

ALABAMA INTERAGENCY AUTISM COORDINATING COUNCIL



2014

Strategic Plan

Autism Spectrum Disorder (ASD) is a developmental disability that causes substantial impairments in social interaction and communication and the presence of unusual behaviors and interests. Many people with ASD have unusual ways of learning, paying attention, and reacting to different sensations. The thinking and learning abilities of people with ASD can vary from gifted to severely challenged. ASD begins before the age of 3 and lasts throughout the life of a person with the disorder. (Act 2009-295)

The Alabama Interagency Autism Coordinating Council, created by the Alabama Autism Support Act of 2009 (Act #2009-295), is charged with meeting the urgent and substantial need to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of care (SOC) for individuals with Autism Spectrum Disorder (ASD) and their families.

A SPECIAL THANKS TO THE UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF PUBLIC HEALTH AND THE ALABAMA AUTISM SURVEILLANCE PROJECT FOR THEIR ASSISTANCE, SUPPORT, AND GUIDANCE IN THE CREATION OF THIS DOCUMENT.

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About the AIACC

BACKGROUND

The Alabama Interagency Alabama Coordinating Council (AIACC) was formed by a House Joint Resolution in May 2008 and became enacted into law in April 2009 (Act 2009-295). In October 2009 the Council's Bylaws were adopted stating In Article 2, Section I,

"The purpose of the AIACC is to work in collaboration with the entities named in Act 2009-295 and other stakeholders to establish a long-term plan for a system of care for individuals with ASD and their families."

The Strategic Planning Committee of the AIACC began meeting in March 2010 and recommended the following mission statement, which was adopted by the full Council in April 2010:

"The Alabama Interagency Autism Coordinating Council guides a collaborative effort to facilitate a lifelong system of care and support for persons with an Autism Spectrum Disorder or associated conditions and their families, so that they may enjoy a meaningful and successful life."

Thus, the AIACC was created to establish a long-term plan for a system of care for individuals with ASD by guiding a collaborative effort to facilitate the establishment of this system of care. The duties and authority of the AIACC as established in its *Bylaws* include: development of a long term plan for the system of care; identification of barriers; conduction of fiscal review and analyses; encouragement of collaboration, and adoption of rules to implement and administer the regional autism networks (*AIACC Bylaws*). In addition to the duties established in the *AIACC Bylaws*, the legislation adds two additional duties: development of a coordinated program of services; and the identification of annual action steps toward implementation.

The basic guidance for the AIACC's activities is contained in the legislation and *Bylaws* that govern the Council. The AIACC's Strategic Plan specifies goals and related activities that allow the Council to achieve its purpose and mission. In addition to this basic plan for the Council's activities, the Council also must develop and implement the specifics of the system of care that is the ultimate end-goal of the Council and its partners' work on behalf of individuals with ASD and their families. The *2014 AIACC Strategic Plan* is based on a collation of the legislation creating the AIACC and Regional Autism Networks, recommendations of the initial Autism Task Force, Statewide Autism Needs Assessment, and previous *2011 AIACC Strategic Plan*.

MISSION STATEMENT

The Alabama Interagency Autism Coordinating Council guides a collaborative effort to facilitate a lifelong system of care and support for persons with Autism Spectrum Disorder or associated conditions and their families, so that they may enjoy a meaningful and successful life.

VALUES STATEMENT

The statewide system of care plan, including the strategic plan and the Regional Autism Networks, will be guided by the Values Statement adopted by the Strategic Planning Committee in 2010:

We believe that a successful system of care will provide innovative best practices services for individuals with ASD and their families. These services should be accessible to families across the state of Alabama, provide person and family centered services, and promote meaningful public awareness and community integration and inclusion. We value a system of care that is responsive to the current sense of urgency, is accountable for providing best practice services, that includes collaborative partnerships, and offers hope to families and service providers across the state.

Person and Family Centered. *We respect and value the uniqueness of all individuals. The system of care and support that will serve those with an Autism Spectrum Disorder (ASD) is based upon the individual's distinctive strengths, abilities, interests and choices. We recognize when given the opportunity, each person can make a unique contribution to their family, community and society. They individual's needs drive their unique program.*

Sense of Urgency. *Due to the overwhelming necessity for quality services and knowledgeable, reputable providers, our focus will be on the steps we can take to respond rapidly, efficiently, and effectively to the immediate and life-long needs and challenges of people living with an ASD and their families.*

Partnerships in Action. *We promote improved public awareness and understanding of those living with an ASD and advocate for public policy and funding that expands medial, therapeutic, educational, vocational, recreational, social, and residential options.*

Spirit of Collaboration. *Cooperative partnerships will be created between those living with an ASD and their families and those agencies, organizations and professionals which serve them. These partnerships will encourage collaboration and lead to an enhanced and more efficient service delivery to their clients. We value partnerships founded on honesty, integrity and mutual respect. We will treat all interested parties with respect, listen to diverse views with open minds, discuss submitted public comments and foster discussions where participants can comfortably offer opposing opinions.*

Accountability. *We will pursue innovative best practices of the highest quality for each individual to protect the safety and advance the interests of people affected by an ASD. We will promote a SMART (Specific, Measureable, Achievable, Realistic, and Time-specific) structure for service delivery. This structure will be aligned with the needs of each individual with an ASD and their family. Methods will be used to evaluate and determine the success of service delivery. Services will be adjusted as necessary to promote meaningful and successful lives for those living with an ASD.*

Hope. *Although ASD can be an isolating and involved experience, we will encourage hope for the ASD community by endorsing our values on each and every service provider, agency and organization that touches them. We will also promote education for family members and those living with an ASD, so that they will be knowledgeable in what the possibilities are for their lives.*

AIACC Strategic Plan

An integrated and overarching guiding principle of the AIACC is to cultivate an environment of understanding, communication, collaboration and consensus building among Council membership that extends to the ASD community. There are five goals of the AIACC’s work, and the goals and specific activities to support them are listed below.

GOAL 1: ACCOUNTABILITY

Promote evidence-based, high quality, cost effective models and best practices that provide supports to persons with ASD and their families.

Measurement Key:

0=Not Met – no progress: no endorsements, no trainings, no meetings, no reviews no website postings, no provider updates

1=Partially Met – some progress: 1-2 endorsements, trainings, meetings, reviews, website postings and/or provider updates related to effective models and current best practices

2=Mostly Met- much progress: 3-4 endorsements, trainings, meetings, reviews, website postings, and/or provider updates

3=Completely Met/Sustaining – totally satisfactory progress: 5 or more endorsements, trainings, meetings, reviews website postings, and/or provider updates

Objective	Completion Date	Measurement	Responsible Party
Support Universal Screening and Surveillance for ASD and Developmental Disabilities.			
Actively endorse American Academy of Pediatrics (AAP) recommendation that all primary care pediatric health care practitioners provide universal screening and surveillance for developmental delays/disabilities and ASDs.	December 2016		Accountability Committee
Encourage wide distribution of educational materials on early warning signs of ASD and appropriate referrals. For example, <i>Learn the Signs. Act Early.</i> , <i>Birth to Five: Watch Me Thrive.</i>	December 2017		Accountability and Public Awareness Committees
Foster and advocate for the use of ASD-specific and developmental screenings in all appropriate early childhood settings for early identification and referral of at-risk	December 2016		Accountability Committee

children.			
Endorse evidence-based, best practices that people with ASD will receive in their home communities.			
Advocate for service providers to use ASD-specific best practice screening tools, interventions and services.	December 2016		Accountability Committee
Promote policies and procedures that support an educated and trained multidisciplinary workforce.	December 2016		Accountability Committee
Regularly review best practice and evidence-based treatment, evaluation, assessment, and diagnostic criteria.	December 2016		Accountability and Standards of Practice Committees
Disseminate best practice and evidence-based findings (including frequent updates from national resources). For example, the Autism and Developmental Disabilities Monitoring (ADDM) Network, National Professional Development Center on Autism (NPDC), and other relevant data.	December 2016		Accountability and Public Awareness Committees

GOAL 2: PUBLIC AWARENESS

Raise Public Awareness of issues and needs affecting persons with ASD and their families.

Key: 0=Not Met – no progress: no educational events, no dissemination of data and/or research findings, no support for trainings and policies for first responders, no distribution of educational materials, no promotion of transition activities, no resource directory creation or maintenance

1=Partially Met – some progress: 1-2 of the above activities to promote awareness

2=Mostly Met – much progress: 3-4 events or activities related to public awareness

3=Completely Met/Sustaining – totally satisfactory progress: 5 or more events or activities related to public awareness for ASD

Objective	Completion Date	Measurement	Responsible Party
Support the education of service providers and the public about needs across the lifespan through strategic and collaborative partnerships.			
Advocate for educating service providers and the public about needs affecting persons with ASD and their families across the lifespan.	December 2017		Public Awareness Committee

Coordinate and disseminate evidence-based and best practice findings and relevant data identified by the Accountability and Standards of Practice Committees.	December 2017		Public Awareness Committee
Support partnerships among AIACC, law enforcement and the Autism Society of Alabama to continue existing safety training on ASD for law enforcement and other emergency responders.	December 2017		Public Awareness Committee
Encourage a statewide policy which requires all law enforcement and emergency responders to receive ongoing ASD training.	December 2017		Public Awareness Committee
Support the education of service providers and the public about ASD interventions and next steps.			
Promote wide distribution of educational materials related to ASD signs, services and follow-up action steps to reduce age of first diagnosis. For example, <i>Learn the Signs. Act Early.</i>	December 2017		Public Awareness Committee
Promote awareness of transition, vocational and post-secondary opportunities and supports for youth and adults with ASD.	December 2017		Public Awareness Committee
Create and maintain an online resource directory of ASD services.			
Create online resource directory for autism services in Alabama.	June 2015		Public Awareness Committee
Maintain accurate and up-to-date data regarding available services in Alabama.	September 2015		Public Awareness Committee

GOAL 3: FUNDING

Identify and promote opportunities for diversified public and private partnerships that expand needed funding.

- Key: 0= Not Met – no progress: no strategies to increase insurance coverage, opportunities for diagnostic evaluations, waivers and support services and/or state spending and support
- 1=Partially Met – some progress: 1-2 opportunities or strategies (as described above) identified and/or promoted
- 2= Mostly Met – much progress: 3-4 opportunities or strategies identified and/or promoted

3=Completely Met/Sustaining – totally satisfactory progress: 5 or more opportunities or strategies for funding expansion were identified and/or promoted

Objective	Completion Date	Measurement	Responsible Party
Utilize multiple strategies to focus on the various sources of Insurance (private, public, employer funded, privately funded) to increase appropriate levels of coverage and reimbursements for ASD specific treatments such as Applied Behavior Analysis therapy, occupational therapy, speech-language, and other related services.			
Advocate for parity in insurance coverage for comprehensive array of services for Alabamians with ASD.	December 2017		Funding and Finance Committee
Support a national platform that 3rd party insurance should cover screening, evaluations, and therapies as part of basic plans.	December 2017		Funding and Finance Committee
Explore opportunities to consult with insurers regarding outcome metrics, quality indicators and utilization indicators of service effectiveness.	December 2017		Funding & Finance and Standards of Practice Committees
Support access to diagnostic evaluations.			
Identify and address barriers to diagnostic evaluations.	December 2017		Funding and Finance and Accessibility Workgroups
Examine and capitalize on existing opportunities in the Medicaid and Education fields (such as the mental health pilots in the Montgomery schools). (Potential Partners: Alabama Arise and Disability Leadership Coalition).	December 2017		Funding and Finance Committee
Advocate for expanded and improved waivers and supports for persons with ASD.			
Engage with Alabama Medicaid to advocate for the healthcare needs of individuals with ASD and Developmental Disabilities (Potential Partner: Medicaid Regional Care Organizations).	December 2017		Funding and Finance Committee
Explore options for improved coverage for persons with ASD in the current and future Medicaid program. For example, an autism-specific waiver to include individuals without Intellectual Disability.	December 2017		Funding and Finance Committee
Collaborate with state agencies to identify new models for the use of	December 2017		Funding and Finance Committee

waiver services for the ASD population. (Potential Partners: Alabama Department of Mental Health, Alabama Department of Public Health, Alabama Department of Rehabilitation Services).			
Advocate for state spending and support for those with ASD.			
Determine funding needs to achieve goals of the AIACC, including the Regional Autism Networks, and recommend ways to include ASD in budget considerations of the Executive and Legislative Branches for publicly funded services.	December 2017		Funding and Finance Committee
Advocate for ASD diagnosis to be included in Medicaid Regional Care Organizations.	December 2017		Funding and Finance Committee
Advocate for more coordination and sharing of human and financial resources to address the issues of people with ASD across the lifespan.	December 2017		Funding and Finance Committee
Advocate for an autism database that may be used to know how many in Alabama are affected by ASD for service and budget planning purposes.	December 2017		Funding and Finance Committee
Support funding of Regional Autism Networks.			
Perform cost analysis to determine cost per Regional Autism Network.	February 2015		Funding & Finance Committee
Advocate for a line item in the Alabama budget for at least two Regional Autism Network locations, with more to be added in subsequent years.	December 2015		Funding & Finance Committee
Develop funding flow recommendations for the Regional Autism Networks Committee to consider during Request for Proposal development.	May 2015		Funding & Finance and Regional Networks Committees
Determine reporting requirements for each Regional Autism Network in regard to funding.	May 2015		Funding & Finance Committee

GOAL 4: ACCESSIBILITY

Advocate for increased choice among and access to quality services and supports for people with ASD and their families.

Key: 0=Not Met – no progress: no collaborations with state partners to communicate services and/or transition issues, no supports for a coordinated system of care or more flexible eligibility criteria

1=Partially Met- some progress: 1-2 collaborations or opportunities for supporting increased access and choice

2=Mostly Met – much progress: 3-4 collaborations or support opportunities

3=Completely Met/Sustaining – totally satisfactory progress: 5 or more collaborations or support opportunities for increasing access and choice of services and supports

Objective	Completion Date	Measurement	Responsible Party
Advocate for increased choice among and access to quality services and supports for persons and families within ASD community-based systems of care.			
Collaborate with state partners to identify and communicate local and state services available to children, youth and adults.	December 2017		Accessibility and Public Awareness Committees
Advocate for increased access to diagnostic evaluations, treatment, and supports across the lifespan.	December 2017		Accessibility Committee
Encourage publicly-funded service systems to allow people with ASD to access services under more flexible eligibility criteria. For example, account for social-emotional, adaptive, and functional deficits as well as communication, academic and cognitive.	December 2017		Accessibility Committee
Encourage and support a coordinated system of intervention and care for transition age students that include the person with ASD, parents, mentors and support agencies and that addresses transition issues, job training and coaching, college support, daily living skills, communication and social skills.	December 2017		Accessibility Committee
Collaborate with Alabama State Department of Education's Autism team and others to identify youth and young adults transitioning from	December 2017		Accessibility Committee

school in order to address training and work issues earlier in the youth's schooling.			
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GOAL 5: REGIONAL NETWORKS/SYSTEM SUPPORT

Develop and coordinate necessary resources that allow for the creation of Regional Autism Networks. (See Appendix B for legislation outlining requirements of Regional Autism Networks.)

Regional Networks/System Support - Phase 1 – (Initial steps: 1-Establish budget (cost analysis) for budget request to legislature, 2-Identify process and develop RFP, 3-Support submission of budget request to legislature, 4-Identify contact in each region submitting response to RFP, 5- Develop annual reporting requirements for Regional Autism Networks)

Key: 0=Not Met-No initial steps taken

1=Partially Met-1-2 initial steps completed or initiated

2=Mostly Met – 3-4 initial steps completed or initiated

3=Completely Met/Sustaining – totally satisfactory progress: All 5 initial steps completed or initiated to be completed within an appropriate time frame.

Objective	Completion Date	Measurement	Responsible Party
Advocate for, promote, and encourage the establishment of four to six Regional Autism Networks in accordance with Act 2009-592.			
Support the cost analysis conducted by the Funding and Finance Committee to determine the amount of a budget request to state legislature.	December 2014		Regional Network and Funding & Finance Committees
Identify process and develop Request for Proposal.	March 2015		Regional Network Committee
Support submission of budget request to legislature.	March 2015		Regional Network and Funding and Finance Committees
Identify contact in each region submitting response to Request for Proposal.	October 2015		Regional Network Committee
Develop annual reporting requirements for Regional Autism Networks.	October 2015		Regional Network Committee
Share information about Regional Autism Networks as it becomes available.	Ongoing (pending allocation of funding for Regional Autism		Regional Network Committee

	Networks)		
Assure public awareness/education campaign is in place in conjunction with the development of the regional centers	Ongoing (pending allocation of funding for Regional Autism Networks)		Regional Network Committee
Support an increase the number of qualified and competent ASD trained professionals, personnel, and providers.			
Support programs and policies designed to increase the number of qualified and competent ASD trained professionals, personnel, and providers.	December 2017		Regional Network Committee
Encourage university officials to increase university-based degree and certificate programs that provide ASD specific training	December 2017		Regional Network Committee

Appendix A: Committee Procedures and Measurements

Committee Structure and Procedures

- The Committee structure for the AIACC is guided by the goals of the Strategic Plan.
 - Goal 1 – Accountability
 - Goal 2 – Public Awareness
 - Goal 3 – Funding
 - Goal 4 – Accessibility
 - Goal 5 – Regional Networks/System Support

- Each Committee will have an appointed chair.
 - The duties of the chair are:
 - To determine the number of Committee members needed to accomplish the work of the Committee.
 - To extend invitations to serve to suggested Committee members.
 - To assure regular (at least quarterly) meetings (in-person, conference calls, email or some combination) of the entire Committee.
 - To coordinate the work of Committee members to implement the activities of the Committee.
 - To encourage each Committee member's participation in the work of the Committee and the process of measuring progress toward the Committee's goal.
 - To submit quarterly progress reports, including the group's rating and the rationale for the rating, to the State Autism Coordinator.

Measuring Progress

BACKGROUND. Each quarter the overall progress of each Committee toward the goal of the Committee will be measured with a rating scale. The scale is designed to account for the individual activities that will constitute varying amounts of progress toward the goal. Thus, the Committee will present its overall rating of the measure of its progress toward the goal (a number from 0-3) and the rationale for that rating (in the form of a narrative) that is part of the quarterly progress report.

THE RATING SCALE. Each goal will have rating scale with criteria for each point on the scale (0, 1, 2, or 3) that will broadly measure how much has been accomplished through the activities that accompany each activity. The scale for each goal is presented below.

Goal 1 - Accountability (Promote evidence-based, high quality, cost effective models and best practices that provide supports to persons with ASD and their families)

0=Not Met – no progress: no endorsements, no trainings, no meetings, no reviews no website postings, no provider updates

1=Partially Met – some progress: 1-2 endorsements, trainings, meetings, reviews, website postings and/or provider updates related to effective models and current best practices

2=Mostly Met- much progress: 3-4 endorsements, trainings, meetings, reviews, website postings, and/or provider updates

3=Completely Met/Sustaining – totally satisfactory progress: 5 or more endorsements, trainings, meetings, reviews website postings, and/or provider updates

Goal 2 – Public Awareness (Raise public awareness of issues and needs affecting persons with ASD and their families)

0=Not Met – no progress: no educational events, no dissemination of data and/or research findings, no support for trainings and policies for first responders, no distribution of educational materials, no promotion of transition activities

1=Partially Met – some progress: 1-2 of the above activities to promote awareness

2=Mostly Met – much progress: 3-4 events or activities related to public awareness

3=Completely Met/Sustaining – totally satisfactory progress: 5 or more events or activities related to public awareness for ASD

Goal 3 – Funding (Identify and promote opportunities for diversified public and private partnerships that expand needed funding)

0= Not Met – no progress: no strategies to increase insurance coverage, opportunities for diagnostic evaluations, waivers and support services and/or state spending and support

1=Partially Met – some progress: 1-2 opportunities or strategies (as described above) identified and/or promoted

2= Mostly Met – much progress: 3-4 opportunities or strategies identified and/or promoted

3=Completely Met/Sustaining – totally satisfactory progress: 5 or more opportunities or strategies for funding expansion were identified and/or promoted

Goal 4 – Accessibility (Advocate for increased choice among and access to services and supports for people with ASD and their families)

0=Not Met – no progress: no collaborations with state partners to communicate services and/or transition issues, no supports for a coordinated system of care or more flexible eligibility criteria

1=Partially Met- some progress: 1-2 collaborations or opportunities for supporting increased access and choice

2=Mostly Met – much progress: 3-4 collaborations or support opportunities

3=Completely Met/Sustaining – totally satisfactory progress: 5 or more collaborations or support opportunities for increasing access and choice of services and supports

Goal 5 – Regional Networks/System Support (Develop and coordinate necessary resources that allow for the creation of Regional Autism Networks.)

Phase 1 – (Initial steps: 1-Establish budget (cost analysis) for budget request to legislature, 2- Identify process and develop Request for Proposal, 3-Support submission of budget request to legislature, 4-Identify contact in each region submitting response to Request for Proposal, 5- Develop annual reporting requirements for Regional Autism Networks)

0=Not Met-No initial steps taken

1=Partially Met-1-2 initial steps completed or initiated

2=Mostly Met – 3-4 initial steps completed or initiated

3=Completely Met/Sustaining – totally satisfactory progress: All 5 initial steps completed or initiated to be completed within an appropriate time frame.

Appendix B: Regional Autism Networks Legislation

The establishment of the Regional Autism Networks (Act 2009-592) is one of the most critical elements of the statewide system of care.

Regional Autism Network Legislation (Act 2009-592)

Establishment of regional autism centers; constituency board; rules and regulations.

(a)(1) There is established in determined geographic regions of the state one or more autism centers whose purpose is to provide nonresidential resource and training services for persons of all ages and of all levels of intellectual functioning who have any of the following:

a. Autism.

b. A pervasive developmental disorder that is not otherwise specified.

c. As determined by the Alabama Interagency Autism Coordinating Council, other disability populations which may receive benefit from the services and activities of the regional centers.

(2) Each center shall be operationally and fiscally independent, and provide evidence-based services within its geographical region of the state. Service delivery shall be consistent for all centers. Each center shall coordinate services within and between state and local agencies and school districts but may not duplicate services provided by those agencies or school districts. The respective locations and service areas of the centers shall be recommended by the Alabama Interagency Autism Coordinating Council and selected by the Governor, the Lieutenant Governor, and Speaker of the House of Representatives.

(b)(1) There is established for each center a constituency board, which shall work collaboratively with the center. Each board shall consist of no fewer than six members, each of whom is either an individual who is, or a member of a family that includes, a person who has a disability that is described in subsection (a).

(2)a. The Governor, the Lieutenant Governor, and Speaker of the House of Representatives shall select the members for the board from a list that has been developed by the Alabama Interagency Autism Coordinating Council and other relevant constituency groups that represent persons who have sensory impairments as described in subsection (a). The Governor, the Lieutenant Governor, and Speaker of the House of Representatives shall appoint members who reflect the racial, gender, geographic, urban/rural, and economic diversity of the state.

b. As representatives of the center's constituencies, these boards shall meet quarterly with the staff of each of the centers to provide advice on policies, priorities, and activities. Each board shall submit to the Alabama Interagency Autism Coordinating Council an annual report that evaluates the activities and accomplishments of its center during the year.

(c) To promote statewide planning and coordination, a conference shall be held annually for staff from each of the centers and representatives from each center's constituency board. The purpose of the conference shall be to facilitate coordination, networking, cross-training, and feedback among the staffs and constituency boards of the centers.

(d) Each center shall provide the following:

(1) A staff that has expertise in autism and related disabilities.

(2) Individual and direct family assistance in the home, community, and school. A center's assistance may not supplant other responsibilities of state and local agencies, and each school district shall be responsible for providing an appropriate education program for clients of a center who are school age, inclusive of preschool special education.

(3) Technical assistance and consultation services, including specific intervention and assistance for a client of the center, the family of the client, and the school district, and any other services that are appropriate.

(4) Professional training programs that include developing, providing, and evaluating preservice and inservice training in state-of-the-art practices for personnel who work with the populations served by the centers and their families.

(5) Public education programs to increase awareness of the public about autism and autistic-related disabilities.

(e) The number of regional centers shall be determined by the Alabama Interagency Autism Coordinating Council, and where possible, the centers shall be based on the campuses of state universities and colleges which provide a proposal for a center to the Alabama Interagency Autism Coordinating Council.

(f) The Alabama Interagency Autism Coordinating Council and the regional autism centers shall adopt the necessary rules to implement and administer this section.

(g) The provisions of this section shall become operative only when funds are appropriated by the Legislature through a line item appropriation.

(Act 2009-592, p. 1748, §1.)