

# Report of the Minnesota Autism Task Force



January 15, 2010

Update

## **Task Force Members**

Senator David Senjem  
Senator Terri Bonoff  
Representative Tara Mack  
Representative Nora Slawik  
Chair Dawn Steigauf – Autism Society of Minnesota  
Vice Chair AJ Paron-Wildes – Parent  
Abdullahi Farah – Parent  
Dr. W. Brooks Donald – American Academy of Pediatrics  
Dr. Jodi Milburn – Minnesota Academy of Family Physicians  
Dr. Kimberly Klein – Minnesota Psychological Association  
Dr. David Griffin – Minnesota Council of Health Plans  
Renaë Ouillette – Public School Student Support Services  
Idil Abdul – Somali American Autism Foundation  
Jean Bender – The Arc of Minnesota  
Virginia Richardson – Parent Advocacy Coalition for Education Rights  
Lydia Uphus – Staff  
Lucas Nesse – Staff

## **Legislative Charge**

This report was prepared by the Minnesota Autism Spectrum Disorder Task Force in response to the following charge in Laws of Minnesota 2009, chapter 79, article 7, section 25.

- “(c) The task force shall develop recommendations and report on the following topics:
- (1) ways to improve services provided by all state and political subdivisions;
  - (2) sources of public and private funding available for treatment and ways to improve efficiency in the use of these funds;
  - (3) methods to improve coordination in the delivery of service between public and private agencies, health providers, and schools, and to address any geographic discrepancies in the delivery of services;
  - (4) increasing the availability of and the training for medical providers and educators who identify and provide services to individuals with ASD; and
  - (5) treatment options supported by peer-reviewed, established scientific research for individuals with ASD.
- (d) The task force shall coordinate with existing efforts at the Departments of Education, Health, Human Services, and Employment and Economic Development related to ASD.
- (e) By January 15 of each year, the task force shall provide a report regarding its findings and consideration of the topics listed under paragraph (c), and the action taken under paragraph (d), including draft legislation if necessary, to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services.
- (f) This section expires June 30, 2011.”

## Overview

The Minnesota Autism Spectrum Disorders Task Force convened on October 13, 2009 and has met 7 times as of January 12, 2010. The task force elected a chair and vice chair, and approved guidelines for task force members. Some of the appointing committees/organizations were unable to complete their appointment process until November, thus the task force did not have all of the current members until December.

Members have been actively gathering and disseminating information to the task force and will continue this throughout the task force's entirety to ensure we have the most current autism spectrum disorder (ASD) information. In December, the Centers for Disease Control and Prevention (CDC) released a report containing new numbers on the prevalence of ASD. About 1 percent, or 1-in-110, of 8-year-old children had an autism spectrum disorder in 2006. Among boys, the prevalence of autism was 1-in-70 in 2006. Between 2002 and 2006, the prevalence of autism increased by 57 percent, up from 1-in-150 children previously. In 2006, Congress passed the Combating Autism Act (CAA). The CAA requires the Interagency Autism Coordinating Committee (IACC) to develop and annually update a strategic plan for ASD research. In 2009 the IACC released its first blue print for autism research. The information included in the IACC report is the some of the most current information available to us regarding autism. The task force will use the information from the IACC and CDC's reports, as well as new research reports, to develop our recommendations. Other states are addressing how to provide services to their growing autism population through task forces, councils, state work plans, and legislation. Task force members are reviewing this information to learn what has been successful.

In an effort to provide a continuum of services and supports across the lifespan for individuals with ASD, the task force developed the following work plan. We have divided the work into 3 subparts chronologically. The task force will begin with children birth to school age. We will address each charge under paragraph (c) and develop recommendations for this age group. We will continue to address each paragraph (c) charge for individuals that are school age and for adults with ASD and make recommendations for each of these groups.

In accordance with paragraph (d) of the charge, the task force invited the Departments of Education, Health, Human Services, and Employment and Economic Development to present existing efforts to the task force. Each department has completed their presentation to the task force. The department's reports included numbers of individuals with ASD they serve, how services are accessed, existing services provided to individuals and their families, funding, and barriers to providing services. DHS was asked to provide information regarding the number of individuals with ASD who are waiting for services and the length of wait. As the task force continues our work plan, we will request additional information as needed from each of the departments.

The task force has recently begun the early childhood discussion. Task force members recognize that research clearly shows early diagnosis and intervention provide the best outcomes for children diagnosed with ASD. Our goal is that every Minnesota child with ASD will receive a timely, accurate diagnosis and appropriate interventions. In the next months the task force will develop our recommendations including any draft legislation necessary to meet this goal.