

**GOALS DISCUSSED BY THE LEGISLATIVE TASK FORCE ON AUTISM
FROM 2007 TO 2012**

- How to provide funding for biomedical treatment of autism
- How to provide funding for undergraduate programs for teacher education training on autism spectrum disorders
- How to create or expand graduate level programs at state universities for specialists in behavioral analysis, and certification or licensure for behavioral specialist
- How to find funding mechanisms such as Medicaid for training program cost
- How to find services to help older adolescents/adults receive supportive living options and opportunities
- Provide access to services in rural communities
- Educating physicians in early diagnosis and intervention
- Need legislative support for possible Autism Treatment Network site
- Need better insurance coverage for children with autism
- Need for respite care
- Find a way for private insurance to help
- State funding for treatment and programs
- Need equal access to group care services
- Need an agency to provide the parents with information on all programs available
- Lower cost of the programs to help support parents
- Be consistent in setting task force priorities
- Focus on comprehensive task force plan to educate Primary Care Physicians on detecting signs of autism at an earlier age and provide treatment options as soon as autism is detected
- Finding the cause of autism and possible prevention measures need to be addressed
- Task Force could help physicians come to a consensus on acceptable complementary and alternative treatments for autism spectrum disorders

RECOMMENDATIONS MADE IN THE AUGUST 2008 FINAL REPORT

- A significant number of children in Arkansas who have an Autism Spectrum Disorder have not been screened, assessed or referred to Early Intervention Services in an appropriate and timely manner. These delays are longer and occur with more frequency in rural areas
- Families report problems accessing Autism Spectrum Disorder treatment services
- The existing systems of care for individuals with ASDs are complex, and families report major barriers in accessing navigating the limited services that are available

- Families report that many providers of early intervention and educational programs, particularly those in rural areas, lack the necessary resources to provide programs that are in line with best practices to treat ASD
- Families and service providers report adolescents and young adults with ASD experience major transitions related to changes in physiology, social demands and expectations, and service system constructs which require an additional level of support

RECOMMENDATIONS MENTIONED MOST OFTEN IN MEETINGS

- Increase the guidance provided by the Department of Education to local school districts on topics such as grading and graduation for students with disabilities
- Provide training and technical assistance to school districts in addressing bullying and victimization, to assist in modifying existing efforts specific to students with autism
- Ensure that the full range of options on the continuum, from regular education to self-contained special education classes, are available for secondary level students with autism in all school districts
- Expand vocational training opportunities for individuals with autism with particular emphasis on supported employment model
- Expand opportunities for functional skills development and community living for students with autism
- Create a model demonstration project for transition to adulthood for individuals with autism, similar to the assisted living model with one stop for residential, social, instructional and recreational opportunities