ASD Policies in New Jersey and in **Other States**

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Roadmaps

utism Annual Conference

Disclosures

- · I might receive book and other royalties related to this topic
- · As a consultant, I might benefit from the interest generated by this topic
- I have no other conflicts of interest

My Objectives Today

- My goal is for you to become able to
 - List common statewide policies and programs related to ASD services, training, and research - Describe some advantages and disadvantages of
 - new statewide policies and programs perhaps relevant to New Jersey

BACKGROUND

Autism Services Across America

 Goal: Draw clear roadmaps translating aspir-ations in research & policy into improved outcomes for everyone Autism Services Across America

PETER DO

Advocates & leaders

- May not build on programs developed elsewhere
- May lack time & experience to develop long-term plans
- This book provides
- Background to support comprehensive planning Examples of innovative state/federal programs

BACKGROUND

Project: Directory of State Programs

- Collaboration of ASD Roadmaps & Easter Seals
- Focus: state-level programs for service, training, research, policy, and advocacy
- Goal: To create
 - · Searchable database of programs with links to reports, legislation, and outcomes
 - State-by-state entries for publication in the Encyclopedia of Autism Spectrum Disorders.
 - To date, we have assembled information about a subset of states with recently active statewide committees or taskforces

BACKGROUND

Other Sources

- State by State summaries of existing policy and services
 - Easter Seals Autism State Profiles - (http://www.easterseals.com/explore-resources/living-withautism/state-autism-profiles.html)
 - Center for Medicaid and Medicaid Services State of the States Report (2014)

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Downloads/ASD-State-of-the-States-Report.pdf)

BACKGROUNDHow policy influences outcomesScience impacts outcomes only through

- improved policy, training, & services – Training & service rely on specific programs
- Consider training & service for caregivers too!
- Training & services can shape policy & research



BACKGROUND

How state policy is disseminated

- Not all important policy is set by the state
 Some important policy is set by local agencies
 - (new staff, new programs, discretionary funding) – Other policy may be set at the federal level
- The role of the state in direct services and
- The role of the state in direct services and training is more indirect
 - Most training is delivered regionally or locally
 - Few services are delivered statewide; most are delivered locally

GENERAL POLICY AND PLANNING ASD Task Forces

- Time limited committees that generate action plan
 ✓ Mandated via state legislation
- ✓ Not all report back to the state legislature Some focused on one domain (education) OR
- ✓ Are cross/multi-agency
- State agencies may dominate OR can include
- ✓ Multiple Parents / Parent Groups AND Self-advocates
 ✓ Service providers
- Reports are usually broad in scope, may gather some background information, but even better if they
 - ✓ Offer specific strategies and action steps
 - \checkmark Include baseline data and measurable goals

GENERAL POLICY AND PLANNING

Standing ASD committees

- Committees that direct state strategy: More heft if
 They are mandated via state legislation
 They report back to the state legislature
- Some are focused on one domain (education) OR
 ✓ Are cross/multi-agency
- What can they do?
- ✓ Share information and document concerns
- ✓ Actively manage projects
- ✓✓ Develop policy/legislation
- ✓✓ Specifically follow-up task force recommendations
- Same recommendations as above re involvement of
- parents, self-advocates, and service providers ✓ Sub-committees with specific mandates

FUNDING

Support for Agencies and Services

- Many direct services rely on state \$\$ to a significant if not major degree
 - May also be affected by rules/regulations (reimbursement rates for specific services)
- Indirect/support services provided by state agencies depend even more on state \$\$
 - Outreach / information
 - Training
 - Level of oversight
 - Capacity to develop new programs

FUNDING

Health Insurance

 Many states have passed private insurance legislation

 \checkmark Look carefully at regulations about what kinds of businesses and policies are exempt

- ✓ Follow-up to ensure that families can access benefits they are entitled to
- Help shape impact of Affordable Care Act
 Act on caps on essential health services (inc. behavioral health) prohibited by ACA

FUNDING

Waivers

- Access federal funding for specific kinds of direct services and supports IF states
 - Commit to matching levels of funding
 - Comply with necessary regulations
- Many states have waiting lists (some very long) for some waiver services

RESEARCH

Registries

- Intended to get a "count" of number of people with ASD
- Q's: How is this better that CDC estimates?
- Implementation varies
- Sometimes reporting is anonymous: no possibility to verify diagnosis
- Sometimes reporting is mandated
- Ultimate goal varies from state to state
- Get a "true" count of the need?
- Connect families with research or other services
- ✓ Option: Census of those receiving services
- PA 2009 Census

RESEARCH

Statewide Needs Assessment

- Many states informally gather information regarding satisfaction, gaps, and needs
 - Focus groups, surveys posted on a website
 - But is this representative enough?
 - ✓ Population-based surveys invite everyone identified with a need to participate
- PA Family Needs Assessment
- Generally representative sample
- ✓ Breaks down gaps by region, groups, etc., potential for region-by-region goals

RESEARCH

Targeted grants

- A handful of states set aside funds for targeted research
- Always related to services (except in NJ)
- \checkmark Evaluate a pilot intervention program
- ✓ Conduct an evaluation of statewide needs

INFORMATION / ADVOCACY

ASD state offices

- Some states have created specific entities in state govt to address ASD issues
 - ✓ Complete office/division, full staff complement
 - Or one or two designated positions
- Scope and mandate varies
 - ✓ A) Coordinate efforts within agency(ies)
 - $\checkmark \checkmark$ B) Administer/oversee services and grants
 - \checkmark C) Connect people with resources
 - $\checkmark \checkmark$ D) Coordinate and/or provide training
 - \checkmark E) Establish standards for best practice

INFORMATION / ADVOCACY ASD Resource Centers

• May also contract with another agency to address C-E above

 \checkmark Usually based in a university, and often in a center focused on disabilities

- ✓ Easier to address gaps between health/education
- ✓ Coordinate with degree training programs

TRAINING

Training programs

- Can by coordinated by an ASD office or resource center
- The range of activities varies
 - Workshops addressing basic awareness
 - \checkmark Training targeting underserved groups
 - ✓ Statewide ASD conference
 - $\checkmark \checkmark$ Programs to develop trainers and experts
 - $\checkmark\checkmark$ Model sites or specialized ASD practica

TRAINING

Certification and licensure

- Can create, recognize, or mandate specific types of training
 - ✓ Recognize a professional group (i.e. BCBAs)
 - ✓ Endorse a specialized certificate (post-graduate ASD teacher training)
 - ✓ Require that a specific training program be completed for a specific task (i.e., FBAs)

SERVICES

Agency Mandates

- Sometimes specific regulations interfere with needed services
 - ✓ Align medical diagnosis and educational classification
 - ✓ Allow behavioral health services to provide "habilitation"
 - \checkmark Promote active collaboration between school and home
- Provide specific guidance and oversight
- ✓ Seclusion and restraint

SERVICES

Pilot projects

- Limited role for state program in direct service delivery BUT can support
 - ✓ Specific pilot programs to test interventions addressing gaps in services
 - ✓ Model / demonstration sites

SERVICES

Regional Collaboratives

- Some states are too large for a single statewide entity to reach everyone
 ✓ Support or mandate regional center to provide more specialized services
 - ✓ Create regional training networks

