

## Colorado Autism Commission Ten-Year Strategic Plan

In 2008, the Colorado General Assembly created the 24 member Colorado Autism Commission (SB08-163) in order to obtain additional information on people with Autism Spectrum Disorders (ASD) in the State. The Colorado General Assembly charged the Commission with preparation of a Ten-Year Strategic Plan for the State of Colorado.

In response, the Commission has developed a plan for improving the lives of Coloradoans affected by ASD. A formal and sustainable mechanism must be established for implementation of the plan.

### Infrastructure, Funding and Data

Recommendation	Strategy	When
1. Establish a formal and sustainable mechanism to implement the Colorado Strategic Plan for Autism Spectrum Disorders to improve the lives of individuals with ASD.	1.1 Establish and fund a Legislative Oversight Committee and Taskforce.	2012
	1.2 Develop mechanisms to disseminate information about new treatments and guidelines once available.	2020
	1.3 Investigate the best means to establish and fund local programs for implementation of the Strategic Plan.	2020
	1.4 Establish an Autism Spectrum Disorders Ombudsman program.	2016
2. Establish integrated data systems among State departments and stakeholders to track diagnosis, treatment, services and outcomes, to improve coordination of care, and to disseminate information.	2.1 Improve infrastructure and support for a comprehensive, statewide, tracking system to accurately identify the number of individuals with Autism Spectrum Disorders in Colorado.	2012
3. Increase the systemic capacity for diagnosis, treatment, coordination of care, and service delivery for individuals with ASD across the lifespan.	3.1 Revise the Colorado implementation of the definition of developmental disabilities to include an eligibility component, separate from the IQ component, which establishes eligibility based on the significant impairment of functional adaptive skills.	2016
	3.2 Adopt an incentive program to attract and retain a broad spectrum of higher education students preparing to serve and providers already serving individuals with ASD in professional disciplines.	2016
	3.3 Clarify, determine and streamline a statewide, consistent process for all funding sources for procedures, treatment and utilization review standards and crosswalk quality standards with treatment and payments.	2020
	3.4 Establish a sustainable means to monitor and address personnel capacity issues at all levels.	2020
	3.5 Build upon Medical Home efforts to provide ASD technical assistance and training to primary care and specialty care providers in the state.	2016
	3.6 Expand and support research of causes and treatments for individuals with ASD.	Ongoing

Recommendation	Strategy	When
4. Coordinate access to services for individuals with Autism Spectrum Disorders across all systems.	4.1 Improve current local/regional systems that provide comprehensive information and referral to resources including: long-term care services, mental health, medical/dental care, housing, employment, and community living.	2016
5. Ensure and streamline access to services for all individuals with Autism Spectrum Disorders and their families.	5.1 Ensure the provision of translation and other supports to ensure access to information and services for monolingual, non-English language individuals and families.	2012
	5.2 Improve local/regional service delivery system serving individuals with ASD and their families in rural communities with low identification rates/service capacity.	2016

### Screening and Diagnosis (Deb Efir)

Recommendation	Strategy	When
6. Improve educational and medical identification through screening and diagnosis of Autism Spectrum Disorders at the earliest possible age across the lifespan.	<p>6.1 Expand public awareness and training models for Autism Spectrum Disorders screening.</p> <p>6.2 Develop and implement statewide guidelines to facilitate the timely educational identification of students with Autism Spectrum Disorders.</p> <p>6.3 Create a consensus statement regarding Autism Spectrum Disorders screening and diagnosis.</p> <p>6.4 Create a referral process for timely comprehensive medical and educational diagnostic evaluation across the lifespan.</p> <p>6.5 Develop a standard minimum core medical and educational multi-disciplinary evaluation.</p>	2012

### Early Intervention Services (Ardith Ferguson)

Recommendation	Strategy	When
7. Establish consistent quality standards for early intervention services across systems statewide.	7.1 Appropriate stakeholders will review existing and newly developed standards and recommend a process for updating and monitoring the implementation of early intervention services.	2012
8. Provide early intervention services as soon as a child is suspected of having an Autism Spectrum Disorders due to delays in communication or social-emotional development.	8.1 Provide training to early intervention providers on how to monitor for the early signs of Autism Spectrum Disorders.	2012

### Education (Melinda Graham)

Recommendation	Strategy	When
9. Create a new educational identification category of Autism Spectrum Disorders.	9.1 Amend the Exceptional Children's Educational Act (ECEA) rules and adopt the Autism Disability as stated in the Individuals with Disabilities Education Act (IDEA) rules 300.8 (c)(1)(i)-(iii) including the definition. The term "Autism Spectrum Disorders" will replace "Autism" to make clear that it includes Asperger Syndrome and Pervasive Developmental Disorders-Not Otherwise Specified.	2012
	9.2 Train multi-disciplinary teams to determine the Educational Identification of Autism Spectrum Disorders.	2012

Recommendation	Strategy	When
10. Establish a statewide training system for all educators and staff.	10.1 Create eight regional multi-disciplinary training teams to provide assistance with identification and education.	2016
	10.2 Ensure funding for training and retention of staff.	Ongoing
	10.3 Provide regional training for multi-disciplinary teams using Quality Program Indicators to ensure programming consistency across the State.	2012
11. Create certification programs within higher education that prepare professionals to serve people with ASD.	11.1. Ensure the development of courses on diagnosis, treatment and education of individuals with curriculum on Autism Spectrum Disorders at Institutions of Education.	2016
12. Establish a system of collaboration and information dissemination among all stakeholders including families, private and public service agencies, educational agencies, and the medical community to ensure wraparound services for individual students that are efficient, coordinated and consistent.	12.1 Increase the number of high quality, specialized school programs needed to serve children with Autism Spectrum Disorders and co-occurring Mental Health disorders.	2012

### Medical and Mental Health (Carol Meredith)

Recommendation	Strategy	When
13. Improve access to quality health care for children and adults with Autism Spectrum Disorders.	13.1 Ensure awareness and training that ASD is a neurological disorder and that unaddressed medical conditions can have a negative impact on behavior and function. The management of ASD is a rapidly evolving field. A statewide mechanism is needed to coordinate awareness, training and dissemination of guidelines once available.	2012
	13.2 Increase awareness, training, and coverage for the extra services needed to manage medical issues in individuals with ASD such as extra time to adjust to a setting, sedation for minor procedures or coordination of procedures when sedation is planned.	2016
	13.3 Expand research of treatments for individuals with ASD by providing funding and infrastructure.	2016
	13.4 Increase access to primary care providers for adults with ASD.	2016
	13.5 Increase availability of adult dental care.	2016
	13.6 Include training in management of individuals with ASD and developmental disabilities in Internal Medicine, Family Practice, Emergency Medicine, and first responder training programs.	2016
	13.7 Increase the availability of Tele-health services.	2016
	13.8 Provide appropriate reimbursement for screening, diagnosis and treatment of ASD.	2016

Recommendation	Strategy	When
14. Improve access to quality mental health services for individuals with Autism Spectrum Disorders	14.1 Facilitate coordinated care between primary care practitioners, developmental disabilities professionals, and mental health professionals.	2012
	14.2 Training individuals to increase comfort level of providers to manage individuals with “dual diagnosis,” i.e. an Autism Spectrum Disorder and a mental health diagnosis.	2012
	14.3 Crisis Intervention services are urgently needed, both Hospital Based and Pre-Hospital/In Home. The START Model has been successful in other states. The START Philosophy emphasizes a coordinated service approach.	2012
	14.4 Increase the number of inpatient and day treatment slots for children and adults with developmental disabilities and Autism Spectrum Disorders in Colorado. These programs must include treatments that are appropriate for individuals with Autism Spectrum Disorders.	2016
	14.5 Develop a system for addressing medical vs. behavioral health coverage for individuals with ASD.	2016
	14.6 Residential/community based settings are needed that are appropriate for children and adults with a dual diagnosis.	2016
	14.7 There is a need for system changes that address the need for residential placement without using the term “neglect” or requiring curtailing parental rights.	2012

### Community (Cheryl Carver)

Recommendation	Strategy	When
15. Increase the availability of supports for community living for children and adults with Autism Spectrum Disorders living in Colorado.	15.1 Ensure individuals with ASD have access to habilitative services to address activities of daily living.	2016
	15.2 Require training for all first responders including: law enforcement, fire, and medical personnel to increase safe interactions in the community.	2016
16. Increase employment, transportation, and housing for adults with Autism Spectrum Disorders.	16.1 Assure ongoing coaching and mentoring for employment.	2016
	16.2 Increase transportation in urban and rural areas and simplify routes and schedules for people who cannot drive.	2016
17. Provide support for families and caregivers of individuals with Autism Spectrum Disorders.	17.1 Prioritize “family preservation” by increasing access to counseling and therapy for parents, siblings and other family members.	2012
	17.2 Ensure adequately trained child care is accessible and affordable for family caregivers.	2016
	17.3 Increase the frequency and duration of respite for all caregivers of persons with ASD.	2016
18. Increase support for communication, recreation and social development for individuals with Autism Spectrum Disorders.	18.1 Research and create access to technologies needed by persons with ASD.	2016
	18.2 Ensure public recreational staff has adequate training to support the inclusion of persons with ASD.	2020
	18.3 Increase training for communication professionals to provide effective interventions for persons with ASD.	Ongoing

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COLORADO AUTISM & NEURODEVELOPMENTAL DISABILITIES OPTIONS