2010 – 2014

Texas State Plan

for Individuals with Autism Spectrum Disorders

Texas Council on Autism
and Pervasive
Developmental Disorders

February 2010

Table of Contents

Executive summary 3

Autism spectrum disorders in Texas 4

Texas State Plan for Individuals with Autism Spectrum Disorders 6

- Goal 1: Services to children to age 5 8
- Goal 2: Services to individuals ages 6-22 11
- Goal 3: Services to adults with autism spectrum disorders 14
- Goal 4: Research and statewide infrastructure 16

Eleven of every 1,000 children have autism spectrum disorder (ASD), yet in Texas, no state agency is charged with coordinating ASD services, collecting uniform data, or assessing the needs of the tens of thousands of people with ASD in Texas.

Executive Summary

Thirty-five years ago, autism spectrum disorders (ASD)[1] were misunderstood and rarely diagnosed; today, the U.S. Centers for Disease Control and Prevention label ASD an "urgent public health concern" as the prevalence rate increases across the country. Eleven of every 1,000 children have an ASD, yet in Texas, no state agency is charged with coordinating ASD services, collecting uniform data, or assessing the needs of the tens of thousands of people with ASD in Texas.

The Texas State Plan for Individuals with Autism Spectrum Disorders 2010-14 (State Plan) is the product of more than two years of public input solicited by the Texas Council on Autism and Pervasive Developmental Disorders (Council). The State Plan represents Texas' first actionable plan to strategically create an evidence-based "lifespan of services" for all Texans with ASD.

The State Plan development process identified gaps in the state's service delivery system, including those related to early screening of very young children, assessment and diagnosis, school-based services and the delivery of appropriate employment and community-based living alternatives to adults with ASD. The State Plan encompasses the solutions recommended to address those gaps.

While adoption by the Council of the State Plan is significant, it is only the first step in creating a statewide infrastructure that encourages and rewards the coordination of research and the delivery of timely, appropriate, and cost-efficient services to individuals with ASD. Ultimately, this cannot be accomplished without the valued input and selfless participation of everyone involved. The Council looks forward to working with you on this challenge.

[1]Autism spectrum disorders (ASD) are a group of developmental disabilities characterized by atypical development in socialization, communication, and behavior. ASD typically are apparent before age 3, with associated impairments affecting multiple areas of a person's life. Because no biologic marker exists for ASD, identification is made by professionals who evaluate a child's developmental progress to identify the presence of developmental disorders. There are three different types of ASD: autistic disorder (often called "classic" autism), Asperger syndrome, and pervasive developmental disorder – not otherwise specified. Source: US Centers for Disease Control and Prevention, *www.cdc.gov/ncbddd/autism/facts.html* Accessed January, 2010.

Autism Spectrum Disorders in Texas

An October 2009 joint study[2] conducted by the U.S. Health Resources and Services Administration, Centers for Disease Control and Prevention, and others found that the national autism prevalence rate among children is now 1.1 percent, up from 0.66 percent.[3] Eleven out of every 1,000 Texas children has an ASD.

The cost of ASD to individuals, families, and society is significant. Without early intervention, the cost to care for a person with an ASD over his or her lifetime will be about $3.2 million.[4] The total cost to society of ASD is currently estimated to be $35-90 billion annually.[5]

ASD are a heterogeneous group of neurodevelopment disorders. The disorder emerges in early childhood and persists throughout the life of an affected person. The full range of cognitive abilities is represented, with approximately 55 percent of individuals with ASD having IQ scores below 70. In addition, many individuals with ASD have other disabilities, such as epilepsy or emotional or behavioral disorders, which impair their overall level of functioning.

Although everyone with an ASD has significant challenges in certain areas, some might be gifted in other areas. Not everyone with an ASD has the same challenges. Some might have relatively good verbal skills and some interest in socializing, but have difficulty interacting with other people. Others might have no language skills and very little interest in communicating or interacting with others.

---

[2]Health Resources and Services Administration (HRSA) 2009; Centers for Disease Control and Prevention (CDC), 2009. *www.time.com/time/health/article/0,8599,1927824,00.html*

[3]Centers for Disease Control and Prevention "CDC Releases New Data on Autism Spectrum Disorders (ASDs) from Multiple Communities in the United States." Website news release February 8, 2007. *www.cdc.gov/od/oc/media/pressrel/2007/r070208.htm*

[4]Ganz, M., "The Costs of Autism," *Understanding Autism: From Basic Neuroscience to Treatment*, S. Moldin, J. L. R. Rubenstein, eds., CRC Press, 2006, p. 475 502. (As reported in the California Legislative Blue Ribbon Commission on Autism Report, September 2007: *An Opportunity to Achieve Real Change for Californians with Autism Spectrum Disorders*.)

[5]Ganz ML. The lifetime distribution of the incremental societal costs of autism. *Archives of Pediatrics and Adolescent Medicine* 2007 Apr;161(4):343-9.

There is no medical test for ASD. Typically, a diagnosis is made after a thorough evaluation by a qualified professional. Such an evaluation might include clinical observations, parent interviews, developmental histories, psychological testing, speech and language assessments, and possibly the use of one or more ASD diagnostic tests.

Every day in Texas, families deal with complex problems related to ASD, such as getting an accurate diagnosis for their child, finding appropriate and affordable services, and planning for their child's future. Meanwhile, the majority of adults with an ASD struggle with ongoing and mostly unmet needs for employment, housing, services, and supports.

Access to appropriate screening, treatment, education, and life skills training is critical to the goal of ensuring that everyone with an ASD has the opportunity to live a full and productive life. The Council has created the Texas State Plan for Individuals with Autism Spectrum Disorders to help people with an ASD realize that goal.

Texas State Plan for Individuals with Autism Spectrum Disorders — An Overview

Facts and guiding principles

The Texas State Plan for Individuals with Autism Spectrum Disorders is founded on the following facts and guiding principles:

- ASD are spectrum disorders with tremendous variability within the population.
- ASD occur in all geographic, ethnic, racial and socioeconomic groups.
- Every child in Texas with an ASD deserves an accurate and timely diagnosis.
- Texas children with an ASD diagnosis deserve appropriate and timely treatment.
- People with ASD benefit from individualized and coordinated personal care.
- Families and caregivers of people with an ASD deserve and benefit from supportive services.
- Health, transportation, education, and law enforcement personnel provide services more effectively when appropriately educated about ASD.
- Adults with ASD benefit from community living options and supports of their choosing.

Developing the State Plan

The State Plan has benefited from extensive input from members of the public, academic and advocacy communities. In developing the plan, the Council:

- identified recent ASD research developments and ideas for future studies;
- assessed the strengths, weaknesses, opportunities and gaps in the areas of ASD research, services to individuals and access to services;
- identified and catalogued various non-governmental, state and federal agencies involved in the delivery of ASD-related services and supports;

- convened groups of experts to recommend objectives and strategies regarding the diagnosis and treatment of people with ASD; and
- solicited input from individuals, families, and stakeholder groups over a 24-month period at more than 15 public hearings throughout the state and through regular updates via e-mail and Council website postings.

Goals of the State Plan

The overall purpose of the State Plan is to create a statewide infrastructure that encourages and rewards the coordination of research and the delivery of timely, appropriate and cost-efficient services to people with ASD. The plan is structured under four goals.

Goal 1: Services to Children to Age 5

Texas children (to age 5) with ASD will benefit from early identification and intensive intervention.

Goal 2: Services to Individuals Ages 6–22

Statewide ASD services will be effective, comprehensive, and individualized to meet the needs of Texans ages 6-22 with ASD. Evidence-based practices will maximize independence, engagement, and community inclusion.

Goal 3: Services to Individuals Age 23 and Older

Adults with ASD will have lifetime options and opportunities to live, work, and enjoy life in their community.

Goal 4: Research and Statewide Infrastructure

Texas will build a statewide infrastructure that encourages and rewards the coordination of research and the delivery of timely, appropriate and cost-efficient services to individuals with ASD.

The State Plan has been reviewed and approved by the Council, its ex-officio state agency members and Regional Advisory Task Force. In December 2009, the Council began developing implementation plans to ensure that goals, objectives and strategies outlined in the State Plan are accomplished over the next five years.

Goal 1: Services to Children to Age 5

Texas children (to age 5) with ASD will benefit from early identification and intensive intervention.

ASD are a group of developmental disabilities with lifelong implications characterized by atypical development in socialization, communication and behavior. While there is currently no cure for ASD, early identification and intensive early intervention is the best method to alleviate core symptoms and associated problems. Both serve to:

- significantly improve short- and long-term outcomes;[6]
- increase the quality of life for children with ASD and their families; and
- substantially reduce the cost of lifelong system care.[7]

While the positive effects are well-known, there are several barriers to early identification and intensive early intervention that create an urgent public health concern. Unfortunately, the average age of diagnosis is 5 1/2 years[8] and even older in underserved communities[9] and subgroups of children with higher intelligence quotients.[10] The lag between the time

---

[6]Myers, S. M., Johnson, C. P., & Council on Children With Disabilities. (2007). Management of children with autism spectrum disorders. *Pediatrics,* 120(5), 1162-1182.

Centers for Disease Control and Prevention. (2007). *Autism information center*. Retrieved June 26, 2009, from *www.cdc.gov/ncbddd/autism/overview.htm*

Cohen H, Amerine-Dickens MS, Smith T (2006). Early intensive behavioral treatment: replication of the UCLA model in a community setting. *Journal of Developmental & Behavioral Pediatrics*;27(Suppl 2):S145–S155.

Smith T, Groen AD, Wynne JW.(2000). Randomized trial of intensive early intervention for children with pervasive developmental disorder. *American Journal on Mental Retardation*. 105:269–285.

Harris SL, Handleman JS. (2000). Age and IQ at intake as predictors of placement for young children with autism: a four- to six-year follow-up. *Journal of Autism and Developmental Disorders*. 30:137–142.

[7]Jacobson JW, Mulick JA. (2000). System and cost research issues in treatments for people with autistic disorders. *Journal of Autism and Developmental Disorders.* 30:585–593.

Järbrink K, Knapp M. (2001). The economic impact of autism in Britain. Autism. 5:7–22.

Ganz ML. The lifetime distribution of the incremental societal costs of autism. *Archives of Pediatrics and Adolescent Medicine* 2007 Apr;161(4):343-9.

[8]Shattuck, P. T., Durkin, M., Maenner, M., Newschaffer, C., Mandell, D. S., Wiggins, L., et al. (2009). Timing of identification among children with an autism spectrum disorder: Findings from a population-based surveillance study. *Journal of the American Academy of Child and Adolescent Psychiatry,* 48(5), 474.

[9]Mandell D, Listerud J, Levy S, Pinto-Martin JA. Race differences in the age at diagnosis among Medicaid-eligible children with autism. *Journal of the American Academy of Child and Adolescent Psychiatry* 2002;41:1447–1453

[10]Mandell, D. S., Novak, M. M., & Zubritsky, C. D. (2005). Factors associated with age of diagnosis among children with autism spectrum disorders. *Pediatrics,* 116,1480-1486

that children with ASD are correctly identified and the time at which they are diagnosed and begin to receive services emphasizes the need to improve clinical diagnostic practices and systemic changes in early intervention programs.

Clinical Diagnosis

Primary care physicians are on the front lines of early identification because they are in regular contact with infants and toddlers. The American Academy of Pediatrics recommends that pediatricians routinely screen for ASD during the 18- , 24- and 30-month well-child visits,[11] but screening rates are staggeringly low.[12] Time limitations, lack of knowledge about the disorders, and unfamiliarity with ASD screening tools are reported to be the biggest barriers to changes in a physician's behavior.[13]

Early Intervention

When an ASD is suspected, physicians often refer children to Early Childhood Intervention (ECI) services, special education, or other clinical specialists.[14] While these referrals are appropriate, several systemic problems within and across agencies impede a timely diagnosis.

First, ECI administers only a general evaluation to determine eligibility for ECI services, and is not required to screen for or diagnose ASD. This can give parents false hope and may delay the diagnosis of an ASD for several years. Second, differences across agencies in the diagnostic criteria and in the qualifications of professionals may interfere with a timely diagnosis, create confusion, and complicate access to evidence-based services. Other hurdles include long waiting lists at area clinics and medical centers, and a paucity of well-trained providers familiar with evidence-based assessment scales for diagnosing ASD.

---

[11] Pediatrics, A. A. (2006). *Developmental Surveillance and Screening Algorithm Within a Pediatric Preventive Care Visit. www.pediatrics.org/cgi/doi/10.1542/peds.2006-1231*

Johnson, C. P., Myers, S. M., & and the Council on Children With, D. (2007). Identification and evaluation of children with autism spectrum disorders. *Pediatrics,* 120(5), 1183-1215.

[12] dosReis, S., Weiner, C. L., Johnson, L., & Newschaffer, C. J. (2006). Autism spectrum disorder screening and management practices among general pediatric providers. *Journal of Developmental & Behavioral Pediatrics,* 27, S88–S94.

[13] Gillis, J.M. (2009).Screening practices of family physicians and pediatricians in two southern states. *Infants & Young Children,* 22 (4), 321-331

Golnick, A., Ireland, M., & Borowsky, I.W. (2009). Medical homes for children with autism: A physician survey. *Pediatrics,* 123, 966-971.

[14] Gillis, J.M. (2009).Screening practices of family physicians and pediatricians in two southern states. *Infants & Young Children*, 22 (4), 321-331

Obtaining an early ASD diagnosis is crucial, as is an unfettered path to appropriate services. At present there is no single accepted intervention; however, there is broad consensus that early intensive intervention by qualified professionals is the most effective known treatment for ASD.

The quantity and quality of early intensive interventions for children with ASD in Texas are insufficient. They are scattered, fragmented, and often difficult to access. Many of the services that do exist are under-staffed and under-funded. These barriers make it impossible to deliver the necessary level of professional care.

A prime consideration in the development of the below strategies is the fact that the expense of comprehensive early intervention services is significantly less than the cost of potential future services and long-term care required if early services are not provided.[15]

Objectives and Strategies

Objective 1-1. Preliminary screening

All children will be screened by trained professionals for ASD by age 2 and referred for follow-up services as necessary.

Strategy 1-1-1. Develop cross-agency, cross-program policies and procedures to coordinate all available public and private resources to ensure that all children receive screening as indicated.

Strategy 1-1-2. Conduct a statewide public awareness campaign.

Strategy 1-1-3. Collect data to determine gaps in screening services.

Objective 1-2. Diagnosis and referral to services

All children whose ASD screening indicates a need for follow-up will receive appropriate diagnostic services by a qualified professional.

Strategy 1-2-1. Develop cross-agency, cross-program policies and procedures to ensure appropriate referral of all children whose diagnosis indicates follow-up is needed to comprehensive services, including lifespan case management.

[15] Jacobson JW, Mulick JA. (2000). System and cost research issues in treatments for people with autistic disorders. *Journal of Autism and Developmental Disorders*. 30:585–593.

Järbrink K, Knapp M. (2001). The economic impact of autism in Britain. Autism. 5:7–22.

Strategy 1-2-2. Develop criteria for standardizing comprehensive evaluations for ASD.

Strategy 1-2-3. Identify and standardize criteria that must be met by a professional to be qualified to conduct a comprehensive ASD evaluation.

Objective 1-3. Interventions, supports, and services

All children who are diagnosed with an ASD will have timely and culturally competent access to evidence-based intervention, supports, and services delivered by qualified professionals.

Strategy 1-3-1. Expand to statewide coverage, the Texas Department of Assistive and Rehabilitative Services Autism Program, which serves children ages 3-8.

Strategy 1-3-2. Increase the capacity of ECI to address the needs of children with ASD.

Strategy 1-3-3. Provide only evidence-based services that meet the criteria of "established practices" by the National Autism Center's Standards report (2009), which reflect quality, quantity and consistency of research findings on children with ASD.

Strategy 1-3-4. Coordinate and publicize existing community supports and services.

Goal 2: Services to Individuals Ages 6-22

Statewide ASD services will be effective, comprehensive, and individualized to meet the needs of Texans ages 6-22 with ASD. Evidence-based practices will maximize independence, engagement and community inclusion.

Ongoing evidence-based, individualized services must be available to and easily accessed by people ages 6-22 with ASD. Without appropriate intervention while a person with an ASD is in the public school system, achieving independence as an adult is unlikely. Core issues that must be addressed include assuring teachers, school staff and other service providers receive adequate training and helping students prepare for a successful transition to adulthood.

Technical Assistance and Training

To complement Texas' commitment to hiring and training qualified personnel, the state would benefit from enhanced coordination of technical assistance with ongoing and intensive training of teachers and others interacting with children and young adults with ASD. Although teacher training institutions are improving, there is a wide variation in programs across the state. Enhanced collaboration among the institutions would improve the quality of available teachers.

Many Texas students with ASD live in rural communities that are often unable to provide needed services to children and their families. Retention of highly qualified teachers in these areas is a challenge throughout the state. If the teachers and staff who provide direct services to students with ASD are not well-trained, these students probably won't receive the greatest benefit from their education.

Non-educational professionals providing support services to young people with ASD would benefit from a coordinated effort to provide accessible technical assistance across the state. This may include intensive training and continuing education programs for all adults who provide services, including first responders, public transportation personnel and other civil servants, health care professionals and direct service workers.

Transition to Adulthood

As students with ASD and their families look to adulthood, challenges in planning for independent living in the community may arise. It is the responsibility of public schools and the Texas Department of Assistive and Rehabilitative Services (DARS) to coordinate with other service providers to prepare each student to live as independently as possible.
A successful transition into adulthood is highly dependent on the educational programs and supports provided for students as they near the end of their high school education.

The following objectives and strategies proposed by the Council seek to address many of the challenges faced by Texas' school-age children and young adults.

Objective and Strategies

Objective 2-1. **Educational services**

Highly qualified personnel will deliver educational services to students with ASD.

Strategy 2-1-1. Coordinate the statewide availability of trainings, products, and projects with an emphasis on research-based strategies.

Strategy 2-1-2. Recruit and retain diverse, highly qualified professionals for students with ASD in Texas.

Strategy 2-1-3. Collaborate with teacher and other professional preparation programs, education service centers, and districts to address issues/strategies to recruit and retain highly qualified personnel.

Objective 2-2. Skills for independent living

Individuals with ASD will be equipped with the skills needed to live and work as independently as possible in the community.

Strategy 2-2-1. Increase the capacity of vocational rehabilitation counselors to be effective liaisons with independent living centers, on behalf of children ages 9-16 with ASD.

Strategy 2-2-2. Link children ages 9-16 with ASD and their families to local independent living centers.

Objective 2-3. Employment services

Young adults with ASD transitioning from an educational setting will have access to individualized services to meet their employment capacities and goals.

Strategy 2-3-1. Explore the cost and effectiveness of providing an alternate outcome-based payment structure for supported employment and services provided to people with ASD.

Strategy 2-3-2. Seek additional sources to pay for extended employment support services for individuals with ASD.

Strategy 2-3-3. Explore opportunities to provide incentives for employers to provide supported employment opportunities.

Goal 3: Services to Adults with ASD

Adults with ASD will have lifetime options and opportunities to live, work, and enjoy life in their community.

The shortage of services for adults with ASD is a daily hardship for thousands of families who struggle to provide a meaningful and productive life for their adult children who have aged out of school. The Individuals with Disabilities Education Act mandates a free and appropriate education for children with ASD. Unfortunately, there is no similar mandate for adults with ASD.[16]

According to the National Association of Residential Providers for Adults with Autism and the Foundation for Autism Support, adults with ASD are among the most vulnerable and poorly served people in our society.

There are more than 23,000 students with ASD under age 21 in Texas public schools, with projections of more than 50,000 in 10 years, according to Texas Education Agency and the Texas Health and Human Services Commission. DARS reported an 87 percent increase in the number of students with ASD receiving transition services from fiscal 2007 to fiscal 2008. A corresponding increase in the demand for adult services must be anticipated and planned for.

As individuals with ASD move into adulthood and are employed in competitive positions, they need support to maintain their positions. The ultimate goal for students is to maximize their potential as productive adults. Although employment services may be available, people with ASD often have difficulty adjusting to novel situations and environments and therefore may need extended support while they adapt to the requirements of a job.

The *Plan for Improving Employment Services for Texas Youth with Disabilities Who are Transitioning to Adult Living* (written in response to H.B.1230, 80th Legislature, Regular Session) reads: "The un-employment rates for adults with disabilities are staggering, and far exceed the rates for adults without disabilities. While many adults with disabilities want to work, the supports to find and retain employment are frequently not available."

[16]The National Crisis in Adult Services for Individuals with Autism, Ruth Christ Sullivan, PhD. May, 2007

Texas cannot allow another generation of adults with ASD to live without the vital services that are necessary for a life of dignity and independence. The State Plan presents objectives and strategies that will provide adults the services and supports necessary to live and work as independently as possible.

Objective and Strategies

Objective 3-1. Living options

Adults with ASD will have living options, including in-home support, independent living, and group living.

Strategy 3-1-1. Develop ASD-specific adult service providers throughout the state.

Strategy 3-1-2. Provide state contracting and procedures training to ASD-specific adult service providers to increase the availability of quality services throughout Texas.

Objective 3-2. Intensive behavior supports

Individuals with ASD will receive appropriate crises and ongoing intensive behavior services as needed.

Strategy 3-2-1. Conduct a needs assessment to determine availability of public and private providers of intensive behavior services for individuals with ASD.

Strategy 3-2-2. Develop and distribute a directory of intensive behavior services.

Strategy 3-2-3. Expand behavioral supports through local mental retardation authorities and other providers as appropriate.

Objective 3-3. Employment

Adults with ASD will have realistic opportunities for long-term, sustainable employment.

Strategy 3-3-1. Develop financially feasible options for providers who offer services that lead to long-term, sustainable employment for adults with ASD.

Strategy 3-3-2. Coordinate high school transition programs with employment service providers that will result in meaningful employment.

Objective 3-4. Meaningful community participation

All Texans with ASD will have the skills, opportunities and supports to engage in meaningful community participation.

Strategy 3-4-1. Increase the life skills of people with ASD, so they may participate as fully as possible in the community.

Strategy 3-4-2. Develop cross-agency, cross-program policies and procedures to coordinate all available public and private resources to increase and maintain the supports necessary for all adults with ASD to participate as fully as possible in the community.

Objective 3-5. Self-advocacy training for individuals with ASD

People with ASD will be able to make informed choices and secure the services and supports they need.

Strategy 3-5-1. Identify evidence-based self-advocacy training to be replicated statewide.

Strategy 3-5-2. Coordinate with existing resources to deliver training statewide.

Goal 4: Research and Statewide Infrastructure

Texas will build a statewide infrastructure that encourages and rewards the coordination of research and the delivery of timely, appropriate and cost-efficient services to people with ASD.

Coordination of Services

Currently, the majority of public services available to Texans with ASD are provided through the state agencies in the Texas health and human services system, the Texas Education Agency, and university-based programs. Parents of children with ASD report that locating services, understanding service options, and applying for services are difficult at best.

There is no centralized entity in Texas to coordinate ASD services and promote cooperation. This can cause gaps and duplication of services, different agencies sometimes work at cross-purposes and opportunities to deliver a seamless continuum of services are missed. This lack of coordination can also result in money being wasted.

Development of Workforce

Texas does not have enough diagnosticians to serve the needs of the growing number of people with ASD. There is a dearth of professionals adequately trained to educate or treat individuals with ASD and provide other services, such as social skills and vocational training, respite care, and crisis management. The number of skilled practitioners who can train other professionals to provide these services is also limited. This lack of qualified professionals results in delayed services in metropolitan areas and few or no services in much of rural Texas.

The lack of professionals providing services to people with ASD has a number of causes:

- limited training opportunities;
- reimbursement rates too low to retain qualified professionals;
- some necessary services are not reimbursed by Medicaid or other insurance;
- little ASD-related continuing education for professionals, and training is not reimbursed;
- providers are burdened by complex and changing requirements, including extensive paperwork; and,
- no incentive for improving provider services because low-quality services are reimbursed at the same level as are high-quality services.

Like the rest of the country, Texas has a critical shortage of direct-service workers (DSW) to provide non-medical attendant services to people with ASD. Currently, the turnover rate among DSW nationwide is 40-50 percent, and the demand for DSW will increase significantly as baby boomers age.

Collaboration on Research

While many Texas state universities conduct ASD and other disability-related research, there is little communication among them and no effort to create partnerships to seek federal funding, collaborate on research, or to provide services and information.

It is imperative that adequate resources be dedicated to research on the genetic and environmental factors contributing to ASD, diagnostic approaches and treatments, and enhancing the quality of services and supports available to people with ASD, their families and caregivers. With current scientific knowledge and tools, there is an enormous potential for discoveries that will improve the quality of life for people with ASD.

The creation of a resource and research center in Texas would facilitate the coordination of this research in Texas and ultimately increase the quality and scope of services for people with ASD.

The following objectives and strategies are designed to address the above issues.

Objectives and Strategies

Objective 4-1. Create the Texas Autism Resource Center

Design and establish a fully operational, staffed and funded autism resource center by 2012, to implement H.B. 1574, 81st Legislative Session, Regular Session, 2009.

Strategy 4-1-1. Establish a university collaboration to coordinate existing research and service delivery.

Strategy 4-1-2. Create a stakeholder task force to provide input on the design of the center, ensure family and community education and deliver evidence-based practices.

Strategy 4-1-3. Identify and engage appropriate management and sustainable funding and partnership opportunities.

Objective 4-2. Texas Autism Resource Center operations

Operate Texas Autism Resource Center.

Strategy 4-2-1. Design and develop a statewide training and technical assistance program that addresses positive behavioral supports, communications and social development.

Strategy 4-2-2. Coordinate with TEA on initiatives such as ESC XIII Texas Statewide Leadership for Autism.

Strategy 4-2-3. Collaborate with all stakeholders to ensure that information on ASD services provided through the Directory of Community Resources is accurate and comprehensive.

Strategy 4-2-4. Raise public awareness statewide about ASD and needs for long-term planning.

Strategy 4-2-5. Coordinate with appropriate agencies to create and maintain a viable and accurate ASD surveillance system for Texas.

Objective 4-3. Office of Autism Services

Establish an office of autism services.

Strategy 4-3-1. Define the structure to support the mission of the Office.

Strategy 4-3-2. Define the mission, scope and duties of the Office.

Strategy 4-3-3. Identify and engage sustainable funding and partnerships.

Strategy 4-3-4. Create an office of ombudsman.

Objective 4-4. Qualified professionals

Increase the number and quality of professionals providing services to individuals with ASD.

Strategy 4-4-1. Study workforce issues to determine where improvements are needed in education, reimbursement rates and other incentives, and availability of services.

Strategy 4-4-2. Implement a statewide direct service worker training program.

Strategy 4-4-3. Coordinate with existing programs to provide statewide training for first responders, foster families and other public contacts.

Objective 4-5. Access to services

All individuals with ASD will have access to evidence-based therapies and supports to address the unique combination of service needs of people with ASD.

Strategy 4-5-1. Advocate for comprehensive health insurance coverage for people with ASD.

Strategy 4-5-2. Advocate for expanded Medicaid coverage and Medicaid waiver flexibility.

Strategy 4-5-3. Create one point of access to services for individuals with ASD and their families based on individual needs and not diagnosis alone.

Strategy 4-5-4. Ensure that, within existing resources, the full range of services available through state agencies is offered to individuals with ASD throughout their lives to the maximum extent possible.

The State Plan has been reviewed and approved by the Texas Council on Autism, its ex-officio state agency members and Regional Advisory Task Force.

In December 2009, the Council began developing implementation plans to ensure that goals, objectives and strategies outlined in the State Plan are accomplished over the next five years.

February 2010

Texas Council on Autism
and Pervasive
Developmental Disorders

DADS Media Services 10P090 • February 2010 • *www.TexasAutismCouncil.org*