

AUTISM COUNCIL MEETING MINUTES

Friday, June 23, 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
Dr. 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
Dr. Jacob Daar	Northern Michigan University, State Universities
Dr. Jeanette Scheid	MDHHS Children's Services Administration
Jenny Piatt*	Michigan Rehabilitation Services, Employment Services
Krista Boe	Acorn Health, Certified Behavior Analysts
Lauren Ringle	Intermediate School Districts and Local Schools
Martin Baum*	Parent, ASD Community
Phil Kurdunowicz	Bureau of Children's Service Coordinated Health Policy & Supports
Rebecca McIntyre	Michigan Department of Education
Raymie Postema	Michigan Department of Health & Human Services, Recipient Rights
COUNCIL MEMBERS EXCUSED	ORGANIZATION, REPRESENTATION
Dr. Neelkamal Soares	Western Michigan University Homer Stryker MD School of Medicine, Health Care Providers
MDHHS STAFF PRESENT	MDHHS REPRESENTATION
Dr. Erika Dianis	Bureau of Children's Service Coordinated Health Policy & Supports
Heather Glidden*	Bureau of Children's Service Coordinated Health Policy & Supports
Lindsay McLaughlin*	Bureau of Children's Service Coordinated Health Policy & Supports
Marina Wyrzykowski*	Legislative Affairs
Dr. Mary Luchies	Bureau of Children's Service Coordinated Health Policy & Supports

Sara Salamey	Bureau of Children's Service Coordinated Health Policy & Supports
Willow Moon*	Bureau of Children's Service Coordinated Health Policy & Supports

* Indicates the member joined virtually

- Multiple guests also attended in person and virtually.

CALL TO ORDER

The Autism Council meeting was called to order by Amy Matthews at 9:10 am. A quorum was present for the meeting.

ROLL CALL

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

APPROVAL OF PREVIOUS MINUTES

Amy Matthews called for a **MOTION** to approve the April minutes. Jeanette Scheid made a **MOTION** to approve the April minutes. Raymie Postema **SECONDED** the motion. The **MOTION** carried.

PUBLIC COMMENT

Brian Harrison works with Rebound Home and Community Therapy; they are a newer ABA therapy provider for children with autism in Michigan. Working with 13 of the CMH's across the state. Brian asked to discuss the issues with ABA therapy services in schools and bringing this issue forward with the legislation.

Michelle Hickbit also with Rebound Home and Community Therapy wanted to add additional information in regard to her support for ABA services in the schools. She stated that many of these high functioning kids are being placed in an ASD classroom where it isn't benefiting them, and they are in therapy after school which is making for a long 12-hour day between school and therapy. She said that having support in the classroom would also reduce suspensions.

Frank Vaca wanted to share that MDRC's Leaders for Inclusion Program (LFI) is accepting applications for the 2023 - 2024 Leadership Development Program!

- The Program begins with a 3 Day Retreat August 18th - August 20th at Homewood Suites by Hilton in Lansing, MI. We encourage any adult age 18-26 with a disability that is interested to submit an application.
- Application Link: <https://forms.gle/ZNNEhwSzaSUqnDgK6> Applications are Due August 11th, 2023
- The LFI Team is available to help applicants fill out the application if needed. Please contact Leaders@mymdrc.org for assistance.
- Note: MDRC recognizes that transportation can be a barrier to people with disabilities attending in person events. If transportation is a barrier, please do not let it stop you from applying. These issues along with the assistance we can offer will be discussed upon acceptance into the program.
- Please feel free to share widely. For more information about LFI visit: www.MyMDRC.org/lfi-program

Michigan Department of Health and Human Services (MDHHS) UPDATES

Financial Operations Administration-MDHHS Budget: Phil reported that the legislative budget is working its way through the house and senate. Hopefully, there will be more information at our next meeting.

Legislative Update: Marina Wyrzykowski reported on the bills listed on page 5 of the meeting minutes. With congress going on summer break there won't be much activity/movement in the coming weeks.

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

- IDD and ASD Services Section
 - Policy Updates: Mary Luchies shared some information regarding waitlist and access to services. Please see the attached slides on page 6 for changes to the policies to help eliminate some of the barriers that cause these waitlist issues. Council expressed some concerns and stated that they would like more guidance regarding these changes.
 - QBHP (Qualified Behavioral Health Professional) Updates
 - In the process gathering data of who and where they are in the process of being BCBA certified. This will help identify where support and needs are for those individuals.
 - Goal is to help with a successful transition.
 - Study with WMU and MDHHS on Emergency Dept Utilization
 - Working with Neelkamal Soares regarding a study for a 3-year window of time for individuals with Autism who ended up in the ED and what services were provided prior to that ED visit and what services were provided after the visit for those aged 0-22 years.
 - Looking to start collecting and pulling this data as soon as possible.
 - This study will currently only cover those with Medicaid with hopes to expanding to private insurance cases.

Old Business

- Action Items from the April Meeting were reviewed and completed prior to this meeting.
 - Continue to review resources that have been shared previously.
 - Review the ASD state plan.
 - Create a general job description for council members.
- Council Member Appointment/Re-appointment Applications [Board or Commission Application \(state.mi.us\)](http://state.mi.us)
 - If you are up for reappointment you will need to complete a new application.
 - Four positions will be up for reappointment: Self-Advocate, State Initiatives, Intermediate School Districts and Local Schools, Representative and PIHP Representative.
 - Sara will reach out to Lisa Grost to see if we can get information from the governor's office about the applications that have been submitted and how we go about filling these vacancies.

New Business

- Jacob Daar and Ashley Shayter shared a survey report from NMU and AAoM, the presentation is attached on page 8.
 - 86% of responding BCBAs reported having experienced difficulties working with client's schools.
 - Less than half indicated that the schools were welcoming.
 - A variety of barriers were identified with "coordination, collaboration, communication difficulties", "denied access", and funding concerns.
 - Less than 80% of BCBAs perceived the FBA/BIPs developed by schools to be technically adequate.
 - 71% of BCBAs indicated having no formal pre-service training in a school environment. BCBAs overwhelming indicate interest in school-based training.
 - Implications Discussed included the need for greater clarity in policy regarding ABA in schools, training for school personnel on ABA, and the need for intentional training opportunities for BCBA in pre/post service for working within schools.
- Collaboration with MDE

- Phil Kurdunowicz and Mary Luchies discussed the upcoming collaboration between MDHHS and MDE about some guidelines around ABA in schools. Clarify what support is needed and how we can support the schools to carry out this guidance and how this can be funded.
- Proposed Legislation
 - Colleen Allen discussed the proposed legislation that is being reviewed, this legislation would be a bill to mandate policies into the schools that will address the need of medically necessary services integrated into the schools including ABA services.
- Organizational systems for the council (Teams folder)
 - Sara reviewed the new Microsoft Team that has been set up for council and MDHHS staff only. Please reach out to her if you have any questions or need any 1:1 guidance and support.
- Purpose of council
 - Amy Matthews reviewed the council executive order to re-establish the purpose of the council to work toward setting goals for the year. We will be discussing this further in August and preparing to report progress and recommendations to the MDHHS director by December. This information can be seen on page 21.
- Member roles and representation
 - Found on page 22 is guidance around member representation and the goals of the council when filling vacancies.

Member Updates

- Dana Lasenby shared that Jennifer Vankleek from Oakland Community Health Network appreciated the continued coordination and support.

Action Items			
<i>Status (Open) (Complete)</i>	<i>Description</i>	<i>Owner</i>	<i>Target Date</i>
	Sara to reach out to Lisa Grost regarding contact with the governor's office.	Sara Salamey	7/25/2023
	Rebecca McIntyre to report back on House Bill 4081	Rebecca McIntyre	8/10/2023
	Phil to share a budget update within the following weeks once the legislative updates are released	Phil Kurdunowicz	8/15/2023
	Council to review the ASD State Plan	All Council Members	9/15/2023
	Council to review the guidance document on Member Representation within a week	All Council Members	7/27/2023
	Marina and Colleen to follow up on agency guidance regarding services for adults	Marina Wyrzykowski and Colleen Allen	8/15/2023
	Lindsay/Ali/Sara to get clarification on application status with the governor's office. Is there a geographical concern as well? Will also share the member guidance document with the governor's office once contact has been established.	Lindsay/Sara/Ali	ongoing

Adjourn

Amy Matthews adjourned the meeting at 11:58 am. The next Autism Council meeting will take place on August 25, 2023, in Lansing.

Autism Council Legislative Update

Updates:

[House Bill 4320](#) (MacDonell) – *Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material* – MSP/AG co-lead agencies, had one hearing in the House Families, Children & Seniors Committee; second hearing expected next week Tuesday.

[House Bill 4387](#) (MacDonell) – *Provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material* – AG/Legal co-lead agencies, re-referred to House Families, Children & Seniors Committee, had one hearing, next expected next week Tuesday.

[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, had one hearing in House Health Policy Committee

New:

[HR 103](#) (Coleman) – *A resolution to declare May 2023 as Mental Health Awareness Month in Michigan* – adopted via voice vote 5/4/23

[HB 4495](#), [4496](#) (Snyder, Filler) – *Provides general changes to the medical assistance program* – DHHS Lead, Passed the House 83-24 with immediate effect, referred to the Senate and reported by Senate Health Policy Committee with substitute S-2

[HB 4523](#) (Hope) – *Modifies eligibility for mental health court for those with violent offenses* – SCAO/AG/LEGAL Lead, reported from House Judiciary Committee with substitute H-1, referred to second reading

[HB 4576](#), [4577](#) (VanderWall) – *Provides for a specialty integrated plan for behavioral health services and updates regarding the transition from specialty prepaid inpatient health plans to specialty integration plans* – DHHS Lead, referred to House Health Policy Committee

[HB 4579](#), [4580](#) (Price, Brabec) – *Requires reimbursement rate for telehealth visits to be the same as office visits* – DIFS/DHHS Lead, referred to House Health Policy Committee

[HB 4649](#) (Stone) – *Require height-adjustable, adult-sized changing tables in public restrooms* – LARA/DHHS Lead, referred to House Regulatory Reform Committee

[HB 4745-4749](#) (BeGole, Steele, Kuhn, Tisdell) – *related to assisted outpatient treatment, outpatient treatment for misdemeanor offenders, hospital evaluations, mediation, and competency exams* – no Lead Agency yet assigned, referred to House Health Policy Committee

State Plan and
Medicaid
Provider
Manual

Current Policy	Proposed Change
<ul style="list-style-type: none">• A full medical and physical examination must be performed before the child is referred for further evaluation	<ul style="list-style-type: none">• BHT services may begin prior to the full medical examination

1

Current Policy	Proposed Change
<ul style="list-style-type: none">• The comprehensive diagnostic evaluation must be performed before the child receives BHT services	<ul style="list-style-type: none">• The comprehensive diagnostic evaluation should be performed before the child receives BHT services

2

Current Policy	Proposed Change
<ul style="list-style-type: none">• An annual re-evaluation by a qualified licensed practitioner to assess eligibility criteria must be conducted through direct observation utilizing the ADOS-2 and symptoms rated using the DD-CGAS. Additional tools should be used if the clinician feels it is necessary to determine medical necessity and recommended services. Other tools may include cognitive/developmental tools, adaptive behavior tests, and/or symptom monitoring.	<ul style="list-style-type: none">• If the initial evaluation was completed by a qualified licensed practitioner, a child with a confirmed diagnosis of ASD is not required to have a re-evaluation to determine continued eligibility for BHT unless a re-evaluation is medically necessary.

*Jacob H. Daar, PhD, LBA-MI, BCBA-D
Northern Michigan University*

*Ashley M. Shayter, PhD, LBA-MI, BCBA-D
Autism Alliance of Michigan
Pathways Community Mental Health*

*Zoe Broadus, BS, RBT
Cheyenne Nutlouis, BS, RBT
Northern Michigan University*

Presented at the June 23rd, 2023 meeting
of the Michigan State Autism Council

ABA Professional's Experiences Working with Schools



Acknowledgements and Disclaimers

The researchers associated with this project are ABA professionals who work with agencies that bill for behavior analytic services.

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APPLIED BEHAVIOR ANALYSIS (ABA)

ABA is the systematic assessment and application of behavior-change procedures, derived from learning theory, to socially relevant problem

ABA treatment models are focused on developing an environment which promotes adaptive skills and reduces problematic behaviors

Mental Health: A Report of the Surgeon General

Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior. A well-

U.S. Department of Health and Human Services (1999)

Applied Behavior Analysis

Forty years of single-subject-design research testifies to the efficacy of time-limited, focused applied behavior analysis methods in reducing or eliminating specific problem behaviors and in teaching new skills to children and adults with autism or other developmental disorders. Initially, applied behavior analysis procedures were reactive, focusing on consequences of behaviors after they occurred, and interventions of this type continue to play an important role (see below). However, there has been

There is a growing body of evidence that intensive early intervention services for children in whom autism is diagnosed before 5 years of age may lead to better overall outcomes.³²⁻⁴¹ The only controlled

nity. The effectiveness of ABA-based intervention in ASDs has been well documented through 5 decades of research by using single-subject methodology^{21,25,27,28} and in controlled studies of comprehensive early intensive behavioral intervention programs in university and community settings.²⁹⁻⁴⁰ Children who receive early in-

Established Intervention



Comprehensive Behavioral Treatment for Young Children (CBT) programs involve intensive early behavioral interventions that target a range of essential skills which define or are associated with autism spectrum disorder (ASD) (e.g., communication, social, and pre-academic/academic skills, etc.). These interventions are often described as ABA (or applied behavior analysis), EBI (or Early Intensive Behavioral Intervention), or behavioral inclusive programs.

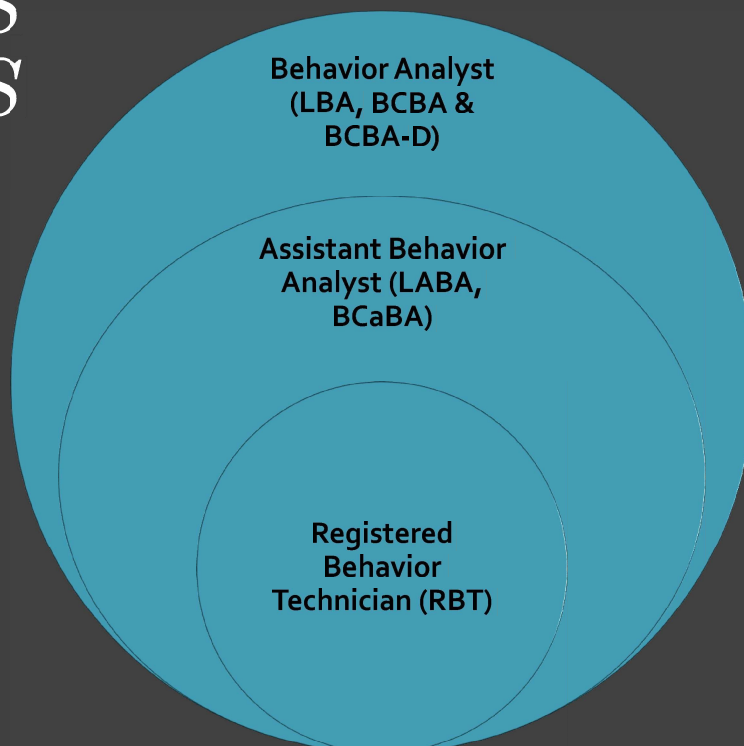
National Research Council (2001)

American Academy of Pediatrics (2001)

American Academy of Pediatrics (2007)

National Autism Center (2015)

WHO PROVIDES ABA SERVICES



Autism Insurance Legislation

Michigan's Autism Insurance Reform legislation (PA 99 and PA 100 of 2012) went into effect on October 15, 2012. For-profit, commercial, HMO, and non-profit health insurance companies regulated by the state of Michigan are mandated to provide an autism benefit to its insured members covering services related to the diagnosis and treatment of autism spectrum disorders (ASD) through 18 years of age. Self-funded insurance plans are regulated by Employee Retirement Income Security Act commonly referred to as ERISA through federal law. Self-funded insurance plans are not mandated to provide autism coverage.

PA 99 and 100 of 2012 include the following highlights:

1. Coverage for the treatment of ASD may be limited to a member through 18 years of age.
2. A covered member must receive a diagnosis of ASD by a licensed physician or a licensed psychologist to receive coverage for ASD services.
 - Insurance carriers may require an evaluation of the member be conducted every three years.
3. Treatment of ASD must be evidence based and includes the following care as determined by a licensed physician or a licensed psychologist:
 - Behavioral health treatment (applied behavior analysis),
 - Pharmacy care,
 - Psychiatric care,
 - Psychological care, and/or
 - Therapeutic care (speech therapy, occupational therapy).

[PA 99 of 2012 \(Senate Bill 414\)](#)

[PA 100 of 2012 \(Senate Bill 415\)](#)

[PA 101 of 2012 \(Senate Bill 981\)](#)

<https://www.michigan.gov/autism/insurance>

COMPREHENSIVE BEHAVIOR INTERVENTION (CBI)



Promote a broad range of skills necessary to learn
Develop communication and Social skills

Targets generalization across home, school, and community settings

- Skills assessments across multiple domains
- Delivery of systematic instruction (10-30hr / week)
- Incidental and Natural Environment Training
- Break down teaching of self-help and daily living skills

- FBA/BSP Process
- Promote alternative behaviors
- Develop individual support plans
- Address specific behavior concerns

- Parent and Caregiver Training
- Provide support across settings including home, school, and community
- Provide supervision over ABA treatment
- Evaluate other interventions

ABA Technologies in Schools

- Functional Behavior Assessment and Function-Based Behavior Support Planning (FBA / BIP)
- Token Economies and Behavioral Contracting
- Task Analysis and Chaining
- Classroom Management
- Curriculum and Instruction
- Direct Instruction
- Educational Technology
- Evidence-based Education
- General, Gifted, Mainstream, and Special Education
- Instructional Design
- Personalized System of Instruction
- Precision Teaching
- Programmed Instruction
- School-wide Positive Behavior Support (SW-PBIS)
- Systems of Schooling (Administration, Policy)
- Teacher Education

IDEA Federal Regulations

§ 300.17 **Free appropriate public education.**

Free appropriate public education or FAPE means special education and related services that— (a) Are provided at public expense, under public supervision and direction, and without charge;

Children with ASD represent only 3.7% of the special education population but initiate 45% FAPE/LRE litigation (Zirkel, 2011)

Requests for ABA services is a common source of this litigation

• § 300.34 **Related services.**

- (a) General. Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training.

Zirkel, P. A. (2011). Autism litigation under the IDEA: A new meaning of "disproportionality." *Journal of Special Education Leadership*, 24, 92–103.

Funding from Health Plans can be used in Schools

MDHHS Medicaid Manual (pg. 487)

18.10 BHT SERVICE LEVEL

BHT services are available for Medicaid beneficiaries diagnosed with ASD and are provided for all levels of severity of ASD. The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) within the individual's community for an appropriate period of time, depending on the needs of the individual and their family or authorized representative(s). Clinical determinations of service intensity, setting(s), and duration are designed to facilitate the individual's goal attainment. **These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant responsibilities of educational or other authorities.** Each individual's IPOS must specify how identified supports and services will be provided as part of an overall, comprehensive set of supports and services that does not duplicate services that are the responsibility of another entity, such as a private insurance or other funding authority, and do not include special education and related services defined in the Individuals with Disabilities Education Act (IDEA) that are available to the individual through a local education agency.

Survey - Methods

- Purpose:
 - To gain insight into Michigan's ABA providers' perceived acceptance and barriers for school-based recommendations and consultation.
- Survey
 - 83 Item Survey using Qualtrics
- Participant Recruitment
 - Emails obtained from LARA for all Licensed Behavior Analysts (LBA-MI) and Assistant Behavior Analysts (LABA-MI).
 - Obtained on 11/21/22
 - 1934 total unique emails sent
 - Behavior Analyst - 1871
 - Assistant Behavior Analyst - 123
 - Mass Email through Qualtrics
 - Compensation: Chance to win 1 of 10 \$100 Amazon Gift Certificates

Participants & Demographics

Q4: What type of organization are you employed by?

Answer	Frequency	Percent
Private ABA agency	188	75.2%
Community Mental Health (CMH)	36	14.4%
School District	9	3.6%
Intermediate School District (ISD)/Regional Educational Service Agency (RESA)	9	3.6%
Other (please specify)	8	3.2%
Total	250	100%

- Presentation Only Includes Michigan Respondents

Q2: What credential do you currently hold as a behavior analyst?

Answer	Frequency	Percent	% of Michigan Licenses
BCaBA	11	4.4%	9%
BCBA	228	91.2%	12%
BCBA-D	11	4.4%	
Total	250	100%	13%

Q3: Are you actively providing ABA services to clients (i.e., is your primary role as a behavior analyst or registered behavior technician)?

Answer	Frequency	Percent
Yes	208	83%
I am a behavior analyst/behavior technician, but it is not my primary role (e.g., I am a teacher, SLP, OT, paraprofessional, university faculty)	32	13%
No	10	4%
Total	250	100%

Q7: Based on the image above (Michigan's prosperity regions). Which area(s) do you serve within Michigan (select all that apply)

Answer	Frequency	Percent
1. Upper Peninsula	11	4.4%
1. Northwest Region	8	3.2%
3. Northeast Region	6	2.4%
4. West Central Region	48	19.2%
5. Bay Area	23	9.2%
6. East Central Region	23	9.2%
7. Central Region	20	8.0%
8. Southwest Central Region	30	12.0%
9. South Central Region	31	12.4%
10. Southeast Region	124	49.6%

Locations



Clients Served

Q11: How many clients do you currently serve?

Answer	Frequency	Percent
1-10	117	46.80%
11-20	72	28.80%
21-30	10	4.00%
31-40	11	4.40%
41-50	8	3.20%
51+	30	12.00%
None	2	0.80%
Total	250	100.00%

Q12: Of those clients, how many have recommendations to provide support within the school setting?

Answer	Frequency	Percent
1-10	158	63.50%
11-20	23	9.20%
21-30	9	3.60%
31-40	5	2.00%
41-50	3	1.20%
51+	12	4.80%
None	39	15.70%
Total	249	100.00%

Q8: What age range do you serve?

Answer	Frequency	Percent
0-3	191	76.4%
4-6	234	93.6%
7-10	214	85.6%
11-18	182	72.8%
18+	94	37.6%

Q9: What is the primary diagnosis of your clients? Select all that apply

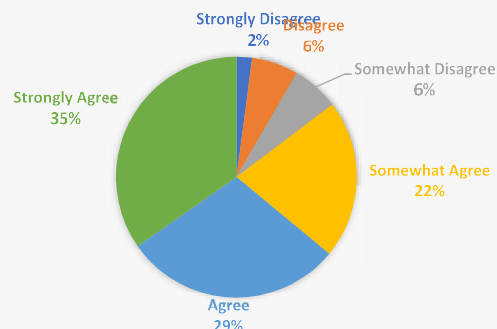
Answer	Frequency	Percent
Autism Spectrum Disorder	244	97.6%
Intellectual or Developmental Disability	43	17.2%
ADHD	31	12.4%
Vision disability (e.g., blindness or low vision)	2	0.8%
Hearing disability (e.g., deaf or hard of hearing)	1	0.4%
Speech/language disability (not caused by hearing loss)	21	8.4%
Physical disability (e.g., diabetes, epilepsy, heart condition)	6	2.4%
Mobility disability (e.g., uses wheelchair, walker)	2	0.8%
Mental health disability (e.g., depression, anxiety, bipolar disorder, PTSD)	24	9.6%
Learning disability (e.g., dyslexia)	13	5.2%
Brain injury	9	3.6%
Other (please specify)	3	1.2%

Clients with School Recommendations

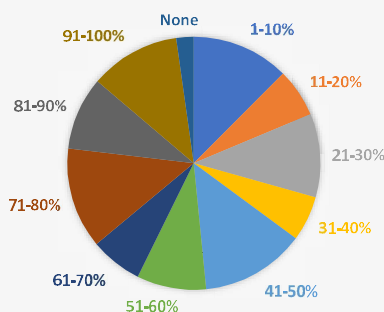
Q13: Of those clients who have recommendations to provide support within the school setting, what Special Education eligibility classification do they have? Select all that apply

Answer	Frequency	Percent
Autism Spectrum Disorder	205	82%
Cognitive Impairment	84	33.60%
Early Childhood Developmental Delay	86	34.40%
Emotional Impairment	59	23.60%
Severe Multiple Impairment	16	6.40%
Specific Learning Disability	25	10%
Speech & Language Impairment	83	33.20%
Other Health Impairment	28	11.20%
504 Plan only	37	14.80%
Other (please specify)	6	2.40%

Q14: I HAVE EXPERIENCED DIFFICULTIES WORKING WITH MY CLIENTS' SCHOOL.

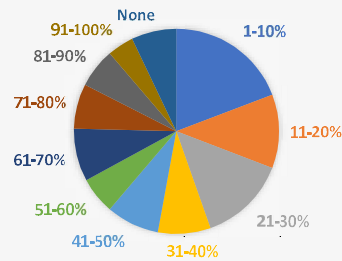


Q15: IF YOU HAVE EXPERIENCED DIFFICULTIES WITH YOUR CLIENTS' SCHOOL, WHAT PERCENTAGE OF YOUR CLIENTS HAVE YOU EXPERIENCED DIFFICULTIES/OPPOSITION FROM THEIR SCHOOL?



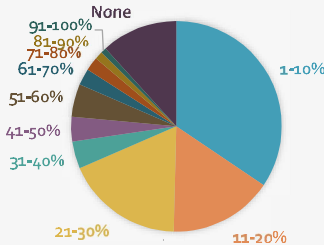
Clients with School Recommendations

Q17: WHAT PERCENTAGE OF YOUR CLIENTS' FAMILIES HAVE DISCUSSED THE REMOVAL OF THEIR CHILD FROM THE SCHOOL SETTING IN FAVOR OF ABA SERVICES?



Answer	Frequency	Percent
1-10%	46	19.2%
11-20%	28	11.7%
21-30%	33	13.8%
31-40%	20	8.3%
41-50%	20	8.3%
51-60%	14	5.8%
61-70%	20	8.3%
71-80%	17	7.1%
81-90%	15	6.3%
91-100%	10	4.2%
None	17	7.1%
Total	240	100.10%

Q18: WHAT PERCENTAGE OF YOUR CLIENTS' FAMILIES HAVE REMOVED THEIR CHILD FROM THE SCHOOL SETTING TO RECEIVE ABA SERVICES?



Answer	Frequency	Percent
1-10%	82	34.5%
11-20%	38	16.0%
21-30%	43	18.1%
31-40%	10	4.2%
41-50%	9	3.8%
51-60%	12	5.0%
61-70%	6	2.5%
71-80%	5	2.1%
81-90%	3	1.3%
91-100%	2	0.8%
None	28	11.8%
Total	238	100.1%

Clients with School Recommendations

Q21: On average how many hours of service are/were recommended to be provided within the school setting?

Answer	Frequency	Percent
1-5	27	22.1%
6-10	23	18.9%
11-15	29	23.8%
16-20	24	19.7%
21+	19	15.6%
Total	122	100%

Q22: How many hours are/were to be delivered by an RBT within the school setting each week?

Answer	Frequency	Percent
1-5	13	13.8%
6-10	20	21.3%
11-15	24	25.5%
16-20	20	21.3%
21+	17	18.1%
Total	94	100.0%

Q23: How many hours of staff / school personnel training are/were you going to provide within that setting?

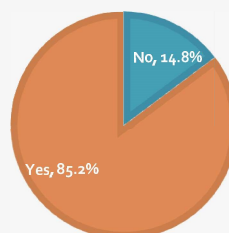
Answer	Frequency	Percent
1-5	77	65.8%
6-10	23	19.7%
11-15	4	3.4%
16-20	8	6.8%
21+	5	4.3%
Total	117	100.0%

Q26: What type of supports (i.e., targeted areas) are/would be provided within the school setting?

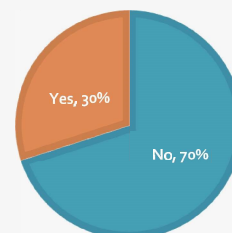
Answer	Frequency	Percent
Communication	194	77.6%
Behavior Reduction	200	80%
Functional Living Skills	200	43.6%

Intrusive Measures

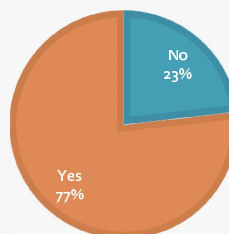
Q45: TO YOUR KNOWLEDGE, HAVE ANY OF YOUR CLIENTS EVER BEEN SUSPENDED FROM SCHOOL (INCLUDING IN-SCHOOL SUSPENSIONS) DUE TO BEHAVIORAL CHALLENGES?



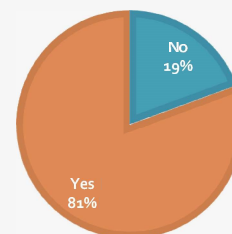
Q47: TO YOUR KNOWLEDGE, HAVE ANY OF YOUR CLIENTS EVER BEEN EXPELLED FROM SCHOOL DUE TO BEHAVIORAL CHALLENGES?



Q49: TO YOUR KNOWLEDGE, HAVE YOUR CLIENTS EVER BEEN RESTRAINED IN SCHOOL?



Q54: TO YOUR KNOWLEDGE, HAVE YOUR CLIENTS EVER EXPERIENCED SECLUSION IN SCHOOL?



Requested Supports

Q64: When asked by the school(s) to provide consultation or direct services within the school setting, which of the following activities were supported?

Answer	Frequency	Percent
Behavior Reduction	102	40.8%
BIP	71	28.4%
Communication Skills	71	28.4%
Crisis Management	40	16%
FBA	49	19.6%
Functional Living Skills	25	10%
Paraprofessional/Behavior Technician	39	15.6%
Social Skills	52	20.8%
Teacher/Paraprofessional Training	46	18.4%
Other (please specify)	3	1.2%
None	69	27.6%

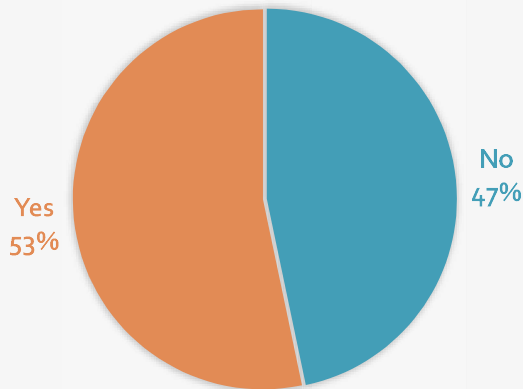
Q66: When asked by the parent / guardian / caregiver to provide consultation or direct services within the school setting, which of the following activities were requested?

Answer	Frequency	Percent
Behavior Reduction	140	56%
BIP	83	33.2%
Communication Skills	96	38.4%
Crisis Management	54	21.6%
FBA	48	19.2%
Functional Living Skills	41	16.4%
Paraprofessional/Behavior Technician	49	19.6%
Social Skills	79	31.6%
Teacher/Paraprofessional Training	69	27.6%
Other (please specify)	7	2.8%
None	31	12.4%

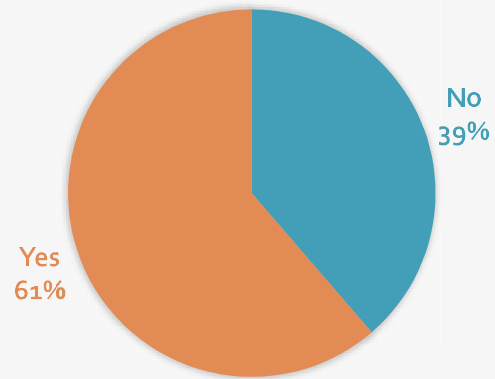
You indicated that you were asked to provide consultative services related to crisis management or behavior reduction.

Was this a result of instances related to suspension, expulsion, restraint, or seclusion for your clients?

BY THE SCHOOL



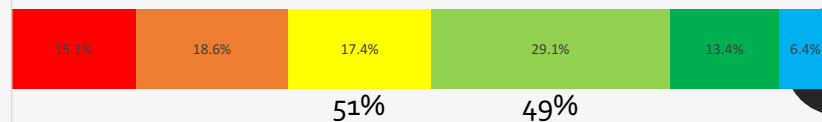
BY THE PARENT



Openness to Incorporate Services

Strongly Disagree Disagree Somewhat Disagree Somewhat Agree Agree Strongly Agree

Q69: My clients' school has been open and welcoming to the collaboration/integration of my services.



Q70: When working with schools, which school personnel did you find supportive of ABA support during school hours? Select all that apply

Answer	Frequency	Percent
General Education Teacher	49	19.6%
Special Education Teacher	110	44%
Paraprofessional	62	24.8%
Special Education Coordinator	41	16.4%
School Social Worker	50	20%
School Speech Language Pathologist	40	16%
School Occupational Therapist	24	9.6%
School Counselor	15	6%
Principal	39	15.6%
Assistant Principal	13	5.2%
Superintendent	6	2.4%
Other (please specify)	7	2.8%
None	41	16.4%

Q71: When working with schools, which school personnel did you find to be resistant or obstructive to ABA support during school hours? Select all that apply

Answer	Frequency	Percent
General Education Teacher	77	30.8%
Special Education Teacher	55	22%
Paraprofessional	36	14.4%
Special Education Coordinator	62	24.8%
School Social Worker	36	14.4%
School Speech Language Pathologist	38	15.2%
School Occupational Therapist	29	11.6%
School Counselor	26	10.4%
Principal	72	28.8%
Assistant Principal	42	16.8%
Superintendent	44	17.6%
Other (please specify)	12	4.8%
None	33	13.2%

Q16: What was the challenge regarding the provision of ABA services within the school setting?

	Frequency	Percent		Frequency	Percent
Coordination, Collaboration and Communication Difficulties	79	16.4%	Role Clarification	5	1.0%
Denied Access to School Setting	73	15.1%	Transition to School Planning	5	1.0%
Billing/Funding Barriers	43	8.9%	Confidentiality Concerns (FERPA)	4	0.8%
Implementation of Plan/Procedures/Recommendations	36	7.5%	Conflicting Professional Recommendations	4	0.8%
Limiting or Disallowing Observation	31	6.4%	Lack of Inclusion in Meetings	4	0.8%
Teacher/Staff Issues	29	6.0%	Lack of Resources	4	0.8%
Lack of Adequately Trained Staff	22	4.6%	Accommodations	3	0.6%
Administration Barriers	15	3.1%	Environmental Differences	3	0.6%
Lack of ABA Buy-In	15	3.1%	Fade-Out of Services	3	0.6%
Documentation Difficulties (IEP, goals, data, etc.)	13	2.7%	Inappropriate Behavior Management		
No Issues or N/A	11	2.3%	Procedures	3	0.6%
Truancy/Unapproved Absences	11	2.3%	Lack of Environmental Control	3	0.6%
ABA Knowledge	10	2.1%	Lack of Parent Involvement	3	0.6%
Limitations in Ability to Provide Staff Training	9	1.9%	High Student:Adult Ratios	2	0.4%
Suppension/Expulsion of Client	8	1.7%	IDEA	2	0.4%
Client Needs Don't Match Environment	6	1.2%	Inappropriate Crisis Management	2	0.4%
Limited Supports for Clients (not otherwise specified)	6	1.2%	Lack of Informed Consent	2	0.4%
Supplant vs. Supplement	6	1.2%	Behavior Variability Across Contexts	1	0.2%
Role Clarification	5	1.0%	Liability Concerns	1	0.2%
			No In-House ABA	1	0.2%
			Other Professionals Writing Behavior Plans	1	0.2%
			School Not Following Parent Recommendation	1	0.2%
			Transitioning to Therapy	1	0.2%
			Union Procedures	1	0.2%

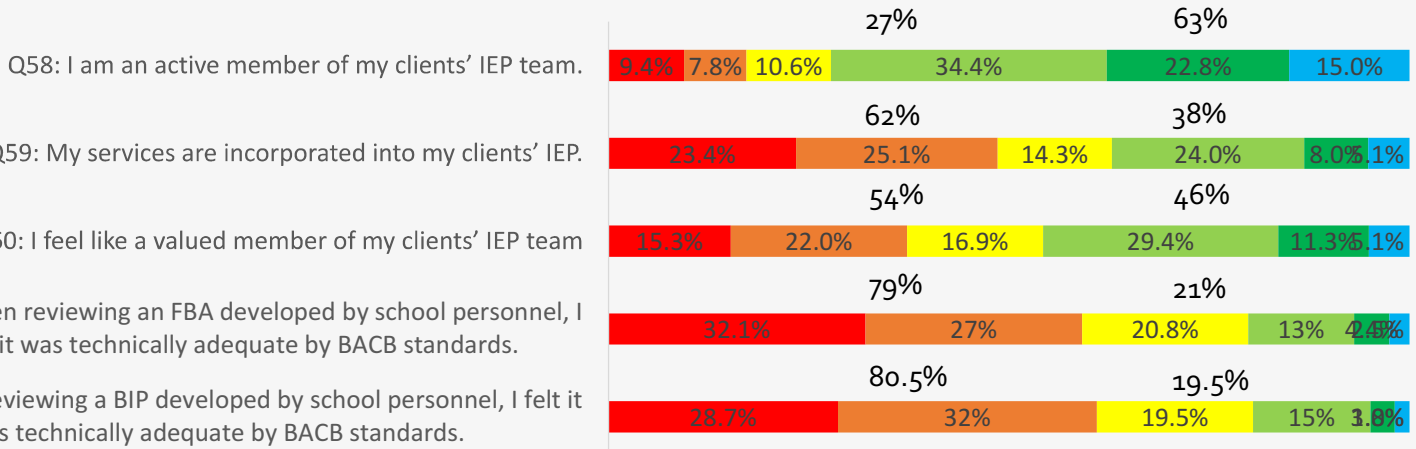
Where were services accepted

Q68: Which educational environments were you able to provide consultation or direct services in within the school setting? Select all that apply

Answer	Frequency	Percent
General education classroom	66	26.4%
Special education classroom	97	38.8%
Resource room	50	20%
Specials classroom (e.g. music, art)	25	10%
Physical education classroom	25	10%
Recess	39	15.6%
Lunchroom	35	14%
Extracurriculars	15	6%
Transportation	15	6%
Others (please specify)	8	3.2%
None	61	24.4%

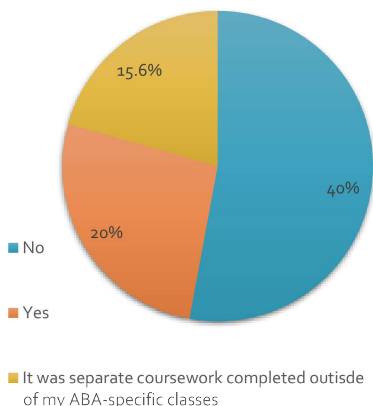
Individualized Education Plans (IEP)

Strongly Disagree Disagree Somewhat Disagree Somewhat Agree Agree Strongly Agree

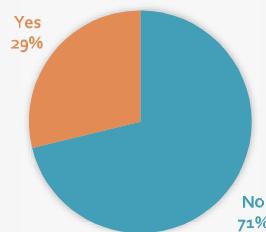


Formal Training in Schools

Q76: I had special education / disability law (i.e., IDEA, 504, ADA) embedded into my ABA coursework (i.e., during your graduate education).

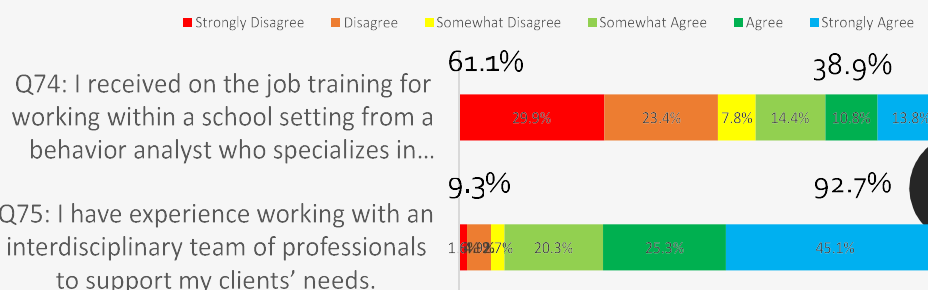


Q72: DID YOU RECEIVE FORMAL TRAINING WITHIN A SCHOOL SETTING AS PART OF YOUR REQUIRED EXPERIENCE HOURS FOR CERTIFICATION (I.E., PRIOR TO BECOMING CERTIFIED):



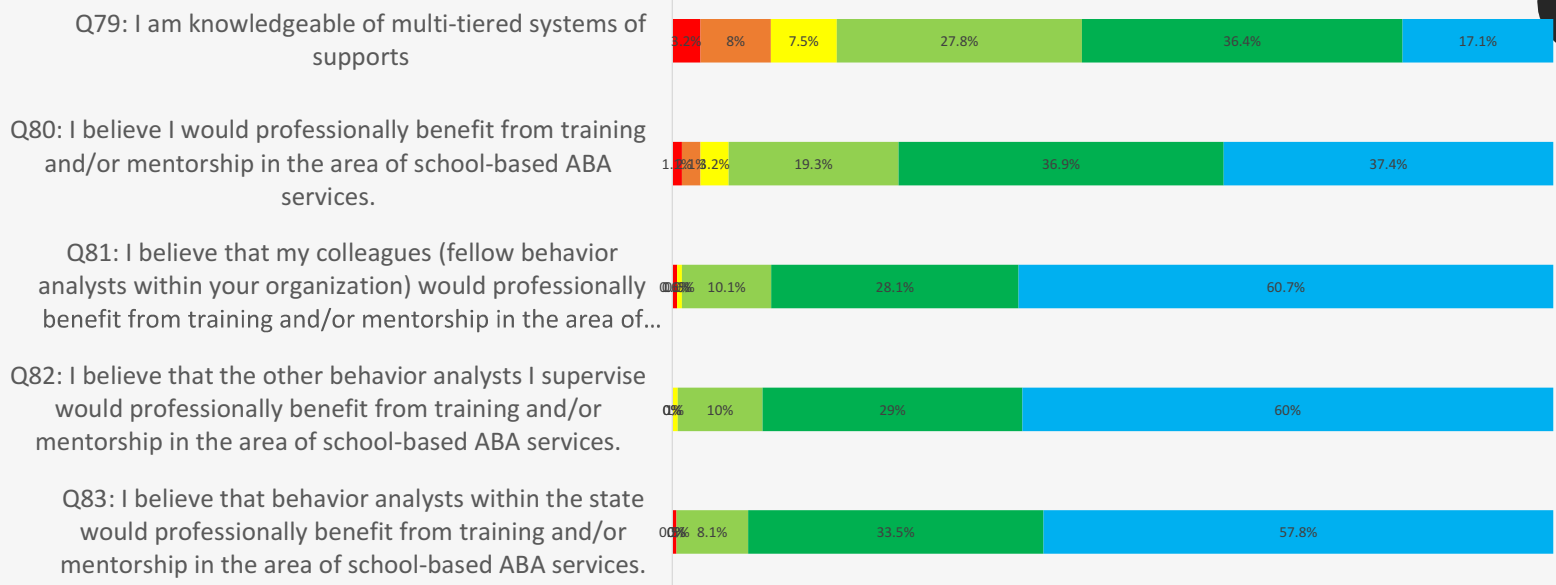
Q73: What percentage of your required experience hours for certification was spent within a school setting?

Answer	Frequency	Percent
1-25%	24	43.6%
26-50%	7	12.7%
51-75%	8	14.5%
76-100%	16	29.1%



Support for training in Schools

■ Strongly Disagree
 ■ Disagree
 ■ Somewhat Disagree
 ■ Somewhat Agree
 ■ Agree
 ■ Strongly Agree



Discussion

Contact Information:
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- Varied acceptance and obstruction is perceived across the State
- BCBA's have outside funding to work in schools
 - MDHHS, Private Insurance
 - Schools need clear funding mechanisms to internally hire BCBAs
- Perceived Barriers
 - Coordination, Collaboration and Communication Difficulties
 - Clarification of funding and necessity of services are needed
- Clear State-Level Guidance and Policy is needed
 - If provided as a "Related Service," guidance to support instructional, administrative, and support staff, buy in is needed
- BCBAs need training opportunities IN schools
 - Pre-service field experience
 - Funded internships and Supervisors positions
 - Post-Graduation training opportunities
 - (Workshops, Mentor Groups, Supervised Field Experience)



Michigan Autism Council

Purpose and Member Representation

1

Purpose of Council per Executive Order

The council shall act in **advisory** capacity and do the following:

1. Promote, monitor, and update the Michigan ASD State Plan.
2. Annually complete a report of the progress and recommendations of the Michigan ASD State Plan and submit the report to the Director of the Department no later than 60 days after the close of each fiscal year.
3. Provide to the Director of the Department and the Governor a Michigan ASD State Plan and updated recommendations a minimum of every 5 years beginning Fiscal year 2019.

2

Autism Council Member Representation Guidance

The following guidance is offered for consideration during the selection process for Autism Council members. Applications for council membership will be reviewed based on demonstrated experience and expertise related to the council's charge and the need for specific representation on the Council.

3

Autism Council Member Representation Guidance

Representatives of Michigan's Autism Council will:

- Commit to in-person attendance at bi-monthly meetings throughout their tenure. Council members are not permitted to vote when in virtual attendance.
- Demonstrate foundational knowledge about Autism Spectrum Disorder (ASD), including evidence-based practice, individual and family support services, and best practices in listening to and supporting the voices of individuals with disabilities.
- Indicate a foundational understanding of state level structures for service provision such as healthcare, community mental health, education, advocacy, and/or family supports.

4

Autism Council Member Representation Guidance

- Describe specific ways they can participate in the work of the Autism Council to address the primary tasks of the council as listed in the Executive Order, such as updating the ASD State Plan and collaborating to implement the plan recommendations, reporting on progress to the Director of the Department, and updating recommendations.
- Demonstrate a direct connection to at least one state or community agency/organization focused on ASD policy, programming, services, and/or advocacy.
- Commit to regular outreach, communication, and coordination with stakeholder groups to support the work of the Autism Council.
- Commit to reviewing and providing feedback on applicable legislation, policies, programs, and resources related to services and practices that benefit individuals with ASD in Michigan.