Autism Speaks Family Services Community Grant Program:

Woodrow Wilson Rehabilitation Center (WWRC) Final Report: Transforming Employment and Community Living Outcomes for Youth and Young Adults with Autism Spectrum Disorders in Virginia’s Vocational Rehabilitation (VR) System

January 20, 2012
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** DVD to be mailed to Autism Speaks Foundation by 3/1/2012 to include final recorded session to be conducted on February 22, 2012 after submission of this electronic report.
Title: Transforming Employment and Community Living Outcomes for Youth and Young Adults with Autism Spectrum Disorders in Virginia’s Vocational Rehabilitation (VR) System

Introduction and Overview of Project Goals
In February, 2011, Woodrow Wilson Rehabilitation Center (WWRC) was awarded a one-year grant in the amount of $25,000 by the Autism Speaks Family Services Community Grant Program, implemented in partnership with the Virginia Department of Rehabilitative Services (DRS) and designated Employment Service Organizations (ESOs) in two targeted locations within the Commonwealth. Through this grant initiative, VR clients with autism/autism spectrum disorders (ASD) were anticipated to benefit from a customized ASD service delivery model that linked comprehensive assessment findings and recommendations with evidence-based practices and intervention strategies and leveraged resources and expertise across “systems” for improved employment outcomes. We have been fortunate to collaborate with two nationally-recognized experts in the field of autism research and evidence-based practices as contracted consultants to the project: Dr. Carol Schall, Virginia Commonwealth University (VCU) Assistant Professor, Special Education & Disability Policy and Director, Virginia Autism Resource Center; and, Dr. Tony Gentry, VCU Assistant Professor, Department of Occupational Therapy and Director, Assistive Technology (AT) for Cognition Laboratory.

Project Objectives

#1: Increase Systems Access to a Core of Qualified Providers: This objective was designed to: (1) increase WWRC, DRS, and ESO staff knowledge and demonstrated competency levels related to use of evidence-based intervention strategies for persons with autism/ASD; (2) increase access to qualified providers in the use of Positive Behavior Supports (PBS) in workplace settings and hand-held technology applications; and, (3) increase VR Counselor confidence levels in using WWRC and ESO vendor supports to address employment needs of identified VR clients with autism/ASD.

#2: Enhance Assessment Processes that Result in Improved Service Planning: This objective was designed to pilot the integration of assessment findings and recommendations across community-based and residential settings to more comprehensively document baseline functioning and level/intensity of community and workplace support needs for VR clients with autism/ASD, and, more effectively plan/implement viable VR program options & intervention strategies, based on formal assessment findings and recommendations, as critical elements of the VR Plan for Employment.

#3: Enhance WWRC’s Capacity to Serve VR Clients with Autism: This objective was aimed at a critical review of WWRC’s infrastructure and policies/procedures to: (1) determine if the piloted ‘enhanced service model’ positively impacted acceptance, retention, and program completion rates; (2) identify specialized supports & accommodations demonstrated to be effective with this population in a residential environment; (3) determine level/type of resources needed to successfully serve the target population based on findings and “lessons learned”; and, (4) increase WWRC staff confidence levels in serving VR clients with autism/ASD in a residential environment.

#4: Strengthen the VR System Capacity in Serving VR Clients with Autism/ASD: This objective focused on issues related to long-term sustainability and the potential for replication in other DRS localities across the Commonwealth of Virginia. Elements considered included: resource allocations; policy issues; and, a comparative analysis of grant vs. non-grant cohort outcomes.
Project Steps

Given its intended scope within the Virginia VR System and potential for expansion and replication, this project was intentionally designed and implemented using a longitudinal, outcomes-based systems approach, with engagement of key stakeholders across WWRC, its parent organization (DRS), and ESO partners in the Richmond/Henrico County areas as well as targeted communities in Northern Virginia. The WWRC Grants Administrator, designated WWRC Project Coordinator, and DRS Statewide Autism Coordinator shared responsibility and accountability for day-to-day management of grant activities as the Project Implementation Team. The Project Implementation Team initiated Administrative Steering Committee Meetings with Agency (WWRC/DRS) and ESO partners to mutually address identified “systems issues” for proactive planning and sustainability “beyond the life of the grant”, and maintained close communication with participants and providers to monitor progress, identify challenges, and work to mutually resolve issues at the community level.

This dual organizational approach proved invaluable in gaining support and negotiating resources critical to infrastructure development and systems change. It also proved invaluable in addressing significant unanticipated challenges that might have otherwise readily ‘de-railed’ implementation of the grant before it even got started. Early in the grant-funded period, WWRC and its parent Agency, the Virginia Department of Rehabilitative Services (DRS), experienced a major budget crisis, resulting in loss of staffing, program and resource realignments, reduced case service funding, and full implementation of DRS Order of Selection, a federally mandated requirement to strategically reduce services when there are not enough funds to serve all eligible individuals with disabilities. Despite these external influences, throughout the grant-funded period, there was a high degree of collaboration demonstrated across Agency partners (WWRC, DRS, and ESOs) which highlighted a mutual “felt need” for enhanced services for VR clients with autism/ASD as part of an overall coordinated system (see WWRC Autism Speaks Grant Interim Report for more details).

See bullets for other key project implementation steps:

- Using approved grant funds, established training and consultant contracts with Dr. Carol Schall and Dr. Tony Gentry, nationally known experts in intervention strategies to support successful outcomes of persons with autism/ASD in community and workplace settings.
- Using approved grant funds, established contracts with the Partnership for People with Disabilities at Virginia Commonwealth University (VCU) and a corresponding approved PBS Facilitator Training vendor to provide Virginia’s PBS Facilitator Certification Program – a program customized for this grant initiative, targeting use of PBS as a form of workplace supports for persons with autism/ASD, with Dr. Carol Schall providing expert mentorship in portfolio development and the resulting certification/endorsement process. Issued a competitive application and selected qualified ESO, DRS, and WWRC staff to participate in this training.
- Provided hands-on team training for WWRC, DRS, and ESO cross-disciplinary partner staff on use and application of hand-held technologies as workplace supports for youth/young adults with autism. Using approved grant funds, purchased hand-held technologies to be used by grant participants through the WWRC Assistive Technology (AT) Loaner Library.
- Using approved grant funds, purchased commercially available assessments of executive functioning and level/intensity of support needs that have been demonstrated to be valid and reliable for use with individuals with autism/ASD. Provided training for select WWRC staff in the administration and interpretation of the Supports Intensity Scale (SIS) instrument, to be used during the Level-II assessment process.
- Piloted a customized, two-tiered assessment process with identified grant participants (Attachment C) and developed/implemented service plans based on findings and recommendations.
Developed (and have begun to implement) an Action Plan, in collaboration with the Autism Speaks Grant Steering Committee, to: (1) develop VR policy guidance regarding customized supports and interventions for serving VR clients with autism/ASD; (2) initiate a formalized training program for VR Counselors, Agency AT Specialists, and targeted partners to promote consistent policy interpretation and applications; (3) create an ongoing infrastructure for technical assistance and consultation; and (4) identify enhanced case service funding options.

Developed and implemented a variety of sharing and collaboration tools accessed by over 50 Virtual Team members participating in this grant initiative, to include: Internet-based Sharepoint site; e-newsletter (first issue disseminated in early June, 2011); and, a series of Communities of Practice hosted by WWRC and presented by Drs. Gentry and Schall to reinforce skills acquired in the use of hand-held technologies and PBS as workplace supports for persons with autism/ASD, initiate confidential case consultations, and share ideas and best practices (each Community of Practice was recorded for archival access). These sharing and collaboration tools are anticipated to be continued and expanded during the post-grant period.

Project Outcomes

This grant initiative provided critical start-up funds to develop and pilot a customized service model for VR clients with autism/ASD. The effectiveness and full impact of this model will not be realized for at least another 12-18 months given the longitudinal nature of any VR case, but preliminary data and feedback from participants and partners has been promising (Attachment B). Partners have consistently demonstrated a strong commitment to resolution of identified challenges at both systems and community levels.

The Project Implementation Team and Steering Committee, in consultation with the DRS Office of Policy & Planning, has mutually developed a set of metrics to identify data elements and measures, data sources, and data collection/analysis procedures for documentation of short-term (grant funded period) and long-term (longitudinal/post-grant period) impact (Attachment A). Currently realized outcomes include:

Objective #1: Increase Systems Access to a Core of Qualified Providers

- April, 2011: 24 WWRC, DRS, and ESO partner staff participated in a two-day hands on workshop presented by Dr. Tony Gentry on use of hand-held technology applications for individuals with autism/ASD, including training on SmartPhones, PDAs, and tablet computers for activity cuing, task-sequencing, route-finding, communication, behavioral adaptation, and academic challenges.
- May, 2011: 5 WWRC staff participated in training presented by Dr. Carol Schall on use and administration of the Supports Intensity Scale (SIS) instrument included as a component of WWRC’s Phase II assessment process under the grant initiative.
- October, 2011: 7 WWRC, DRS, and ESO partner staff successfully completed the classroom-based portion of the PBS Facilitator Program which includes workshops on person-centered thinking (2 WWRC Behavior Specialists; DRS State Autism Coordinator; 1 ESO Employment Specialist – Richmond; 1 ESO Program Manager – Northern Virginia; 1 ESO Community Support Specialist – Northern Virginia; 1 ESO Employment Specialist – Northern Virginia). Currently developing PBS portfolios under the guidance of trained PBS mentors to prepare for Endorsement Board certification (anticipated to be completed by October 31, 2012). In addition to this grant-sponsored cohort, the Agency committed funding to support the mentorship and endorsement process for 2 other ESO partner staff who had previously only partially met requirements, further expanding the potential qualified PBS Facilitator provider base, once certification is received.
- May, 2011 – February, 2012: 7, 1.5-2 hour Community of Practice webinars conducted for WWRC, DRS, and ESO partners, 3 each by Dr. Carol Schall and Dr. Tony Gentry, with a combined final session: Linking Assistive Technology and PBS as Workplace Supports for People with Autism/ASD. Sessions were each conducted via lecture, case review, and general discussion format and were recorded for archival access.
With supplemental funding from an alternative grant source, DRS has implemented a PDA Loan Pilot to complement training provided through the Autism Speaks grant, intended to increase the numbers of Job Coaches who have training in supporting persons with ASD and who are also competent in using and training others on the use of handheld technologies as cognitive behavioral aids in the workplace. There are currently 8 job coaches who have submitted an application to participate in the project (Attachment C).

Formal surveys are in development to measure levels of provider confidence in serving and/or accessing qualified services for the target population – surveys will be given at periodic times longitudinally to monitor level of change in provider confidence. This metric will be ongoing during the post-grant period, coordinated through WWRC’s Organizational Development and Quality Assurance Division (OD&QA), in collaboration with the DRS Policy and Planning Unit.

Objective #2: Enhance Assessment Processes that Result in Improved Service Planning
- In collaboration with VCU-RRTC, developed and piloted a two-tiered, customized assessment process, spanning community-based and residential settings, to identify level and type of support needs, determine the most appropriate environment for workplace training and placement, and mutually develop person-centered service plans based on identified needs (Attachment C).

Completed Level I community-based assessments for 28 eligible VR clients served under the grant, with 19 of these individuals successfully completing the Level II residential assessment at WWRC.

- Of the 9 who only completed the community-based phase of the assessment, reasons included (and will be factored into final project impact and analysis):
  - 2 chose not to come, expressing high levels of anxiety if leaving natural supports in home community to participate in the residential assessment program;
  - 2 were employed and were not readily available for the residential assessment program;
  - 2 were in college and were not readily available for the residential assessment program;
  - 1 was enrolled in high school accessing job supports through a linked customized program for youth with autism (Project SEARCH) & not readily available to leave the home community;
  - 1 experienced medical/health issues that impacted ability to attend WWRC; and,
  - 1 was denied admission to WWRC based on high risk factors in a residential environment.

- Of the 19 who completed both assessment levels (as of 2/14/2012):
  - 8 are scheduled or have already been admitted for WWRC vocational (evaluation, training, life skills transition) and/or driving services;
  - 3 are enrolled in college and doing well, accessing community support services through the local ESO to address challenges in the postsecondary environment related to advocacy, communication, social skills, etc, using intervention strategies identified during the assessment process;
  - 3 are receiving Job Development Services through a local ESO vendor, using intervention strategies identified during the assessment process;
  - 2 are employed and receiving community support services, using intervention strategies identified during the assessment process for successful job retention;
  - 2 have an assigned PBS Facilitator and are accessing community support services through a local ESO vendor trained in customized intervention strategies for this population;
  - 1 is receiving Supported Employment Services, guided by a written Person-Centered Plan, and is scheduled for an AT evaluation for use of hand-held technologies; and,
  - 1 is enrolled in high school.
Based on preliminary user feedback during the grant-sponsored period, Richard Kriner, DRS Autism Coordinator, will facilitate development of a customized report format/template to be used with the Level I assessment instrument to provide structure to ESO vendor observations for identified content areas within this tool. He will be responsible for sharing this tool statewide, as relevant.

During the post-grant period, WWRC and DRS will jointly evaluate the impact of an enhanced assessment process on improved service planning and VR outcomes (Attachment A).

Objective #3: Enhance WWRC’s Capacity to Serve VR Clients with Autism

One of WWRC’s current 2011-2012 Blueprint objectives is to enhance programming for VR clients with autism/ASD, led by its Autism Advocacy Partnership Team which recently formalized its role and structure within the organization through a written charter. This Team has been instrumental in monitoring progress of the Autism Grant and serving as internal “expert” consultants for WWRC service providers, facilitating linkages to “lessons learned” under the grant and customized services to help clients be successful. The WWRC Autism Speaks Grant Project Coordinator (WWRC’s Quality Assurance Lead Analyst) has agreed to continue to serve on this Team for at least another year to assist with the development of recommendations resulting from evaluation of project impact on the WWRC environment and to facilitate any potential business process changes resulting from “lessons learned” under the grant. One area already identified for a potential ‘2013 and beyond’ strategic initiative (championed through the WWRC Autism Advocacy Partnership as a high priority) is to re-evaluate WWRC’s residential program options vis-à-vis environmental accommodations that would enhance supports for persons with autism/ASD on campus, given opportunities arising from dorm renovations in progress.

A second 2011-2012 WWRC Blueprint objective is to implement the Positive Behavior Supports (PBS) model across WWRC’s environment. As a part of this organizational commitment, two of the three designated Behavior Specialists are active participants in the grant-sponsored PBS Facilitator Certification Program offered through the Partnership for People with Disabilities at Virginia Commonwealth University (VCU). The WWRC Behavior Intervention Policy (revised January, 2012) reinforces the use of PBS and person-centered thinking principles for all clients, including those with autism/ASD and identifies the Behavior Specialists as expert consultants for supportive interventions.

WWRC continues to aggressively seek classroom-based and online learning opportunities to increase general awareness and understanding of assessment/instructional/’wrap-around support’ interventions for its service providers working with youth/young adults with autism/ASD. Level and type of training, along with participant verification, is documented through the internet-based WWRC Knowledge Center. Ongoing training needs to support VR clients with autism/ASD will continue to be identified through the Autism Advocacy Partnership during the post-grant period. See also “WWRC Findings and Recommendations” document (Attachment B).

Objective #4: Strengthen the VR System Capacity in Serving VR Clients with Autism/ASD

This objective will not be fully realized until the post-grant period. Preliminary feedback has been received from parents, grant participants, VR Counselors, ESO partners, and WWRC direct service providers through written testimonials and unsolicited comments. Plans are to gather statistics on employment outcomes, VR Rehabilitation Rates, resources used to achieve successful rehabilitation outcomes, and predictors of success, using (in part) a comparative analysis of outcomes between the grant vs. non-grant cohort (Attachment A). The DRS Autism Coordinator (also on this grant’s Internal Project Team), Richard Kriner, has assumed lead responsibility for sustaining and building further VR System capacity, in collaboration with ESO and WWRC partners.

Attachments
Attachment A

Accountability & Sustainability
## A. Short-Term/Grant-Specific

<table>
<thead>
<tr>
<th>Metric Measure</th>
<th>Questions to be Addressed/Data Elements</th>
<th>Baseline Data Available? (Y/N)</th>
<th>Data Source(s)</th>
<th>Data Collection/Person(s) Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Objective #1:</strong> Increased Access to Core of Qualified Providers</td>
<td>(1) Increased staff knowledge &amp; competency in use of:</td>
<td>Yes</td>
<td>▪ Training attendance &amp; completion documentation</td>
<td>OD&amp;QA – Kyle/Kathy</td>
</tr>
<tr>
<td>(demonstrated competency vs. knowledge gained)</td>
<td>▪ support strategies for persons with ASD</td>
<td></td>
<td>▪ CoP attendance documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ PBS practices in the workplace</td>
<td></td>
<td>▪ VCU-PPD (PBS Facilitator Program)</td>
<td></td>
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<tr>
<td></td>
<td>(2) Level of ‘provider confidence’ in serving the target population (WWRC, DRS, ESO)</td>
<td></td>
<td>▪ Targeted surveys (WWRC, DRS, ESO partners)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Level of VR counselor confidence in access to qualified providers &amp; identified employment supports (WWRC, ESO partners)</td>
<td></td>
<td>▪ Talk with T. Gentry-how to capture competency levels</td>
<td></td>
</tr>
<tr>
<td><strong>Project Objective #2:</strong> Enhanced Assessment Processes</td>
<td>▪ Do revised piloted processes document baseline functioning &amp; level/intensity of community &amp; workplace support needs for target population? If so, what is different?</td>
<td>Yes</td>
<td>▪ Agency policies, procedures, business processes/practices - have they changed as a result of what we learned?</td>
<td>OD&amp;QA/P&amp;P – TBD</td>
</tr>
<tr>
<td></td>
<td>▪ How were assessment findings &amp; recommendations used &amp; integrated into service planning? What info is new that didn’t exist previously? Were there differences in costs and/or VR outcomes for those who participated in both L-I&amp;II assessments vs. only L-I? If so, what?</td>
<td></td>
<td>▪ Targeted surveys (intended vs. realized outcomes; trends?)</td>
<td></td>
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<tr>
<td></td>
<td>▪ Availability of new services - Were there elements duplicative? Missing? Level I/II “fit”?</td>
<td></td>
<td>▪ Qualitative Interviews, Focus Groups, and/or Case Studies</td>
<td></td>
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<tr>
<td></td>
<td>▪ Are revised piloted processes effective (programming impact and cost-effectiveness elements)?</td>
<td></td>
<td>▪ Comparative analysis (harder to capture) - grant vs. non-grant population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Is it feasible to replicate this process in other communities (i.e. issues, challenges, opportunities…)?</td>
<td></td>
<td>▪ Do we need to separate analysis by Field &amp; WWRC?</td>
<td></td>
</tr>
<tr>
<td><strong>Project Objective #3:</strong> Enhanced capacity of WWRC to serve target population</td>
<td>As compared to similar non-grant cohort:</td>
<td>Yes</td>
<td>▪ Admissions Documentation</td>
<td>OD&amp;QA/P&amp;P – Kyle &amp; Kurt</td>
</tr>
<tr>
<td></td>
<td>▪ Admissions process – does ‘enhanced model’ impact acceptance/denial rate?</td>
<td></td>
<td>▪ AWARE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Services – does ‘enhanced model’ impact program retention/completion rates? (looking at impact of SIS and BREIF)</td>
<td></td>
<td>▪ Targeted surveys (?) – are VR counselors referring clients with ASD that they might not have before</td>
<td></td>
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<tr>
<td></td>
<td>▪ What supports are most effective? Least?</td>
<td></td>
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<tr>
<td></td>
<td>▪ What level of resource utilization is needed to successfully serve the target population?</td>
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</tbody>
</table>

See Section B - Long-Term/Longitudinal & Post-Grant
# Autism Speaks Grant Initiative

## Accountability and Sustainability -- Metrics

### B. Long-Term/Longitudinal & Post-Grant

<table>
<thead>
<tr>
<th>Metric Measure</th>
<th>Questions to be Addressed/ Data Elements</th>
<th>Baseline Data Available? (Y/N)</th>
<th>Data Source(s)</th>
<th>Data Collection/ Person(s) Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Satisfaction</td>
<td>What is level of satisfaction with services received, level &amp; type of supports provided, and VR outcome?</td>
<td>N/A</td>
<td>▪ Follow-up surveys</td>
<td>OD&amp;QA – Kyle</td>
</tr>
<tr>
<td></td>
<td>▪ Feedback from VR consumer/participant</td>
<td></td>
<td>▪ Unsolicited feedback obtained throughout grant period</td>
<td></td>
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<td></td>
<td>▪ Feedback from families (where relevant)</td>
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<td></td>
<td>▪ Feedback from providers (WWRC, ESO, DRS)</td>
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<tr>
<td></td>
<td>▪ Feedback from employers</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Employment Outcomes</td>
<td>▪ Name of company</td>
<td>N/A</td>
<td>▪ AWARE</td>
<td>P&amp;P – Kurt (&amp; Matt?)</td>
</tr>
<tr>
<td></td>
<td>▪ Job Title &amp; type of position held (industry)</td>
<td></td>
<td>▪ Follow-up surveys (for WWRC VT graduates in grant cohort)</td>
<td></td>
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<tr>
<td></td>
<td>▪ Workplace supports utilized – how delivered &amp; level of success</td>
<td></td>
<td>▪ Comparative analysis; grant vs. non-grant cohort?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Employment directly related to training (y/n – if no, why not?)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>▪ Salary/#hours worked per week/average weekly earnings/average hourly earnings</td>
<td></td>
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<td></td>
<td>▪ Benefits received?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>▪ SGA attained? Loss/reduction of SSA benefits realized?</td>
<td></td>
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<tr>
<td></td>
<td>▪ Use of SSI work incentives</td>
<td></td>
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<tr>
<td>VR Rehab Rate</td>
<td>How does VR rehab rate for cohort under the grant compare with similar non-grant cohort?</td>
<td>Yes</td>
<td>▪ AWARE</td>
<td>P&amp;P – Kurt (&amp; Matt?)</td>
</tr>
<tr>
<td>Resources used to achieve successful VR outcome</td>
<td>How does data collected under the grant compare with similar non-grant cohort?</td>
<td>Yes</td>
<td>▪ AWARE</td>
<td>P&amp;P – Kurt &amp; Matt Doum (?)</td>
</tr>
<tr>
<td></td>
<td>▪ JCTS/SE hours used &amp; associated costs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>▪ Total cost of case</td>
<td></td>
<td></td>
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<tr>
<td>Predictors of Success</td>
<td>▪ What have we learned that might indicate “predictors of success” for this target population? Constructs?</td>
<td>No</td>
<td>▪ Qualitative Success Profiles</td>
<td>AS Steering Committee &amp; P&amp;P staff</td>
</tr>
<tr>
<td></td>
<td>▪ Feasible to replicate/expand? Challenges? Opportunities?</td>
<td></td>
<td>▪ Compiled data elements</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>▪ What didn’t work &amp; why?</td>
<td></td>
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</tbody>
</table>

How can we better utilize Agency AT Specialists to serve this population?
Do we need an ASD SME liaison in each region? Office? WWRC? How to structure the “VR experience” to built on both successes and failures?
Tony Gentry’s VCU class – can we ask them to develop a survey for more sophisticated analysis vs. use of Survey M
The following organization-based and systems recommendations have evolved from discussions with our partners and resulting from ‘lessons learned’ during the Autism Speaks grant initiative:

**DRS**

- Develop VR Policy Guidance using best practices identified through the Autism Speaks grant initiative and related VCU Research Projects such as the VCU ASD Career Links Grant.
- Finish creation of Sharepoint site, to be maintained by the DRS Statewide Autism Coordinator, for shared access & use by VR and team professionals to include (but not limited to): list of qualified vendors; autism resources; training opportunities; & relevant web links.
- Initiate a formalized training program for VR Counselors, AT Specialists within the Agency, and targeted partners to promote consistent policy interpretation and applications across regional and local office practices.
- Provide ongoing technical assistance for VR Counselors in policy interpretation and applications.
- Identify enhanced case service funding options.
- Aggressively seek classroom-based and online learning opportunities to sustain levels of general awareness and understanding of assessment/instructional/‘wrap-around support’ interventions for VR service providers and Agency partners working with youth/young adults with autism/ASD.
- Continue DRS involvement in the Virginia Autism Council (VAC) to support DRS efforts in promoting interagency and stakeholder collaboration, knowledge dissemination, and statewide communication regarding gaps and strategies to enhance employment services and supports for persons with ASD.

**WWRC**

- Review and modify WWRC policies and procedures relative to pre-admissions and admissions/scheduling business processes, based on findings and ‘lessons learned’ during the grant initiative, to improve the likelihood of success for persons with autism/ASD served in the WWRC residential environment.
- Strongly encourage a walking tour of WWRC for prospective students with autism/ASD and their families, as relevant, especially if high levels of anxiety are present, to gain exposure to the residential environment and ease into the transition process prior to admission.
- Administer the Supports Intensity Scale (SIS) and BRIEF instrument prior to the person’s arrival at WWRC to allow WWRC professionals advance review of results to be better prepared to facilitate a smooth transition to the residential environment.
- Fully implement the Positive Behavior Supports (PBS) model and integrate within WWRC’s Behavior Intervention Policy for all persons served, including persons with autism/ASD.
- Re-evaluate WWRC’s residential program options vis-à-vis environmental accommodations that would enhance supports for persons with autism/ASD on campus, given opportunities arising from dorm renovations in progress.
- Utilize the Autism Advocacy Partnership Team as an ongoing structure to monitor the success of persons with autism/ASD at WWRC and trends in the field, presenting relevant recommendations to Center administration relative to policies, procedures, training, and other needs that would enhance programming and inter-disciplinary service coordination for this population.
Attachment B

Partner Voices and Perspectives
“…finally I feel that we’re addressing the problem and not just trying to find a place for them to fit in. I feel really good about this plan and approach”……

“[during a person centered planning session]…I came to meetings with a list of questions but you definitely answered them already, what a relief”…..

….. Through the Autism Speaks project, several of our staff have received additional training from Tony Gentry, and another one of our staff members is receiving her certification in Positive Behavior Supports (Michelle Howard-Hein, Director, Employment Services, Didlake, Inc.). The expanded education and training opportunities I have received as a result of the Autism Speaks Grant have helped me make positive impacts in the lives of my consumers. My training using assistive technology, such as the iTouch, assists my implementation of behavioral supports with consumers, leading to increased time on task, improved work performance and positive consumer social interactions with others. For example, I learned to train consumers using iTouch video technology as a reference tool for proper performance of duties, increasing their productivity and positive outcomes. Additionally, I use the information I have gained from training under the Grant to think outside the box and develop creative solutions to unusual situations during the situational assessment process, thereby increasing the likelihood of a successful client placement (Stacy Hart, Employment Specialist, Didlake, Inc.).

I have participated with a handful of clients through the ASG grant and have found that the clients that I did the situational assessments and observations with were helpful. The observations were something helpful to see them in different environments, they presented differently in home and community environments than they did when I did the assessment with them in a workplace. One of the things that would’ve made it more helpful is to have had more hours to spend on the assessments and look for a really good assessment. The other services that are being offered through this grant I think will be very beneficial. I have just started to test the waters with the handheld technology and Positive Behavioral Supports, but I’ve heard a lot of good feedback from other ESO’s and OT’s that have already been using these supports. I look forward to learning more about the technology and implementing into work places (Kellie Tucker, Manager/Vocational Counselor, The Choice Group).

A big benefit for us from working with the grant has been the emphasis on being proactive and getting as much information as possible during the assessments. The extended assessment time afforded us the opportunity to get to know the clients and their interests and strengths so that we could ask better questions and ultimately make a better job match (Kathleen Fairchild, ASD Specialist, PRS, Inc, McLean).

I have been involved in this process and currently am doing DRS/VCU Assessments on three (3) ASD clients as part of the Autism Speaks Grant. I also developed an Assistive Technology (AT) Assessment for us to use in conjunction with the Assessment tools provided by DRS and VCU. My first intake was Friday 5/6/11, with the Autism Speaks SA’s. I completed the initial Assessment (Residential) and found the process to exactly what has been needed in our meeting the needs of ASD clients referred through the Department of Rehabilitation. In fact, my client’s mother said before I left, “this has been a God-send.” It was not until I began to write-up this reflection did I realize what that mom meant by “THIS.” “THIS” refers to: all of the state-wide collaboration to make the Assessment process possible; the vision of the Autism Speaks Grant, DRS, and the formal training process and Autism Certification Program at VCU. All of “THIS” will give hope to the clients we support and will begin to address the specific needs of the ASD community (Lisa Malone Job Coach, Didlake, Inc.).

I have been involved in the ASG as a job coach providing supports to clients with Autism. This experience has given me training on the use of handheld technology as a work support for our clients. After using the iTouch technology personally, I have a better understanding of all of the functions and supports it can provide to our clients. I have been able to implement this when working with individuals to increase their success in the work place. I have also had the opportunity to go through the training to be a positive behavior support facilitator and am currently working on my portfolio for the board review. With the addition of PBS to job coaching services, we will be able to provide better services to those individuals with more support needs. Overall my experience with the ASG project has been great. It has provided me with excellent training on supports and technology that can be practiced with those individuals we serve to enhance their success (Christy Stegman, Job Coach, Didlake, Inc).
Everyone reacts and responds differently depending upon the situation they are in and how comfortable they are with a particular environment. Conducting situational assessments gave many young people with autism an opportunity to experience multiple employment settings and provided them with a unique opportunity to express preferences that they had not previously communicated as well as exhibit abilities that had gone undetected. Using the data gathered from these experiences has directly helped several individuals make career choices (Valerie Brooke, Director, VCU’s Business Connection).

Prior to the Autism Speaks project, I had been part of a team that introduced the IPhone to several consumers and we had immediate and positive affects with this. However, the Autism Speaks project enlightened me to the how significant and life changing this device can be. I had the opportunity to work with an individual (with a diagnosis of Autism) who was currently enrolled in college courses and living on campus. This individual was very successful academically while in high school but was failing out of college. Following my assessments with this young man it was discovered that the underlying cause for his sudden failure was directly due to the fact that living on campus he no longer had the benefit of parents and high school teachers to provide him with reminders and prompts (i.e. reminders and prompts to do his homework, schedule time to go to the library, take a bath, brush his teeth and hair put on clean clothing, etc.). Therefore, he was failing a drawing class not because he did not “know” the material but because he was required to schedule “studio time” and because he did not have someone reminding him to do this he had not done it. In addition, most of the time when you met with this individual he looked disheveled (shirt hanging out, hair uncombed, etc.) and he reported having forgotten to brush his teeth and do his homework. Furthermore, it was sometimes necessary for him to drive to and from school (i.e. during the summer sessions when he could not live in the dormitories) and this caused a high level of anxiety as he feared “getting lost”. It was determined that his IPhone, with appropriate applications, could mimic his parents, teachers and counselors. I introduced application to this individual that could provide reminders for daily living tasks (i.e. brush teeth, comb hair, tuck in shirt, etc.), alarms (to wake him up early enough to appropriate get ready for class), tasks lists with reminders to schedule appointments such as studio time, relaxation steps to decrease anxiety when being required to drive to and from work, maps to provide reassurance that he is taking the correct route to and from work, and organizational and time management tools. This individual remains in school with the aspiration of obtaining an internship this summer. The IPhone and appropriate applications not only provide him with an opportunity to return to being an “A” student it also helps decrease the stigma of him being “absent minded”, “inappropriate”, and someone who is “incompetent” and “unskilled”. Instead of standing out he can “blend in” with other college students and he can stand out for positive reasons such as his above average intelligence in linguistics and graphic design. In addition, it addresses the internal struggles that sometime manifest themselves in other ways externally.

He can have confidence knowing he will not get lost driving to school and if he experience anxiety he can minimize this with counselor applications on his IPhone. The IPhone and appropriate applications have offered this individual the chance to change his life, change it back to the period when he was successful at home and at school and ultimately on his internship site and in competitive employment (Rebecca Paté-Johnson, Employment Specialist, Didlake, Inc.).

Kyle began working at Sears in August 2011 as a treadmill service tech. The job, which included assembling boxed treadmills as well as diagnosing and fixing returned treadmills, presented unique challenges for Kyle. While Kyle adapted quickly to his responsibilities of staging parts for assembly and recalling the steps to assemble the treadmills, he occasionally forgot key steps in the diagnostic process, struggled to use tools and move treadmills, and showed a lack of confidence and independence, causing him to look to coworkers for instruction and guidance. Early on in job site training, ES spent the majority of time reminding Kyle how to use proper body mechanics when lifting and modeling how to properly use screwdrivers and allen wrenches. Moreover, teaching Kyle to take initiative to complete tasks and support his coworkers without asking proved challenging because he worked in close vicinity to them and didn’t have the confidence to make his own decisions. In November, ES began using a PDA with Kyle on the job site. At first, Kyle used it predominately for checklists to monitor his progress when diagnosing treadmills to ensure they functioned properly before staging them for delivery. The small size of the device allowed Kyle to keep it on his person as he moved from area to area, increasing his work rate and decreasing his becoming distracted by conversing with coworkers. Also, the fact that Kyle could interact with device, checking off tasks as he completed them, encouraged him to use it regularly. Later, ES created lists for Kyle to reference when he completed a task and was unsure what to to next. This bolstered his confidence and cut down on time he previously spent seeking guidance. The PDA was also used as a time monitoring device as Kyle sometimes lost track of time during lunch breaks or had difficulty getting a task to a good stopping point prior to leaving for the day. Teaching Kyle to use the timer feature when taking breaks and setting alarms to go off at different intervals alleviated anxiety Kyle experience about finishing work in time to make his bus or scarfing down his food because he failed to realize how much time he had left on his break. Finally, in December and January, ES utilized the video feature to record proper lifting mechanics and techniques when using tools. Kyle filmed ES performing the task then referenced as needed. Initially, ES provided the prompts to refer to the PDA, but with time, Kyle began using them independently, allowing ES to begin fading (Valerie Brooke, VCU/RRTC).
The mission of the Autism Advocacy Partnership (AAP) is to act in accordance with WWRC’s values to enhance the center’s ability to serve the clients on the Autism Spectrum Disorder (ASD) and increase its effectiveness in accomplishing the vision, mission and strategies of Woodrow Wilson Rehabilitation Center. Participants in the AAP represent multiple divisions at WWRC including medical, employment evaluation, employment and life skills training, and residential. Throughout the Autism Speaks Grant, the Autism Advocacy Partnership reviewed the progress, planning and issues related to administration of the Autism Speaks Grant at their monthly meetings. As identified during discussion at these meetings, support to the Autism Speaks Grant was provided by committee members. Many AAP members also served as resource personnel to the Autism Speaks Grant and several AAP members provided direct services to Autism Speaks Grant client participants. When possible, training related to the Autism Speaks Grant was also offered to AAP members. Ongoing issues were identified at the conclusion of the Autism Speaks Grant and discussed by the AAP. One identified issue was the desire for continued training to be made available to staff at WWRC to improve general knowledge of staff working with clients with an ASD diagnosis and to provide an awareness of successful strategies employed during the Autism Speaks Grant to support this population at WWRC. Another significant point discussed during an AAP meeting was the value of front-end work provided for client participants in the Autism Speaks Grant. The information gathered in this process was very helpful when dealing with daytime programming and residential related issues with the ASD client. It was noted that this would be a preferred practice when available to assist future clients on the spectrum at WWRC. It is anticipated that in the future the AAP will support the implementation and continuance of many of the practices employed during the duration of the Autism Speaks Grant as well as lessons learned (Steve Sweeney, Instructor & Chair, Autism Advocacy Partnership, WWRC).

Aside from lengthy, individualized, direct tests of individual executive functions (EF), THE BRIEF-A appears to be a quick and useful measure of the interrelated self-control processes involved in the selection, initiation, execution, and monitoring of adult thinking, feeling, and behavior. It provides a useful tool to gain understanding of, or to develop intervention plans to assist, ASD students become more aware of their deficits and needs. It provides useful standardized scores based on established norms that are well understood and statistically useful. The form of the BRIEF that was selected for use in the AS grant was the BRIEF-Adult Self-Report form. But as a self-report, it presented problems that were easily observed among the 16 clients who participated in the survey. 50% of the self-reports completed by clients showed no scale elevations, or areas of concern whatsoever, which would not have been predicted based on known EF issues among ASD students in the 18-45 age group. About 25% tended to show exaggerated scale elevations, or numerous areas of concern. It was my interpretation that young adult ASD students are for the most part not the best judges of their own behavior (e.g., lack of insight; faking good; faking bad; etc.). That is, they tended to under-report or over-report issues related to their EF thereby leading to less than useful data in the majority of cases. A solution to this would be to utilize the BRIEF-A Informant Report form of the test in the future so that a parent, guardian, teacher, etc. that knows the client can provide a more objective rating. This would likely require the Field Counselor supervising the completion of the rating form with an Informant prior to the arrival of a student at the Center (Dr. Bill Heinlein, Psychologist, WWRC).

The students referred came with very useful pre-admission information and the assessments completed by the employment specialists further enhanced our understanding of the student’s work readiness status. What I felt may be of benefit in the future is to note a number of work behaviors and have the ESO note how the individual does in that area. Much of this information was included in the body of the ESO’s reports but wondered if listing the various pertinent work behaviors and any comments would make for an easier report to review. An area of concern was that when the student arrived and was here for five days he/she was pulled from their voc eval or orientation frequently for the assessments performed in other service departments. This seemed to cause the student confusion and led to a more fragmented period to spend in vocational evaluation. It seemed the students handled this one week of cramming in many services very admirably. This says a lot for the students, as often individuals on the spectrum struggle with transitioning and sudden changes. Some of the students were anxious to complete and leave with little interest in connecting with other students. One individual chose to attend as a day student as he stayed at a local motel with his father. Others adapted well, socializing with other students. They indicated a desire to return for additional services. In summary, I found that when services are in place and a student is clear of the expectations they seem to perform with less anxiety. When they are moved from one area to another or a service is cancelled and rescheduled it causes the student some difficulty in adjusting. Quieter environments seem to suit the students versus times when they are expected to get out and socialize with strangers and there is “loose time”. Many of the students stayed in their rooms when not attending dinner or their day programs. They would often come by to see me as they were unsure what to do when there was no class or activity to attend (Emily Huffman, Rehabilitation Counselor, WWRC).
From my prospective as a VR Counselor, my clients on the Autism Spectrum who took advantage of the array of services available through the Autism Speaks Grant have been positively impacted. For one client, whose case had been at a standstill, participation in the grant helped re-engage her in VR services and allowed me to see her full employment potential. For another client I work with who is still in high school, the grant has helped shape his high school vocational training program, which will only better prepare him for work. This client’s experiences in the first two phases of the grant and the information that was collected and reported have enabled the team to address barriers to employment now, which will decrease the time it takes him to find and become stable on a job once he finishes school.

Having participated in the AT training offered through the grant, I have become aware of a wide array of VR uses for technology and have been able to communicate these uses to my clients participating in the grant, as well as to the other clients on my case load. I am very appreciative of what the Autism Speaks Grant has enabled me to offer my clients and the benefits I personally have experienced. I am confident that the long-term effects of the grant will be increased independence and successful employment outcomes for my clients (Jessica Stehle, DRS VR Counselor, Fairfax).

The two day Assistive Technology for People with Autism: Handheld Solutions for Cognitive Behavioral Challenges training provided by Tony Gentry, OTR, PhD, faculty at Virginia Commonwealth University, was the most valuable portion of the Autism Speaks Grant for me as an occupational therapist and assistive technology specialist working for the Department of Rehabilitative Services. This training provided me with the foundation, skills, and confidence to use this technology with individuals with Autism. Participants in the training included supported employment specialists, occupational therapists, assistive technology specialists, rehabilitation engineers, and WWRC vocational training staff. This was a great group of participants to network, share ideas and learn from each other (Pat Sitter, AT Specialist, DRS).

In my recent experience as a new counselor to the Autism Speaks Grants programs, I have been relieved to provide answers to clients and families on ways to help explore the complexities of Autism. Up until this point, my experience which is based on the “classic VR model approach” has not been very effective in exploring new ways to deal with these new (sometimes old) problems and functional limitations. Bringing in specialists has been a relief for me although I don’t feel I’m completely ignorant of autism, applying to a job, home or school life is difficult. The ASG has given me and my clients options and answers, which before now were never available (Matthew Deans, DRS VR Counselor, Chesterfield).

Partnerships formed through the Autism Speaks Grant have contributed significantly to the Virginia DRS capacity for enhanced employment services and supports and employment outcomes for persons with ASD. The initiative set the stage for meaningful inter and intra agency communication, commitment to change, and service partnerships resulting in access to new evidenced-based VR services for individuals with ASD participating in VA DRS programs. A valuable product of grant activities has been experiences gained and lessons learned from integrating person centered planning activities and assessments, behavioral supports, and handheld technology interventions at the community level. Resulting increase in knowledge, competency, and system flexibility to support these and other promising interventions has put DRS in a far better position to address the well documented employment challenges experienced by individuals with ASD. This grant represents a significant first step for DRS, WWRC and our partners toward achieving our shared vision of a VR system in VA that creates opportunities for individuals with ASD to achieve quality of life and employment goals, fitting of their unique dreams, talents, and preferences.

Richard Kriner, LPC, C.R.C
DRS Autism Coordinator
**WWRC: Autism Speaks Grant Lessons Learned/Recommendations**

The purpose of this document is to record the thoughts and ideas from the group of WWRC service providers, administrators and clients who participated in the Autism Speaks Grant from February 2011 to February 2012. Additionally, we want to provide a consolidated list of recommended improvements in WWRC’s administration and service to people with Autism Spectrum Disorder. The document is divided into three specific areas: 1 – Population Served; 2 – Staff Observations and Comments; 3 – Organizational Recommendations.

**Population Served**

This area is provided to capture the quantifiable information on the participants of the Autism Speaks Grant and the services they were provided.

1. **Participant data**
   a. Completed Level I community-based assessments for 28 eligible VR clients served under the grant, with 19 of these individuals successfully completing the Level II residential assessment at WWRC.
   b. Of the nine who only completed the community-based phase of the assessment, reasons included (and will be factored into final project impact and analysis):
      i. Two chose not to come, expressing high levels of anxiety if leaving natural supports in home community to participate in the residential assessment program;
      ii. Two were employed and were not readily available for the residential assessment program;
      iii. Two were in college and were not readily available for the residential assessment program;
      iv. One was enrolled in high school accessing job supports through a linked customized program for youth with autism (Project SEARCH) & not readily available to leave the home community;
      v. One experienced medical/health issues that impacted ability to attend WWRC; and,
      vi. One was denied admission to WWRC based on high risk factors in a residential environment.
   c. Of the 19 who completed both assessment levels:
      i. Eight are scheduled or have already been admitted for WWRC vocational (evaluation, training, life skills transition) and/or driving services;
      ii. Three are enrolled in college and doing well, accessing community support services through the local ESO to address challenges in the postsecondary environment related to advocacy, communication, social skills, etc, using intervention strategies identified during the assessment process;
      iii. Three are receiving Job Development Services through a local ESO vendor, using intervention strategies identified during the assessment process;
      iv. Two are employed and receiving community support services, using intervention strategies identified during the assessment process for successful job retention;
      v. Two have an assigned PBS Facilitator and are accessing community support services through a local ESO vendor trained in customized intervention strategies for this population;
      vi. One is receiving Supported Employment Services, guided by a written Person-Centered Plan, and is scheduled for an AT evaluation for use of hand-held technologies; and,
      vii. One is enrolled in high school.

2. **Service data**
   a. Most popular ancillary evaluations, were Independent Living Skills (ILS) (n=10) and Social Skills (n=10) out of 19 total clients
   b. Out of the 19 clients that participated at WWRC 18 of 19 clients completed services with “Goals Fully Met”.
   c. One client that had a “Goals Partially Met” was admitted into the Post Secondary Education Transition Program (PERT) vice completing Phase II Services due to recommendations from field and onsite counselors.
Staff Observations and Recommendations

1. Strongly recommended:
   a. Clients coming to WWRC with high levels of anxiety take advantage of a tour and exposure to the center with a counselor prior to admission. This experience would be beneficial for both WWRC and the client as to the readiness of the client for WWRC services.
   b. The administration of the Support Intensity Scale (SIS) should be completed prior to the client’s arrival onsite at WWRC. This would allow WWRC to review the results and be better prepared to facilitate a more informed transition to its independent residential environment.
   c. The administration of the Behavior Rating Inventory of Executive Function – Adult Informant Version (BRIEF) was also reviewed and had a similar recommendation to the SIS. Both should be able to be administered prior to arrival onsite at WWRC. See Organizational Recommendations section for additional detailed information and recommendations.
   d. The development of the WWRC staff regarding this population should be a priority and focus for the Autism Advocacy Partnership. Using the staff member 2009 survey results as a benchmark a new survey should provide indications of obtained improvements and remaining opportunities for serving people with ASD.
   e. In addition to the scheduling of ancillaries being reviewed the appropriateness of how many ancillaries in a given time needs to be considered. This population (ASD) seems to have higher levels of anxiety and the disruption of one service for another seemed to cause confusion and could have possibly impacted the accuracy of various evaluative services. Please see Counselor feedback for additional information.

2. Recommended:
   a. The Pre-Admissions staff should pre-screen prospective applicants prior to starting Phase I if it is expected the client would be coming to WWRC; a final review and scheduling would take place after all Phase I reports have been submitted.
   b. The pre-admission documentation be included in a single package vice paperwork coming in over a period of time. This will improve the scheduling process efficiency and prevent delays in the assignment of ancillary services.
   c. The value of Transition Meetings between Phase I and Phase II services should be evaluated. Time and team member schedules were limiting factors in consistently conducting Transition Meetings during the grant and this trend will probably continue into the future. Client services are not believed to have suffered as a result of not having a meeting.
   d. Answer additional questions regarding the transition meetings maybe useful in determining their priority in the rehabilitation efforts for a person with ASD: (1) What criteria are used to determine the need for a transition meeting? (2) Who should be included in a transition meeting?

Organizational Recommendations

1. The administration of the Behavior Rating Inventory of Executive Function – Adult Informant Version (BRIEF) was reviewed (Dr. Bill Heinlein):
   e. Aside from lengthy, individualized, direct tests of individual executive functions (EF), THE BRIEF-A appears to be a quick and useful measure of the interrelated self-control processes involved in the selection, initiation, execution, and monitoring of adult thinking, feeling, and behavior. It provides a useful tool to gain understanding of, or to develop intervention plans to assist, ASD students become more aware of their deficits and needs. It provides useful standardized scores based on established norms that are well understood and statistically useful.
   f. The form of the BRIEF that was selected for use in the AS grant was the BRIEF-Adult Self-Report form. But as a self-report, it presented problems that were easily observed among the 16 clients who participated in taking the survey. 50% of the self-reports completed by clients showed no scale elevations, or areas of concern whatsoever, which would not have been predicted based on known EF issues among ASD students in the 18-45 age group. About 25% tended to show exaggerated scale elevations, or numerous areas of concern. It was my interpretation that young adult ASD students are for the most part not the best judges of their own behavior (e.g., lack of insight; faking good; faking bad; etc.). That is, they tended to under-report or over-report issues related to their EF thereby leading to less than useful data in the majority of cases. A solution to this would be to utilize the BRIEF-A Informant Report form of the test in the future so that a parent, guardian, teacher, etc. that knows the client can provide a more objective rating. This would likely
require the Field Counselor supervising the completion of the rating form with an informant prior to the arrival of a student at the Center.

2. WWRC Counselor Feedback - The students referred came with very useful pre-admission information and the assessments completed by the employment specialists further enhanced our understanding of the student’s work readiness status. What I felt may be of benefit in the future is to note a number of work behaviors and have the ESO note how the individual does in that area.
   a. For example:
      1- appearance
      2- hygiene
      3- punctuality
      4- ability to follow supervisor’s instructions or requests
      5- work speed
      6- ability to communicate appropriately with others at the work site
   b. Much of this information was included in the body of the ESO’s reports but wondered if listing the various pertinent work behaviors and any comments would make for an easier report to review.
   c. An area of concern was that when the student arrived and was here for five days he/she was pulled from their Vocational Evaluation or orientation frequently for the assessments performed in other service departments. This seemed to cause the student confusion and led to a more fragmented period to spend in vocational evaluation. It seemed the students handled this one week of cramming in many services very admirably. This says a lot for the students, as often individuals on the spectrum struggle with transitioning and sudden changes. Some of the students were anxious to complete and leave with little interest in connecting with other students. One individual chose to attend as a day student as he stayed at a local motel with his father. Others adapted well, socializing with other students. They indicated a desire to return for additional services.
   d. In summary, I found that when services are in place and a student is clear of the expectations they seem to perform with less anxiety. When they are moved from one area to another or a service is cancelled and rescheduled it causes the student some difficulty in adjusting. Quieter environments seem to suit the students versus times when they are expected to get out and socialize with strangers and there is “loose time”. Many of the students stayed in their rooms when not attending dinner or their day programs. They would often come by to see me as they were unsure what to do when there was no class or activity to attend.

3. The residential environment provided some unique challenges with this population. The typical evenings in a busy dormitory environment were not always supportive of this population. It is recommended that the center consider its ability to designate quiet areas and modify it policies to accommodate a more balanced and supportive residential environmental (Dorm areas, meal times, etc.).

4. Due to some of the demands on center resources should WWRC review its scheduling policies to limit the scheduling of any specific population in an effort to improve the experience and increase the likelihood of a more successful outcome?

5. It is recommended that the Center formalize the Autism Advocacy Partnership through the development of a charter, identification of a center POC, and appropriate metrics. Through the AAP the center could monitor its performance relative to this population and staff needs.

6. The work within this grant and the additional work by Dr. Gentry show clear advantages in using Assistive Technology with this population. It is recommended that FRS and WWRC work together to identify client’s that will benefit early on from AT so that they may be better served while attending the various services at WWRC and in the field.

7. As indicated previously there was significant benefit to having the Phase I Community Based Assessment data. However, it is recommended that the Phase I reports become standardized in order to facilitate greater efficiency in processing applications and determining client supports while at WWRC.

8. WWRC Admissions process experienced challenges with having more than the usual information due to the Phase I Assessment Results – with more knowledge of the client the Admission Committee initially deferred a client but then followed up with the FRS Counselor for additional clarification. This resulted in the client being accepted into WWRC. The Center’s Admissions Committee will need to be aware of this challenge.
Attachment C

Products
Guidance Document:
Situational Assessment Tool for Autism Spectrum Disorder

Overview

The goal of the Autism Speaks Community Based Assessment is to assess the person’s performance in a variety of social situations and different applied work environments. This assessment across multiple environments will create the opportunity to observe the differences in individual’s performance under different social, sensory, and physical conditions. This assessment will collect information on the person’s skills within natural settings (home, community, and potential job sites) as well as their ability to accommodate to each environment.

The job coach observes and analyzes the demands of different environments and provides insight into the individual’s support and accommodation needs. Job coaches should document and report on what the person can or cannot do independently, but also what supports and strategies prevent problem situations, and what works to assist the person to function in that setting. Areas of consideration should include communication, prompting, eye contact, getting answers to questions, getting response to requests, repetitive movements, movement and sensory differences, dealing with anxiety, and teaching social skills.

Format

- 1 Intake and family / residential – observation and structured interview
- 3 situational assessments – at three different sites with three different rationales for each site
- 1 community discovery – structured observation
- Report on noted trends, behaviors, and preferences
- Informing session for client and DRS Autism Speaks team members

Intake and Family Interview

This is an opportunity to interview and observe the client and family in the home setting. The job coach should focus on client and family input related to vocational interests, hobbies, passions, and concerns related to community employment. The job coach will capture information related to level of independence and effective supports used in the home environment, such as organizational tools and visual aids, coping strategies, and learning preferences. Data will be collected on activities such as:

- Self care (grooming, toileting, dressing, eating)
- Communication
- Social
- Performing multi-step tasks (cooking, shopping, budgeting)
- Chores and responsibilities (house cleaning, laundry, yard work, other)

Employment Assessment

The goal of the three employment assessments is to place the client in different community businesses to observe the differences in individual’s performance under different social, sensory, and physical conditions. The job coach will observe and report on behavioral characteristics, frequency of occurrence, and the environment where it occurs (antecedent, consequences, location, people) and provide recommendations to successfully support clients in the workplace. The worksites should include a mix of settings and task demands that are consistent with vocational interests, or areas of performance that require further evaluation.
**Community Discovery – Structured Observation**

The purpose of the community discovery aspect of this evaluation is to measure the level of adaptability of the individual in an environment in which they are comfortable and familiar. This is an environment of their choosing, such as a local shopping mall, music store, or park that they use as an outlet to express their interests and preferences. The job coach will assess the individual’s social skills, navigation, and response to stimuli, money management capabilities, and general behavior as examples. This process of gathering, analyzing, and reporting an individual’s skills and abilities will provide additional feedback to build on information previously gathered during the intake phase. In addition, this discovery will assist in developing a representation of the individual as a whole.

**Person Centered Plan Development (Optional)**

The Person Centered Planning session includes DRS, ESO, client, and family members. A PCP facilitator will use PCP tools to work with team to develop employment plan that is based on results of assessment, team member feedback, and input from participant regarding interest, strengthens and preferences. This employment plan should reflect what is important to and for the client to ensure their success in the workplace. Results of this session may lead to ideas and strategies for developing a customized employment plan.

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**Recommended Reading**

*Adult Autism & Employment; A Guide for Vocational Rehabilitation & employment Services Professionals, 2009, Scott Standifer* Go to these sections- Interviews (p. 29-33); Vocational Evaluation Challenges Job Coach (p. 34-36); The Problem with Job Coaches (p. 37-39)

*Institute on Rehabilitation Issues Monograph No. 32- Rehabilitation of Individuals with Autism* Go to these sections- Assessment and Trial Work (p. 65-74); Effective Job Coach attributes (p. 119-121)
{Insert here: Situational Assessment Tool for Autism Spectrum Disorder**}

Developed by VCU-RRTC
**Assistive Technology Assessment**

 Consumer: ________________________    Date of Assessment: ____________
 Employment Specialist: ________________________________

Describe any AT devices (low or high) used by the consumer at home or school: (cell phones, computer, IPod, ITouch etc.): _______________________________________________________________________

Describe any Assistive Technology devices that were tried during this assessment:

**General Comfort Level with AT**

<table>
<thead>
<tr>
<th>Consumer’s Abilities/Difficulties with AT used</th>
<th>Area of Need for Support</th>
</tr>
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<tbody>
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<td></td>
<td></td>
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**Sensory Considerations—Vision/Hearing/Tactile (hyper/hypo)**

<table>
<thead>
<tr>
<th>Environmental Considerations</th>
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**Recommendations for AT Tools (low or high) Tech that could be helpful, enhanced or that the consumer would like to try:**

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<th>Follow-up Plan</th>
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**Developed by Lisa Malone, Job Coach, Didlake, Inc. to accompany Level I Community-Based Assessment instruments provided by VCU-RRTC.**
AUTISM SPEAKS GRANT WWRC (PHASE II) ASSESSMENT SERVICES

Listed below are the services available for the Autism Speaks Grant Participants. These services will be available during the Phase II (Woodrow Wilson Rehabilitation Center) component of the pilot program. With the exception of the Support Intensity Scale (SIS) and the Behavior Rating Inventory of Executive Function (BRIEF) all other services will be based on the individual’s needs and availability of resources. Additionally, the Vocational Evaluation service may be modified depending on client requests.

1. **Occupational Therapy Driving Evaluation (2 hours)**

   Occupational Therapists assess vision, perception, cognition and motor skills to assist in determining a client’s feasibility for driving. This assessment consists of an “in clinic” evaluation as well as a behind-the-wheel assessment. Having a learner’s permit or driver’s license is not a prerequisite for this service. Following an evaluation, a report is generated with detailed, individualized recommendations which may include:
   - Participation in a Learner’s Permit Class
   - Participation in Behind-the-Wheel Driver’s Training
   - Identification of adapted driving equipment and/or appropriate vehicles
   - Completion of medical clearance with the Department of Motor Vehicles

2. **Assistive Technology (AT) Evaluation (2 hours)**

   This service involves a comprehensive and individualized evaluation by a team of competent, licensed professionals with both clinical and technical expertise in Assistive Technology. The interdisciplinary team evaluates and assesses various components and devices simultaneously. The team consults and works together to determine and interface the most appropriate assistive technology device(s) that are consistent with a client’s abilities and meet specific goals.

3. **Support Intensity Scale (SIS) (2 hours)**

   This is an expected service for clients participating in the Autism Speaks Grant. The evaluation/instrument will be administered by the Residential Division’s Behavioral Specialists, a Recreational Division representative or the Vocational Training Department’s Testing Coordinator. The SIS is a multidimensional scale designed to determine the pattern and intensity of an individual’s support needs. The SIS was designed to (a) assess support needs, (b) determine the intensity of needed support, (c) monitor progress, and (d) evaluate outcomes.

4. **Behavior Rating Inventory of Executive Function (1 hour)**

   This is an expected service for clients participating in the Autism Speaks Grant. The evaluation/instrument will be administered by the Psychological Services Department. The BRIEF-A is a standardized measure that captures views of an adult’s executive functions or self-regulation in his or her everyday environment. Two formats are used - a self-report and an informant report. "Executive Function" is a term used to describe a set of mental processes that helps us connect past experience with present action. We use executive function when we perform such activities as planning, organizing, strategizing and paying attention to and remembering details.
5. **Social Skills Evaluation (1 hour)**

The *Comprehensive Assessment of Spoken Language (CASL)* is a formal measure of language abilities. The pragmatic subtest consists of thirty paragraphs that each describes a hypothetical social situation. The client is then asked to supply an appropriate response for each social situation. Based on scoring which consists of a standard score, percentile rank, and language equivalency the individuals' specific needs are identified and translated into goals that can be addressed later in a treatment setting. The following categories are targeted:

- recognize appropriate topics
- select relevant information for directions or requests
- initiate conversation or turn-taking
- adjust communication level to situational factors such as age or relationship
- to use language for expressing gratitude, sorrow, etc.
- to judge the pragmatic appropriateness of others
- express a specific communicative intent

6. **Vocational Evaluation (up to 20 hours)**

This is an expected service for clients participating in the Autism Speaks Grant. Vocational Evaluation is an educational process in which a client obtains greater self and work knowledge through participation in work activities designed to evaluate vocational skills, interests, and abilities. Clients learn about the functional impact of their disability in relation to their career options. They also learn about assistive technology and the devices and accommodations needed to remove barriers to employment. The evaluation process encourages personal involvement in career planning and development and empowers clients by increasing their self-confidence in career decision making.

7. **Job Shadow (3 hours)**

Another opportunity to provide a client with exposure to fields of interest is a job shadow experience that allows them to observe and or participate in the training programs that support their areas of vocational interest. This service is available on a case by case basis and as classrooms or instructors are available.

8. **Recreational Evaluation (1/2 hour)**

The Therapeutic Recreation Activity Assessment is an assessment that uses both an interview protocol and a series of activities to measure a client’s attitudes, preferences, and functional skills. At the end of the test the professional has two types of summaries: a numerical score in the areas related to function and a written summary of the findings of the guided interview. The TRAA provide one of the broadest scopes of assessment of the standardized assessments used by Recreational Therapists.

- Areas tested:
  - Fine Motor Skills
  - Gross Motor Skills
  - Expressive Communication
  - Receptive Communication
  - Cognitive Skills
9. Life Skills and Independence Evaluation (2 hours)

Independent Living Skills (also known as Instrumental Activities of Daily Living) includes assessment of tasks necessary for living independently in the community. These activities are more variable than basic self care tasks and are often shared within the household. These may include:

- Meal Preparation
- Financial Management
- Household Management
- Health Management and Maintenance
- Clothing Care
- Parenting and Care of Others
- Community Mobility
- Shopping
- Functional Communication (writing, typing, using the phone)
- Care of Pets
- Safety awareness and preparedness

Occupational Therapists strive to assist clients to achieve greater independence in “activities to support daily life within the home and community” (OT Practice Framework: Domain & Process 2nd edition). Integration of assistive technology, adaptive equipment and compensatory strategies are valuable tools to aid in reaching these goals.

10. Public Transportation (Bus) Assessment (1/2 hour)

The purpose of the Bus Utilization Skills Assessment is to determine the breadth and depth of skills a client has related to the use of public transportation. This checklist will help determine which clients are both cognitively and socially competent to use public transportation independently. Section One evaluates the cognitive and social skills of the client. Section Two is designed to check for maladaptive behaviors that may interfere with a client's ability to use public transportation even if the cognitive and social skills seem to be sufficient.

This WWRC Service Item Description was drafted as a part of the Autism Speaks Grant. The Autism Speaks Grant is co-sponsored by Woodrow Wilson Rehabilitation Center (WWRC) and the Virginia Department of Rehabilitative Services (DRS), and is funded in part through an Autism Speaks Family Services Community Grant awarded to WWRC. For additional information, please contact:

Kyle Congleton, Autism Speaks Project Coordinator
Woodrow Wilson Rehabilitation Center
Kyle.Congleton@wwrc.virginia.gov
1-800-345-9972, ext. 7149
<table>
<thead>
<tr>
<th>Service Area</th>
<th>Service</th>
<th>Time Requirement</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Residential</td>
<td>Support Intensity Scale (SIS)</td>
<td>2 hours</td>
<td>Administered by Behavioral Support Specialist or designated representative</td>
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<tr>
<td>Psych Services</td>
<td>Behavior Rating Inventory of Executive Function (BRIEF)</td>
<td>1 hour</td>
<td>Administered by Psychological Services</td>
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<tr>
<td>Speech</td>
<td>Social Skills</td>
<td>1 hour</td>
<td>Administered by Speech Therapist</td>
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<tr>
<td>Vocational Services</td>
<td>Vocational Evaluation</td>
<td>Up to 20 hours</td>
<td>Administered by Certified Vocational Evaluator VE + <em>Academics + Interest Inventories + AT + Ancillaries</em> (Reduced VE Lab Time)</td>
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<tr>
<td>Vocational Training</td>
<td>Job Shadow</td>
<td>3 hours</td>
<td>Administered by Certified Instructor</td>
</tr>
<tr>
<td>Residential</td>
<td>Recreational Evaluation</td>
<td>½ hour</td>
<td>Administered by Certified Instructor</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Life Skills and Independence Evaluation</td>
<td>2 hours</td>
<td>Administered by Occupational Therapists</td>
</tr>
<tr>
<td>Residential Services</td>
<td>Public Transportation (Bus) Assessment</td>
<td>½ hour</td>
<td>Administered by Recreational Therapist or designated representative</td>
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<tr>
<td>Occupational Therapy</td>
<td>Driving Evaluation</td>
<td>2 hours</td>
<td>Administered by Certified Driving Evaluator</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>Assistive Technology Evaluation</td>
<td>2 hours</td>
<td>Administered by Occupational Therapist</td>
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| Total               |                                              | 34 hours         | 1. With the exception of the SIS and the BRIEF all other services are based on an individual’s needs.  
2. The Vocational Evaluation service may be modified depending on client requests. |
{Insert here: Autism Speaks Grant Newsletters}

Volume 1, issue 1
Volume 1, issue 2
Volume 1, issue 3
iPod Loan for Use

APPLICATION QUESTIONS

Instructions: Please answer each of the questions below. Your answers should address all points in each question. Your answer to questions should be typed and double spaced with your name and date in the top left hand corner of the page and the page number out of the total number of pages in the top right hand corner. Please place a heading before the answer to each question. For example, when answering question 1, please type Question 1 in the left margin and double space before typing your answer. All of your answers together should not exceed 5 pages (not including attachments).

1. iPod Loan for Use participants must provide community based PDA-Enabled Job Coach Supports to DRS clients with ASD in the workplace. Describe your current position, and the opportunities you have to provide community based supported employment to DRS clients with ASD. Include information on the number of clients with ASD on your current caseload and DRS ASD projects you are assigned to.

2. Another goal of the iPod Loan for Use project is to assist ESO’s with developing a processes and resources to support staff training, and technical assistance in order to increase the numbers of ESO Job Coach’s who are competent in the use of PDA’s as cognitive behavioral aid for persons with ASD in the workplace. This will require excellent leadership and oral and written communication skills. Please describe positions of leadership that demonstrate your ability to assemble, facilitate, provide technical assistance to others, and support systems change. Also, describe your communication skills with your colleagues.

3. Many professionals already have knowledge and experience in the use of PDA’s as personal organizers and as cognitive behavioral aids for persons with disabilities. Please describe any prior experience and training in the use of PDA’s as cognitive behavioral aids.

4. Please describe any training and prior experience in supporting persons with ASD in the workplace.
iPod Touch Loan Agreement

BETWEEN The Virginia Department of Rehabilitative Services (DRS), Autism Research Project and ________(ESO)

DRS agrees to lend and supply to _________(job coach name) as a representative of the above Employment Service Organization the equipment described below subject to the terms and conditions of this Agreement. The use of the Equipment will be for:

1. Providing PDA-Enabled Job Coaching Supports to DRS clients with ASD
2. Evaluation, and testing iPod technology as a job coaching tool
3. Training and education ESO co-workers, other adult service partner agency staff, and DRS clients

The loan will be in effect for the period from ______________ to December 1, 2013. The designated job coach is required to complete and submit the PDA quarterly report (attachment A) as part of their participation in this loan agreement. In addition, participating Job coaches may be asked to work with DRS on future initiatives to expand access to PDA-Enabled Job Coach supports, and expand community awareness of best practice interventions.

Equipment: 1 iPod touch G5 serial number________________________

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<th>ESO Program Manager</th>
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<th>DRS Representative</th>
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Terms and Conditions

1. The ESO confirms that it:

(a) has or will have possession of the Equipment on a "loan for-use" basis;
(b) will not use or permit the iPod to be used in anyway except for the purpose/s set out above; and
(c) monitor the use of the equipment and ensure that the designated job coach meets terms identified in the “loan-for-use” agreement.
(d) submit all quarterly reports to Richard.kriner@drs.virginia.gov by the dates outlined in Attachment A

2. Ownership, Risk, Maintenance and other Costs
The ESO acknowledges and agrees that:
(a) at all times the iPod remains the property of the Virginia Department of Rehabilitative Services but all risk of loss or damage to the iPod will be borne by the ESO
(b) it indemnifies DRS fully against any loss or damage to the iPod;
(c) in the event that the iPod is lost, stolen or damaged while in the ESO’s possession and DRS requests its replacement by the ESO, DRS will be entitled to invoice the ESO a replacement fee, which fee will represent DRS’s reasonable assessment of the cost in providing such replacement equipment; and
(d) it will maintain the Equipment in good working order and condition at all times and not subject it to adverse electronic or environmental conditions as indicated in the operating manuals accompanying the iPod.

3. Return of the Equipment
The ESO must return the iPod loaned to it by DRS upon:
(a) expiration or termination for any reason of this Agreement; or
(b) DRS’s written request to do so.
3.1 The iPod and any material supplied must be returned so far as possible in its original packaging and in the same condition, subject to fair wear and tear, as it is delivered.
3.2 Any items missing or damaged from the iPod will be replaced by DRS and the ESO will be invoiced for their replacement cost.

4. Term
The term of this Agreement is for the period set out on page 1 of this Agreement unless terminated by DRS or the ESO

5. Termination
Either party may terminate this Agreement on 2 days written notice to the other party, or such other period agreed between the parties.
Submit your completed quarterly report to richard.krier@DRS.virginia.gov on 4/1, 7/1, 10/1 and 1/1

For the questions below please choose the corresponding answer that best fits your response.

Key:
1= Strongly Agree
2= Agree
3= neither agree or disagree
4= disagree
5= strongly disagree

1. I am more confident in my abilities to use the iPod as a cognitive behavioral aid to support persons with ASD in the workplace than I was 3 months ago

2. As a result of testing and evaluating this iPod I have discovered and mastered one or more new apps that can be used to support my clients in the workplace

3. During the last 3 months I have provided technical support to my ESO supervisors, co-workers, or DRS counselors on PDA-Enabled Job Coaching strategies

4. My knowledge of iPod apps and workplace support strategies have resulted in positive employment outcomes

5. How many DRS clients with ASD have received PDA-Enabled Job Coaching Supports from you over the last 3 months?

6. Describe any new applications you have identified and used to support your work as a job coach?

7. Describe any PDA-Enabled job coaching strategies which have resulted in positive employment outcomes

8. Describe significant technical assistance and training activities resulting in positive leaning outcomes for co-workers

9. List any PDA workshops, online training, or web based resources you accessed to support your leaning on the use of the PDA as a cognitive behavioral aid.