

OFFICE OF DEVELOPMENTAL
PROGRAMS

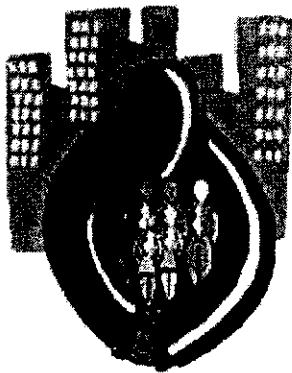
BUREAU OF AUTISM
SERVICES

OUR MISSION

**Our Mission is to Develop,
Coordinate, Integrate,
Finance, and Establish
Policies and Services to
Effectively Serve
Pennsylvanians of Every
Age and Ability Living
with Autism Spectrum
Disorders (ASD), as well
as their Families and
Caregivers, to Enhance
Quality of Life and to
Promote Independence.**



OUR VALUES



- Every person living with ASD can have an improved quality of life given the right supports delivered by trained staff.
- Families are our essential partners.
- Our goal is to increase independence and self-sufficiency.
- Our services must be person and family centered.

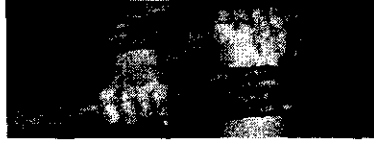
OUR BEGINNING



THE PENNSYLVANIA AUTISM TASK FORCE

- Created by Secretary Richman in 2003
- Comprised of families, professionals and educators
- Submitted 1,000 page final report in December 2004
- The key recommendations from this report drive the work of the Bureau of Autism Services

OUR DRIVING FORCE

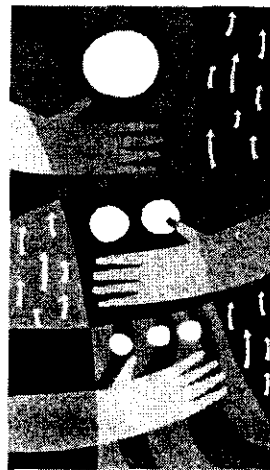


Autism Task Force Key Recommendations

- Create an Office of Disability within DPW with a Bureau of Autism Spectrum and Related Disorders
- Encourage the creation of a consumer-led information and advocacy organization
- Develop an Autism-specific Medicaid waiver
- Situate regional Autism centers across the state
- Develop creative mechanisms for blending and braiding funding between Education and DPW to ensure coordinated, collaborative care across systems

AUTISM AND MENTAL RETARDATION

- Like MR, Autism is a complex, life-long developmental disability.
- Autism and MR – both are disorders, covering a wide spectrum.
- Most recent studies tell us that 50% of people living with Autism are also living with Mental Retardation.



BASIC AUTISM INFORMATION

- Centers for Disease Control recently reported that 1 in 150 children have ASD.
- Boys are four times more likely to have ASD than girls.
- Autism affects social interaction, communication, and sensory processing.
- ASD can co-occur with Mental Retardation, Obsessive Compulsive Disorder (OCD), Attention Deficit Hyperactivity Disorder (ADHD), Tourette's Syndrome, Bipolar Disorder, and even Schizophrenia.
- Early and intensive behavioral intervention has repeatedly been proven to be the most effective treatment.
- 50% of people living with ASD have IQs above 70.
- In ASD, average or above average IQ does not necessarily correlate with a lesser need for support.
- ASD treatments are primarily behavioral.
- People living with ASD can continue to learn throughout their lifetime, given proper supports and individualized treatments.
- Each person with ASD has their own presentation – there is no "one size fits all".

OUR GOALS



- Establish, fund, staff and integrate Autism Services within the Office of Developmental Programs.
- Establish and fund services to meet the needs of individuals living with ASD, not currently eligible for services.
- Improve and streamline existing services and supports for people living with ASD.
- Establish sustainable intra- and inter-systemic collaboration.
- Target, prioritize, strategize, and develop specific plans and protocols surrounding training, both internal and external.

OUR GOALS (con't)

- Build capacity of quality service providers.
- Establish Autism specific standards for diagnosis and assessment.
- Develop and accurate census of persons with ASD throughout PA.
- Support the creation of information/advocacy entities to ensure that all consumers have a meaningful voice in stakeholder issues.



URGENT!

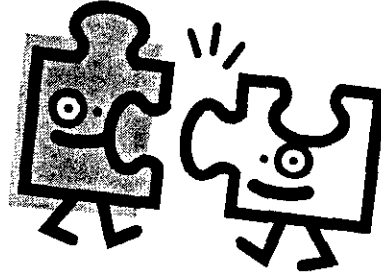
PRIORITIES

To Do:

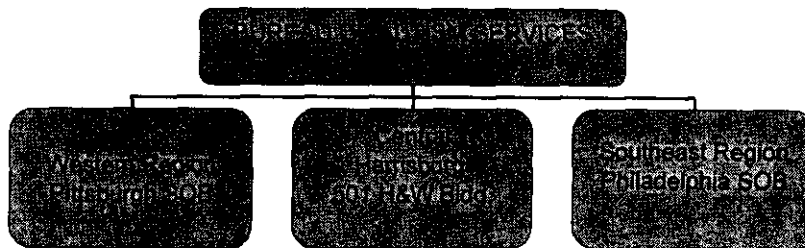
- Develop targeted supports and services for adults living with autism. This initiative will focus on the need to develop capacity and in the area of adult service/support provision. The objective is to design comprehensive and standardized adult service and support training modules which may be utilized by providers statewide to prepare and train support staff in how to effectively meet the needs of adults with ASD across home, work, and community settings.
- Development of assessment standards and training protocols targeted to build capacity amongst professionals. Pilots targeting the development of innovative and research-based models of intervention/training and support have been initiated.
- Development of a model of service delivery to meet the unique needs of individuals with autism living in rural areas of the state.
- Establishment of comprehensive statewide and regionally targeted autism informational resources.

**OFFICE OF MENTAL RETARDATION
+ AUTISM AFFAIRS
= THE OFFICE OF DEVELOPMENTAL PROGRAMS**

- Announcement of new office Feb. 6, 2007
- Establishment of the *new* Bureau of Autism Services within the Office of Developmental Programs (ODP)



**BUREAU OF AUTISM SERVICES
Central and Regional Offices
Clinical & Operational Staff Located
in all Three Regions**



WHAT WE'VE DONE

CENSUS PROJECT

- Initiative to develop an estimate of the number of individuals with ASD residing in PA
- Project supervised by Dr. David Mandell from the University of Pennsylvania's Center for Mental Health Policy and Services Research
 - Data is being compiled from a number of existing public information systems, including DPW, PDE, counties and the U.S. Census.

This data is being synthesized, analyzed and used for planning as a system of support is developed.

WHAT WE'VE DONE

DIAGNOSIS AND ASSESSMENT

- Dr. Susan Levy of Children's Hospital of Philadelphia (CHOP) led a team of experts in developing a consistent, practical standard for diagnosis of ASD.
- We met with PDE to establish statewide autism assessment standards and to recommend assessment tools.

TRAINING, TRAINING.....

- Trainings for Behavioral Health Management Companies and wraparound providers
 - Trainings for professionals on the diagnostic standard developed by the Expert Workgroup, led by Dr. John McGonigle of the University of Pittsburgh Medical Center, were offered April through June 2007
 - Training Needs of Adult Service Providers
 - Training modules are currently in development to assist providers in preparing to meet the unique needs of adults with ASD across settings (home, work, community).
 - Dynamic online content delivery with post testing to assure direct care staff learn the material
- Rollout for the 1st module is scheduled for August, 2007

AND MORE TRAINING...



- We collaborated with PDE to produce a training video for educators and BHRS staff.
 - October 6: Autism 101 Training Videoconference
 - 850 participants
 - Intro to ASD, including family issues
 - DVDs mailed out to all BHRS providers
 - Additional topics for collaborative trainings are being planned.
 - For Copies, Email the Bureau of Autism Services at DPW-AutismOffice@state.pa.us

AND MORE TRAINING...

- We conducted regional Functional Behavior Assessment (FBA) Trainings to BHRS Providers free of charge.

- Presenters:

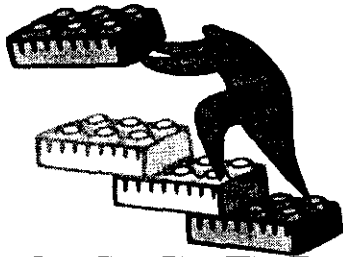
- Claire Maher Choutka, M.Ed., BCBA, *Clinical Director, Bureau of Autism Services*
- Stacey Nonnemacher, M.Ed., ABD, *Northeast Region Clinical Consultant, Bureau of Autism Services*

Four trainings were scheduled regionally, statewide. All four sessions are complete and were well attended. Additional training anticipated during FY '07.



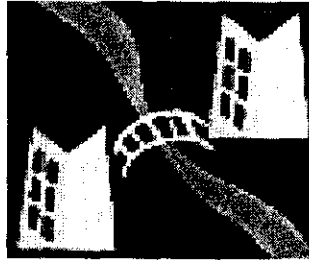
PROMOTING BEST PRACTICES

- Sponsored pilot projects to identify and promote good practice in meeting the needs of individuals with ASD
- Outcome measures are due at the end of the grant period.
- Innovative models of service delivery for children and adolescents with ASD- 6 grants awarded
 - Eastern PA: Special People in the Northeast; The Center for Autistic Children
 - Central PA: Philhaven; Keystone Family Services
 - Western PA: The Watson Institute; Western Psychiatric Institute
- Model of Rural Service Delivery
 - Grants awarded to:
 - Gertrude Barber National Institute
 - ABOARD/DuBois Regional Medical Center



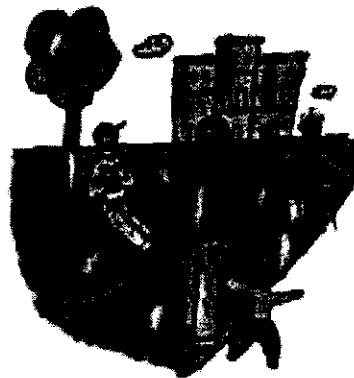
PROMOTING BEST PRACTICES

- Supporting a model to address the needs of economically disadvantaged communities.
 - The average age of diagnosis for children residing in urban centers is 6-7 years old (if they are “fortunate” enough to receive a diagnosis- many are not appropriately diagnosed).
- We hope to collaborate with PDE and the Department of Labor and Industry (L&I) to develop a model of transition to work for young adults with ASD.



SUPPORT FOR FAMILIES

- **FAMILY AND INDIVIDUAL MINI-GRANTS** - Awarded over 1,200 PA families up to \$500 mini-grants to help support families living with ASD and working on 100 more. Grants were awarded to assist with respite care, community inclusion, home accommodations and summer programming.
- **RESOURCES AND INFORMATIONAL MATERIALS** - We are developing web-based and hard copy materials which will be made available to families statewide by region.



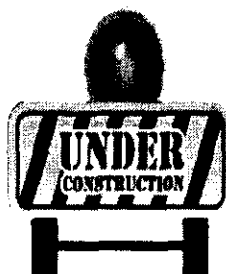
SERVICES FOR ADULTS AND THEIR FAMILIES LIVING WITH ASD

- AUTISM CAPITATED ASSISTANCE PROGRAM (ACAP)
- AUTISM WAIVER

ACAP AND AUTISM WAIVER

- Both delivery systems are being developed to provide services for adults living with ASD and their families – Those without MR are virtually not being served.
 - Both ACAP and the Autism Waiver will provide similar services designed to provide meaningful community inclusion and promote independence, self-sufficiency and self-direction.
 - Target – 21 years and older with ASD.
-

ACAP



- Is a capitated program
- Uses the federal PIHP (Prepaid Inpatient Health Plan) model used currently by Long Term Living – one rate paid to one provider for an array of services
- Is a pilot project – serving 100 adults in one region of the state.
- Rollout is targeted to begin in the Fall of 2007.
- Is a program where a single provider develops a network of providers to support an individual's needs.
- Offers a team approach, including the individual, family, health professionals, to assess and determine needs.
- Flexible – We have set minimal services, however the treatment team can recommend other services needed by the consumer.
- Expansion of pilot is dependent on outcomes.

AUTISM WAIVER

- Fee-for-Service Program
- Target to rollout July 2008 serving 100 consumers
- Anticipated growth in subsequent years
- Use a supports coordinator vs. team
- Initially, BAS will collaborate with supports coordinators in assessment and determination of needs
- Requires continuity and communication between provider and supports coordinator
- Supports Coordinators are independent – can not be a provider or a state employee
- Provides a specific array of services
- Financial eligibility determined by CAOs
- Like ACAP, waiver will be outcome based



WHAT ELSE

- Staff our organization
- Continued training in all areas
- Continued development of adult service delivery systems.
- Continued family support
- Follow-up on the recommendations resulting from the Criminal Justice Conference held in January 2007.



HOW WE CAN LEARN FROM EACH OTHER

We can support you by:

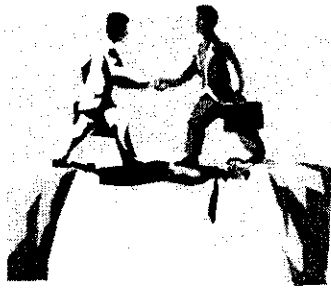
- Provide basic knowledge, understanding and awareness of ASD consumers and their needs.
- Provide training and technical assistance for our consumers living with both MR and ASD. This process has already begun at Polk Center.
- Provide support in crisis management for our consumers living with both MR and ASD.



You can support us by:

- Provide a better understanding of the concerns of the MR community.
- Assist in navigating the waiver world as we construct our waiver to serve adults living with ASD.
- Teach us – We are new to the world of regs, bulletins, and state requirements.
- Teach us – teach us what works and help us learn from your experience.

**PARTNERSHIPS, SOLID
VALUES AND STRENGTH...**



CAN TAKE US TO OUR GOALS

