

Autism Services Across America

Road Maps for Improving State and National Education, Research, and Training Programs

by

Peter Doehring, Ph.D.
ASD Roadmap
with invited contributors

· P A U L · H ·
BROOKES
PUBLISHING CO.®

Baltimore • London • Sydney

Contents

.....

About the Author	vii
Contributors	ix
Foreword <i>Fred R. Volkmar</i>	xi
Acknowledgments	xvii
Introduction	xix

I Understanding the Scope

1 About Autism Spectrum Disorder	3
<i>Peter Doehring</i>	
2 Services for People with Autism Spectrum Disorder: What Can This Include?	25
<i>Peter Doehring</i>	
3 An Overview of the Training, Research, and Policy Supporting Systems of Services for People with Autism Spectrum Disorder	59
<i>Peter Doehring</i>	
4 How It Works: The Infrastructure of Agencies and Organizations That Support Services, Training, Research, and Policy	101
<i>Peter Doehring</i>	

II Exemplary Regional, Provincial, and Statewide Programs

5 Autism Spectrum Disorder Services, Training, and Policy Initiatives at The West Virginia Autism Training Center at Marshall University	135
<i>Barbara Becker-Cottrill</i>	
6 The Pennsylvania Bureau of Autism Services and the Department of Education: Providing Educational and Community Services Across the Life Span	147
<i>Erica Wexler, Cathy Scutta, Michael Miklos, Nina Wall-Cote, and Peter Doehring</i>	
7 Delaware Autism Program: Statewide Educational Services in the Public Schools	161
<i>Peter Doehring and Vincent Winterling</i>	
8 Indiana Resource Center for Autism: Promoting Local Capacity Statewide Through Research, Education, and Policy	185
<i>Cathy Pratt</i>	
9 Regional Autism Intervention Program and Related Research Activities at McMaster Children's Hospital in Ontario	195
<i>Jane Summers, Jo-Ann Reitzel, and Peter Szatmari</i>	

10	The University of Utah and the Utah Department of Health: Collaborating to Implement Community-Based Systems of Care for Children with Autism Spectrum Disorder	207
	<i>Paul S. Carbone, Sarah Winter, Harper Randall, and Judith M. Holt</i>	
11	Autism and Tertiary Behavior Support Through the Kansas State Department of Education: Developing Collaborative Teams for Identification and Consultation	219
	<i>Lee Stickle and Sarah Hoffmeier</i>	
 III Exemplary National Initiatives		
12	Learn the Signs. Act Early.: The Public Health Approach to the Early Identification of Children at Risk for Autism Spectrum Disorder and Other Developmental Disabilities	231
	<i>Georgina Peacock, Sue Lin, Jennifer Bogin, Cheryl Rhodes, and Rebecca B. Wolf</i>	
13	National Professional Development Center on Autism Spectrum Disorders: An Emerging National Educational Strategy	249
	<i>Ann W. Cox, Matthew E. Brock, Samuel L. Odom, Sally J. Rogers, Lisa H. Sullivan, Linda Tuchman-Ginsberg, Ellen L. Franzone, Katherine Szidon, and Lana Collet-Klingenberg</i>	
 IV Facing Autism Nationally: How to Improve Services Through Training, Research, and Policy		
14	What We Have Learned: How to Create Integrated Networks that Improve Access, Increase Capacity, Develop Expertise, and Address Meaningful Outcomes	269
	<i>Peter Doehring</i>	
15	Where We Can Start: Immediate Opportunities for Improving the Lives of People with Autism Spectrum Disorder	297
	<i>Peter Doehring</i>	
	 Index	 319

About the Author

.....

After completing his doctoral training as a clinical and research psychologist in Canada, Peter Doehring, Ph.D., began his career developing autism spectrum disorder (ASD) screening and early intervention programs within a regional psychiatric hospital in Montreal. He then served as Statewide Director for the Delaware Autism Program (DAP), the largest specialized public school program of its kind in the United States. He led DAP through an unprecedented period of growth and change that doubled the number of students served and the number of school districts operating affiliated programs, that included the development of programs of training and oversight for ASD identification and behavior support, that revitalized a specialized postgraduate certificate for teachers of students with ASD, and that reorganized a program of residential and respite services unique within the public school system.

As Director of Regional Programs at the Center for Autism Research (CAR) at the Children's Hospital of Philadelphia and the University of Pennsylvania, he then initiated a wide range of hospital- and community-based training programs. In this role, he served as Autism Training Director for the hospital's Leadership Education in Neurodevelopmental and Related Disabilities (LEND) program, helped to establish a regional consortium for training, services, and research, and obtained funding from the National Institutes of Health to begin a regional research registry.

As Director of Autism Services for Foundations Behavioral Health, he led the development of a new inpatient treatment program for children and adolescents with ASD in behavioral crisis. This program was designed as a model for others to be disseminated by the parent company Universal Health Services, the largest provider of behavioral health services in the United States.

Via his consultation services—ASD Roadmap—he now provides training and strategic support to families and agencies struggling to organize, expand, and improve services and programs. Throughout his career, he has actively championed the role of research in improving practice and in 2011 edited a volume reviewing evidence-based treatments for autism. Peter is also the father of three children, including a daughter with multiple and complex developmental disabilities.

Contributors

.....

Barbara Becker-Cottrill, Ed.D., BCBA

Executive Director, The West Virginia
Autism Training Center
Marshall University
Huntington, West Virginia

Jennifer Bogin, MS.Ed., BCBA

Association of University Centers on
Disabilities
Silver Spring, Maryland

Matthew E. Brock, M.A.

National Professional Development Center
on Autism Spectrum Disorder
Frank Porter Graham Child Development
Institute University of North Carolina at
Chapel Hill
Chapel Hill, North Carolina

Paul S. Carbone, M.D.

Associate Professor of Pediatrics
University of Utah
Salt Lake City, Utah

Lana L. Collet-Klingenberg, Ph.D.

University of Wisconsin–Whitewater
Whitewater, Wisconsin

Ann W. Cox, Ph.D.

Director National Professional
Development Center on Autism Spectrum
Disorder
Frank Porter Graham Child
Development Institute
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina

Ellen L. Franzone, M.S., CCC-SLP

Program Coordinator
Allies in Autism Education CESA 6
Oshkosh, Wisconsin

Sarah Hoffmeier, LMSW

Family Service & Training Coordinator
TASN Autism & Tertiary Behavior Supports
Kansas City, Kansas

Judith M. Holt, Ph.D.

Co-Director, Utah Regional
Leadership Education in
Neurodevelopmental
Disabilities Program
Utah State University
Logan, Utah

Sue Lin, M.S.

Maternal and Child Health Bureau
Health Resources and Services
Administration
Washington, D.C.

Michael Miklos, M.S., BCBA

Lead Educational Consultant
PaTTAN Autism Initiative
Harrisburg, Pennsylvania

Samuel L. Odom, Ph.D.

Director Frank Porter Graham Child
Development Institute
University of North Carolina
Chapel Hill, North Carolina

Georgina Peacock, M.D., MPH

Centers for Disease Control and
Prevention
National Center on Birth Defects
and Developmental Disabilities
Atlanta, Georgia

Cathy Pratt, Ph.D., BCBA-D

Director, Indiana Institute on
Disability and Community
Indiana University
Bloomington, Indiana

Harper Randall, M.D.

Medical Director
Utah Department of Health
Division of Family Health and
Preparedness
Salt Lake City, Utah

Jo-Ann Reitzel, Ph.D.

Clinical Director
Autism Intervention Program
McMaster Children's Hospital
Hamilton, Ontario, Canada

Cheryl Rhodes, M.S., LMFT, LPC

Director, Case Management
Marcus Autism Center
Atlanta, Georgia

Sally J. Rogers, Ph.D.

Professor of Psychiatry, MIND Institute
University of California–Davis Medical
Center
Sacramento, California

Cathy Scutta, OTD, OTR/L, BCBA-D

The Competent Learner Model (CLM)
PaTTAN Autism Initiative
King of Prussia, Pennsylvania

Lee Stickle, M.S.Ed.

Kansas State Department of Education
Technical Assistance Systems Network
(TASN)
Kansas City, Kansas

Lisa H. Sullivan, Ph.D.

Educational Researcher
University of California–Davis
Davis, California

Jane Summers, Ph.D.

Psychologist, Autism Intervention Program
McMaster Children's Hospital
Hamilton, Ontario, Canada

Peter Szatmari, M.D.

Professor, Department of Psychology
McMaster University
Hamilton, Ontario, Canada

Katherine Szidon, M.S.

Special Education Developmental
Disabilities

Professional Development
Specialist, Waisman Center
University of Wisconsin–Madison
Madison, Wisconsin

Linda Tuchman-Ginsberg, Ph.D.

Program Director for Early
Childhood and Education Professional
Development, Waisman Center
University of Wisconsin–Madison
Madison, Wisconsin

Nina Wall-Cote, M.S.S.

Bureau Director
Bureau of Autism Services
Pennsylvania Department of Public
Welfare
Harrisburg, Pennsylvania

Erica Wexler, M.S.

Senior Communications and Training
Coordinator
Bureau of Autism Services
Pennsylvania Department of Public
Welfare
Philadelphia, Pennsylvania

Sarah Winter, M.D.

Associate Professor
University of Utah
Salt Lake City, Utah

Vincent Winterling, Ed.D.

Statewide Director
Delaware Autism Program
Christina School District
Newark, Delaware

Rebecca B. Wolf, M.A.

Team Leader
Learn the Signs. Act Early.
Prevention Research Branch
Division of Birth Defects and
Developmental Disabilities
Atlanta, Georgia

13



National Professional Development Center on Autism Spectrum Disorders

An Emerging National Educational Strategy

Ann W. Cox, Matthew E. Brock, Samuel L. Odom, Sally J. Rogers, Lisa H. Sullivan,
Linda Tuchman-Ginsberg, Ellen L. Franzone, Katherine Szidon, and Lana Collet-Klingenberg

The National Professional Development Center on Autism Spectrum Disorders (NPDC) was conceived from the concern and frustration that its authors and primary investigators experienced in trying to help motivated and committed professionals in the public schools apply best practices for children with autism spectrum disorder (ASD) in their classrooms. Before helping professionals to apply best practices for working with children with ASD, the NPDC had to answer numerous questions: What were the best practices? Who decides what they are? How would general education public school teachers, or other school-based professionals, learn to use the practices? How would they know if they were using them correctly? How would they measure their effectiveness? How would they apply a practice to the individualized education program (IEP) goals as written? What might a high-quality program look like?

These concerns were less about the teaching staff and more about the large amount of disparate information scattered throughout the educational literature. First, the information lacked integration and synthesis; the research was not organized into a coherent body of information. Second, there was a lack of consensus in the field about definitions of an evidence-based practice (EBP) in ASD. Finally, the research on ASD was published in many different journals, in language inaccessible to most, and with too little information in the articles for a teacher to be able to replicate the practice in a classroom.

When the U.S. Department of Education issued a request for proposals in the fall of 2006 for the creation of a national professional development center to support educators

Funding for preparation of this chapter was provided by Grant No. H325G070004 from the Office of Special Education Programs, U.S. Department of Education.

who work with students with autism, a team of individuals from the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, the Waisman Center at the University of Wisconsin, and the Medical Investigation of Neurodevelopmental Disorders (MIND) Institute at the University of California at Davis Medical School saw an opportunity to address these concerns. They conceptualized a possible approach to these problems by developing a professional development/coaching model for states that would

1. Support local school districts to provide high-quality education and early intervention to children and youth with ASD based on empirically tested and supported educational practices
2. Support teamwork between families and school personnel in educational planning and programming for children;
3. Develop needed assessment tools and self-instructional materials from the highest-quality educational approaches in ASD, package them in multiple formats (print, Internet, video), and encourage school adoption of these practices and procedures for ongoing evaluation of student progress
4. Develop a high level of training and implementation expertise combined with NPDC resources so that state-level training teams could continue to train and support new sites in their state

The proposal was submitted in January 2007 and funding was awarded that summer. Teams were assembled at each of three coordinating university sites—Wisconsin, California, and North Carolina. These were headed by a co-principal investigator, managed on a daily basis by a project coordinator, and staffed with a number of ASD experts from various disciplines. These individuals had expertise in using empirically supported practices for children with ASD, teaching and training other professionals, developing training materials, and working with parents. Administrative support staff rounded out the teams.

Now, more than 5 years later, hundreds of people have participated across 12 states, and training materials are being placed on the Internet regularly. More than 700 participants have attended summer workshops, several of which are being carried out independently by state teams who have participated with the NPDC. Seventy-six programs are serving as model or expansion sites and new sites are added yearly. And more than 189 preschoolers, elementary students, and teenagers with ASD have directly benefited from training and coaching provided by NPDC team members in classroom sites.

The developers of the NPDC sought to address their original concerns in practical and sustainable ways but found that some information was not readily available or needed to be developed. The model that has emerged is based on working with entire states, and programs within the states, for 2 years. Attention has centered on engaging the state through a strategic planning process before focusing on work in sites and classrooms. A great deal of time has been devoted to developing training and technical assistance resources that are used and remain with a state after their work with the NPDC ends. Much of this work is presented in the next three sections. The chapter concludes by sharing lessons that have been learned during this process and a concluding “state success story” that illustrates how capacity is built and sustainability assured.

Note that the work of the NPDC on ASD also addresses the needs of children younger than 3 years of age; however, in this chapter, we focus on our work with individuals 3–21 years of age.

IDENTIFYING AND CREATING NEEDED RESOURCES

Our first work as a center focused on identifying the instructional or intervention practices that had been demonstrated in the scientific literature as effective with children with ASD and tools to help practitioners better understand the elements of quality programs for children with ASD. These resources were not already available for us to use, so NPDC researchers set about addressing these areas in a systematic way.

What Are the Best Practices for Learners with Autism Spectrum Disorder? How Were These Identified?

A key feature of the NPDC work has been to identify from the research literature instructional and intervention practices that are effective and could be translated into practices that teachers and other service providers may use in programs for learners with ASD. The NPDC investigators and staff followed a systematic process for identifying EBPs from the research literature. Initially, researchers from the NPDC conducted computer-based literature reviews. Specific procedures are provided in Odom, Collet-Klingenberg, Rogers, and Hatton (2010).

The NPDC researchers and staff then sorted intervention articles by important outcome areas (e.g., social, communication, interfering behavior) and age groups and grouped the articles by intervention practices. After articles were identified and grouped, two NPDC researchers reviewed the methodology of each article to determine that essential methodological quality criteria for group and single case experimental designs were met (Gersten et al., 2005; Horner et al., 2005). Acceptable articles were then grouped by practice type. For a practice to be classified as evidence-based, there had to be 1) at least two acceptable experimental or quasi-experimental design studies, 2) five single case design studies conducted by a minimum of three different researchers, or 3) a combination of group (a minimum of one study) and single case design studies (a minimum of three studies).

From this review, NPDC investigators identified 24 practices that had sufficient research studies to be classified as evidence-based. The practices are listed in Figure 13.1 by domains of instruction that were targeted in the research making up the evidence base for each practice.

Many of these practices are based on applied behavior analysis principles. There are basic behavioral interventions, such as reinforcement or prompting, as well as more complex practices such as peer-mediated intervention or self-management, that include these basic behavioral features as part of the overall practice. Also, there is a cluster of practices (i.e., functional behavior assessment, redirection, extinction, antecedent-based interventions, differential-reinforcement of other behavior, functional communication training) that focuses on building more adaptive skills while decelerating or reducing challenging behavior and can provide the foundation for a system of positive behavior management. In addition, some practices come from frameworks other than applied behavior analysis (i.e., social narratives, speech generating devices, visual supports) and have sufficient research to qualify as being evidence based.

To be useful, the practices had to be translated into procedural guides that practitioners could use in classrooms and programs. For each of the 24 practices, staff has created clear descriptions of the features of the practice, steps for implementation, and an implementation checklist. Together these components are called *practice briefs*. The NPDC is also developing Internet-based modules, with video examples. Both the briefs and online modules are core training resources and are described later in the chapter.

EBP	Academics and Cognition			Behavior			Communication			Play			Social			Transition		
	EC	EL	MH	EC	EL	MH	EC	EL	MH	EC	EL	MH	EC	EL	MH	EC	EL	MH
Antecedent-based interventions																		
Computer assisted instruction																		
Differential reinforcement																		
Discrete trial training																		
Extinction																		
Functional behavioral assessment																		
Functional communication training																		
Naturalistic interventions																		
Parent-implemented interventions																		
Peer-mediated instruction/intervention																		
Picture Exchange Communication System																		
Pivotal Response Training																		
Prompting																		
Reinforcement																		
Response interruption and redirection																		
Self-management																		
Social narratives																		
Social skills groups																		
Speech generating devices (VOCA)																		
Structured work systems																		
Task analysis																		
Time delay																		
Video modeling																		
Visual supports																		

Figure 13.1. Evidence-based practices (EBP) by instructional domains and age. Shading indicates that research was found to support the use of the practice in a given instructional domain and with a specific age range. (Key: Age Groupings: EC, early childhood (2-5 years); EL, elementary age; MH, middle/high school age; EBP, evidence-based practices (Disclaimer: The review completed by the National Professional Development Center on Autism Spectrum Disorder was not exhaustive. It is possible that yet unidentified evidence exists for practices and ages not indicated above or that have been published since the time of the last review.)

What Do Quality Classrooms for Students with Autism Spectrum Disorder Look Like? Can This Be Assessed?

Increasing quality of instruction in a classroom, a major goal of the NPDC project, assumes there is a procedure for evaluating quality of instruction. However, there were no such procedures available to teachers when the NPDC began. An instrument developed for this purpose, the Autism Program Environment Rating Scale (APERS), measures features of programs that reflect program quality, such as program structure, social climate, team functioning, communication, and family involvement (Autism Program Environment Rating Scale Development Group, 2012).

The development of the APERS was systematic and iterative. The selection of items and the format began with a review of the literature on assessment of program and learning environments for children and youth who are typically developing and for individuals with ASD. Based on a review of approximately 35 articles and 13 other environmental scales, a list of pertinent items was assembled. These items were sorted into categories representing features of learning environments and programs. NPDC team members reviewed items and provided feedback that was used to revise the items, which were finally assembled into domains. A scaling process was chosen and anchors were written and reviewed.

The items and domains were then assembled into the APERS Preschool/Elementary form (APERS-PE). This version was shared with practitioners in middle and high school programs for learners with ASD to create the middle-high school version (APERS-MHS). Items were revised to represent the different quality features of these programs, and one domain was added to include a focus on transition.

Research members then pilot tested the APERS in preschool, elementary, middle, and high school programs for learners with ASD. This pilot information was used to revise observation and data-collection procedures as well as individual items. Both forms were used at the initial state model sites of the NPDC in fall 2008 and spring 2009. Investigators provided detailed feedback about items and data collection procedures, which has been incorporated into the current versions of the APERS.

The current versions of the instrument include 64 and 68 items, respectively, for the APERS-PE and the APERS-MHS. Individual items are organized into subdomains, and each item has a five-point Likert scale format. Individuals completing the APERS observe in the program (a minimum of 3 hours of observation is required) and conduct interviews with the teachers, team members, and parents of children with ASD in the classroom. Both versions are suitable for self-contained classrooms and inclusive programs.

The instrument is still in its pilot phase. Validity studies have not been conducted and psychometric properties have not yet been established through research, although the research team hopes to begin such a process within a year. In the meantime, the APERS is being used to assist teachers and technical assistance providers to evaluate current classroom practices and identify goals for increasing program quality at our model and expansion sites.

As the EBPs were being identified and the program quality assessment was being developed, the NPDC began implementing strategies to identify states with sufficient infrastructure and commitment with which to partner.

DEVELOPING PARTNERSHIPS WITH STATES

Commitment from a team of state leaders is the most important first step in a state's involvement with the NPDC. State commitment coupled with a systematic approach that engages state partners through multiple opportunities for communication, clarification of roles, and review of commitments, has ensured that there is a good fit between NPDC priorities and state NPDC partners. The process leading toward the development of the partnership starts with a successful state application, is followed by completion of the state's 2-year strategic plan, and then the initial development of model sites.

How Are States Selected?

The NPDC developed a process to assist potential states in deciding if an application for a 2-year partnership with NPDC is feasible. The application packet, which is posted on

the NPDC web site 9 months before the application is due, includes a comprehensive list of professional development and other responsibilities that are entailed in the partnership. Descriptions of the training, technical assistance/coaching, and financial resources that the NPDC will provide as well as the states' requirements to commit resources, including a state liaison, time of other state leaders and stakeholders, and financial resources associated with NPDC activities are described. In each state, a collaborative leadership team is formed that includes representatives from the department of education, the state's Part C office, and the University Center for Excellence in Developmental Disabilities (UCEDD). Representatives from other groups including parents, advocacy organizations, parent training centers, higher education faculty, and health care professionals may serve as members of the state's leadership team. This team decides if the state has the infrastructure needed to meet the participation requirements of partnership with the NPDC. The leadership team then develops the application.

Upon receipt, each application is reviewed by a team external to the NPDC and rated along criteria developed by the center. These ratings and comments are reviewed by the principal investigators of the NPDC, and three highly rated applications are selected and invited to work with the NPDC for 2 years.

How Is a State's Strategic Plan Developed and Who Needs to Be at the Table?

A state's interagency planning group (IAPG), whose primary task is to identify how the requirements of the NPDC will be meaningfully integrated into the existing infrastructure and activities of each state, is critical to shaping the NPDC partnership. Initial IAPG meetings occur within 6 months of the state's acceptance of the offer to participate. In some states this IAPG has been integrated or grown out of an already existing group. In other states, the IAPG has created the opportunity to bring together a group of key stakeholders for the first time around their common interests in improving their state's capacity for serving children with ASD and their families. Typically, members of the state leadership team, members of the state's training and technical assistance autism network, and representatives from local school districts are included. Parents and individuals with ASD contribute to the IAPG work.

In most states, the NPDC convenes the IAPG for a 1- or 2-day, face-to-face meeting to create a strategic plan, solidify members of the autism training team, and identify priorities for model sites if they have not already been selected. The strategic plan becomes the work plan for how the NPDC and the state will engage over the 2-year partnership. The plan details how the NPDC activities will be implemented within each state, including timelines and who will work on the planned activities. Although each state started this process in its written application, the IAPG meeting provides a forum for bringing participants to a common understanding of the commitments entailed in an NPDC partnership. These discussions often result in the identification of many strengths, but also gaps.

An important consideration within each strategic plan is the sustainability of activities that are undertaken through the NPDC partnership. Some states have a clear idea of how the NPDC will contribute to the professional development system in their state whereas others let that emerge. States establish priorities to strengthen their autism training and technical assistance networks that may include 1) embedding EBP into the state's ongoing professional development, including summer institutes; 2) developing more

networking opportunities among training and technical assistance providers; 3) using more coaching and consultation processes; and 4) increasing partnerships between training and technical assistance providers and higher education faculty.

Strategies for ongoing communication to help a state stay on target with the IAPG commitments in the strategic plan include periodic meetings, tele- and web conferences, and e-mail updates between the NPDC and state leadership staff. Each state's initial strategic plan is reviewed by the IAPG in 1 year and may be modified.

What Are Model Sites and How Are They Developed?

Selected sites (model, then expansion sites) within each state implement the NPDC model. The purpose of these sites is to select and implement EBP based on the needs of children and youth with ASD, implement these practices with fidelity, and monitor progress, all within a quality program. Model sites are developed during the first year of work with the NPDC. They become resources within states that implement EBP for children and youth with ASD within quality programs. These sites are places where practitioners from other programs and classrooms can spend time with skilled practitioners to learn how to implement EBP with students in self-contained and inclusive environments. All this begins by selecting sites, putting technical assistance and coaching structures in place, and completing an initial program of professional development.

What Is Expected of Model Sites and What Do They Agree to Do? Minimum criteria are established for model sites. Each model site must have administrative support from the school's principal and district superintendent and must have a team of four to six practitioners and teachers who work with students with ASD. In addition, model site team members must

- Be willing to receive and act upon monthly on-site coaching
- Join in regular telephone conferences to focus on changes being implemented
- Be willing to be learning sites and be observed by visitors
- Collect data on student, teacher, and family outcomes
- Complete an array of professional development activities (online course, summer institute, EBP modules)
- Implement EBP that address priority goals of at least three students with ASD in self-contained and/or inclusive educational programs

By clearly defining these expectations, potential sites are informed about the specifics of their roles and responsibilities before agreeing to become a model site. These guidelines have become a useful resource in each state as model sites are identified.

How Is Technical Assistance/Coaching Organized and Who Does It? Once model sites are selected, state and local technical assistance providers are identified. The decision to have both a local and a state/regional technical assistance (TA) provider for each site, if possible, allows each model site to have a local coach who is frequently available to the site during the year and into the future. The state/regional TA provider is available during the school year to visit each site for at least 1 day a month for training and coaching.