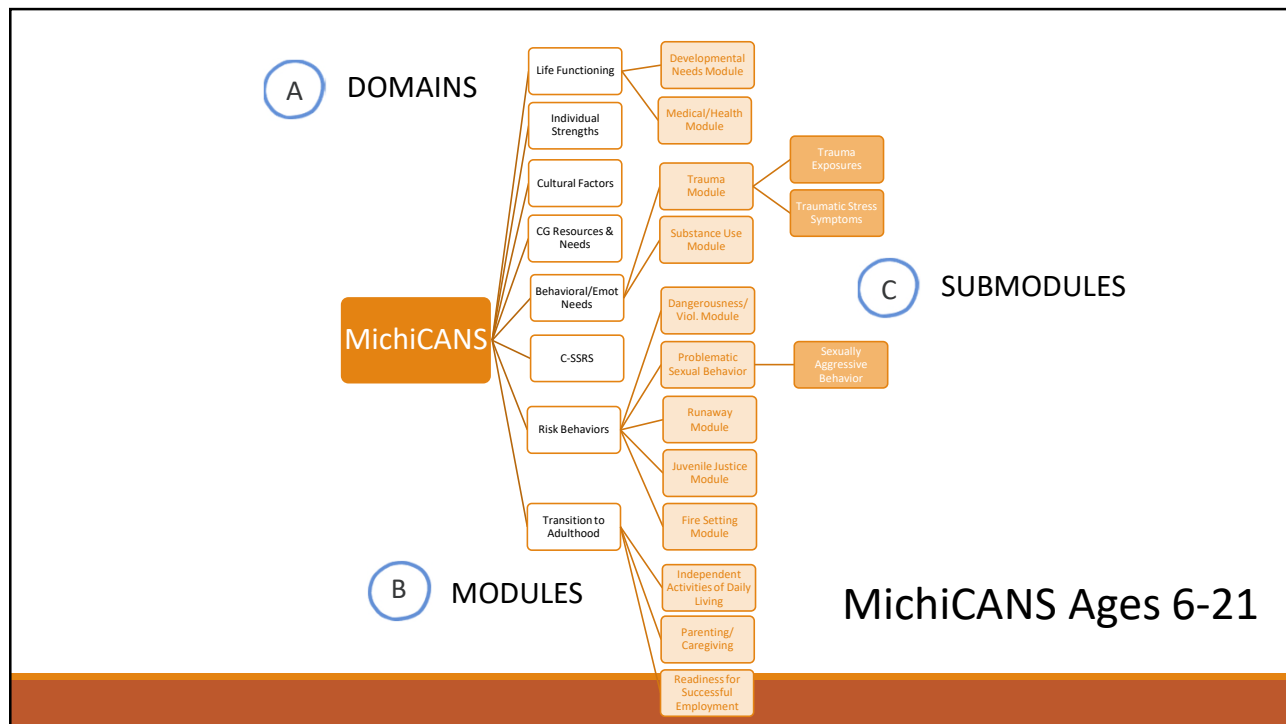
- Includes youth with Serious Emotional Disturbance and Intellectual/ Developmental Disabilities
- Can be used up to age 21
- Supports cross system understanding and collaboration
- Elevates strengths and needs for planning
- May help with early identification of health needs for youth and families and support crisis prevention

3

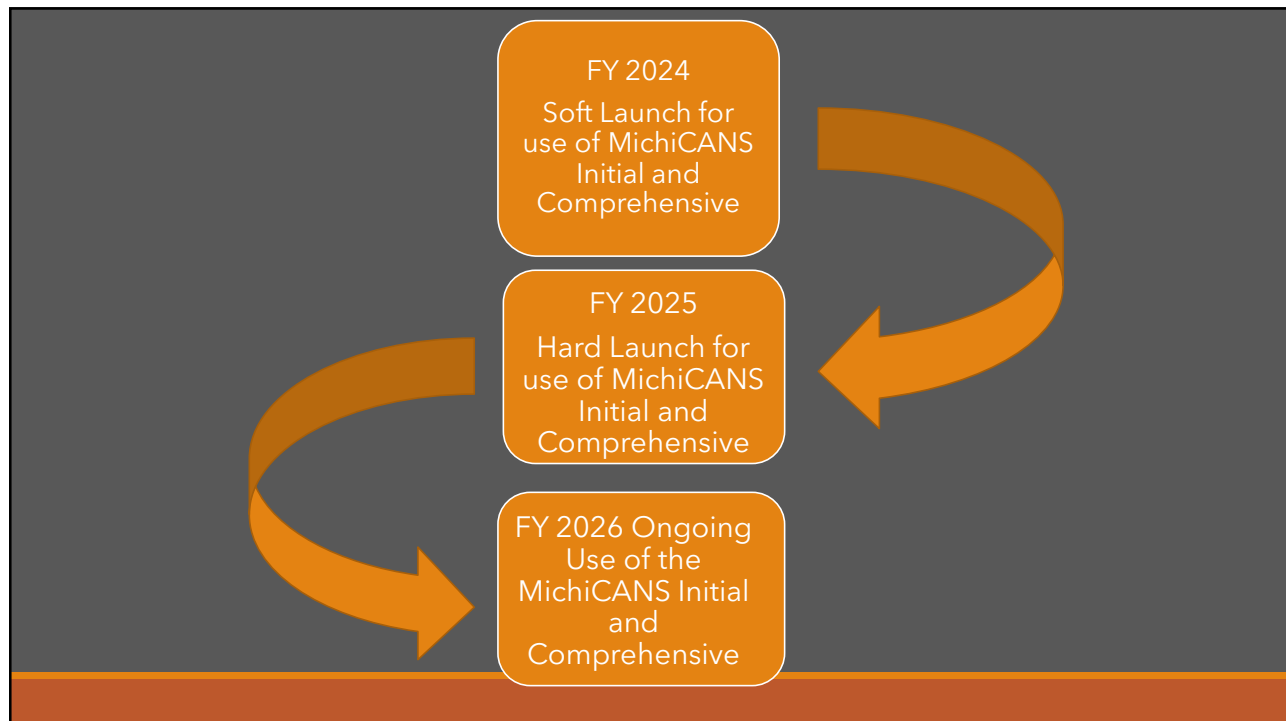
Current Assessment Tools

- Child and Adolescent Functional Assessment Scale (CAFAS)
 - Phase out use of this tool over the next two to three years.
- Preschool and Early Childhood Functional Assessment Scale (PECFAS)
 - Phase out use of this tool over the next two to three years.
- Devereux Early Childhood Assessment (DECA)
 - Continue use of this tool up to age 6

4



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MI KIDS NOW

MOBILE RESPONSE GRANT

Goal

- Expand Intensive Crisis Stabilization Services for Children to address crisis situations for young people who are experiencing emotional symptoms, behaviors, or traumatic circumstances that have compromised or impacted their ability to function within their family, living situation, school/childcare, or community.

Dedicated Funding

- 3.2 million for Cohort 1

Award Amount and Payment Summary

- Up to \$200,000 per Community Mental Health Service Program (CMHSP) for Fiscal Year 2023 with additional rounds of funding in Fiscal Year 2024 and Fiscal Year 2025

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MI KIDS NOW

MOBILE RESPONSE GRANT

What is the current status of Intensive Crisis Stabilization Services (ICSS)?

1. This required mobile crisis Medicaid service was developed in Michigan in 2018 with the support of several CMHSPs who had already been providing a mobile response service.
1. All of the Prepaid Inpatient Health Plans (PIHP) and CMHSPs have submitted program enrollments for this service, but service provision has varied across the state.
2. MDHHS also issued a bulletin for public comment to update ICSS policy but paused the finalization of the bulletin in order to learn from the grant program.

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MI KIDS NOW

MOBILE RESPONSE GRANT

What is the purpose of the grant program?

1. MDHHS identified ICSS for Children as a key service in the MI Kids Now Service Array, and MDHHS will work towards ensuring access to this service on a statewide basis.
2. The awarding of these grants will allow CMHSP to develop staffing at the local level and increase access.
3. Increased utilization will also help inform the development of Medicaid rates through the PIHPs to allow for sustainable provision of this services.
4. This program will allow CMHSPs to test different models (e.g. rural service delivery, 24/7 coverage, collaboration with other child-serving systems, etc.) using flexible General Fund dollars, and the “lessons learned” will be integrated into Medicaid policy.

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MOBILE RESPONSE GRANT



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MI KIDS NOW

INTERNSHIP STIPEND PROGRAM

Goal

- Increase the availability of behavioral health professionals within the State of Michigan by providing internship stipends to students who are in the process of obtaining behavioral health credentials from accredited programs and completing internships at approved sites within the state.

Dedicated Funding

- 1 million

Award Amount and Payment Summary

- Hourly rate of \$25 per hour up to \$15,000 max stipend

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MI KIDS NOW

INTERNSHIP STIPEND PROGRAM

Eligibility

Enrolled in an accredited bachelor-level or graduate-level behavioral health professional degree program which requires an internship at a public behavioral health-based system in the state of Michigan

- Local Prepaid Inpatient Health Plan, Community Mental Health Service Program or subcontracted entity
- Indian Health Service/Tribally Operated Facility or Program/Urban Indian Clinic
- Public school

The applicant must also be in the process of completing a degree that would lead to one of the following behavioral health professions:

- Behavior Analyst
- Marriage or Family Therapist
- Social Worker
- Professional Counselor
- Psychologist

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MI KIDS NOW

INTERNSHIP STIPEND PROGRAM

Prioritization and Eligible Practice Sites

1. Doctoral or Master's degree leading to a behavioral health profession dedicated to serving children with the internship being completed at a Prepaid Inpatient Health Plan, Community Mental Health Service Program or subcontracted entity; and/or Indian Health Service/Tribally Operated Facility or Program/Urban Indian Clinic.
2. Bachelor's degree leading to a behavioral health profession dedicated to serving children with the internship being completed at a Prepaid Inpatient Health Plan, Community Mental Health Service Program or subcontracted entity; and/or Indian Health Service/Tribally Operated Facility or Program/Urban Indian Clinic.
3. Doctoral or Master's degree leading to a behavioral health profession dedicated to serving children with the internship being completed in a Michigan public school.
4. Bachelor's degree leading to a behavioral health profession dedicated to serving children with the internship being completed in a Michigan public school.

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MI KIDS NOW

Capacity Building Center

Goal

To develop and implement a Capacity Building Center (CBC) to support MI Kids Now priorities.

The CBC will be an online collection of newly developed training courses accessible through a Learning Management System (LMS) with the overall purpose of providing Prepaid Inpatient Health Plan (PIHP) and Community Mental Health Services Program (CMHSP) staff with robust training in a variety of areas related to children, youth, and young adults.

The trainings provided by the CBC will continue to develop over time which will help to address workforce turnover, improve quality of services, and support the implementation of new services and assessments.

Dedicated Funding

- 1 million

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MI KIDS NOW

Questions

Autism Council

Resource Audit

1

Purpose

- Ensure we have current information on the Autism Council website
- Add relevant information to the website
- Inform council members



2



Process of Resource Audit

- Standing item on the agenda
- Review documents currently on the website
- Recommendations for updates
- Invite council members to nominate resources for the website

3

Items to Review: Getting started

Michigan.gov/autism

[After Identification of Autism Spectrum Disorder \(ASD\) Parent Resource](#)

4

Future items for review

- Documents on Michigan.gov/autism
- [Child Welfare Medical and Behavioral Health Resources](#) (Dr. Scheid)

SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN

ADAM BRIGGS, PH.D., BCBA-D, LBA

STEPHANIE PETERSON, PH.D., BCBA-D, LBA

AUTISM COUNCIL MEETING
FRIDAY, FEBRUARY 24TH, 2023

1

AGENDA

- Presenter introductions
- Purpose of today's presentation
- Prevalence and risks of severe challenging behavior
- Best-practice methods for assessing and treating severe challenging behavior
- Discussion of previous and current projects related to providing these services
- Summary of issues we face with this population
- Overview of our consortium and its purpose
- Review of consortium's initiatives and goals
- Next steps
- How you can help
- Time for Q&A, discussion, and planning

2

2

INTRODUCTIONS



Stephanie Peterson, PhD, BCBA-D, LBA
Professor of Psychology
Western Michigan University



Adam Briggs, PhD, BCBA-D, LBA
Assistant Professor of Psychology
Eastern Michigan University

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PURPOSE

- Review the need for improved severe behavior services in the state of Michigan
- Identify barriers that prevent our clients and case managers from accessing these services
- Introduce the Severe Behavior Consortium of Michigan, describe our initiatives, and gather input

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4

PREVALENCE AND RISKS OF SEVERE CHALLENGING BEHAVIOR

- About **10%** of individuals with developmental disabilities display severe problem behavior that poses a risk of harm to oneself (i.e., self-injurious behavior), others (i.e., aggression), or the environment (i.e., property destruction; Emerson et al., 2001; Holden & Gitlesen, 2006)

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- The **risk** for problem behavior **increases** with communication deficits, intellectual disability severity, and co-occurring autism spectrum disorder (Holden & Gitlesen, 2006)

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- The **risk** for problem behavior **increases** with communication deficits, intellectual disability severity, and co-occurring autism spectrum disorder (Holden & Gitlesen, 2006)
- Problem behavior **increases the risk of** being subjected to restrictive procedures like physical restraint (Harris, 1993; Oliver et al., 1987) and placement in a residential facility (Black et al., 1990; McIntyre et al., 2002)

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PREVALENCE AND RISKS OF SEVERE CHALLENGING BEHAVIOR

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- The **risk** for problem behavior **increases** with communication deficits, intellectual disability severity, and co-occurring autism spectrum disorder (Holden & Gitlesen, 2006)
- Problem behavior **increases the risk of** being subjected to restrictive procedures like physical restraint (Harris, 1993; Oliver et al., 1987) and placement in a residential facility (Black et al., 1990; McIntyre et al., 2002)
- **Annual costs** of problem behavior exceeded \$3.5 billion in the U.S. in 1994 (Thompson & Gray), which is roughly equivalent to **\$6.6 billion** in 2022

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- Self-injurious behavior **causes** health complications, such as blindness, self-amputation, fractures, brain trauma, and even death (Hyman et al., 1990)

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BEST-PRACTICE METHODS FOR ASSESSING AND TREATING SEVERE CHALLENGING BEHAVIOR

■ **Prevention:**

- Early diagnostic screening
- Early Intensive Behavioral Intervention (EIBI; prescribe dose of ~20-40 hrs of services per week)
 - Emphasis on teaching functional communication and reinforcer delay/denial tolerance
 - Caregiver training in basic behavior management strategies

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- Importance of precisely identifying controlling variables (i.e., function of behavior) in a safe and efficient manner

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■ **Function-Based Intervention:**

- Based on the results of the FBA process; Differential reinforcement-based procedures
- Teach that engaging in functional communication produces a better outcome than engaging in the target behavior does

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BEST-PRACTICE METHODS FOR ASSESSING AND TREATING SEVERE CHALLENGING BEHAVIOR

■ **Programming for Maintenance and Generalization:**

- Transition to practical schedules of reinforcement and/or appropriate work-to-reinforcement ratios
- Teach discrimination of when reinforcement is and is not available
- Use common stimuli (e.g., rules, condition signaling stimuli) and program sufficient exemplars (e.g., therapists/caregivers, environments)
- Initiate a program of rigorous caregiver training

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- Initiate a program of rigorous caregiver training

■ **Follow-Up and Continuum of Care:**

- Create a transition plan with all invested parties (e.g., caregivers, school personnel, speech/occupational therapists, etc.)
- Maintain contact with family and check in on a regular schedule that fades over time (based on certain success factors)

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CURRENT RESOURCES IN THE STATE OF MICHIGAN

- Approximately **130 ABA service provider organizations** in Michigan
 - Unknown how many individuals are currently receiving services for assessment and treatment of severe challenging behavior
 - Unknown if these settings are safe and appropriate settings to assess/treat these cases

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 - **Hawthorn Center** (Northville, MI)
 - 3 BCBAs on staff
 - 79 patient beds
 - **Great Lakes Center for Autism Treatment and Research** (Portage, MI)
 - 3 BCBAs on staff (intensive inpatient); 1 BCBA (step-down program); 6 BCBAs (outpatient program); 2 BCBAs (upper admin)
 - 12 patient beds (increasing to 16 beds soon); 6 patient beds at step-down
 - Duration of stay, length of waitlist, recidivism, percentage of successful transitions home/least restrictive environment, are unknown

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CURRENT RESOURCES IN THE STATE OF MICHIGAN

- Overall quality of behavior-analytic services for assessing and treating severe challenging behavior is generally unknown
- When an individual engages in a severe behavior episode, the only option is for caregivers to admit them to Hospital's ED
 - Although this may offer a short-term solution (i.e., respite, relatively safe de-escalation), it is not a therapeutic or long-term solution

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PREVIOUS AND CURRENT PROJECTS RELATED TO PROVIDING BEST-PRACTICE ASSESSMENT AND TREATMENT SERVICES

■ Psychological Assessment and Treatment Services (PATs Team)

- Model: Contract with community mental health to provide consultative services for severe problem behavior (youth through adults; IDD, EI, MI)
- Outcomes: Overall, very positive outcomes—reductions in problem behavior; lifting of restrictive interventions, sometimes placement in less restrictive environments.

■ ED Hospital Boarding Project

- Model: Select sites; ED staff would contact team of behavior analysts to take on case; conduct FBA, prescribe Tx, train caregivers
- Outcomes: Mixed; model encountered many barriers

■ Various Consultative Relationships

- Model: Doctoral-level BCBA with expertise in assess/treatment of severe behavior and team of grad-level BCBAs work with on-site BCBAs to provide support and guidance
- Outcomes: Anecdotally, partnerships are positive, productive, and progress is made; however, no objective outcomes measures exist

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SUMMARY OF ISSUES WE FACE WHEN WORKING WITH THIS POPULATION

- Funding to adequately support assessment and treatment services (e.g., 2:1 staffing)
- Lack of adequately trained clinicians/staff (e.g., BCBAs with no prior severe behavior experience)
- The financial cost and response effort required to adequately train clinicians/staff to support this population
- Lack of outpatient assessment services across the state when providers need an expert assessment
- Lack of enough community resources (e.g., CLS staff)
- Lack of day treatment options across the state
- Lack of intensive residential providers across the state

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REMINDER: The best practice service delivery model requires the site to be capable of providing high-quality care with staff who are well trained and supervised by BCBAs who are experienced in the assessment and treatment of severe challenging behavior.

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SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN

- **History**
 - Adam and Stephanie began discussions about available services for severe challenging behavior in Fall 2019 given number of referrals they were each receiving with nowhere to send them for appropriate services.
 - Started asking what were the current barriers and what it would take to mitigate or circumvent these barriers to service.
 - Recognized that others throughout the state are no doubt dealing with the same issues, so we might as well bring people together in an attempt to solve this problem together.
 - Working on several projects together (e.g., ED Boarding Project with AAoM)
 - Formed Severe Behavior Consortium of Michigan in Fall of 2021

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Leadership Members

- Adam Briggs, PhD, BCBA-D, LBA (Eastern Michigan University)
- Stephanie Peterson, PhD, BCBA-D, LBA (Western Michigan University)
- Mariana Fraga Del Rio, MEd, BCBA, LBA (It Takes A Village Behavioral Consulting)
- J. Adam Bennett, PhD, BCBA-D, LBA (Kalamazoo Autism Center)
- Michael Kranak, PhD, BCBA-D, LBA (Oakland University)
- Sacha Pence, PhD, BCBA-D, LBA (Western Michigan University)
- Ali Schroeder, MS, BCBA, LBA (Western Michigan University; Kalamazoo Autism Center)

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SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN

Mission

- To bring together behavior analysts and medical professionals with expertise in treating severe problem behavior in individuals diagnosed with intellectual and developmental disability, with the aims of improving the quality of and access to behavioral services in the state of Michigan.

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- Identify and address several separate, interrelated issues/barriers that are interfering with the quality of and access to services available for this population, their caregivers, and the professionals serving them.

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- Collaborate on writing and implementing grants (state and federal) to conduct research that furthers evidence-based practice for treating severe behavior problems in individuals with intellectual and developmental disabilities.
- Be a resource for families, community mental health organizations, legislators, policy-makers, etc., regarding effective practices for treating severe problem behavior in individuals with intellectual and developmental disabilities.

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SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN - INITIATIVES

■ **Conduct Needs Assessment**

- Of behavior analysts, medical professionals, and caregivers
- Use these data to:
 - Begin discussions with State Legislators, Insurance Providers, etc. to propose need for differential billing rates
 - Serve as pilot data and rationale to support the funding of projects to meet these needs

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■ **Prevention**

- Develop and offer workshops throughout the state to educate and train caregivers (e.g., parents), educators (e.g., special education teachers), and medical professionals (e.g., pediatricians) how to
 - (a) identify cases at risk of developing severe destructive behavior,
 - (b) safely respond to instances of severe destructive behavior (if applicable), and
 - (c) identify appropriate behavioral services and refer the cases to these professionals.

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SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN - INITIATIVES

- **Build clinical capacity and provide training support for providers in the state**
 - Develop and offer workshops throughout the state to educate and train professionals how to
 - (a) identify cases at risk of developing severe destructive behavior;
 - (b) safely respond to instances of severe destructive behavior;
 - (c) assess and treat instances of severe destructive behavior; and
 - (d) appropriately program for and coordinate long-term care for these cases.
 - Establish a team of experts and related professionals who can provide ongoing consultation and support for those working with severe destructive behavior cases throughout the state

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 - Establish a team of experts and related professionals who can provide ongoing consultation and support for those working with severe destructive behavior cases throughout the state
- **Emergency response**
 - Offer teams of professionals who can be available to help support case referrals that are already at crisis.
 - Support will come in the form of
 - (a) conducting a functional behavior assessment of the severe destructive behavior;
 - (b) developing a function-based intervention;
 - (c) training the caregiver and their support team to implement the behavior plan;
 - (d) assisting with safely transitioning the client from the emergency setting back into the home setting (if applicable);
 - (e) coordinating wrap-around services for the family; and
 - (f) providing follow-up support to ensure long-term maintenance of treatment effects.

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SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN - INITIATIVES

■ **Advocacy**

- Get the attention of health systems, insurers, and legislatures in order to:
 - Inform providers of available resources/services
 - Assist with navigating potential service providers and funding mechanisms and troubleshooting barriers to these resources
 - Address differential costs associated with assessing and treating severe destructive behavior that are not yet reflected in billing codes
 - Meet with legislators and insurers to inform them of potentially available resources, costs, and issues we are facing
- Issue position statements re: assessment and treatment of severe destructive behavior for individuals diagnosed with intellectual and developmental disabilities
- Collaborate with MiBAP and Autism Council on their advocacy efforts

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■ **Work collaboratively on service and research initiatives**

- Interdisciplinary collaboration to streamline services and an individual/family's progression through this system
- Benefit of researchers throughout the state joining forces to share research ideas, participant pools, resources, and expertise to develop research and write grant proposals that aim to:
 - Evaluate the effectiveness of these approaches toward the assessment, treatment, and prevention of severe destructive behavior; and
 - Determine whether the training, consulting, and supporting of caregivers and professionals leads to growth of clinical capacity and reduction of emergency referrals, etc.

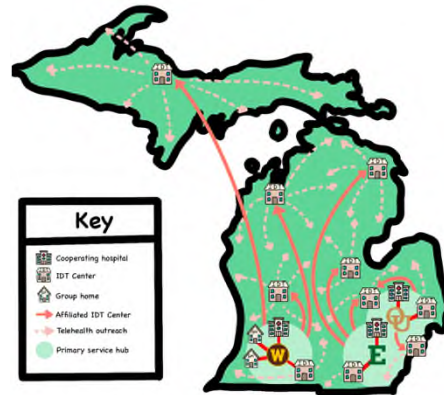
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SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN - INITIATIVES

■ Our Ultimate Vision

- Assemble a collaborative group of behavior analysts and medical professionals to improve access to high-quality biobehavioral treatment of severe behavior problems (e.g., aggression, self-injury, and destruction) in individuals with intellectual and developmental disabilities (IDDs) by creating a well-connected network of service providers and services in the state of Michigan.



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SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN - INITIATIVES

■ Timeline

■ Years 1-3:

- Collaborate with medical staff at three Michigan hospitals to create three inpatient service locations across the state which can treat individuals with the most severe and complex behavior problems.
- Provide consultation for emergency departments that frequently experience long-term boarding of patients with severe behavior problems in their already overcrowded emergency rooms.
- Create three intensive day-treatment centers— in the Kalamazoo, Washtenaw, and Oakland Oakland County areas—for treatment of severe behavior problems that do not warrant inpatient services but still require structured, specialized services and serve the function of step-down facilities for the inpatient services.
- Create two group homes in Kalamazoo that specialize in providing biobehavioral support in a residential context. This service will be a step-down service for inpatient treatment and will be located near an intensive day-treatment center for community-based treatment.

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SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN - INITIATIVES

■ Timeline

■ Years 4-10:

- Through these inpatient and intensive-day treatment services, provide training to undergraduate-, Master's-, and doctoral-level behavior analysts skilled in collaborating with medical professionals to provide evidence-based assessment and treatment services for severe problem behavior.
- Create at least seven additional, strategically located, intensive day-treatment centers in the state to make intensive services accessible to all Michiganders.
- Create a consultation network through the intensive day-treatment centers, providing telehealth consultation to providers in rural areas that may not be located near an intensive day-treatment center.
- Train at least 15 doctoral-level practitioners who specialize in evidence-based behavioral treatment of severe problem behavior and serve as clinical directors at the intensive day-treatment, hospital, and residential centers described above.
- Train a minimum of Master's students who specialize in evidence-based, behavioral treatment of severe problem behavior and will serve as clinical supervisors at the intensive day-treatment, hospital, and residential centers described above.
- Train a minimum of 300 undergraduate-level direct care workers (Behavior Technicians) who will specialize in evidence-based, behavioral treatment of severe problem behavior and will specialize in evidence-based, behavioral treatment of severe problem behavior and serve as direct service providers at the intensive day-treatment, hospital, and residential centers described above.

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SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN - INITIATIVES

■ Costs

■ Years 1-3 (\$10.5M)

- In-patient services: Year 1, one hospital; Year 2, add a second hospital; Year 3, add a third hospital. Total needed over 3 years \$4.5M
- Intensive day treatment center Year 1, one center; Year 2, add a second center; Year 3, add a third center. Total needed over 3 years \$4M
- Residential facilities in Kalamazoo: \$1M per year per home. Year 1, one home; Year 2, add a second home. Total needed over 2 years \$2M

■ Years 4-10 (\$19.8M)

- Doctoral training is 5 years in duration. Graduate assistantships to fund the students to engage in training are \$50K each. For 15 students over 5 years, this is \$3.75M
- Master's training is 2—3 years in duration. Graduate assistantships to fund the students to engage in training are \$30K each. For 45 students over 3 years, this is \$4.05M
- Training 300 undergraduate students will take 1 year and cost \$5K per student = \$1.5M

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INFORMAL SURVEY OF AUDIENCE

1. How many of you were trained to conduct assessment and treatment of severe challenging behavior (i.e., coursework in how to conduct an FA and FCT, trained in severe behavior management, hands-on experience with case, supervision from an expert-level BCBA)?
2. How many of you have taken on a case with an individual who engaged in severe challenging behavior?
3. How many of you felt confident in your abilities to conduct assessment and treatment of this case and felt like you have the needed resources and supports to do so (e.g., relevant knowledge/experience, trained staff, safe environment, etc.)?
4. Of these cases, how many resulted in positive outcomes (e.g., manageable reduction in severe challenging behavior; maintained treatment effects over time, successful transition/placement back in a less-restrictive environment)?
5. How many of you have had to turn away an individual because they engaged in severe challenging behavior that was too dangerous or too complex for your staff/environment to handle?

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NEXT STEPS

1. Submit MHEF Grant and conduct the Needs Assessment and analyze the outcomes (pilot and then statewide)
2. Use data from Needs Assessment to inform a formal summary of the state of service delivery for this population in Michigan, including recommendations for addressing areas of need.
3. Continue to recruit members to serve on our "Advisory Committee" so that we can lean on experts to help us better understand challenges in clinical/residential settings, which will help to inform our aims and initiatives.
4. Engage in activities to garner financial and legislative support for creating the high-quality, evidence-based, behavior-analytic treatment services needed for this population and their caregivers.

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HOW YOU CAN GET INVOLVED AND HELP

1. Assist with the dissemination and completion of the Needs Assessment
2. Volunteer to serve on our “advisory committee.”
3. Willingness to assist with or support various tasks related to future initiatives
 - Advocacy for sustainable billing rates
 - Advocacy for training initiatives (e.g., funding for graduate students and others) to develop the needed workforce
4. Any other ways the Autism Council can support our efforts that we may be too short-sighted to see?

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QUESTIONS, COMMENTS, OR INPUT?

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SEVERE BEHAVIOR CONSORTIUM OF MICHIGAN

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THANK YOU!