

PROGRAM NARRATIVE—VERMONT LEND AUTISM EXPANSION

A. Introduction to Purpose & Need

In the January, 2008 *Report to the Legislature to Address Services for Individuals with Autism Spectrum Disorders*, the Secretary of Human Services, Cynthia LaWare, reported a conservative estimate that Vermont spends in excess of \$57 million not including medical expenses to serve nearly 700 of our citizens with an Autism Spectrum Disorder (ASD) (\$82,000 per person), yet our public input process and recent needs assessments indicate significant improvements are needed to better serve children, youth and adults with ASD using a best practice, comprehensive, coordinated system of care (Autism State Plan, 2008). The Secretary has challenged the Vermont community to consider ways to redeploy services to ensure positive outcomes for persons with ASD, to pursue federal funding, and to identify the appropriate role of insurance companies learning from the innovations of other states extending coverage for services through private insurance. The report specifies several recommendations in which the medical, educational and human services communities can improve service delivery to persons with ASD.

Recommendations were divided into 10 primary areas: *best practices; identification & diagnosis; early intervention; coordination of services; access to information; training & workforce development; technical assistance and consultation; education services; adult services; and funding*. The Secretary charged an Autism Steering Committee comprised of agency leaders, family members of persons with ASD, individuals with ASD, and professionals with expertise in autism assessment, intervention and training to develop an Autism State Plan, which prioritizes and addresses gaps by examining each recommendation, defining the goal and improvement strategies required and developing a work plan that addresses the tasks, the persons responsible, the resources needed, the timeline for completion & the evidence for success.

The Vermont Interdisciplinary Leadership Education for Health Professionals (VT-ILEHP) Program is preparing this application for the *LEND Expansion grant* (HRSA 08-149) to address the state and regional need for ***training and workforce development*** in three primary areas: 1) *early identification and diagnosis of ASD*; 2) *early intervention* in ASD focused on parent training; and, 3) *technical assistance and consultation* in early intervention program development for ASD. These training priorities are based on findings from a statewide assessment (described below) of the system of care for persons with ASD. Training in *early identification and diagnosis of ASD* is an identified priority because no established early screening protocol for ASD exists in VT for primary health care providers, screening is inconsistent across the state, not all primary health care providers are aware of the early signs of ASD, the number of specialized diagnosticians and interdisciplinary assessment teams are insufficient leading to waiting lists of several months, and delays in identification limit access to appropriate intervention services. Research and best practice guidelines emphasize the critical nature of developmental surveillance, screening for autism and early detection as it leads to early intervention and better prognosis (AACAP, 1999; AAP, 2001; Filipek et al., 2000; Kleinman et al., 2008; Prelock, 2006). Training in *early intervention focused on parents* is a priority area based on the lack of such training or limited availability of parent training across the state. This focus is supported by the literature, which suggests that parents of children with ASD can deliver effective intervention targeting joint attention (Rocha et al., 2007; Schertz & Odom, 2007), language and communication (Moes & Frea, 2002; Schreibman & Koegel, 1996) and increased responsiveness to and interactions with their children (Delaney & Kaiser, 2001). Finally, training

in *technical assistance and consultation in early intervention program development* is highlighted as a priority because intensive, early intervention services are not available in many locations across the state. Further, research suggests that effective early intervention services can substantially lower the need for later services in school and adulthood. In fact, up to 48% of children birth through 8 who receive early intervention make significant progress (NRC, 2001).

In addition to the identification of system, service and training needs through the Autism State Plan, Vermont's Part B State Performance Plan (SPP) for 2005-2010 (Vermont Department of Education, 2005, revised 2008) identified several training needs for addressing students with ASD across the state, but two specifically that will be addressed by the proposed project through our priority training areas: 1) initiate at least one statewide diagnosis and training site for students with autism; and, 2) provide regional training in evidence based strategies for students with autism. Further, our Title V Program for Children with Special Health Needs (CSHN) just received a HRSA grant to address goals for children, youth and young adults with special health needs in several areas, including goals for family collaboration, screening, the medical home, financing, organized and integrated services, and transition, many of which have specific implications for children with ASD, which is the focus of the proposed project.

Notably, the Vermont Agency of Human Services (AHS) and the Department of Education (DOE), through the efforts of the Autism Steering Committee, are identifying additional systems and training strategies to address all recommendations of the Autism State Plan in the 10 priority areas utilizing programs, initiatives, teams and partners currently in place. For example, the Vermont DOE recently submitted an application to the *National Professional Development Center on Autism Spectrum Disorders*. Further, the VT-ILEHP Program, in collaboration with our Title V CSHN Partners, (AHS) and the Vermont DOE are preparing an application for the *State Implementation Grants for Improving Services for Children and Youth with ASD/DD*,

PURPOSE

As noted above, the purpose of this proposed extension grant is to address the state and regional need for ***training and workforce development*** in three primary areas: 1) *early identification and diagnosis of ASD*; 2) *early intervention* in ASD focused on parent training; and, 3) *technical assistance and consultation* in early intervention program development for ASD. Ultimately, our goals should lead to the training and development of primary health care and community providers for children birth to 6 who are using best practices in the screening and referral of children at risk for or suspected of having an ASD, the training and development of regional interdisciplinary, family-centered and culturally competent assessment teams who are implementing best practices in the differential diagnosis of children with ASD, and the training and development of interdisciplinary, family-centered and culturally competent community-based early intervention teams who are implementing best practices in program planning and parent training in ASD.

To address the training needs in the area of *early identification and diagnosis* the proposed VT-ILEHP Autism Training Program will address six major goals:

1. To develop and implement a training plan to prepare *pediatric or primary care practice nurses* and/or *physicians (as medium-term fellows)* in targeted rural communities across the state to screen for autism at 18 and 24 months utilizing

- nationally-recognized screening tools for primary health care providers in line with the comprehensive developmental screening process designed for the CSHN State Implementation Grant and in collaboration with Vermont's Chapter of the American Academy of Pediatrics, the Building Bright Futures initiative and Vermont's Children's Health Improvement Program. (*Addresses MCHB LEND PPM#63*)
2. To develop and implement a training plan to prepare *early interventionists, early childhood special educators, SLPs and family resource parents (as medium-term fellows)* of the Children's Integrated Services (CIS) regional teams to collect and prepare information for referral to a Regional Interagency Autism Team or a CSHN Child Development Clinic Evaluation Team. (*Addresses MCHB LEND PPM#59*)
 3. To recruit and prepare interdisciplinary, family-centered and culturally competent **long-term fellows** in *early intervention/early childhood special education, family support, psychology, social work, and speech-language pathology* to differentially diagnosis ASD, provide family support, promote health follow-up in the Medical Home and consult around programming using a competency-based curriculum. (*Addresses MCHB PM#07 & 11 & LEND PPM#59, 60 & 63*)

To address training needs in the area of *early intervention* focused on *parent training in ASD*, the proposed VT-ILEHP Autism Training Program will address one major goal:

4. To develop and implement a training plan for preparing **medium and long-term fellows** in *early intervention, early childhood special education and speech-language pathology* to support families of young children with ASD in evidence-based parent training strategies that facilitate joint attention, communication, play and social interaction. (*Addresses MCHB PM#07 & 11 & LEND PPM#59 & 60*)

To address training needs in the area of *technical assistance and consultation* in early intervention program development for children with ASD, the proposed VT-ILEHP Autism Training Program will address one major goal:

5. To develop and implement a training plan for preparing **medium and long-term fellows** in *early intervention, early childhood special education, speech-language pathology, occupational therapy and physical therapy* to provide evidence-based program planning & intervention support consistent with the NRC recommendations for effective, individualized early intervention services for young children with ASD using in-place CIS regional teams, State Interdisciplinary Teams through the UCEDD Center for Disability and Community Inclusion, and through VT-ILEHP's Technical Assistance Program. (*Addresses MCHB PM#07 & 11 & LEND PPM#59 & 60*)

To ensure the proposed training program has instituted a strong evaluation plan, one final goal will be addressed in the project:

6. To develop an evaluation plan that ensures effective and efficient implementation of training for community-based **medium and long-term fellows** and addresses relevant CSHN & VT Autism State Plan goals and objectives.

Need. The U. S. Center for Disease Control and Prevention recently reported that 1 in 150 children have a diagnosis of ASD. Similar prevalence rates are reported in Vermont. In

1992, **13** children diagnosed with ASD were counted as receiving special education services on the *VT Department of Education Child Count Report*. In 2005, **546** children received special education services. The child count continued to rise in 2006 to **591** children and in 2007 to **673** children. In 1992, **68** children and adults with ASD were receiving either Mental Health or Developmental Disability services. By June 2005, *VT Community Mental Health Centers* reported serving a combined total of **527** children and adults with ASD. In 2007, this number increased to **671**. The number of children newly diagnosed with ASD has progressively increased in a range of 16-20% per year. Further, in the last 3 years, ethnic and socioeconomic status diversity has emerged (**see Appendix A in Other Attachments Form**).

In 2005, the VT Board for Children and Youth with Special Mental Health Needs (Act 264 Advisory Board) identified the need for an interagency assessment of the current state of services for youth with autism in their schools, homes, and communities because of the rapidly growing numbers with autism and related disorders and the lack of a clear strategic plan to address the needs of this population. The Act 264 Advisory Board requested that the State Interagency Team draft a white paper to answer critical questions regarding current and projected needs, evidence-based practice in working with these children and their families, current capacities and service gaps. This charge was given to recently hired autism consultants at the Department of Disabilities, Aging and Independent Living and the Department of Education. These consultants conducted a statewide assessment of supports to children with ASD in their schools, homes, and communities through visits to schools; family support groups; special education directors; and, staff in the Family, Infant and Toddler Program (FITP), Child, Adolescent and Family Mental Health Services, Developmental Services and Mental Health Services and the VT Autism Task Force. The VT Interagency White Paper on ASD was submitted in March 2006. Results of this White Paper indicated that Vermont has seen an average annual increase of 20% in students identified with ASD over the previous eight years. Further, gaps in service systems were reported for availability of: 1) *training through higher education including parent training*; 2) *sufficient staff with experience and training in ASD to provide services including psychologists, psychiatrists, speech-language pathologists (SLPs), occupational therapists (OTs) and physical therapists (PTs)*; and, *trained personnel to provide early intervention as outlined by the National Research Council (2001) to name a few* (Vermont White Paper on ASD, 2005). The goals for the proposed VT-ILEHP Autism Training Program attempt to address these statewide training needs.

On May 18, 2007, Governor Douglas signed Act 35, an Act Relating to ASD in response to the growing number of individuals with a diagnosis of ASD in Vermont and the need to develop an infrastructure to address the needs of this population. In June of 2007, AHS and DOE invited persons with ASD, families, community providers, education professionals, advocates, private practitioners and state officials to participate in committees to help develop a report to the legislature. Approximately 75 people were organized into a Steering Committee and 5 subcommittees to work on various aspects of the legislative report. Individual committees met from August through mid-November, 2007 during which 35 committee meetings were held. During this time a statewide assessment of the system of care for individuals with ASD was implemented. Five public forums for stakeholders were held and input from 195 people attending the forums and another 57 people submitting written comments were analyzed. In addition, approximately 10 adults with ASD were interviewed or responded to a questionnaire regarding their experiences living with ASD. Further, 503 on-line surveys were completed by 104 families,

2 individuals with ASD and approximately 400 professionals. This public needs assessment and committee work resulted in the January 2008, *Report to the Legislature to Address Services for Individuals with ASD*. Following presentation of the findings, the Secretary of Human Services charged the Steering Committee to continue their work and develop an Autism State Plan.

The Steering Committee continued to meet and developed a draft Autism State Plan, which was completed on June 10, 2008. To gather public input into priorities for implementing Vermont's Autism State Plan another on-line survey was conducted. The survey was sent to all school districts, a 277-member autism listserv, parent support groups, and mental health and developmental services agencies. Respondents (73) represented all five regions of the state. Based on survey input and previously collected information, the Steering Committee prioritized the following goals for implementation: screening and diagnosis, early intervention, access to information, training, education services and adult services. Training related to the first two priorities, screening and diagnosis, and early intervention is the focus of the current proposal.

The statewide needs assessments described above and the current Autism State Plan also revealed specific gaps and challenges in services for children and youth with ASD relative to *six systems components*: 1) family/professional partnership at all levels of decision making; 2) access to comprehensive health and related services through the Medical Home; 3) early and continuous screening, evaluation and diagnosis, and intervention; 4) adequate public and/or private financing of needed services; 5) organization of community services so that families can use them easily; and, 6) successful transition to all aspects of adult health care, work and independence. These service gaps and challenges, and the existing strengths and systems resources available to address them are outlined in Vermont's application to the *State Implementation Grant for Improving Services for Children and Youth with ASD & other Developmental Disabilities*. The State Implementation Grant (SIG) proposal includes two statewide implementation goals related to early identification in ASD, four statewide implementation goals related to diagnosis, and one statewide implementation goal related to early intervention. Goals for the proposed VT-ILEHP Autism Training Program are compatible with the statewide implementation goals for improving services for children with ASD in that they address specific training gaps in *three of the six systems components* as described below.

Family/professional partnership at all levels of decision-making. Caring for a child or individual with ASD brings with it several responsibilities beyond what is typically required including more frequent medical appointments and school meetings, applying for and managing support services, advocating for needs, and coordinating care. The Fall 2007 on-line survey revealed increased stress (100%), social isolation (61%), economic challenges (61% with 40% paying out of pocket costs from \$600-10,000 annually), depression (57%), marital difficulties (52%, nationally similar to other disabilities, 80% of parents with a child with ASD divorce), sibling issues (51%), extended family relation challenges (38%), and job loss (35%). These challenges highlight the need for establishing meaningful and effective family/professional partnerships at the level of screening, assessment, intervention, program planning, evaluation and implementation and transition to adult life. In fact, the evidence shows that when family-centered care is practiced, outcomes are enhanced for children with autism and other disabilities and their families and teams (Beatson, 2006; Beatson & Prelock, 2002; Horst et al., 2000). Further, the White Paper on Autism and Report to the Act 264 Board indicated gaps in the systems and processes to enhance collaboration across home and school. **Goals 3, 4, and 5** of the proposed project are designed, in part, to address training needs that ensure parent-professional

collaboration. These goals as well as **Goals 1 & 2** are responsive to our Title V CSHN Program goals to evaluate communication with families including an assessment of the medical home, perception of information clarity and the effectiveness of the CSHN referral and intake process.

Access to comprehensive health and related services through the Medical Home.

The American Academy of Pediatrics (AAP) has suggested that all children have a 'Medical Home' that provides for their ongoing care (AAP, 1992). Unfortunately, the interpretation of the 'Medical Home' concept has been fraught with challenges including lack of reimbursement for services physicians provide while caring for children in a medical home. This has precipitated a new policy statement with a more comprehensive interpretation and expanded view (AAP, 2002). The new policy states that “the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated, compassionate and culturally effective” (AAP, 2002, p. 184) and that well trained primary care physicians should deliver, maintain and facilitate all aspects of the care. The Medical Home is typically an office-based practice that is committed to the development of partnerships with families who have children with special health needs. Some pediatric practices that have adopted the concept of a 'Medical Home' use a care coordinator within their office who can facilitate timely and effective interactions among families, their educationally-based teams and other health specialists. Such care coordination in the Medical Home would enhance the health care of children with ASD who are often affected by seizures and have difficulties with sleep, toileting, transitions and related behaviors (Contompasis & Prelock, 2006).

The statewide needs assessment indicated that an established early screening protocol for ASD does not exist for primary care physicians in VT, screening is inconsistent across the state, and not all primary care physicians are aware of the early signs of ASD. In addition, many practices have not been able to fully implement the ideal aspects of the Medical Home concept to establish coordinated care as they are plagued with reimbursement, time and resource challenges. **Goal 1** of the proposed project is designed to address the training needed in primary care/pediatric practices to implement systematic screening for ASD. In part, **Goal 3** of the proposed project is designed to provide training in health follow-up for children with ASD in their Medical Home. **Goals 1 and 2** also support our Title V CSHN program goals to evaluate communication with families including an assessment of the medical home, perception of information clarity and the effectiveness of the CSHN referral and intake process.

Early and continuous screening, evaluation and diagnosis, and intervention. The public forum needs assessment in the fall of 2007 revealed that 53 individuals identified access to screening and diagnosis as a challenge; 22 noted timeliness; 10 indicated an insufficient number of trained evaluators; and, 6 mentioned diagnosis accuracy. The 73 respondents to a May-June 2008 on-line survey identified: 1) *effective, individualized, early intervention services consistent with NRC (2001) recommendations*; 2) *training available to all professionals to build capacity to meet the needs of children with ASD and their families*; and, 3) *consultation and technical assistance for providers to meet the needs of those with ASD* in their top 5 priorities. **Goals 1 through 7** are designed to address training needs associated with these priorities.

In addition, Vermont's Title V CSHN Program has established specific screening goals through their HRSA grant to ensure primary care practices screen using best practices, and that the CSHN Child Development Clinic (CDC) respond promptly to positive screens. **Goals 1 and 2** of the proposed project will help develop and implement the training associated with these

screening efforts for improving effective screening, referral, and differential diagnosis for children with ASD and related neurodevelopmental disabilities.

B. Methodology/Response

Following the passing of Vermont's Act 35 relating to autism, the state completed a needs assessment and prepared a report to the Vermont State Legislature leading to the development of an Autism State Plan. As discussed above, a Steering Committee comprised of family members, persons with ASD, agency leaders, and service providers have completed the plan by defining the specific goal for each recommendation in the Legislative Report, highlighting the improvement strategies needed and outlining the tasks to be done, the persons responsible, the resources needed, timelines for completion and the evidence of success. The proposed project goals are responsive to the national need for trained interdisciplinary professionals to improve service delivery to children with ASD, Vermont's DOE State Performance Plan (VT DOE, SPP 2005-2010) calling for a statewide diagnosis and training site for students with autism and regional training in evidence based strategies for students with autism, and the *training and workforce development priority* in Vermont's Autism State Plan to address training recommendations in *early screening and diagnosis, early intervention and technical assistance and consultation*. This section will describe the 7 primary goals and the specific objectives for the project, the rationale for each objective, the activities designed to achieve each goal and objective, and the expected outcomes. Measurement of the outcomes will be discussed in **E. Evaluative Measures**. It is important to note that the VT-ILEHP Program currently has in place a rigorous competency-based academic and clinical training program that is family-centered, culturally competent, interdisciplinary and focuses on developing leadership and knowledge and skills across a range of neurodevelopmental disabilities, including ASD (see www.uvm.edu/~vtilehp). The proposed VT-ILEHP Autism Training Program is an extension of what the VT-ILEHP Program currently provides for our long-term fellows and allows us to expand our training outreach in autism to primary care/pediatric offices, community teams, and families as described in the goals, objectives, and activities below. Long-term fellows in the VT-ILEHP Program will continue to follow our current curriculum but will now have a menu of activities they can select to extend and expand their training in autism. Medium-term fellows are being added to provide them with specific training in autism to address the Autism State Plan.

1. Goals & Objectives

To address the training needs in the area of *early identification and diagnosis* the proposed VT-ILEHP Autism Training Program will address five major goals:

GOAL 1: To develop and implement a training plan to prepare *pediatric or primary care practice nurses* and/or *physicians* (as **medium-term fellows**) in family and pediatric practices across the state to screen for autism at 18 and 24 months utilizing nationally-recognized developmental screening tools for primary health care providers in collaboration with AAP-VT, and VCHIP. (*Addresses MCHB LEND PPM#63*)

RATIONALE: Generally, parents report concerns about their children around 17-18 months although some research suggests some parents note concerns as early as 14-15 months (Charwarska et al., 2007). Most children with ASD, however, are not diagnosed until 4 years old, especially those in urban settings with lower socio-economic status (Gray et al., 2006). Early

detection is critical as it leads to early intervention and better prognosis (Kleinman et al., 2008). In the last 9 years, several professional organizations have published guidelines or best practice parameters for the screening and diagnosis of autism (AACAP, 1999; AAP, 2001; Filipek et al., 2000). These guidelines emphasized the importance of routine developmental surveillance and screening of autism for all children and have helped practitioners recognize or suspect autism at earlier ages based on their social and communication differences (Prelock, 2006). Currently, the AAP (2006) endorses autism specific screening for all children at 18 months. However, only about 8% of pediatricians nationwide screen for autism while 82% screen for general developmental delays (dosReis et al., 2006).

Several screening tools (e.g., *CHAT*, *M-CHAT*, *Autism Behavior Checklist (ABC)*, *Autism Screening Questionnaire (ASQ)*, *Social Communication Questionnaire (SCQ)*) are available to primary care offices to facilitate the surveillance of children with ASD. The *M-CHAT* (Robins et al., 1999; Robins et al., 2001) is a particularly promising tool for use in physician offices as it recognizes the value of parent report, takes no more than 5-10 minutes to complete and review, requires no training or observations, has a 6th grade reading level, and has strong predictive value that improves with a telephone interview for low risk samples (Kleinman et al., 2008).

Objective 1.1. All VT primary care/pediatric offices will be trained in the administration and interpretation of the *M-CHAT* by Year 3 of the training project.

Activity 1.1.1. Meet with AAP-VT and CSHN to determine targets (*medium-term fellows*) for training in primary care/pediatric offices by October 2008.

Activity 1.1.2. Develop Blackboard information & discussion site highlighting importance of autism specific screening at 18 & 24-month health supervision visits with monthly opportunities for questions & answers with VT-ILEHP faculty experts in autism by Sept. 2009.

Activity 1.1.3. Develop a training module on the use and interpretation of the M-CHAT in primary care/pediatric offices that is available on line and on CD by August 2009.

Activity 1.1.4. Pilot training module in 2 primary care offices by December 2009.

Activity 1.1.5. Make training module changes based on pilot work feedback by June 2010.

Activity 1.1.6. Disseminate revised M-CHAT training module on CDs to all primary care/pediatric offices by September 2010.

Activity 1.1.7 Prepare & implement a Webinar to discuss successes and challenges in implementing M-CHAT screening and next steps by June 2011.

Activity 1.1.8. Document percentage of positive screens leading to a diagnosis of ASD in collaboration with the AAP-VT and VCHIP prior to and following training in early identification and specific autism screening using the M-CHAT.

Expected Outcomes:

1. All targeted primary care offices will have at least one person (*medium-term trainee*) trained in the administration and interpretation of the M-CHAT by June 2011.

2. Percentage of positive screens leading to a diagnosis of ASD is greater than the baseline percentage obtained after training in autism specific screening.

Objective 1.2. *Long-term fellows and faculty mentors* will increase their knowledge in autism specific screening and early identification and their skill in web technology by developing a Blackboard information & discussion site for primary care offices.

Activity 1.2.1. *Long-term fellows and faculty mentors* search the web for the most current literature on early identification in autism each year of the project.

Activity 1.2.2. *Long-term fellows and faculty mentors* develop an annotated bibliography of the literature searched with a summary of findings & relevant links with yearly updates.

Activity 1.2.3. *Long-term fellows and VT-ILEHP autism experts* develop a Blackboard information & discussion site with support from UVM's Center for Teaching and Learning.

Activity 1.2.4. *Long-term fellows and faculty mentors* participate in monthly Blackboard discussions with primary care physicians and VT-ILEHP autism experts.

Activity 1.2.5. Develop a pre- and post-assessment of knowledge and skill competencies in early identification and autism specific screening and Blackboard technology to be completed by *long-term fellows* prior to and following training.

Activity 1.2.6. Expand interdisciplinary leadership training survey to include questions related to leadership in early identification and autism specific screening and use of web technology to disseminate research-based information in early identification of autism by May 2009.

Expected Outcomes:

1. Post-assessment of knowledge and skills competencies indicates increased confidence in understanding the use and implementation of autism screening tools and Blackboard technology.
2. Long-term fellows report value and leadership in disseminating information on early identification and autism screening in their work settings in their post training surveys at year 1.

Objective 1.3. M-CHAT training module will be disseminated to all LEND Programs by Year 3 of the training project.

Activity 1.3.1. Post M-CHAT training module on the VT-ILEHP website by June 2011.

Activity 1.3.2. Disseminate Weblink to all LEND programs by June 2011.

Expected Outcomes:

1. M-CHAT training module is posted on VT-ILEHP website.
2. All LEND Programs are sent Web link for the M-CHAT training module.

GOAL 2: To develop and implement a training plan to prepare community members (as **medium-term fellows**) of the Children's Integrated Services (CIS) regional teams to make appropriate referrals to a regional autism assessment team. (*Addresses MCHB LEND PPM#59*)

RATIONALE: The Child Development Division (CDD) Department for Children & Families in the VT AHS has established Children's Integrated Services (CIS) to combine three prevention, early intervention and treatment programs (i.e., Family, Infant and Toddler Program, Children's Upstream Services (now known as Early Childhood Family Mental Health) and Healthy Babies, Kids & Families) into one child development and family support services system. The 12 regional teams that exist across the state meet on a regular basis, share intakes and ongoing reviews, and act as a resource to children, families and service providers. The guiding principles of CIS rest in what is best for families and support services that are holistic, family-centered, strengths-based, culturally-competent and results oriented. These teams are in a unique position to effectively identify children at potential risk for ASD or those who may have been missed in their health care visits. Although many teams are aware of the early signs of autism (e.g., CDC's *Learn the Signs, Act Early*), they require training to ensure adequate intake data are obtained and appropriate referrals are made for a comprehensive assessment of ASD.

As practitioners and families make referrals to medical professionals or interdisciplinary teams for an evaluation of a child suspected of ASD, there are some things that can be done to ensure the physician/team has what is needed to make an informed decision. Prior to making a referral, team members can gather information so that the diagnostic visit is enriched by the knowledge and experience of those who interact with the child on a daily basis, that is, families and providers (Prelock, 2006). Most physicians/teams cannot visit a school or a child's home and have limited time to examine all aspects of a child's daily life that provide critical information for making a diagnosis. It would be useful for community providers and families to consider implementing a process or a set of activities that would facilitate appropriate referrals. First, providers might prepare a brief videotape of a child engaged in both structured and unstructured tasks, interacting with adults and peers, playing with objects, working in a small group and independently, and in at least 2-3 different settings (e.g., home, school) (Prelock, 2006). Second, providers and family members might complete screening tools like the M-CHAT (Robins et al., 2001), the SCQ (Berument et al., 1999), the PDDST-II (Siegel, 2004) or behavioral checklists like the GARS (Gilliam, 1995) and the CBCL (Achenbach & Rescorla, 2000) when concerns are raised. Third, a review of the diagnostic criteria for PDD/Autism (DSM-IV-TR, APA, 2000) by the team with examples of the presence or absence of the noted behaviors might provide significant insight for the assessment team. Finally, it would be important to briefly explain interventions that have been or are currently being used to support a particular child in communication, play, social interaction and behavior. Not all activities need to be completed for each child, but team members may wish to consider many of them, especially when they believe the diagnostic process might be complex for a particular child (Prelock, 2006). To ensure effective data gathering and accurate referral, training is necessary for both providers and family members. The inclusion of family members in the training opportunities facilitates collaboration with health care providers & helps to expedite appropriate referrals (Wiggins, et al., 2007).

The VT-ILEHP Program is in a position to provide training to members of the CIS teams (*medium-term fellows*) because of its expertise as an interdisciplinary assessment team for children with the most significant health, education and mental health challenges across the state—with autism experts in developmental pediatrics, psychology, and speech-language pathology. The VT-ILEHP Program has had 14 years of success in training interdisciplinary professionals who are family centered and culturally competent in their assessment and coordination of action plans for children with neurodevelopmental disabilities, including autism.

Further, as previously mentioned, the VT-ILEHP Program is applying for a *State Implementation Grant* in collaboration with AHS and our Title V CSHN Program to address statewide needs in implementing early screening and diagnosis and early intervention in autism.

Objective 2.1. At least two regional Childhood Integrated Services (CIS) team members (including families) will be trained to implement an agreed upon process for collection and preparation of information for referral for ASD by Year 3 of the project.

Activity 2.1.1. Meet with CSHN and CIS leaders to determine the content and training focus for the CIS regional teams with the greatest need in collecting and preparing information to make appropriate referrals of children at risk for or suspected of ASD by November 2008.

Activity 2.1.2. Collaborate with CIS teams and the Vermont Family Network to develop a training plan for the collection and preparation of information for referral of children at risk for or suspected of having an ASD that is accessible statewide by February 2009.

Activity 2.1.3. Develop training module highlighting best practices in data gathering for early identification for CIS providers and families that is available on line and on CD by Sept. 2009.

Activity 2.1.4. Develop a series of training modules on the appropriate use and interpretation of the *M-CHAT*, the *SCQ* and the *PDDST-II* as screening tools, and the *GARS* and *CBCL* as behavior checklists, that can be used in preparation for making a referral for a child at risk for or suspected of having an ASD that is on line and on CD by January 2010.

Activity 2.1.5. Pilot use of the training modules in 2 regional CIS teams by June 2010.

Activity 2.1.6. Make changes to training module based on pilot work feedback by Sept. 2010.

Activity 2.1.7. Disseminate revised training modules on CDs to all 12 CIS teams and the Vermont Family Network (VFN) by January 2011.

Activity 2.1.8. Document percentage of referrals leading to a diagnosis of ASD in collaboration with the CIS teams and regional autism assessment teams (i.e., VT-ILEHP's Regional Interagency Autism Team, CSHN CDC teams) prior to and following training in data gathering and referral preparation for children at risk for or suspected of having an ASD.

Expected Outcomes:

1. At least 2 regional CIS teams (*medium-term fellows*) will be trained in an agreed upon process for data gathering and referral preparation and in the administration and interpretation of the *M-CHAT*, *SCQ*, *PDDST-II*, *GARS* and *CBCL* by June 2011.
2. Percentage of positive referrals leading to a diagnosis of ASD is greater than the baseline percentage obtained after training in data gathering and referral preparation.

Objective 2.2. *Long-term fellows* will increase their knowledge of best practices for collecting and preparing information for referral of children suspected of having autism.

Activity 2.2.1. *Long-term fellows* search the web for the most current literature on early identification in autism and evidence-based autism specific screening tools and behavior checklists that can be used by parents and providers by December 2008.

Activity 2.2.2. Long-term fellows develop an annotated bibliography of the literature searched with a summary of findings and relevant links by February 2009 and annual updates.

Activity 2.2.3. In collaboration with VT-ILEHP faculty experts in autism, *long-term fellows* participate in the development of training modules on the *M-CHAT, SQC, PDDST-II, GARS, & the CBCL* with support from the Center for Teaching & Learning by May 2009.

Activity 2.2.4. Develop a pre- and post-assessment of knowledge and skill competencies in the use and interpretation of autism specific parent-provider screening tools and behavior checklists by January 2009 to be completed by *long-term fellows* prior to and following training.

Activity 2.2.5. Expand interdisciplinary leadership training survey to include questions related to leadership in implementing autism specific screening tools and behavior checklists with families and providers by May 2009.

Expected Outcomes:

1. Post-assessment of knowledge and skills competencies indicates increased confidence in understanding the use and implementation of autism specific parent and provider screening tools and behavior checklists.
2. Long-term fellows report value and leadership in implementing autism specific screening tools and behavior checklists with families and providers in their work settings in their post training surveys at year 1.

Objective 2.3. Training modules on autism specific parent and provider screening tools and behavior checklists will be disseminated to all LEND Programs by Year 3.

Activity 2.3.1. Post training modules on the VT-ILEHP website by June 2011.

Activity 2.3.2. Disseminate Weblink to all LEND programs by June 2011.

Expected Outcomes:

1. Training modules are posted on VT-ILEHP website.
2. All LEND Programs are sent Web link for the training modules on parent and provider autism-specific screening tools and behavior checklists.

GOAL 3: To recruit and prepare interdisciplinary, family-centered and culturally competent **long-term fellows** in *early intervention(EI)/early childhood special education (ECSE), family support, psychology, social work, and speech-language pathology* to differentially diagnose ASD, provide family support, promote health follow-up in the Medical Home and consult around programming using a competency-based curriculum. (**Addresses MCHB PM#07 & 11 & LEND PPM#59, 60 & 63**)

RATIONALE: As previously described in the needs assessment, the numbers of experienced evaluators (i.e., developmental pediatricians, child psychiatrists, clinical psychologists) is insufficient to meet the Vermont need. These evaluators are unable to address the needs in more rural areas of the state, waiting lists are long and diagnosis is often delayed. With the state's rate of increase in new diagnoses ranging around 16-20% per year, additional skilled providers are

needed. In addition, the VT AHS and the VT DOE specifies that only developmental pediatricians, child psychiatrists and psychologists with relevant knowledge and experience in ASD can make the diagnosis—highlighting the pressing need for well trained and qualified evaluators. Further, the complexities of the children’s communication and social interaction needs requires the knowledge and skill of a well trained and experienced SLP (ASHA, 2006a,b,c,d). Unfortunately, there is a statewide shortage of speech-language pathologists, and specifically those trained and experienced in the assessment of children with ASD. It is important, therefore, to expand the number of qualified personnel who can address the assessment needs of children with ASD. VT-ILEHP is proposing a more interdisciplinary and experienced community-based team that includes psychologists, SLPs, EIs/ECSEs, social workers & family support parents to participate in a Regional Interagency Autism Team.

ASD assessment and diagnosis also requires an understanding of the core features of autism that has lead to the development of diagnostic instruments in addition to the use of the DSM-IV diagnostic criteria which can assist practitioners in the recognition of ASD and in earlier diagnosis. The use of more formal diagnostic instruments also helps to differentiate severity of presentation. The range of tools that currently exist often involve interviews with the family, and are completed by practitioners through observation and interviews and/or interactions with the child (Prelock, 2006). Accurate diagnosis still relies heavily on clinical experience (Lord, 1995; Klin et al., 2000) and because autism is a clinical diagnosis, it is crucial that individuals coordinating comprehensive diagnostic assessments for children suspected of autism be well trained and experienced (Freeman & Cronin, 2002).

A challenge in consistent and accurate diagnosis is the use of descriptors such as "marked impairments," "encompassing preoccupation," "delay in" and "apparently inflexible." These terms may be perceived or interpreted differently by different practitioners, particularly by those with more or less experience diagnosing children along the autism spectrum (Prelock, 2006). Current research, however, provides promise for more effective infant diagnosis. Tools such as the *Mullen Scales of Early Learning* (MSEL, Mullen, 1995), the *Communication & Symbolic Behavior Scales-Developmental Profile* (CSBS-DP; Wetherby & Prizant, 2002), the *MacArthur Communicative Development Inventory* (MCDI; Fenson et al., 1993), the *Vineland Adaptive Behavior Scales* (VABS; Sparrow, Balla, & Cicchetti, 1984), the *Autism Diagnostic Observation Schedule-Generic* (ADOS-G, Lord, Rutter, DiLavore, & Risi, 1999), and the *Autism Diagnostic Interview-Revised* (ADI-R; Lord, LeCouteur & Rutter, 1991) have value in documenting the child’s profile of relative strengths and significant deficits characteristic of autism (Klin et al., 2004; Prelock, 2006). In addition, impairments in nonverbal communication are characteristic of children with ASD and are part of the diagnostic criteria (APA, 2000). Research suggests a variety of play materials and social presses can be used to elicit social and communicative interactions with children and instruments such as the CSBS (Wetherby & Prizant, 1993), and the *Early Social Communication Scales* (ESCS; Mundy et al., 1996) are valuable tools. For more verbal children, the *Children’s Communication Checklist-2* (CCC-2; Bishop, 2003), the *Social Skills Rating System* (SSRS; Gresham & Elliott, 1990) are often considered, as are more authentic assessments of the child’s peer interactions, narrative language and perspective taking.

Early diagnosis, however, has its challenges. Making a diagnosis at 2 and 3 years of age is very different from making a diagnosis at 5 and 6 years of age (Lord & Risi, 2000). For example, even children following a typical course of development are variable in their ability to establish

joint attention, say their first word and initiate social interaction. Further, clinicians appear to be more reliable in their diagnosis of children under 3 years of age when they are discriminating the broader autism spectrum as compared to autism and PDD/NOS (Stone et al., 1999). These challenges in early diagnosis require practitioners to be cognizant of the subtle developmental differences in young children with and without autism, particularly in the areas of social impairment and spoken language delays and to actively engage the family members in the diagnostic process (Prelock, 2006). It is imperative that practitioners across disciplines make a commitment to careful observation of the social interaction, communication, play and behavior in young children. Having a developmental perspective on these areas of potential deficit and unusual behavior in very young children with ASD is critical to effective assessment and intervention for children at risk (Watson et al., 2003).

The VT-ILEHP Program has established itself as a comprehensive training program that is interdisciplinary (representing 12 disciplines) and addresses the complex health needs of children with a variety of neurodevelopmental disabilities, including autism. The clinical and academic training is competency-based—focused on knowledge and skills in family centered care, cultural competence, interdisciplinary teaming and collaboration, leadership in maternal and child health, and neurodevelopmental disabilities (see www.uvm.edu/~vtilehp). Co-Director and Developmental Pediatrics Coordinator, Dr. Stephen Contompasis is a developmental pediatrician (board certified in both Behavioral Developmental Pediatrics and Neurodevelopmental Disabilities Pediatrics) with 17 years of clinical and training experience in Vermont. In addition, the Co-Director and Training Director for the Program, Dr. Patricia Prelock, is a board recognized specialist in child language, a nationally recognized expert in autism and has established core coursework in autism (e.g., Autism Spectrum Disorders: Issues in Assessment and Intervention; Summer Autism Institute) and intervention research (e.g., peer play intervention, social stories, and theory of mind) that has been in place at the University of Vermont for over 10 years. The VT-ILEHP Program in collaboration with our Title V CSHN CDC Program is in a unique position to provide the clinical training for psychologists, SLPs, EIs/ECSEs, social workers and family resource parents to prepare them in best practices for assessment and differential diagnosis of children with ASD and related disorders.

Objective 3.1. One community-based psychology fellow will complete a long-term fellowship in the VT-ILEHP Program with a focus on autism each year of the project.

Activity 3.1.1: Develop a pre-assessment of competencies in the interdisciplinary assessment and differential diagnosis of ASD and related neurodevelopmental disabilities for psychologists practicing in the community to inform specific training needs by November 2008.

Activity 3.1.2: Recruit at least one psychologist practicing in the community to participate as a long-term trainee each year of the project.

Activity 3.1.3: Develop a clinical experience through VT-ILEHP's Regional Interagency Autism Team in the interdisciplinary assessment and differential diagnosis of ASD for a psychologist practicing in the community with mentorship from autism experts by January 2009.

Activity 3.1.4: Create an Individual Training Plan (ITP) from a menu of academic and clinical training activities (from in-place VT-ILEHP Program activities and newly developed activities for the Autism Training Program) for each community-based psychology fellow that enhances

their knowledge and skill in interdisciplinary teaming and collaboration, family-centered care, & cultural competence in the assessment and differential diagnosis of ASD & related disabilities.

Expected Outcome:

1. Three psychologists completed a long-term fellowship that enhanced their knowledge and skill in the assessment and differential diagnosis of ASD and related neurodevelopmental disabilities at the end of Year 3 of the project.

Objective 3.2. One community-based EI/ECSE fellow will complete a long-term fellowship in the VT-ILEHP Program with a focus on autism each year of the project.

Activity 3.2.1: Develop a pre-assessment of competencies in the interdisciplinary assessment and differential diagnosis of ASD and related neurodevelopmental disabilities for EIs/ECSEs practicing in the community to inform specific training needs by November 2008.

Activity 3.2.2: Recruit at least one practicing early interventionist/early childhood special educator in the community to participate as a **long-term** trainee each year of the project.

Activity 3.2.3: Develop a clinical experience through VT-ILEHP's Regional Interagency Autism Team to gain experience in interdisciplinary assessment and differential diagnosis of ASD for community-based EI/ECSE with mentorship from autism experts by December 2008.

Activity 3.2.4: Create an Individual Training Plan (ITP) from a menu of academic and clinical training activities (in-place VT-ILEHP Program activities and newly developed activities for the Autism Training Program) for each EI/ECSE community-based fellow that enhances their knowledge & skill in interdisciplinary teaming & collaboration, family-centered care, & cultural competence in the assessment & differential diagnosis of ASD by December 2008.

Expected Outcome:

1. Three EIs/ECSEs completed a long-term fellowship that enhanced their knowledge and skill in the assessment and differential diagnosis of ASD and related neurodevelopmental disabilities at the end of Year 3 of the project.

Objective 3.3. One SLP community-based fellow will complete a long-term fellowship in the VT-ILEHP Program with a focus on autism each year of the project.

Activity 3.3.1: Develop a pre-assessment of competencies in the interdisciplinary assessment & differential diagnosis of ASD, particularly in the areas of communication and social interaction, for SLPs practicing in the community to inform specific training needs by December 2008.

Activity 3.3.2: Recruit at least one SLP practicing in the community to participate as a long-term fellow each year of the project.

Activity 3.3.3: Develop a clinical experience through VT-ILEHP's Regional Interagency Autism Team to gain experience in an interdisciplinary assessment and differential diagnosis of ASD for a community-based SLP with mentorship from autism experts by December 2008.

Activity 3.3.4: Create an Individual Training Plan (ITP) from a menu of academic and clinical training activities (from in-place VT-ILEHP Program activities and newly developed activities for the Autism Training Program) for each SLP community-based fellow that enhances their knowledge and skill in interdisciplinary teaming and collaboration, family-centered care, and cultural competence in the assessment and differential diagnosis of ASD and related neurodevelopmental disabilities, particularly in communication and social interaction.

Expected Outcome:

1. Three SLPs completed a long-term fellowship that enhanced their knowledge and skill in the assessment and differential diagnosis of ASD and related neurodevelopmental disabilities at the end of Year 3 of the project.

Objective 3.4. One CSHN social worker will complete a long-term fellowship in the VT-ILEHP Program with a focus on autism each year of the project.

Activity 3.4.1: Develop a pre-assessment of competencies in the interdisciplinary assessment and differential diagnosis of ASD and related neurodevelopmental disabilities for a CSHN social worker to inform specific training needs by November 2008.

Activity 3.4.2: Recruit at least one CSHN social worker to participate as a long-term trainee each year of the project.

Activity 3.4.3: Develop a clinical experience through VT-ILEHP's Regional Interagency Autism Team to gain experience in an interdisciplinary assessment and differential diagnosis of ASD for CSHN social workers practicing in the community with mentorship from autism experts by December 2008.

Activity 3.4.4: Create an Individual Training Plan (ITP) from a menu of academic and clinical training activities (from in-place VT-ILEHP Program activities and newly developed activities for the Autism Training Program) for a CSHN social worker that enhances their knowledge and skill in interdisciplinary teaming and collaboration, family-centered care, and cultural competence in the assessment and differential diagnosis of ASD and related disorders.

Expected Outcome:

1. Three CSHN social workers completed a long-term fellowship that enhanced their knowledge and skill in the assessment, assessment coordination and differential diagnosis of ASD & related neurodevelopmental disabilities at the end of Year 3.

Objective 3.5. One family resource parent will complete a long-term fellowship in the VT-ILEHP Program with a focus on autism each year of the project.

Activity 3.5.1: Develop a pre-assessment of competencies in the interdisciplinary assessment and differential diagnosis of ASD and related neurodevelopmental disabilities for a family resource parent to inform specific training needs by November 2008.

Activity 3.5.2: Recruit at least one family resource parent to participate as a long-term trainee each year of the project.

Activity 3.5.3: Develop a clinical experience through VT-ILEHP's Regional Interagency Autism Team to gain experience in supporting families through an interdisciplinary assessment and differential diagnosis of ASD for family resource parents practicing in the community with mentorship from autism experts by December 2008.

Activity 3.5.4: Create an Individual Training Plan (ITP) from a menu of academic and clinical training activities (from in-place VT-ILEHP Program activities and newly developed activities for the Autism Training Program) for a CSHN social worker that enhances their knowledge and skill in interdisciplinary teaming and collaboration, family-centered care, and cultural competence in the assessment and differential diagnosis of ASD and related disorders.

Expected Outcome:

1. Three family resource parents completed a long-term fellowship that enhanced their knowledge and skill in supporting families through the assessment and differential diagnosis of ASD and related disorders by Year 3.

Objective 3.6. *Long-term fellows* will increase their knowledge of and experience with the diagnostic tools (e.g., ADOS-G, ADI-R, VABS, CSBS-DP, CCC-2, SSRS) identified as best practice in the assessment of young children at risk for or suspected of having an ASD.

Activity 3.6.1. Develop and implement an intensive training plan for learning the ADOS, the ADI-R and the VABS as diagnostic tools appropriate in the assessment of children suspected of having an ASD.

Activity 3.6.2. Fund 3 fellows a year to participate in the certification training for the ADI-R or the ADOS-G.

Activity 3.6.3 Develop and implement an intensive training plan for learning the CSBS-DP, CCC-2, & SSRS as tools critical to the assessment of communication and social interaction.

Expected Outcomes:

1. Three long-term fellows attended certification training in either the ADI-R or the ADOS-G each year of the project.
2. All long-term fellows learned the purpose, psychometric properties and predictive value of the ADOS-G, ADI-R, VABS, CSBS-DP, CCC-2, & SSRS.
3. All long-term fellows participated in the administration and interpretation of the ADOS-G, ADI-R, VABS, CSBS-DP, CCC-2, & SSRS.

Objective 3.7. *Long-term fellows* will learn VT-ILEHP's Community-Based Assessment (CBA).

Activity 3.7.1. Fellows participate in a 2-day training to learn the 7 steps of the CBA process.

Activity 3.7.2. Fellows review videotapes/DVDs of each step in the CBA process.

Expected Outcome:

1. Long-term fellows participated in the CBA training and reviewed videotapes/DVDs of each step in the CBA process.

Objective 3.8. Long-term fellows will serve as an assessment coordinator for one community-based assessment for a child at risk for or suspected of having an ASD.

Activity 3.8.1 Fellows participate in a family/provider intake for a child suspected of an ASD.

Activity 3.8.2 Fellows coordinate the planning and implementation of an interdisciplinary, family-centered and culturally competent assessment using evidence-based diagnostic tools.

Activity 3.8.3. Fellows interpret and report assessment findings in collaboration with the VT-ILEHP interdisciplinary assessment team, the family and the community-based team.

Activity 3.8.4. Fellows develop a plan for Medical Home follow-up in collaboration with the child's primary health care provider using the Health Checklist for autism.

Expected Outcomes:

1. Long-term fellows complete one CBA for a child suspected of having an ASD
2. Long-term fellows complete a plan for Medical Home follow-up for each child diagnosed with ASD.

To address training needs in the area of *early intervention* focused on *parent training in ASD*, the proposed VT-ILEHP Autism Training Program will address one major goal:

GOAL 4: To develop and implement a training plan for preparing **medium and long-term fellows** in *early intervention, early childhood special education and speech-language pathology* to support families of young children with ASD in evidence-based parent training strategies that facilitate joint attention, communication, play and social interaction. (**Addresses MCHB PM#07 & 11 & LEND PPM#59 & 60**)

RATIONALE: Joint attention (JA) is priority intervention goal for children with ASD as it is a pivotal skill for later language learning (Bakeman & Adamson, 1984; Baron-Cohen, 1987; Bates, 1979; Loveland & Landry, 1986). It is the ability to coordinate visual attention with another to an external object or activity demonstrating mutual interest & social engagement—as if commenting (Carpenter & Tomasello, 2000; Mundy & Stella, 2000). JA training has been facilitated using naturalistic behavior modification including verbal and physical prompts, task choice, contingent Rf & interspersal of mastered tasks in 4 yr. olds—children made gains but maintenance was limited & attributed to not involving parents & lack of external motivations (Kasari et al., 2001; Whalen & Shreibman, 2003). Parents of children with ASD deliver effective intervention targeting language & communication (Moes & Frea, 2002; Schreibman & Koegel, 1996) and have learned to support communication & increased responsiveness to & interactions with their children (Delaney & Kaiser, 2001). Parents have been taught to use both discrete trial training and pivotal response training in which they got their child's attention before providing instruction using child choice & motivating toys after receiving didactic training, modeling and coaching on how to initiate JA, prompt a correct response and respond to behaviors contingently (Rocha et al., 2007). Relationship-based intervention has also been used to facilitate parent-child interaction in a planned but open-ended manner using indirect methods focusing on the relationship and parent responsiveness (Schertz & Odom, 2007). Further, *More than Words—The Hanen Program for Parents of Children with ASD* has been designed to help families support the communication and social skills of their children with ASD (Sussman, 1999). Parents

learn that their children's ability to communicate depends on: 1) being able to pay attention; 2) finding enjoyment in two-way communication; 3) imitating and understanding what others say and do; 4) interacting with people and having fun doing it; 5) practicing what they learn; and, 6) having structure, repetition and predictability in their life. The first controlled trial of training effectiveness using the *More Than Words* program to facilitate parent understanding of ASD and their support of social communication in their young child with ASD had a measurable effect on parents' and children's communication skills (McConache, et al., 2005). The VT-ILEHP Autism Training program will extend its training to parent intervention for children with ASD.

Objective 4.1. At least 3 medium and/or long-term fellows will develop & implement a half day parent training on strategies to establish joint attention in young children with autism in collaboration with VT-ILEHP faculty experts in autism in Years 2 and 3 of the project.

Activity 4.1.1. Fellows conduct a literature search on evidence-based parent interventions and joint attention.

Activity 4.1.2. Fellows develop a Power Point presentation and handouts for a half-day parent training in collaboration with VT-ILEHP faculty with expertise in autism.

Activity 4.1.3. Recruit families for parent training to establish joint attention through CIS regional teams, statewide autism parent support groups and the Vermont Family Network.

Activity 4.1.4. Fellows present a half-day training in establishing joint attention to parents of young children with ASD in collaboration with VT-ILEHP faculty with expertise in autism.

Activity 4.1.5. Fellows in collaboration with VT-ILEHP faculty develop feedback form to be completed by parents to evaluate the half-day parent training.

Activity 4.1.6. Fellows make changes to Power Point and handouts based on parent feedback.

Activity 4.1.7. Place revised Power Point and handouts on VT-ILEHP website & disseminate link to CIS teams, statewide parent support groups, the VFN & LEND network.

Activity 4.1.8. Fellows participate in the TRIPSCY autism community of practice and share recommended practices for supporting the needs of young children with ASD and their families.

Expected Outcomes:

1. Long-term fellows complete one CBA for a child suspected of having an ASD
2. Long-term fellows complete a plan for Medical Home follow-up for each child diagnosed with ASD.

Objective 4.2. At least three medium and/or long-term fellows will participate in the parent training for the *More Than Words Program* in collaboration with a VT-ILEHP SLP faculty mentor certified in the *More Than Words Hanen Program* during Year 2 and/or Year 3.

Activity 4.2.1. Recruit families for the More Than Words parent-training program.

Activity 4.2.2. Provide an orientation to the program.

Activity 4.2.3. Fellows develop parent-training materials for the *More Than Words* Program in collaboration with the Hanen certified SLP.

Activity 4.2.4. Medium &/or long-term fellows attend and participate in the parent training.

Expected Outcome:

1. Three medium and/or long-term fellows participate in the *More Than Words* parent training program in Year 2 and/or Year 3 of the project.

To address training needs in the area of *technical assistance and consultation* in early intervention program development for children with ASD, the proposed VT-ILEHP Autism Training Program will address one major goal:

GOAL 5: To develop and implement a training plan for preparing **medium and long-term fellows** in *EI/ECSE, SLP, occupational therapy and physical therapy* to provide evidence-based program planning and intervention support consistent with the NRC recommendations for effective, individualized early intervention services for young children with ASD using in-place CIS regional teams, State Interdisciplinary Teams (I-Teams) through the UCEDD Center for Disability and Community Inclusion (CDCI), and through VT-ILEHP's Technical Assistance Program. (*Addresses MCHB PM#07 & 11 & LEND PPM#59 & 60*)

RATIONALE: Clinical researchers generally agree that children with a diagnosis of ASD require early intervention (prior to age 3), intensive instruction (proactive engagement for approximately 25 hours/week), planned teaching opportunities (with a low teacher-child ratio), systematic and developmentally appropriate instruction, the inclusion of families, ongoing assessment that informs program changes, and opportunities for instruction with typical peers (NRC, 2001). Planning for an individual child's program also requires the involvement of families, the establishment of goals for intervention and the use of psychosocial, pharmacological and related interventions that have empirical evidence (AACAP, 1999). Differences in philosophies and approaches to intervention, however, have led to confusion and frustration for families and practitioners. To effectively engage in a discussion of intervention, practitioners need to be able to evaluate claims of effectiveness and recognize principles of best practice (Freeman, 1997; Prelock, 2001, 2002, 2006; Prizant & Rubin, 1999; Strain, Wolery&Izeman, 1998). They also need to clearly explain the available intervention approaches, including the advantages and disadvantages, to families who are making these difficult decisions. Further, the intervention selected must be matched to the individual needs of the child with ASD.

Several frameworks have been used to view interventions for children with ASD (Chorpita et al., 2002; Heflin & Simpson, 1998; Rogers, 1998; Simpson, 2005; Strain et al., 1998; Wetherby&Prizant, 1998). Iovannone and colleagues (2003) considered several core components reported in the literature as responsible for the success of early intervention programs for children with ASD, which have application to programs for elementary and older school-age children with ASD as well. They propose the integration of six core components for establishing a comprehensive instructional program for students with ASD and their families (Prelock, 2006), which are recommended in Vermont's Autism State Plan:

- individualized supports & services—match practices, services and supports to a child’s unique profile through the IFSP/IEP process (e.g., consider child and family preferences, focus on strengths, identify weaknesses that require support);
- systematic instruction=>planning carefully, identifying valid goals, defining instructional procedures, evaluating effectiveness and adjusting instruction appropriately;
- structured learning environment=>the curriculum is clear to the children and staff (e.g., schedule of activities, choices, etc.);
- specialized curriculum content=>focus on social engagement, initiation and responding to social bids, and appropriate recreational and leisure skills;
- functional approach to problem behavior=>focus on replacing problem behavior with appropriate or ‘replacement’ behavior; and,
- family involvement=>parent-professional collaboration that is consistent across settings.

Communication intervention is particularly important for children with ASD as this is a core deficit area and affects the ability to interact socially and often explains inappropriate behaviors in children with limited or poorly developed communication skills. Ogletree (2007) suggests that successful communication interventions promote meaningful outcomes, apply proven treatment techniques with a variety of treatment approaches, adhere to recommended practice guidelines, and do not occur in a vacuum. Further, the role of parents in the intervention of their children with ASD is critical (Dunst, 1991; 2001) and the importance of the natural environment cannot be overlooked, especially for our youngest children with ASD (Roper &Dunst, 2003). It is vital that a training plan is in place to ensure providers who are working with children diagnosed with an ASD & their families have the knowledge & technical assistance they require.

Some training opportunities and technical assistance are currently in place and available through the Vermont Department of Education (e.g., TEACCH & structured teaching training, Positive Behavioral Supports training), the Higher Education Collaborative Autism Certification Training Program for Autism Case Managers, and UCEDD-Center for Disability and Community Inclusion (e.g., I-Team, Continence Project, VT Supported Employment, TRIPSCY website & evidence-based practice journal reviews) and the University of Vermont’s Certificate of Graduate Studies in the Interdisciplinary Study of Disability (autism strand). Each of these programs is providing continuing education, professional development and/or technical assistance in ASD. However, what is available is still not sufficient to meet the statewide training and technical assistance needs. In addition, the VT-ILEHP Program has a Technical Assistance and Consultation training activity that will be extended to teams facing program-planning challenges for young children with a new diagnosis of ASD.

Objective 5.1. Medium and/or long-term fellows will learn the VT-ILEHP Program’s Technical Assistance (TA) process.

Activity 5.1.1. Fellows participate in a half-day training on VT-ILEHP’s TA process.

Activity 5.1.2. Fellows review the NRC (2001) intervention guidelines for program planning for children with ASD prior to participation in a technical assistance meeting.

Activity 5.1.3. Fellows review one intervention strategy with an evidence-based to support the behavior, communication, or social interaction of a young child with ASD prior to participation in a technical assistance meeting using the TRIPSCY journal club format.

Activity 5.1.4. Fellows review the intervention strategies developed by the state’s Autism Task Force On-Line Toolkit prior to participation in a technical assistance meeting.

Expected outcomes:

1. Medium and/or long-term fellows complete Technical Assistance training.
2. Medium and/or long-term fellows are prepared to provide some technical assistance regarding one evidence-based intervention strategy for autism

Objective 5.2. At least 3 medium and/or long-term fellows in *EI/ECSE, SLP, occupational therapy* or *physical therapy* will participate in one technical assistance meeting for program planning around a child newly diagnosed with ASD in collaboration with the VT-ILEHP Program’s interdisciplinary clinical faculty each year of the project.

Activity 5.2.1. Recruit a CIS regional team to participate in the technical assistance around a child recently diagnosed with ASD each year of the project

Activity 5.2.2. In collaboration with VT-ILEHP faculty mentors, medium-term or long-term fellows meet with the CIS team to prepare questions for the technical assistance.

Activity 5.2.3. Medium and/or long-term fellows participate in two-hour technical assistance meeting with the VT-ILEHP interdisciplinary clinical faculty and a regional CIS team to address questions and consultation around program planning for a child newly diagnosed with ASD.

Expected Outcome:

1. Medium and/or long-term fellows participate in one technical assistance meeting with a regional CIS team and the VT-ILEHP interdisciplinary clinical faculty around program planning for a child newly diagnosed with ASD.

GOAL 6: To develop an evaluation plan that ensures effective and efficient implementation of training for community-based **medium and long-term fellows** and addresses relevant goals and objectives in the CSHN State Implementation Grant and the Vermont Autism State Plan.

RATIONALE: It is critical to the effectiveness of the proposed project that state agency and systems leaders are fully engaged in the systems enhancements being proposed. Therefore, an Executive Advisory Council is being proposed to provide a key advisory and liaison role and to assure in-kind support and collaboration across central, regional and state functions outlined in the methodology and work plan sections. The Project Directors will co-chair this council with the Autism State Consultants from the Department of Education and Agency of Human Services (AHS). It is also important that the project has sufficient time and a feasible organizational structure for planning, developing and putting new activities in places. Thus, a Core Grant Team made up of the Co-Project Directors and the core faculty coordinators in EI/ECSE, Family Support, Psychology, Social Work, and SLP will provide a management structure within which the goals and objectives can be efficiently and effectively addressed. Finally, an evaluation plan is critical to assess the success of the proposed program. A specific explanation of how each of expected outcomes will be evaluated is found in the *evaluation section*.

Objective 6.1: An Executive Advisory Council will be established to provide oversight and ensure collaboration of state agencies and other partners in the implementation of the project.

Activity 6.1.1: Develop charge for the Executive Advisory Council by October 2008.

Activity 6.1.2: Confirm membership of the advisory council to include members of the Core Grant Team, MCH Director, CIS Coordinator, UVM's Chair of Pediatrics, AAP-VT President, V-CHIP Director, CSHN Director, FITP Director, AHS and DOE State Autism Consultants, Vermont's Health Access Program (VHAP) Director, local medical home representatives, Individual with ASD, Family member of an individual with ASD by October 2008.

Activity 6.1.3: Schedule monthly meetings during Year 1, and quarterly in Years 2 and 3.

Activity 6.1.4: Establish ad hoc group of leaders to continue their advisory and systems coordination roles to support sustainability of the project.

Expected Outcome:

1. An Executive Advisory Council is established to provide oversight and ensure collaboration of state agencies and other partners in the implementation of the project activities.

Objective 6.2: A core grant team will be established to implement project goals & objectives.

Activity 6.2.1: Develop a charge for the Core Grant Team by September 2008.

Activity 6.2.2: Assign Psychology Coordinator/Clinical Coordinator to chair grant team using a collaborative leadership model.

Activity 6.2.3: Develop meeting agenda formats (adapted from the VT-ILEHP Program) that track and monitor specific grant activities in the methodology and work plan by September 2008.

Activity 6.2.4: Schedule weekly meetings for the duration of the project.

Activity 6.2.5: Record key issues requiring Executive Advisory Council input at each meeting.

Expected outcome:

1. A Core Grant Team is established with weekly meetings by September 2008.

Objective 6.3: A program evaluation strategy will be established by January 2009.

Activity 6.3.1: Consult with a Program Evaluator from the Vermont Children's Health Improvement Project (V-CHIP) by November 2008 to design quantitative and qualitative data collection instruments, direct data collection activities, implement summative and process evaluation procedures, complete data analysis, and assist the project directors in presenting results, and co-authoring reports.

Activity 6.3.2: Define specific data sources & analysis methods for project's goals & objectives.

Expected Outcome:

1. A V-CHIP Program Evaluator is hired and collaborating with the Core Grant Team and Executive Advisory Council to establish and assess success indicators through a Continuous Quality Improvement plan.

2. Recruitment & selection of medium- and long-term fellows.

Recruitment of *medium-term fellows* will be focused on community based providers (nurses, pediatric nurse practitioners, primary care physicians) in pediatric offices and members of the CIS teams (e.g., SLPS, educators, early interventionists) across the 12 regions of the state who will be involved in training around autism specific screening and collection and preparation of information for referral of children at risk for or suspected of having an ASD. These community fellows will work closely with faculty mentors in developmental pediatrics, speech-language pathology, family support, occupational therapy and psychology with autism expertise. Community fellows who are actually doing the work of screening, assessing and intervening with children with ASD are being targeted as medium-term trainees to facilitate systems change in addressing the needs of young children with ASD and their families. Fellows who have already completed their professional level degree and are currently working with children with special health needs have established a knowledge base in developmental disabilities and with the proposed training will enhance their specific knowledge and skills in autism and, ultimately, implement best practices in early identification, referral & early intervention in their community.

Recruitment of *long-term fellows* will be focused on fellows who are professional level community providers and family resource parents who have some experience with autism and require more interdisciplinary intensive training to enhance their skills in diagnosis, assessment, Medical Home coordination, family support and evidence-based treatment in autism. The targeted disciplines will include community fellows in social work, speech-language pathology, early intervention, psychology, family support and nursing. These community fellows will work closely with faculty mentors in developmental pediatrics, speech-language pathology, family support, and psychology with autism expertise. Community fellows are being targeted for this project for two reasons. First, success in the project requires basic knowledge in assessment and intervention related to neurodevelopmental disabilities with a desire to enhance specific knowledge and skills in autism; and, second, these fellows will be returning to their community to enhance the development of regional assessment and intervention teams with autism expertise.

The VT-ILEHP Program has developed informational brochures and flyers to use in our recruitment of exemplary trainees/fellows across disciplines. An updated brochure will be prepared describing both medium-term and long-term opportunities for autism specific training. The brochure will describe the goals of the VT-ILEHP Program and the extension project in ASD, the available training opportunities, general and autism-specific competencies to be developed, and application information. Potential participants can access application information on our website which will be updated to reflect opportunities in autism-specific training.

Special recruitment efforts will occur to insure that qualified applicants of recognized ethnic minority heritages are considered. Our Program has established a Diversity Committee and developed a diversity plan to address priority recruitment goals for diverse faculty, staff, fellows and fellows. The VT-ILEHP Program faculty and staff seek to promote awareness of, accessibility to, and participation in all components of the VT-ILEHP program for individuals from diverse ethno-cultural backgrounds including those with disabilities and their families. We see diversity not as a theoretical construct, but a living reflection of everyone in the human family. Diversity embodies a multitude of characteristics that

span all dimensions of individual and societal experiences. It acknowledges the richness of our differences in a way that unites and celebrates our unique qualities. Diversity in academic/professional excellence is inseparable and commitment to honor distinctiveness within an inclusive community is critical. We believe dimensions of diversity include, but are not limited to: Age, Economic status, Education, Ethnicity, Gender, Gender Identity or Expression, Geographical location, Health status, Language, Learning differences, Nation of origin, Physical, cognitive, and emotional ability, Race, Religion, Sexual orientation and Spirituality. Our recruitment strategies will consider each of these areas.

Selection criteria have been developed to assure excellence in the pool of applicants being considered for fellowships. The Core Grant Team will review the applications of all candidates. The following criteria will be used to guide the Core Grant Team in the selection of both medium & long term community fellows: 1) exemplary, discipline-specific clinical skills; 2) commitment to a career in MCH; 3) effective listening & speaking skills; 4) desire to enhance interdisciplinary skills in the diagnosis, assessment, & program planning for ASD; 5) teaming experience; 6) leadership skills; & 7) interest in teaching & research related to ASD.

Three letters of recommendation that address the specified criteria is required from each applicant. Applicants may submit letters from a supervisor, a community professional, academic faculty, community leader, or a family member of a child with special needs. Potential fellows will complete a 1-2 page statement of intent explaining their reasons for wanting to participate in the VT-ILEHP Program & their interest in autism-specific training through the proposed project.

The success of both medium-term and long-term fellows as interdisciplinary, family-centered and culturally competent leaders will be tracked using surveys at 1, 5 and 10 years post-training. Graduates of the training program will be asked to describe their employment and responsibilities for service delivery to children with ASD, their research advocacy efforts, their role on interdisciplinary teams & publications related to improving the care of children with ASD.

3. Curriculum—The proposed curriculum consists of both in-place VT-ILEHP activities as well as new activities specifically designed for the current project with a focus on interdisciplinary leadership in assessment, program planning and parent training for persons with ASD and their families. The curriculum includes academic coursework, clinical practica, targeted training activities through the current VT-ILEHP program and new leadership activities focused on the development of training modules, annotated bibliographies, presentations and Blackboard discussions related to screening, diagnosis, best practice in intervention and parent training in ASD. See **Table 1/Attachemnt 4** for the ASD training curriculum to be followed.

Academic Coursework. The current academic coursework provided for medium and long-term fellows through the VT-ILEHP Program include **CMSI 311 & 312 Seminar in Neurodevelopmental Disabilities I & II**, a two-course graduate level sequence offered by the VT-ILEHP Program and co-taught by faculty representing 12 different disciplines as well as individuals with disabilities and families of persons with disabilities, including those with ASD (see course syllabi at www.uvm.edu/~vtilehp). The content for both courses emphasizes five competency areas that closely align with the competencies for the proposed project: family centered care, neurodevelopmental and related disabilities; interdisciplinary process and collaborative teaming; cultural competence; and leadership in MCH. The specific topic areas emphasized include: *conceptual frameworks for neurodevelopmental disabilities, motor disabilities, ASD, ADHD, LLD, Down syndrome, MR, hearing loss, deaf-blindness, mental*

health in disability, genetics, ethics, policy processes, IDEA, health care financing, rights of child & health care, American Indian concepts of disability, serving refugee families, multicultural perspectives on disability & cultural interpretation, transition to adult services, environmental health, nutritional health factors, feeding issues, dental health, medical home, & pain in children with special health needs. These courses are offered through distance learning technology, via Interactive television, in at least one rural location in Vermont each semester. ***For the proposed project, long-term fellows will take the first seminar (i.e., CMSI 311)***

For the proposed autism training extension grant, **CMSI 299 Autism Spectrum Disorders** (3 credits) ***will be a new requirement for medium and long-term fellows who wish to focus their interdisciplinary training in autism.*** Content in this course includes *diagnostic, neurobiological, genetic & health considerations in autism; assessment methods for profiling the strengths and challenges of children and families affected by ASD in the areas of communication, social interaction, play and behavior; and evidence-based intervention practices including frameworks for decision making around best practices to support communication, social interaction, play and behavior* (see course syllabus at www.uvm.edu/~cmsi). This course is offered through distance learning technology in 3 or more rural locations across the state.

Clinical Practica. There are three primary clinical practica available to fellows focusing on ASD: Autism Assessment Team Practicum, a Technical Assistance Practicum, and a Parent Training Practicum. Each of these is described below.

Autism Assessment Team Practicum (NEW). This practicum involves interdisciplinary assessments of children referred by nurses, nurse practitioners and pediatricians/primary care physicians and CIS team members who have been trained in screening and referral practices and will be serving as medium-term fellows for the project. Long-term fellows will participate as interdisciplinary members of the Regional Interagency Autism Team, a university-based training team that provides best practice assessments of children at risk for or suspected of having autism. This team is comprised of experienced professionals with an expertise in autism representing the disciplines of developmental pediatrics, speech-language pathology, psychology, social work, early intervention/early childhood/special education, and family support. Long-term fellows will be trained in comprehensive, exemplary diagnostic tools (e.g., *ADOS, ADI-R, Mullen Scales of Early Learning, VABS, CSBS-DP*) and will participate in the assessment of 2 to 4 children a month. Fellows will be assigned to one of the core faculty autism experts for mentorship while participating as a key member of this university-based training team.

Technical Assistance Practicum (IN-PLACE). Medium and long-term fellows will participate in two-hour technical assistance meetings with the VT-ILEHP interdisciplinary clinical faculty and a regional CIS team to address questions and consultation around program planning for a child newly diagnosed with ASD. Long-term fellows will participate in three to five technical assistance meetings during their training year. Medium-term fellows will participate in at least one. Rural CIS teams will be targeted.

Parent Training Practicum (NEW). Two opportunities are available for long-term fellows to participate in the training parents of children with ASD to establish joint attention or to incorporate responsive teaching, focused stimulation, and prelinguistic milieu teaching into their interactions with their children. Fellows will select one of these opportunities to enhance their skills in supporting parents of children with ASD.

Targeted training activities (IN-PLACE). Currently, VT-ILEHP provides several training opportunities to support the knowledge and skill base of our trainees/fellows in assessing the needs and coordinating the action plans for services for children with neurodevelopmental disabilities. Several of these training activities are appropriate and relevant to the extension training described for the proposed project. Therefore, long-term fellows will be participating in the following competency-based trainings: creative problem solving, AAC training, MAPs (*Making Action Plans*) & COACH (*Choosing Outcomes and Accommodations for Children*), assessment tool training (e.g., SSRS, *Pediatric Evaluation of Disability Inventory (PEDI)*, *School Function Assessment (SFA)*, Westby Play Scale, Nutrition, Toileting), controversial & alternative therapies in ASD, & the feasibility framework for program planning and implementation.

Leadership activities (NEW). Several leadership activities have been developed to support statewide systems change efforts and to enhance application of technology to practice. Long-term fellows will be involved in the development of at least one of three training modules to support the efficiency and effectiveness of the screening and referral process for children with ASD as well parent training. This will be done in collaboration with faculty mentor experts in autism. Development of the first training module involves content related to early identification and screening for ASD with an accompanying blackboard discussion for primary health care providers. The second module is being developed to highlight best practices in the collection and preparation of information for referral and would be implemented using Blackboard and other distance learning venues including on-line, web streaming and interactive TV. The third module focuses on creating an accessible training for parents to support joint attention or to support the implementation of a *More Than Words Program*, in collaboration with a certified Hanen SLP.

4. **Training Content.** The training content for the current VT-ILEHP Program and the proposed extension project is guided by both a theoretical and best practice framework for addressing the needs of persons with disability, and in particular, those with ASD, as well as competency-based training. The training curriculum is designed to address the training goals and objectives for the program and lead to culturally competent, family-centered, community-based interdisciplinary leaders committed to improving the health care of infants, children and adolescents with special needs, and specifically those with ASD. The competencies that guide our current VT-ILEHP Program curriculum can be found on our website: www.uvm.edu/~vtilehp. The competencies identified for the proposed project can be found in **Table 2/Other Attachments Form** and an overview of the practice perspectives guiding the training curriculum is discussed below.

Practice Perspectives that Guide the Training Curriculum. Two practice perspectives have traditionally been used to explain disability: the deficit and strengths perspectives. A deficit perspective considers disability as an individual problem created by an organic dysfunction, a congenital syndrome or disease or a nonspecific impairment while a strengths perspective sees the problem as society's challenge integrating individuals with disabilities and the need to recognize the abilities, skills and talents of individuals with disabilities and their families (Prelock & Vargas, 2004). Intervention practices using a deficit framework are often directed at persons affected who are expected to make personal adjustments and behavior changes while those using a strengths perspective direct intervention toward building the strengths of children in the context of their family and community, social action, and environmental change. The VT-ILEHP LEND Program emphasizes the strengths' perspective in its training curriculum and service delivery,

recognizing and celebrating a child's potential and that of his or her family (Saleebey, 1997; 2002). This perspective will be maintained in the proposed autism extension project. Although a child's challenges are identified, disability is seen as only one aspect of the child's being. This view allows our interdisciplinary faculty and fellows/fellows to capitalize on the strengths a person brings to the assessment and intervention process and find ways to support his or her challenges (Prelock & Vargas, 2004). The Program does, however, integrate considerations from both perspectives to address the multiple, complex needs of children with neurodevelopmental disabilities and their families. The integration of these perspectives will be particularly important as we apply them to work with children with ASD and their families.

The VT-ILEHP Program also considers the International Classification of Function, Disability and Health (ICF) framework that has synthesized the polarized views of the deficit and strengths perspectives to create an understanding of health on both the biological and social level (World Health Organization, 1999; 2001). The ICF provides a valuable framework for collecting data that can be used to assess the consequences of a person's health condition and identify an individual's intervention needs (Prelock & Vargas, 2004). The WHO presents three dimensions of disability that can be used alone or in relation to each other to describe the experiences/ attributes and situations/ circumstances of individuals with disabilities (World Health Organization, 1999). The impairment dimension requires clinicians to sift through a person's physical or body structure and function capabilities. The activities dimension guides the clinician in determining what types of events the child can engage while the participation dimension considers restrictions or limitations in fully participating in day-to-day activities. The ICF also considers the impact of contextual factors on the dimensions of disability. Contextual factors broaden the scope of traditional assessment beyond a deficit view toward a more dynamic view of the individual's experience particularly when conducted in his or her natural setting (Prelock & Vargas, 2004). The WHO classification framework provides the theoretical foundation for VT-ILEHP's interdisciplinary assessment model and is particularly appropriate to our enhanced training in ASD. In fact, Prelock (2006) applies the ICF framework to assessment & intervention in ASD, which provides a theoretical framework for the proposed project.

5. Clinical Preparation—Medium term-fellows will be involved in clinical activities at the level of screening and referral, while long-term fellows will be involved in the diagnosis and intervention planning for children at risk for or suspected of an ASD or related disorder. Long-term fellows will be participating on an exemplary Regional Interagency Autism Team that provides comprehensive, interdisciplinary, family-centered, and culturally competent clinical services in both rural and suburban communities.

6. Settings. The clinical component of the training will occur both within the primary program setting and in diverse community settings. Grant funding will be utilized to create a VT-ILEHP based Regional Interagency Autism Team to provide high quality evidenced-based interdisciplinary assessment of children suspected of having autism. Once diagnostic and assessment practices are standardized within the University setting we will establish community-based clinics in more rural impoverished areas of the State. We will use existing Interactive TV and Telemedicine linkages to maintain strong working relationships with these communities.

C. Resources/Capabilities

Program Faculty. The VT-ILEHP Program has 14 interdisciplinary faculty with varying levels of expertise in autism. Three faculty members, have specific knowledge and skill

in the assessment, diagnosis and intervention planning for children with ASD: Stephen Contompasis, M.D., Developmental Pediatrician, Marie-Christine Potvin, M.Ed., ABD, Occupational Therapist, and Patricia Prelock, Ph.D., Speech-language pathologist. A fourth VT-ILEHP faculty member, Susan Ryan, Ph.D., has specific expertise in early intervention.

Stephen Contompasis, M.D., Associate Professor of Pediatrics, UVM, College of Medicine & Director, trained in Developmental Pediatrics at Boston Children's Hospital where he was involved in the evaluation and development of treatment for numerous children with ASD. He is board certified in both Neurodevelopmental Disabilities and in Developmental Behavioral Pediatrics. In his role as consultant to the state Child Development Clinic, Dr. Contompasis collaborates frequently with education and health providers throughout the state of Vermont. As Program Director for VT-ILEHP, Dr. Contompasis has collaborated closely with Dr. Prelock in developing interdisciplinary training toward improving health outcomes for children with ASD & related disabilities. Through his ongoing clinical work in the Child Development Clinic he has been involved in the diagnosis and management of hundreds of children diagnosed with ASD. In his role as Co-Project Director & Pediatrics Faculty for the proposed project, Dr. Contompasis will share supervision of the Autism Assessment Team practicum, will teach in the area of differential diagnosis and service systems for children with ASD and their families, and will provide leadership in the implementation of autism specific screening at the 18 and 24 month well child visits in primary care offices.

Patricia Prelock, Ph.D., CCC-SLP, is a Professor in the Department of Communication Sciences and is the Training Director for the (VT-ILEHP) Program. Previously, she has served as Project Director for 4 US Department of Education personnel training grants at the University of Cincinnati & UVM designed to prepare SLPs to collaborate with general and special educators and related service providers in their service delivery to preschool and school-age children with SLI or ASD and their families in inclusive settings. She also served as Project Director for 2 State Improvement Grants awarded to VT, one to prepare SLPs in rural communities and the other to train SLP Assistants. Dr. Prelock has over 25 years experience in the field and has a national reputation in the development and implementation of collaborative, curriculum-based assessment and intervention models in inclusive classrooms, and interdisciplinary assessment & intervention for children with ASD and related disabilities. She is an ASHA fellow, a UVM University Scholar and has nearly 100 publications and 350 presentations in the areas of collaboration, phonology, language assessment and intervention, and autism. Dr. Prelock will serve as Co-Project Director for the proposed project with responsibility for overall program implementation; recruitment, retention and mentorship of fellows with a focus in autism; coordination of academic & clinical training; teaching in her area of expertise (i.e., autism, interdisciplinary assessment & collaboration); and, program evaluation.

Susan M. Ryan, Ph.D. is the Executive Director of the Vermont's UCEDD, Center on Disability and Community Inclusion (CDCI) and a Professor in the Integrated Studies Program at the University of Vermont. Previously, she has served as the Project Director of 5 US Department of Education, Office of Special Education Programs grants at the University of Alaska Anchorage designed to prepared early interventionists (including EC, ECSE, SLPs & OTs) to provide services to young children (0-6) with autism, fetal alcohol spectrum disorders, and other low incidence disabilities in rural and remote Alaska. She has also served as a Principal Investigator of a State of Alaska, research grant on fetal alcohol spectrum disorder.

Within her capacity as the Executive Director of the VT-UCEDD she oversees technical assistance, training, outreach and research grants totaling \$3 million dollars. Dr. Ryan has over 30 years of experience in the field of early intervention and special education and has a major focus in early intervention, program evaluation, and distanced delivered personnel preparation. She will be teaching in the Interdisciplinary Seminar in Neurodevelopmental Disabilities and consulting to the Regional Interagency Autism Team in her area of expertise—early intervention.

Marie-Christine Potvin, M.H.S., OTR, ATP, is a Research Associate in the College of Education and Social Services at the University of Vermont. She is the Occupational Therapy faculty for the Vermont State I-Team, a project that provides technical assistance to Vermont children with severe disabilities' educational teams, for the Training and Resources for Interdisciplinary Professionals Serving Children and Youth (TRIPSCY) project which provides evidence-based, on-site and distance professional development opportunities to Vermont's related service providers, and the VT-ILEHP program. Ms. Potvin is completing a doctorate in Rehabilitation Sciences at McGill University. Her dissertation topic is Recreational Participation and Health Related Quality of Life in Children with High Functioning Autism for which she received scholarships from the OAR and the AOTF. Ms. Potvin will serve as core faculty for the proposed project to collaborate in the development of the project's training modules, & coordinate the expansion of TRIPSCY activities to include additional Autism-specific content.

Co-Speech Language Discipline Coordinator (to be named) for this project will be proposed to the Executive Advisory Council by the State Department of Education: Special Education/Student Support Services Division. The Speech-Language Pathologist will have strong clinical expertise in autism and related disorders and will have a faculty appointment in the Department of Communication Sciences, College of Arts & Sciences, or the College of Medicine, UVM. The SLP will be on the Core Grant Team, the Executive Advisory Council, the proposed Regional Interagency Autism Team, and will share responsibility for implementing all aspects of the clinical program with the Core Grant Team. This individual will serve as liaison to the Dept. of Communication Sciences, and to the Vermont DOE: Special Education/Student Support Services Division (Vermont Part C Co-lead agency), regarding the experiences of fellows and will facilitate SLP fellow recruitment. This individual will also serve as the disciplinary advisor for fellows in speech-language pathology, and assist the Training Director in the delivery of specific training modules related to clinical activities.

Psychology Discipline Coordinator (to be named) will be a psychologist with strong clinical expertise in autism and related disorders and will be proposed to the Executive Advisory Council from the Division of Aging and Independent Living within the Division of Disability and Aging Services State of Vermont AHS, and will have a faculty appointment in the in the Department of Psychology, College of Arts & Sciences, College of Medicine, University of Vermont. The Psychology Coordinator will be on the Core Grant Team, the Executive Advisory Council, the proposed Regional Interagency Autism Team, and will share responsibility for implementing all aspects of the clinical program with the Core Grant Team. This individual will serve as liaison to the Department of Psychology regarding the experiences of psychology interns and will facilitate psychology intern recruitment. This individual will also serve as the disciplinary advisor for fellows in the psychology discipline, and assist the Training Director, in the delivery of specific training modules related to clinical activities.

Early Intervention/ Early Childhood Special Education Discipline Coordinator, and Family Infant Toddler program (FITP, Part-C) liaison for this project (*to be named*), and will be proposed to the Executive Advisory Council by the Director of the FITP within the Vermont State DOE: Special Education/Student Support Services Division (Vermont Part C Co-lead agency) and the Vermont Department for Children and Families Child Development Division (Vermont Part C Co-lead agency). An Early Interventionist/Early Childhood Educator with strong clinical expertise in autism and related disorders and will have a faculty appointment in the College of Education and Social Services, or the College of Medicine, University of Vermont. An EI Coordinator will be on the Core Grant Team, the Executive Advisory Council, the proposed Regional Interagency Autism Team, and will share responsibility for implementing all aspects of the clinical program with the Core Grant Team. This individual will serve as liaison to the Center on Disability and Community Inclusion and the Director of FITP and the Vermont Department for Children and Families Child Development Division regarding the experiences of EI/ECSE fellows, and will facilitate Early Intervention/ Early Education fellow recruitment. This individual will also serve as the disciplinary advisor for fellows in EI/ECSE, and assist the Training Director in the delivery of specific clinical training modules.

Social Work Discipline Coordinator and CSHN/Title V Liaison for this project, and will be proposed to the Executive Advisory Council by the State of Vermont CSHN/Title V Director, MCH Division Department of Health, AHS. The Social Work Coordinator will have strong clinical expertise in autism and related disorders and will have a faculty appointment in the Department of Social Work, College of Education and Social Services or the College of Medicine, UVM. This individual will be on the Core Grant Team and the Executive Advisory Council, and the proposed Regional Interagency Autism Team. This individual will maintain relationships with referral sources and agencies to assure appropriate referrals into our clinical programs. This individual will be responsible for assuring enrollment in CSHN, arranging referrals and assisting in eligibility for all appropriate services recommended for families experiencing diagnostic assessments within the proposed the proposed Regional Interagency Autism Team. This individual will help to identify and recruit a community based CSHN social work fellow for placement in CSHN-Child Development Clinical Teams.

A Family Support Coordinator will be proposed by the Vermont Family Network and funded via a sub award. The Family Support Coordinator will be on the core grant management team and will be responsible for assuring that all aspects of the program including external relationships are delivered in a family centered and culturally appropriate way. This person will serve as direct family support for families experiencing diagnostic assessments within the proposed Regional Interagency Autism Team. This individual will design and deliver training modules to all staff and trainees involved in this project as a core requirement of their staff development plan or individualized training plans. In years two and three of the project this individual will help to identify and support a community based family support coordinator for developing Regional Autism Assessment Teams (i.e. CSHN-Child Development Clinical Teams). This individual will also serve as liaison to the Vermont Family Network and to all Family support programs for children and families experiencing autism and its related disorders

Agency Partners and Collaborators. Several agencies, programs and resources are currently in place that will facilitate the proposed training activities. These are briefly highlighted below but comprehensive summaries can be found in the **Appendix B/Other Attachments Form**.

American Academy of Pediatrics Vermont Chapter (AAP-VT). AAP-VT has an active and collaborative partnership with the Vermont Department of Health, VCHIP, Parent to Parent of

Vermont, and the University of Vermont. Over 94% of the actively practicing primary care pediatricians in Vermont are members of the Vermont Chapter. *The VT-ILEHP Autism Training Program will be collaborating with the AAP-VT to develop and implement a training plan that is accessible to primary care offices and prepares them to administer and interpret the M-CHAT when concerns are raised for autism at the 18 and 24 well child visits.*

Accommodation, Consultation, Collaboration & Educational Support Services (ACCESS). The ACCESS office at UVM provides services to students with disabilities. *The proposed project will utilize ACCESS to support any fellows, staff or faculty requiring special services.*

Center for Disability and Community Inclusion(CDCI). The CDCI at UVM is part of a nationwide network of programs (University Center of Excellence Developmental Disabilities, UCEDD) to support individuals with developmental disabilities and their families. *The proposed project will collaborate with the CDCI in providing technical assistance to CIS teams in program planning and implementation for children newly diagnosed with ASD.*

Children with Special Health Needs (CSHN). Vermont's CSHN Program, the state's Title V program, provides a range of services to Vermont resident children, birth to age 21 years, who have complex health and developmental conditions and to their families. As part of the CSHN Program, the Child Development Clinic (CDC) provides services for children who may have a developmental delay or disability. *CSHN and the proposed program will collaborate in the development and implementation of a training plan leading to assessments teams with specific training in the complex assessment and differential diagnosis of ASD and related disorders.*

Libraries. Located on the UVM campus are the **Bailey-Howe Library** and the **Dana Medical Library**. A strong collection in medical and health-related sciences periodical literature is maintained in the Dana Medical Library. The **Center for Teaching and Learning (CTL)** in the Bailey-Howe Library. CTL supports faculty in the development of effective teaching, and the use of instructional technology in teaching. *CTL will provide consultation and support for faculty and fellows in the proposed project to implement Blackboard sites for training in autism specific screening as well as for information exchange in didactic coursework.*

Computing and Information Technology (CIT). CIT offers a wide range of computing services and resources, free workshops, tutorials, and telephone support to faculty, staff, and students. *CIT will provide computer and Web support for faculty and fellows in the proposed project.*

Distance Learning Technologies. UVM employs a multifaceted distance system, encompassing diverse technologies for delivery and reception of telecourses and online courses throughout Vermont and the world. UVM interactive television systems connect with VT Interactive Television (VIT), IBM, VT Law School, and three regional centers to cover the state with outreach capabilities. The **Telemedicine Program at Fletcher Allen Health Care** and the UVM College of Medicine provides regional access to high-quality emergency and trauma care, medical consultation and education for health care providers, students, employees and patients. *The proposed project will use DL programs to disseminate training and consultation in rural VT.*

TRIPSCY Evidence-based Journal Club. TRIPSCY Journal Club is a Community of Practice activity and has been used as a means for Vermont pediatric physical and occupational therapists to stay abreast of research literature and develop strategies to apply this new knowledge to

benefit children, their parents and school teams. *The TRIPSCY Journal Club will provide one of the menu of evidence-based training activities available for fellows in the proposed project.*

Vermont Child Health Improvement Program (VCHIP). VCHIP is a population-based child and adolescent health services research and quality improvement program at UVM. *The proposed project will collaborate with VCHIP in the implementation and evaluation of Goal 1, to ensure appropriate and accessible screening for ASD in pediatric/primary care offices.*

Other State Agency Partners. This training will also impact services for children with ASD in various programs overseen by the state, including Essential Early Education, CIS programs, developmental disability services programs, and Children's Personal Care Services. Representatives from these agencies will be included in the Executive Advisory Council or Core Grant Team to ensure that training activities are compatible with community needs.

D. Support requested

The support requested will be used to address specific strategic goals within the State's autism efforts. No other program exists in Vermont specific to the training goals of this project. The focus on expanding training in combination with providing clinical services to targeted regions of Vermont via a training clinic addresses several purposes in MCH (i.e., direct service, enabling services, population based service, and infrastructure development), provides for timely identification for families, and increases capacity for both autism diagnosis and early intervention. The proposal includes minimal dollars for administrative and other costs for which a strong infrastructure exists across the State agencies participating and the University programs already in place. All funds will be used specifically to meet the needs of the project. The time being donated in-kind for the Executive Advisory Council, that will inform and lead the project, is an example of the infrastructure support available at no cost to the proposed project.

The support to fellows is linked to the project activities and the costs are reasonable considering the scope of this project. All budget items are well described and justified in the *Budget Justification*. The number of fellows suggested through this methodology is appropriate to our regional efforts and the targeted innovative practices. Further, the web based and other electronic training modules can serve other regional and national efforts through LEND and other programs designed to meet the needs of our nation's children and families experiencing autism.

E. Evaluative measures

The evaluation plan for the proposed project is designed to provide data to adequately evaluate each of the project's expected outcomes. The proposed program will be evaluated on two levels: the *outcomes* and the *major processes* by which these outcomes are achieved. The primary outcomes reflected in the goals and objectives of the proposed extension grant for ASD include: 1) 15 interdisciplinary professionals highly trained in the assessment of and programming for children with ASD and related disorders are available across the six regions of state; 2) a standard protocol for assessing and making a diagnosis of ASD exists; 3) primary care offices have an autism specific screening plan in place; 4) CIS teams are making appropriate referrals to the Regional Interagency Autism Teams; 5) parent training has been offered in 2 regions of the state; & 6) a continuous quality improvement plan is in place to evaluate program effectiveness

Evaluation of the major processes involved in achieving the outcomes include measuring the degree of success and perceived satisfaction with the following components: 1) Mentoring Process; 2) Seminar in Neurodevelopmental Disabilities I & ASD: Assessment and Intervention; 3) Autism Assessment Team practicum; 4) Technical Assistance Practicum; 5) Parent Training Practicum; & 6) Leadership Activities. Other factors to be measured include the degree to which fellows & faculty engage in collaboration to achieve the Program's objectives.

Outcomes. See **Appendix C/Other Attachments Form** for a table listing expected outcomes under each project goal & objective, with an explanation of data sources and analysis methods for interpreting data gathered. MCHB and LEND performance measures are also noted (**See Table B in Other Attachment Forms**).

Fellows will develop a 'growth portfolio,' which demonstrates the success they have had in achieving the core competencies proposed for the VT-ILEHP Autism Extension Grant. It will be based on the fellows' initial Self-Assessment of Core Competencies, a Professional Leadership Abilities Assessment (PLAA) and their Individual Training Plan (ITPs) that are developed in collaboration with their core faculty mentors. Using their self assessments over the course of the program, fellows will reflect on their own progress in achieving a knowledge or skill level for each of the required competencies, & gather reflections from core faculty mentors, community professionals, families and children with whom they are involved. The self-assessment of core competencies is designed to allow mentors and others, i.e., community professionals, families, to indicate their confidence level in the fellows' performance in each competency area.

The growth portfolio assessment will have both formative and summative components. The formative components will involve the fellows collecting and reflecting upon (with the input of their faculty mentor) items which assess/document competency in relationship to the core competencies for their program and their ITPs on an ongoing basis (e.g., during weekly meetings with their mentor; at twice monthly interdisciplinary assessments; semester assignments for the required seminars; completion of leadership assignments). Fellows will include in their growth portfolios learning artifacts across the targeted core competency: *ASD, family centered care & cultural competence, interdisciplinary teaming, communication & decision making, program consultation, assessment methods, intervention practices, & levels of evidence and evaluation.*

Summative evaluations occur at the mid and end point of each semester. At these points, the fellows and their faculty mentor use the information from the formative evaluations to reflect upon and summarize overall progress, and make adjustments in their training plans, as necessary. The final summative evaluations occur at the end of the fellows' programs at which time they complete a summary reflection on their progress, documentation of their core competencies and completion of their ITPs. Fellows will present their growth portfolio at an exit interview.

A follow-up assessment of the fellows who complete the VT-ILEHP Program has been done at one year and five years following completion of the program. This will also be done for the proposed extension grant to assess the fellows' current positions in the health community and their relationship to implementing goals and objectives related to ASD, the importance and effectiveness of the training they received to their current positions, and the ongoing leadership activities they have been involved in related to general MCH issues, and autism more specifically.

Major Processes. A description of the method for evaluating each of the major processes in the proposed project is presented below. Evaluation of these processes should lead to an assessment of perceived satisfaction and success of the program's training activities & desired outcomes.

Program Administration. An *Executive Advisory Council* for the project is being proposed as it is critical to have a liaison role to assure in-kind support and collaboration across key central, regional and state functions outlined in the methodology and work plan sections. Project Director will co-chair this council with the Autism State Consultants from the Department of Education and Agency of Human Services. This council will meet monthly during the first year of the grant and quarterly or as needed until completion of the grant. This council may continue in an ad hoc function as part of the sustainability of the project beyond the three-year grant funding. The proposed members of the Executive Advisory Council are as follows: the MCH Director or Designee, CIS Project manager, UVM Chair of Pediatrics or designee, AAP-VT Chapter President or Designee, V-CHIP Director or Designee, CSHCN Director or Designee, FITP Director or Designee, AHS and DOE State Autism Consultant(s), VHAP Director or Designee, Local Medical home Representative(s), Family Support Coordinator, individual with autism and Family members at large. A *Core Grant Team* will serve as the working management team for all aspects of this project. The Psychology Coordinator/Clinical Coordinator/Associate Training Coordinator will chair this Team that will work under a collaborative leadership model. Meeting Agenda formats will be utilized that track and monitor all specific grant activities in the methodology and work plan. Formats will be adopted from the Existing LEND (Vermont ILEHP) Management team. This team will meet weekly for the duration of the project. Key issues requiring Executive Advisory Council input will be recorded in this meeting and developed as action agenda items for the Council meetings.

The effectiveness of the Core Grant Team and Executive Advisory Council will be evaluated at the end of each meeting. Prior to beginning each meeting, the agenda and meeting objectives will be reviewed, changed or accepted and prior to ending the meeting an agenda and objectives will be determined for the next meeting. At the end of each meeting, the group will process how well it did at meeting the objectives. The meeting minutes will be used to determine if meeting objectives were met and if adequate representation was provided.

Fellow Recruitment. The number of fellows recruited each year of the project and those successfully completing the proposed program will be tallied. The number of disciplines represented and the diversity in the cultural and ethnic backgrounds of the fellows participating will also be counted. Newly selected fellows will be asked to indicate their satisfaction with the recruitment and selection process and what aspect of the recruitment and selection process was most helpful in addressing their questions about the proposed program, including suggestions for improving the process. The Core Grant Team will also be asked to provide suggestions for improving the process & this information will be used to make the necessary adjustments.

Mentoring. Evaluation of the mentoring that will occur as part of the proposed program will also occur. Fellows will be asked to complete an evaluation of the mentoring that was provided by their core faculty mentors. Core faculty mentors will also be asked to evaluate their satisfaction with the mentoring process, including the time allotted for training, practicum preparation and implementation and scheduling of mentoring meetings with their fellows. Both the fellows' and the core faculty's evaluations will be completed at the midpoint of the program to assure needed changes can be made and again at the completion of the program.

Seminar in Neurodevelopmental Disabilities I. Weekly evaluations of the seminar will be completed that assess the students' perception of increased knowledge in the specific content area presented. Participants will evaluate the course instructor each week since different interdisciplinary faculty will be presenting the content. Both a rating scale and open-ended questions will be used to evaluate effectiveness. To assure the fellows' increased knowledge in the content areas presented during weekly seminars, they will be asked to complete a variety of assignments (e.g., article reviews, EBP critiques, cultural analyses, policy analysis).

Seminar in Autism Spectrum Disorder. Both a rating scale and open-ended questions will be used to evaluate the effectiveness of the seminar. To assure the fellows' increased knowledge in the content areas presented, they will be asked to complete a variety of assignments (i.e., critical article reviews, assessment protocol, intervention review, applied assignments).

Clinical Practicum. Faculty mentors and students will debrief about the strengths and challenges observed in all practicum experiences and will complete a self-assessment of competencies. Families will complete a questionnaire and evaluate the family-centeredness, cultural competence and collaborative nature of the clinical team.

Mid-year Reviews and End-year Retreats. The proposed program will request fellows and their faculty mentors to complete both a mid- and end-year reassessment of the overall LEND curriculum, specifically related to ASD. Mid-year assessments will support the Core Grant Team in making curricular or program adjustments to ensure the targeted training competencies are being met, as appropriate. End-year assessments and fellow and faculty retreats will provide an opportunity for dialogue on what worked in the program and what might be considered as program development, refinement and enhancement occurs over the summer months.

F. IMPACT

The proposed project documents a clear methodology regarding a number of products suitable for dissemination both regionally and nationally, and in particular to the research network, other training programs, and state demonstration grants as specified in the Combating Autism Act. Presentations at AUCD/LEND/MCHB grantee meetings and/or Learning Collaboratives occurring as part of MCH State Improvement grants will be targeted for the specific curricular materials and teaching modules. Possible means for dissemination include several of the previously described activities: 1) training module highlighting best practices in data gathering for early identification in autism for CIS providers & families that is available on line/CD; 2) series of training modules on the appropriate use and interpretation of the *M-CHAT*, *the SCQ* and *the PDDST-II* as screening tools, and the *GARS* and *CBCL* as behavior checklists, that can be used in preparation for making a referral for a child at risk for or suspected of having an ASD that is on line/CD; 3) an annotated bibliography of the literature searched with a summary of the findings and relevant links; 4) training modules on the *M-CHAT*, *SQC*, *PDDST-II*, *GARS*, & *CBCL*; 5) pre- and post-assessment of knowledge and skill competencies in the use and interpretation of autism specific parent-provider screening tools and behavior checklists; 6) pre-assessment of competencies in the interdisciplinary assessment and differential diagnosis of ASD and related disorders, particularly in the areas of communication and social interaction; 7) training plan for learning the CSBS-DP, CCC-2, & SSRS as tools critical to the assessment of communication and social interaction; 8) plan for Medical Home follow-up in collaboration with the child's primary health care provider using the Health Checklist for autism; and, 9) a Power

Point presentation and handouts for a half-day parent training placed on website & link disseminated to CIS teams, statewide parent support groups, the VFN & LEND network.

G. SPECIFIC PROGRAM CRITERIA

1. Underserved populations, cultural competence. VT-ILEHP has a history of working actively to promote the goals of MCHB performance measure #9, to **Eliminate Health Barriers and Disparities**. Within this goal MCHB places special emphasis on improving service delivery to women, children and youth from communities with limited access to comprehensive care.

Although Vermont traditionally has not been a state with much ethnic and cultural diversity the trend is changing. Vermont has received 2,319 refugees over the past ten fiscal years (FY'97-'06), with 165 arriving in FY'06 under the assistance of the Office of Refugee Resettlement. Between 2000 and 2006, Vermont's foreign-born population has increased by 18.4%. During that period Vermont gained over 4,000 immigrants, bringing the total number of foreign-born residents in the state to over 27,000. In the last several years, the VT-ILEHP Program has collaborated with the Vermont Refugee Resettlement Program (VRRP) to provide training in culturally competent care to our fellows, fellows, faculty, and staff. The Vermont Refugee Resettlement Program (VRRP) is a field office of the U.S. Committee for Refugees and Immigrants (USCRI). Established in 1980 as a local response to the global refugee crisis, VRRP has helped thousands of refugees and immigrants resettle in Vermont, helping them to gain personal independence and economic self-sufficiency.

It should be noted, too, that although Vermont is less diverse than many other states in terms of ethnic or cultural diversity, we are very diverse when geography and socioeconomic status indicators are considered. Geographic diversity includes persons living in urban areas (UVM/Chittenden County), suburban areas (Greater Chittenden County) and in our most rural communities (Franklin-Grand Isle or Northeast Kingdom Counties). Federal data from 2005 shows that although VT experiences slightly less poverty than the nation as a whole (VT-10.4% overall/US 12.5 %), certain rural counties experience poverty levels higher or as high as the national average (Orleans-14.1 %, Essex-13.7 %, and Caledonia-12.3 %).

Individuals with ASD by themselves are another underrepresented group who may not seek, or be provided attain adequate health care. This project through several goals reaching out to the medical home seeks to limit that particular area of disparity. The project budget also reflects involvement of a Family Support Coordinator who will support family partnerships, assess families' needs for accommodations under guidelines established in the ADA as well as for the need for sign language interpreters, interpretation services, cultural brokers and modifications due to health literacy levels. Resources of the DOH Office of Minority Health and Health Disparities, the University Health Center, the Community at large and VT-ILEHP's Diversity Committee will also be utilized to meet the diverse needs of special populations.

Inclusion of an individual with ASD and a family member at large on our Executive Advisory Council and having a Family Support Coordinator and community based family fellow reflects our awareness that individuals and families should participate in all aspects of programming to assure family centeredness and cultural competence across all of our activities. Our commitment to serve all people is reflected in our VT-ILEHP Diversity Mission Statement.

2. Coordination with Title V, Part C, ATN. Letters of support document the willingness of key collaborators to join us in this venture. Key leadership on our Executive Advisory Council include: Dr. Lewis First, Department of Pediatrics, College of Medicine; Dr. Carol Hassler Title V/CSHN director, Helen Keith Part C Director, Dr. Wendy Davis, MCH Director DOH AHS, Clare McFadden AHS Autism Specialist, and Claire Bruno DOE Autism Consultant.