

Minnesota Autism Spectrum Disorder Taskforce

September 14, 2010 – 6:00 p.m.
State Office Building – Room 300 N

Minutes

Members Present

Rep. Nora Slawik
Dawn Steigauf
AJ Paron Wildes
Dr. Kimberly Klein
Renaë Ouillette
Idil Abdul
Virginia Richardson

Members Absent

Senator David Senjem
Senator Terri Bonoff
Rep. Tara Mack
Dr. Brooks Donald
Dr. David Griffin
Jean Bender
Dr. Jodi Milburn
Abdul Farah

Meeting was called to order at 6:10 p.m.

Approval of Minutes

Minutes from August meeting were approved with attendance correction.

Lionsgate Academy Presentation

Stanley Hacker and Dr. Steven Waisbren gave an introduction and brief history of the Lionsgate Academy, which is a general education school with 98 percent of all students qualifying for special education services. Also covered in this presentation were the goals of Lionsgate, growth of the school since being founded by two parents whose children had autism, the success Lionsgate has had over the past several years, and the challenges the school has had and will continue to face.

Discussion of Task Force Recommendations

The task force spent the last portion of the meeting discussing the list of recommendations. It was decided that the recommendations will be an ongoing topic of discussion until the final report to the legislature is due.

Draft recommendations are as follows:

1. Statewide awareness campaign - The task force discussed the idea of a statewide awareness campaign (potentially along the lines of First Steps) that reaches out to everyone, not just doctors.
2. Distribution of Educational Materials - The task force discussed recommending funding for greater distribution of FAQs/filers/brochures to day care centers and posting on the Department of Health's website. This was part of a discussion to develop a statewide awareness campaign.
3. Mandate Follow Along - The task force discussed recommending a mandate that every county has a standard screening and follow-up program, either using the Follow Along program, or something similar. This recommendation would attempt to reduce inequity in services between counties.
4. Service Coordinator - The task force discussed recommending the implementation of an autism service coordinator for children ages 3-5, as well as a possible school age coordinator, who have been diagnosed with an autism spectrum disorder. This person would potentially work through the Department of Human Services.
5. There continues to be work done in developing a recommendation relating to coordinating/planning/sharing services and funding with in the systems, and how to get schools and physicians to better coordinate their services.
6. Physician Screening - It is recommended that every child in Minnesota have access to a primary health care professional for establishing a medical home. Within this relationship, it is recommended that each child receive developmental surveillance and screening throughout early childhood for all developmental domains, including autism spectrum conditions based on American Academy of Pediatrics guidelines. This should occur within routine health care maintenance as well as whenever a parent or provider concern is raised. These activities should be coordinated with tracking and intervention services within the local community.
7. Establish an ASD council or commission that meets at least 3-4 times a year to review and continue to coordinate all services provided by the state. The Departments of Health, Education, Human Services, and Employment and Economic Development must be represented. The group will develop a long term strategic plan, working to maximize existing services and identifying unmet needs.
8. The Autism Task Force recommends to the legislature that all Pediatric and Family Practice residencies located in Minnesota provide their trainees with didactic and clinical exposure to normal and abnormal childhood development. That, specifically, the understanding of the presentation and natural history of Autism Spectrum Disorders should be an expectation of graduates of these residencies. Appropriate topics in the curriculum should include: screening tools, associated medical conditions (and their

presentations), treatment modalities, training for medical staff to screen for disorders and presentations of available community resources. In addition, recommended guidelines from the AAP for both developmental screening/surveillance and Autism Spectrum Disorders should be a part of that curriculum.

9. Development of a autism guidebook which would contain information and materials for parents.

Next Meetings

Tuesday, October 12, 2010

9:00 a.m.

SOB 300 North

Thursday, November 18, 2010

6:00 p.m.

SOB 300 North

Adjournment

The meeting was adjourned at 8:00 p.m.