

Michigan

Autism Spectrum Disorder

State Plan

2018 Progress Review and Recommendations

November 2018

Acknowledgements

The *Michigan Autism Spectrum Disorder (ASD) State Plan 2018 Progress Review and Recommendations* is the result of the vision and effort of a committed workgroup, Autism Council members, and stakeholders throughout the state of Michigan.

Acting upon the charge identified in the [Governor's Executive Order No. 2012-11](#), it is the responsibility of the Autism Council to periodically review the advancement of the state toward goals identified in the state plan and revise recommendations based upon noted growth or need. The [Autism Council](#) established a state plan workgroup to lead the plan review and recommendation process. The commitment of time and sharing of expertise of members of this workgroup is deeply appreciated by the Autism Council.

A focused study of the progress of the ASD State Plan was guided by input from two primary sources: 1) the Michigan Autism Council, whose membership represents crucial entities that provide the foundation for supports and services to individuals with ASD and families, and 2) stakeholder surveys, designed by the State Plan workgroup to solicit input to inform recommendations.

The workgroup extends a special thanks to the many stakeholders, including service providers, educators, advocates, consumers, and family members of individuals with ASD, who contributed to this review by completing the surveys and expanding the reach of the surveys to constituent groups. The valuable input received through the surveys contributed to the validation of progress towards ASD State Plan goals and the development of the carefully crafted recommendations contained in this document.

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Pre-Paid Inpatient Health Plans
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ASD Community (Parent)
Non-profit Organization Serving those with ASD
MI Department of Health and Human Services
State Universities
ASD Community (Self-Advocate)
MI Department of Insurance and Financial Services
Medical Centers/ Health Care Providers
Intermediate Schools and Member Districts
MI Department of Health and Human Services
MI Department of Education

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Summary and Call to Action

The Michigan Autism Council has a responsibility to champion the State ASD Plan's overall goal to *"Build the state infrastructure for comprehensive, lifespan supports to individuals with ASD and their families through access to information and resources, coordination of services, and implementation of evidence-based practices."* As a review and advisory body, it is recognized that the Autism Council provides a key function to represent a broad perspective of implementation efforts, regularly review the progress made towards attainment of goals identified in the State Plan and offer additional recommendations as warranted. It is recognized that the potential success of this plan will be the result of the work of state agencies, organizations, and individuals who strive to incorporate the recommendations of this plan into their initiatives, programs, and services.

This Progress Review and Recommendations document provides a reexamination of the Michigan ASD State Plan, including progress since 2012 and focus area recommendations for continued work. The recommendations are the most important aspect of the document, as they lay the blueprint to improve outcomes for individuals with ASD and their families. Recommendations are provided across six areas: Family Engagement and Involvement, Early Identification and Early Intervention Services, Educational Supports and Services, Adult Services and Supports, Physical, Mental, and Behavioral Health, and Infrastructure to Meet Focus Area Goals and Recommendations. Each Focus Area has recommendations organized into the following four categories: Coordination and Collaboration of Systems, Services, and Resources; Development and Dissemination of Information and Resources; Training and Education; and Service Provision and Access.

It is imperative that individuals from a broad range of stakeholder groups, including families, providers, educators, university faculty, business leaders, and legislators, read this document and immediately consider how to proactively respond to the recommendations to impact individuals with ASD across the lifespan. Specifically, this document is a *call to action*. You, as the reader, can identify focus area recommendations, which are aligned to your agency, organization, or constituent group, and consider how the recommendations are relevant to your interactions with individuals with ASD and their families.

Immediate actions, upon reviewing the recommendations, involve thinking about alignment with other groups and state initiatives (e.g., Section 298 Initiative, Mental Health and Wellness Commission, Great Start Collaborative, Employment First, Michigan Inpatient Psychiatric Admissions Discussion) and forming partnerships with stakeholders outlined in the state structures of this document to address recommendations. Next, consider resources needed to meet specific recommendations, and how you can work within existing funding systems and collaborate with others for additional funding (e.g., grants, legislative action). Finally, create and implement a plan to address recommendations with your partners and communicate to others the impact on individuals, families, communities, and service systems.

You are encouraged to read this document in its entirety. Celebrate the progress made and join us in appreciating that there is still much to be done, as evidenced by the carefully crafted recommendations contained within each Focus Area. Ultimately, we know that the work cannot be completed by a few individuals located in isolated regions or agencies. This work must be coordinated in a collaborative manner to meet the varied needs of individuals and communities. Most importantly, commit to be one of the essential systemic change agents that will *"build the state infrastructure for comprehensive, lifespan supports to individuals with ASD and their families through access to information and resources, coordination of services, and implementation of evidence-based practices."*

Introduction

Purpose of the *Michigan ASD State Plan 2018 Progress Review and Recommendations*

The [Michigan Autism Spectrum Disorders \(ASD\) State Plan](#) was initially developed and formally accepted in 2012 by four state human service agencies – [Department of Community Health](#), [Department of Human Services](#), [Department of Licensing and Regulatory Affairs](#), and [Department of Education](#). These agencies viewed the document and recommendations as a means to enhance collaboration and coordinate efforts to guide and improve infrastructure and services to individuals with ASD and their families.

The creation of the [Michigan Autism Council](#) was an important recommendation included in the 2012 plan and was acted upon through [Executive Order by the Governor](#). A major function of the council is to monitor and periodically update the plan. This 2018 Progress Review and Recommendations shows Michigan's progress toward meeting the 2012 recommendations and establishes new priority recommendations to guide policy, practice, and decision-making for the next five years.

The recommendations in the document are organized into the same Focus Areas defined in the 2012 ASD State Plan, with only minor revisions. Some Focus Areas are based on a specific age group, including Early Identification and Early Intervention (children birth- 6) and Educational Supports and Services (kindergarten-termination of school eligibility). Other Focus Areas have a service emphasis such as Adult Services and Supports, Physical, Mental, and Behavioral Health services, and Infrastructure. Although listed separately, these focus areas and recommendations are interrelated and complementary, and therefore should not be considered in isolation. For instance, the Infrastructure recommendations are state-level policy and practice recommendations that impact all focus areas, and the physical, mental, and behavioral health recommendations will influence individuals across age-based focus areas of early identification and intervention, educational supports, and adult supports and services.

The number and span of the recommendations is broad, and various state agencies, organizations, providers, educational systems, and individuals will need to work together to address the priorities and recommendations outlined in this document. It is the intent of this workgroup and the Autism Council that no one agency or organization is responsible for implementing the recommendations, and it will be through partnerships and coordination of efforts that individuals with ASD and their families will experience a tangible difference in opportunities, services, care coordination, education, and authentic integration in the community.

In summary, this document outlines the progress within each focus area since the 2012 ASD State Plan, provides survey results from six stakeholder groups identifying needs and priorities, defines recommendations in key focus areas, and establishes infrastructure recommendations along with state structures to meet those recommendations. Most important, this document serves to provide strategic direction for improving the lives and outcomes of individuals with ASD in the state of Michigan.

ASD State Plan Progress Since 2012

Since 2012, significant changes have resulted in more and improved services for individuals with ASD and their families, notably, the creation of the Governor's Autism Council, the passage of public and private autism insurance legislation, licensing for Board Certified Behavior Analysts, and funding for university programs to meet service needs.

While impressive changes have occurred in the past several years, Michigan is diverse in its geography and population, and improvements in state systems and services are not consistent throughout the state. Continued effort is needed to ensure all individuals with ASD have access to information, services, and opportunities. The progress made in the Focus Area recommendations since the writing of the 2012 ASD State Plan is listed below.

Infrastructure: Systems Coordination and Services

- Creation of the [Autism Council](#) has fostered an increase in stakeholder connections and input and promoted implementation of the Michigan ASD State Plan recommendations.
- The Michigan Medicaid policy was revised to include Applied Behavior Analysis services birth to 21 years of age.
- Coordination of services, initiatives, and activities between state departments and agencies has improved services to individuals with ASD.
- Increased state agency understanding of programs and services with development and distribution of [Services for School-age Children with Autism Spectrum Disorder \(ASD\): Coordination and Collaboration Opportunities](#). This document was created by the Michigan Autism Council to compare and contrast federal and state regulated special education programs and services, state-regulated private insurance benefits, and state-regulated public insurance benefits as a means to identify coordination and collaboration opportunities in the areas of evaluation, eligibility, and intervention service plans.
- State-funding through Michigan Department of Health and Human Services (MDHHS) to universities has resulted in an expanded workforce to provide services that directly serve individuals with ASD and families.
- More than 17,000 law enforcement officers and first responders received training to enhance response to situations involving individuals with ASD.

Family Engagement and Involvement

- [Autism Alliance of Michigan](#) received funding from the MDHHS, to establish the [MiNavigator](#) program to provide information and a professional case management service to Michigan families affected by ASD.
- Families have greater access to special education information through [Michigan Alliance for Families](#) and [Family Matters](#) (Michigan Department of Education [Office of Special Education](#)), increasing the opportunity to be an informed partner with their school team.

Early Identification and Early Intervention Services

- With an ASD State Plan in place, Michigan became eligible to apply for specific Health Resources and Services Agency (HRSA) grant funds. In 2014, Michigan received a federal HRSA grant to train primary care physicians in screening for young children for ASD.

- Passage of the [public](#) and [private](#) autism insurance benefit has led to increased access to Applied Behavior Analysis (ABA) services across the state.
- Seventeen [Approved Autism Evaluation Centers](#) exist for diagnosis throughout the state, leading to greater access to services.
- [Early On](#)[®] will receive an increase in state budget funding to enhance services for children birth to three with developmental delays, including ASD.
- The Autism Council created and disseminated documents to improve the [understanding of early identification and intervention service systems](#), [the referral process](#), and [first steps](#) for parents following their child's diagnosis of ASD.
- The MDE published the [ASD Michigan Mandatory Special Education Evaluation Guidance for children birth-3](#), based upon the Education-Based Evaluations for ASD (2015) document.
- The [Statewide Autism Resources and Training Project](#) (START) continues to provide intensive, team-based training and technical assistance to improve early childhood educational programming in schools, with 180 school districts participating from 39 ISDs since 2012.

Educational Supports and Services

- The Governor-appointed [Special Education Task Force Final Report to the Governor](#) (January 2016) included recommendations for action and policy change that directly support the Michigan Autism State Plan.
- Michigan adopted [Public Act 394 of 2016](#) restricting the use of seclusion and restraint in schools. The State Board of Education (SBE) adopted the [Policy for the Emergency Use of Seclusion and Restraint](#) as required by [MCL 380.1307](#) (March 14, 2017), which also required the MDE to develop guidance to assist school districts to implement the law.
- The Autism Council developed and published [Education-Based Evaluations for Autism Spectrum Disorder \(2015\)](#), a guidance document, to assist school personnel in the evaluation and eligibility recommendation process for special education services.
- The [Michigan Association of Administrators of Special Education](#) developed, published, and presented [Individualized Family Service Plan and Individualized Education Program Considerations for Students with ASD Receiving Autism Insurance Benefits \(2013, updated 2017\)](#), through a collaborative effort, which included representatives from both education and public mental health.
- The [START Project](#) continues to provide intensive, team-based training and technical assistance to improve K-12 educational programming in schools, with 234 school districts participating from 38 ISDs since 2012.
- Growth of Peer to Peer programs in schools has risen to 815 Peer to Peer programs supporting 4,530 students, increased from 319 established programs in 2012.
- MDHHS grants to universities have increased statewide capacity for training in applied behavior analysis, including school-based professionals.
- MDHHS and MDE ([Office of Coordinated School Health and Safety](#)) collaborated to provide grant funding to schools to ensure children have access to the services and treatments they need at the earliest point possible.

Adult Supports and Services

- The Transition and Adult Services Committee of the Autism Council developed a [Secondary Transition Recommendations](#) and [Implementation Checklist](#) of best practice recommendations for educators and families to utilize with transition support for adolescents and young adults.
- The [Employment First executive order](#), signed by Lieutenant Governor Brian Calley on November 18, 2015, established the expectation and promotion of integrated and competitive employment opportunities for all working age individuals with disabilities.
- [Project SEARCH](#), a one-year internship program with the goal of competitive employment for students with disabilities, has over 19 sites across the state.
- State universities have developed programs for matriculated students with ASD, to provide additional supports including peer support programs, organized social events, supported housing, internships and work experiences, and increased communication between students, faculty, staff, and parents.
- The START Project continues to provide the [Building Your Future](#) (BYF) intensive, team-based training and technical assistance to improve transition preparation and outcomes for adolescents and young adults, with 141 school districts participating from 35 ISDs since 2012.
- The [Home and Community Based Services](#) rule project was developed MDHHS in March 2014, with the goal of improving inclusion and integration into the community for individuals with disabilities, ultimately increasing their autonomy and self-determination.
- The Autism Council supported the Employment First policy recommendations deemed consistent with the Adult Supports and Services recommendations identified in the Autism State Plan.

Physical, Mental, and Behavioral Health

Policy and Workforce Development

- Autism [insurance legislation](#) passed in October 2012.
- The [Autism Coverage Reimbursement Program](#) reimbursed insurance carriers and self-insured companies for autism health care services from October 2012 through September 2016.
- State [licensure legislation](#) for Certified Behavior Analysts was passed in 2016.
- The number of ABA degree programs offered by Michigan universities increased to ten programs.
- Through the [Medicaid Autism ABA policy](#), including individuals birth to 21 years of age, 14,285 children have received services between April 2013 and September 2018.
 - Since January 2014 through September 2018, enrollment in the Medicaid ABA program has grown from 504 enrollees to 5,973 enrollees through age 20.
- More than 200 Michigan self-insured companies adopted the autism benefit.
- The behavior analyst workforce increased to include 873 certified behavior analysts, including 56 BCBA-Ds, 755 BCBAs, and 62 BCaBAs per the [Behavior Analyst Certification Board](#).
 - Michigan is currently ranked 10th in the country for total number of certified behavior analysts.
 - Michigan is currently leading the nation when examining the average percent increase over the past BACB six exam results with a 6.35 percent average increase.
 - Michigan accounts for 2.9 percent of the current national total of BCBA.

- The Michigan Autism Council provided the MDHHS and Certificate of Need Commission *Psychiatric Specialty Beds and Treatment Recommendations* in February 2017.
- The Medicaid Autism ABA policy included [telepractice](#) services starting in January 2016.
- The Michigan Autism Council released the [Crisis Management Committee Recommendations](#) report to address crisis systems and services in December 2014.

Training and Professional Learning

- Michigan received a HRSA grant (2014 through 2017) to train primary care physicians, increase communication and collaboration between medical providers and families, and increase Patient-Centered Medical Home model practices.
- Michigan was awarded a [Federal Leadership Education in Neurodevelopmental and Related Disabilities](#) (LEND) grant (2016) to enhance the clinical expertise and leadership skills of professionals who care for individuals with ASD.

Service Delivery

- Michigan has 17 [Approved Autism Evaluation Centers](#) for children to receive a comprehensive evaluation and diagnosis of ASD.
- ABA services are provided by [100 agencies](#) across the state including all 46 [Community Mental Health Services Programs](#).
- The Hawthorn Center, a Joint Commission accredited Hospital for the intensive inpatient psychiatric treatment of emotionally and children and adolescents with behaviorally complex issues, is integrating multidisciplinary treatment, including ABA, into the medical model to improve outcomes for children.
- Revisions were made to the [Intensive Crisis Stabilization Services Section of the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter](#) within the Michigan Medicaid Provider Manual to include children birth to 21 years of age. This provides structured treatment and support activities provided by a mobile intensive crisis stabilization team to promptly address crises.
- With an ASD State Plan in place, Michigan became eligible to apply for HRSA grant funds. In 2014, Michigan received a HRSA grant that expanded [Parent Support Partners](#) to including family members of individuals with ASD.
- Michigan universities have established diagnostic centers and ABA service clinics to support individuals with ASD.

Information to Guide the Development of the Michigan ASD State Plan

2018 Progress Review and Recommendations

Priority Outcomes Across the Lifespan

At an annual planning meeting in 2015, the Autism Council members discussed and developed a set of outcomes for individuals with ASD to guide the implementation of the Michigan ASD State Plan and the work of the council. These outcomes were drawn from the research literature and professional and family input. The outcomes were defined for each stage of development: early childhood, school-age, and adulthood. We believe that these outcomes should be at the forefront of all planning, recommendations, and decisions relevant to individuals with ASD to increase the likelihood of a positive, maximally independent life with typical opportunities in the community.

Early Childhood Outcomes

- Integration with peers in typical early childhood settings
- Skills to meaningfully access social and educational experiences
- Optimal physical and behavioral health
- Family functions well to support child and be involved in the community

Child and Youth Outcomes

- Integration with peers in school and community environments
- Meaningful educational and extra-curricular participation
- Optimal physical and behavioral health
- Skills to support an individual's post-secondary goals
- Engaged family support network

Adult Outcomes

- Integration and inclusion within the preferred community
- Maximum independence achieved through policy and practice that promotes self-advocacy, self-determination, and self-management
- Employment, education, housing, health care, and family meets the wants and needs of the individual

Stakeholder Surveys

For the development of the 2012 ASD State Plan, the workgroup created a survey for families and a survey for school professionals to obtain input on services utilized, additional services needed, and identified state priorities. For the 2018 Progress Review and Recommendations of the Michigan ASD State Plan, surveys were revised and expanded to include a broader group of stakeholders. The surveys were disseminated throughout the state by the Autism Council members and other constituent groups. The survey results are represented in Attachment 1.

<i>Surveys</i>	<i>Responses to Surveys</i>
1. Family Survey – Birth-18	568 responses
2. Family Survey – 18-Adult	171 responses
3. Medical and Clinical Provider Survey	117 responses
4. Provider of ABA Services Survey	384 responses
5. Public Mental Health Provider Survey	206 responses
6. School Professional Survey	1,282 responses

ASD State Plan 2018 Progress Review and Recommendations

Focus Area: Family Engagement and Involvement

State Plan Focus Area Goal

Families will have easy access to comprehensive, relevant information and resources to address the needs of their child with ASD across the lifespan. Coordinated services will be available to meet the needs of the family and the child with ASD to promote the health and quality of life of the entire family.

Recommendations

Coordination and Collaboration of Systems, Services, and Resources

- Establish a system of communication and coordination across state agencies, programs, organizations, and initiatives serving families (e.g., [Michigan Alliance for Families](#), [Autism Alliance of Michigan](#)) to improve consistency of information to families, disseminate available resources more broadly, and rectify gaps in resources.

Development and Dissemination of Information and Resources

- Create and disseminate roadmaps and guidance documents to help families navigate systems and service delivery processes such as the special education evaluation and Individualized Education Program (IEP) process, insurance access for ABA services, and adult supports and services.
- Expand outreach and create a dissemination plan to help all families access high quality information, resources, and services available throughout Michigan (e.g., [MiNavigator](#), [Michigan Alliance for Families](#), conferences).
- Agencies and organizations working with families disseminate information about their resources and services directly to health, education, and service providers who make referrals and share information with families.

Training and Education

- Utilize a strength-based training approach with families to enhance their ability to advocate for their child's needs and participate as an active team member to plan and implement interventions.
- Provide direct training and coaching to families to work effectively with the characteristics of ASD (e.g. fascinations, communication, social differences), teach new skills, decrease challenging behaviors, and generalize skills learned in other settings.
- Train providers (e.g., case managers, educators, medical, ABA services providers) in evidence-based methods for engaging families to raise expectations and serve as the expert and advocate for their child (e.g. [Strengthening Families](#)).

Service Provision and Access

- Evaluate the current availability of family support services (e.g., respite, telehealth, foster care), advocacy, and counseling in each region to identify what additional services may be needed.
- Promote and fund models that increase integration of individuals with ASD in local community activities and opportunities (e.g., clubs, sports, camps, boy scouts, girl scouts, 4-H).

ASD State Plan 2018 Progress Review and Recommendations

Focus Area: Early Identification and Early Intervention Services

State Plan Focus Area Goal

All Michigan children will be screened for ASD before age two and any children suspected of having ASD will be referred for evaluation and services immediately. All children with a diagnosis or educational eligibility of ASD will have timely access to a structured, intensive program of evidence-based intervention and inclusive early childhood programming.

Recommendations

Coordination and Collaboration of Systems, Services, and Resources

- A representative group of service system providers (e.g., *Early On*, education, *Community Mental Health Services Programs* (CMHSP), *ABA centers*) meets to identify barriers to service coordination amongst providers and develops recommendations to address barriers.
- Each system that provides comprehensive services to young children with ASD (e.g., *Early On*, education, *CMHSP*, *ABA centers*) identifies and implements approaches that improve coordination with families and other providers.

Development and Dissemination of Information and Resources

- Create and disseminate best practice guidelines for screening, evaluation, and services to relevant providers and families to generate a common understanding of the ingredients of an effective learning and support system (e.g., conferences, autism program materials, state initiatives, GovDelivery).

Training and Education

- Train providers working with young children (e.g., daycare workers, ABA providers, early childhood educators) in evidence-practices that combine a balance of developmentally appropriate practices and behaviorally-based interventions that promote integration in natural environments.
- Develop and implement a training plan for university and education service personnel to support the use of the *Determination of Eligibility for Michigan Mandatory Special Education for Infants and Toddlers, Birth to age Three Autism Spectrum Disorder Guidance*.

Service Provision and Access

- Identify and reduce barriers to an initial diagnostic evaluation for ASD for faster access to services.
- Improve timely access to ABA services by identifying and reducing barriers to services (e.g., information to families, availability of behavior technicians).
- Establish early childhood education demonstration sites that incorporate inclusive early childhood practices with behaviorally-based interventions (e.g., Project DATA model), and expand models with demonstrated effectiveness statewide.
- Help families identify and access services (e.g., speech and language therapy, parent-mediated interventions) that complement educational programs and ABA services.

ASD State Plan 2018 Progress Review and Recommendations

Focus Area: Educational Supports and Services

State Plan Focus Area Goal

All Michigan students with ASD will have access to effective, integrated learning environments and highly trained school staff in order to make progress toward academic, social, communication, behavior, and adaptive skill development. Michigan students with ASD will transition into adulthood with maximum independence and prepared for post-secondary education and employment opportunities that lead to positive outcomes and quality of life.

Recommendations

Coordination and Collaboration of Systems, Services, and Resources

- Establish a system for service providers to effectively communicate the services provided as part of an Individual Education Program (IEP), Individual Plan of Service (IPOS), and/or treatment plan to all service providers involved with the child or youth with ASD (e.g., medical, ABA, behavioral health) to increase service coordination.
- Use the *Individualized Family Service Plan and Individualized Education Program Considerations for Students with ASD Receiving Autism Insurance Benefits (2nd edition)* (Possible Sources for Collaboration table) as a framework to identify collaborative opportunities between providers, the family, and educational staff.

Development and Dissemination of Information and Resources

- Continue to use a collaborative presentation model that includes education, MDHHS, and service provider personnel to present *Individualized Family Service Plan and Individualized Education Program Considerations for Students with ASD Receiving Autism Insurance Benefits* to families, medical professionals, staff within agencies, and community members.
- Develop educational resources for parents, caregivers, and service providers to support effective engagement as a contributing member of the Individual Family Service Plan (IFSP) or IEP team.

Training and Education

- Provide intensive team-based training to school-based professionals working with students with ASD to use evidence-based educational and intervention practices and a team-based problem-solving approach to increase inclusive opportunities and promote academic and social learning.
- Convene a forum to address challenges with sustainability of professional learning (e.g., high rate of staff turnover, lack of fidelity of implementation, lack of availability of staff for training/cost to attend, staff shortage) through a collaborative effort with MDE, universities, state initiatives, and school administrator personnel.
- Provide parents and caregivers with resources and information to support effective engagement as a contributing member of the IFSP/IEP team.
- Complete a review and analysis of Institutes of Higher Education program outcome data to ensure evidence-based practices are used in educator training programs.

Service Provision and Access

- Schools will provide special education programs and services that are delivered in an intensive, individualized manner, in the least restrictive environment, to achieve identified goals and progress in the general education curriculum, as measured through progress monitoring data.
- Collaborate with service providers outside of the school system to discuss student goals, instructional and behavior plans, and data to aid in the school's delivery of special education services and the provider's treatment plans.
- Schools will use an effective assessment and planning process to support individualized Transition Service Plans, and enable the student to achieve their identified post-secondary goal(s) (e.g., [START V3 Discovery Process](#), [Secondary Transition Recommendations: Implementation Checklist](#), [National Technical Assistance Center on Transition](#)).

ASD State Plan 2018 Progress Review and Recommendations

Focus Area: Adult Services and Supports

State Plan Focus Area Goal

All adults with ASD will have opportunities to be active participants in meaningful relationships, will experience inclusion and membership in their communities, and will have opportunities to work and contribute to society.

Recommendations

Coordination and Collaboration of Systems, Services, and Resources

- Improve service coordination across public adult service systems by defining the roles and responsibilities of each agency, establishing regular communication about methods to coordinate efforts, and creating a plan to align services and supports that directly improve quality of life for adults with ASD.
- Continue to support implementation of [Employment First](#), a competitive integrated employment initiative, with coordination of services among state systems and providers.
- Create a data collection process to evaluate outcomes for adults with ASD in Michigan, including employment, post-secondary educational opportunities, housing options, and engagement in local communities.

Development and Dissemination of Information and Resources

- Develop user-friendly information about adult service systems to improve the ability of families and providers to access and navigate services (e.g., transition process flowchart, information guide for benefits).
- Establish an information hub for families and providers to navigate adult service systems and find local services and community opportunities.

Training and Education

- Create and disseminate standardized and evidence-based training materials and training opportunities focused on adults with ASD for health care providers, adult service providers, secondary and post-secondary educational professionals, employers, and public safety/first responders who are interacting with and supporting adults with ASD.
- Increase focus of [Michigan Rehabilitation Services](#) (MRS) on pre-employment training services for adolescents, starting at age fourteen, including individuals who are more significantly impacted by their disability.

Service Provision and Access

- Engage and coordinate with the business community and state and local government to expand established employment models (e.g., [Project SEARCH](#), customized employment).
- Collect and analyze information about housing and living option models to increase access and engage families and local communities to implement models that capitalize on local resources and meet the needs of individuals with ASD in their community.
- Improve transportation options by engaging public and private transportation providers, community leaders, and technology innovators to work collaboratively to solve transportation barriers.

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Focus Area: Physical, Mental, and Behavioral Health

State Plan Focus Area Goal

Across the lifespan, all individuals with ASD in Michigan will have access to high quality, coordinated medical care and behavioral and mental health services provided by qualified, knowledgeable, and compassionate providers.

Recommendations

Coordination and Collaboration of Systems, Services, and Resources

- Establish and promote a system of integrated care for individuals with ASD, including individuals with challenging behavior that coordinates screening, diagnostic evaluation, and individualized service provision at all ages to allow for a more effective decision-making process for client care.
- Increase the number of facilities that provide high quality, evidence-based assessment and intervention for individuals with ASD with high needs, including severe challenging behaviors.

Development and Dissemination of Information and Resources

- Distribute user-friendly documents (e.g., flow charts, informational guides) through existing structures (e.g., GovDelivery, listserv, website, organizations) to guide access to physical, behavioral, and mental health services to key identified education, medical, family, and service provider stakeholders.
- Develop a media and awareness campaign for Michigan to promote available services and treatment options for patients with ASD and their families.

Training and Professional Learning

- Increase university curriculum and specific training opportunities to healthcare and human welfare service professionals in training to increase their knowledge and expertise in the care of individuals with ASD, including treatment options, ABA, and education services.
- Provide continuing education opportunities to healthcare and human welfare service professionals to increase their knowledge and expertise in the care of individuals with ASD, including treatment options, ABA, and education services.
- Establish and promote a framework to build capacity in the state for providers to conduct evaluations and deliver services within their region (e.g., [ECHO Autism Hub Team](#)).

Service Provision and Access

- Monitor and improve timely access to behavioral, psychiatric, and psychological services across state agencies, medical centers, hospitals, and health care providers.
- Increase workforce capacity across professions, including psychiatry, primary care physicians, certified behavior analysts, behavior technicians, and community living support staff.

Infrastructure to Meet Focus Area Goals and Recommendations

State Plan Overall Goal

Build the state infrastructure for comprehensive supports that benefit individuals with ASD and their families by improving access to information and resources and increasing system coordination at the local and state level.

Recommendations

Coordination & Collaboration of Systems, Services, Resources

- Continuation of the Autism Council, with broad, statewide representation, to advise the governor's office, oversee the Michigan ASD State Plan, and promote statewide collaboration to meet recommendations.
- Advocate for coordination of public policies, activities, and funding allocations across service systems (e.g., Section 298 Initiative and education).
- Identify key stakeholders supporting individuals with ASD (e.g., lead state agency representatives in education, healthcare providers, and vocational services) and convene a forum to align initiatives, coordinate activities, and explore procurement of state and federal grant funding.
- Expand private and public-funded insurance service code designation to include consultation (e.g., in-person, virtual meetings, observation) to allow service providers from different systems to meet for care coordination.
- Develop autism hub teams to build capacity to address targeted needs, such as significant challenging behavior and healthcare challenges, within the region. Hub teams involve expert service providers, educators, and parent representatives that meet via technology with regional service providers to develop expertise to meet local service needs (e.g., [ECHO Autism Program model](#)).
- Create a statewide network of regional collaborative autism teams that includes representation from education, service agencies, community mental health centers, early childhood supports and services, vocational rehabilitation services, health care providers, and other relevant public and private agencies. As part of a statewide network, these collaborative teams will share information, maximize training and professional development opportunities, coordinate efforts within the region, and serve as a point of contact with the Autism Council and state agencies.
- Plan a summit of university faculty conducting research about ASD to discuss possibilities for the coordination of research efforts and to seek grant funding to benefit service delivery in the state.

Development and Dissemination of Information & Products

- Develop and disseminate high quality, web-based information to families and service providers that includes direct links to existing resources in the state.
- Identify gaps in information and resource material availability and create a plan to develop needed materials.
- Create materials and processes for healthcare providers to easily provide information to families and make referrals for service.

Training and Education

- Support models and initiatives that deliver high quality, evidence-based training using various modalities to address identified gaps in knowledge and skills. High quality training includes the availability of systems to increase fidelity of implementation such as coaching and technical assistance.
- Convene a forum of university faculty providing pre-service training to pre-professionals in education, health care, and the social sciences to identify ways to infuse evidence-based information about services to individuals with ASD into pre-service curricula.

Service Provision

- Create and disseminate materials and access maps that define evidence-based service provision and systems of care across the lifespan.
- Create a process to collect, review, analyze, and synthesize data from relevant state agencies, organizations, and initiatives to monitor variables that will improve delivery and coordination of diagnostic, treatment, and educational services.

State Structures to Support Implementation of Recommendations

To meet the Focus Area and Infrastructure recommendations, partners must work together in a coordinated manner across systems. Listed below are many of the existing state-level systems that serve as the state's infrastructure to address the recommendations defined in this document.

It is recognized that this list is not exhaustive of the numerous groups involved in delivering supports and services to individuals with ASD. All organizations, agencies, groups, and individuals are invited and encouraged to participate in addressing the recommendations to improve the lives of individuals with ASD and their families.

Statewide Infrastructure

- [Michigan Autism Council](#)
- MDHHS (e.g., [Autism Program](#), [MRS](#), [CMH](#), [Public Health](#))
- MDE (e.g., [Office of Special Education](#), [Office of Great Start](#), [Career and Technical Education](#))
- [START Project](#) funded by MDE's Office of Special Education
- State-funding through MDHHS and MDE to support access to information, navigation of services, training, technical assistance, and workforce development
- Public and private universities
- Non-profit organizations (e.g. [Autism Alliance of Michigan](#), [Easter Seals of Michigan](#))
- [Regional Collaborative Networks](#) (RCN)
- Annual statewide conferences focused on ASD (e.g., [Michigan Autism Conference](#), [START Project conference](#), [Metro Parent](#))
- Annual conferences with content relevant to ASD (e.g., [Behavior Analysis Association of Michigan](#), [Early On[®] Council for Exceptional Children](#), [Medicaid Waiver](#))

Family

- Autism Alliance of Michigan [MiNavigator](#)
- [Family Matters](#) through the Office of Special Education
- [MDE Top 10 in 10 Strategic Goal #5](#): Make sure that parents/guardians are engaged and supported partners in their child's education
- [Michigan Alliance for Families](#)
- [Parent Support Partners](#) (Medicaid service through MDHHS)

Early Childhood

- MDE ([Office of Special Education](#), [Office of Great Start](#))
- [Early On[®]](#)
- Intermediate School Districts, Local Education Agencies, and Public School Academies
- [START Project](#) funded by MDE's Office of Special Education
- [Approved Autism Evaluation Centers](#)
- ABA clinics and allied health care clinics (e.g. speech, OT, psychology, social work)
- [Community Mental Health Services Program](#) services

Education

- [MDE \(Office of Special Education, Office of Great Start, Career and Technical Education, Office of Coordinated School Health and Safety\)](#)
- Intermediate School Districts, Local Education Agencies, and Public School Academies
- [START Project](#) funded by MDE's Office of Special Education
- Michigan Association of Administrators of Special Education ([MAASE](#)) and the [MAASE Community of Practice for Autism](#)
- State level conferences (e.g., [Council for Exceptional Children](#), [Early On[®]](#), [MAASE](#), [Michigan Transition Services Association](#), [START Project](#))

Adult Supports and Services

- MDE, [Office of Special Education](#)
- Intermediate School Districts, Local Education Agencies, and Public School Academies
- [MRS](#)
- [Michigan Works!](#)
- [MDHHS](#)
- [Community Mental Health Services Program \(CMHSP\)](#)
- [Center for Independent Living \(CIL\)](#)
- [Michigan State Housing Development Authority \(MSHDA\)](#)
- [U.S. Social Security Administration \(SSA\)](#)

Physical, Mental, and Behavioral Health

MDHHS

- [Medicaid Home and Community Based Services](#), including [Medicaid ABA policy](#)
- [Prepaid Inpatient Health Plans](#)
- [CMHSP Programs](#)
- [Local Public Health Departments](#)
- Insurance
- [Department of Insurance and Financial Services \(DIFS\)](#)
- [Medicare](#)
- [Medicaid Health Plans](#)

Medical Care Systems

- Psychiatric State Hospitals (e.g., Hawthorn)
- Psychiatric Community Hospitals
- Inpatient Residential Treatment Centers (e.g., [Great Lakes Center](#), [Harbor Oaks](#))
- [Approved Autism Evaluation Centers](#)
- Health Care Systems
- Workforce Development
- Universities
- Professional associations

For more information, visit:
www.michigan.gov/autism

