GEORGIA

Georgia is bordered by five states including Florida, South Carolina, Alabama, North Carolina and Tennessee and is the 8th most populous state in the US.

State Data

MCHAT-R/F Training
- 300+ Service Coordinators trained via webinar
- Georgia Autism Assessment Collaborative (GAAC)
  - 105 Applicants; 67 Accepted; 54 Completed
  - 4 Training Cohorts
  - 5 GAAC Specialty Clinics
  - 377 participating Early Interventionists; 28 Primary Care Providers

Autism Navigator
- 46 providers
- Professional Learning Community Groups
  - 6 meetings scheduled; 17 out 18 districts participated

Pyramid Model Training – Tiers 1-3
- 235 providers completed Tier 1 webinar; 112 providers completed Tier II webinar; 44 completed Tier III in-person training

Timeline

July 1, 2015 – June 30, 2016

Cohorts 1 through 3 (42 Psychologists and other disciplines) trained on Autism Diagnostic Observation Schedule – Second Edition (ADOS-2) with 2-day clinical training at Emory and 2-day training and coaching in the regions
125 providers trained on the Autism Navigator with bi-weekly follow-up webinars
25 Providers participated in a 12-month Coach/El Provider training model

July 1, 2016 – April, 2019

MCHAT-R/F screening training provided for 300+ Service Coordinators
- Cohort 4 (12 Psychologists) trained on ADOS-2 with a 2-Day Clinical Training at Emory and a 2-Day hands-on training with coaching
- Follow up with Cohorts 1 through 3
- 127 Providers trained on the Autism Navigator with bi-weekly follow-up webinars
- 21 providers participated in a 12-month Coach/El Provider training model
- 174 Providers participated in the Parents Interacting with Infants training
- 134 Providers participated in the Family-Coaching Pyramid model
- 148 providers participated in the Individualized Positive Behavior Supports training.

July 1, 2017 – April, 2019

Systems Improvement

The enactment by the Georgia legislature of House Bill 429, “Ava’s Law”, mandated insurance coverage for Autism services effective January 1, 2016. To respond to the mandate, the Department of Community Health (DCH) formed a state-level interagency collaborative team that included leadership from DCH, the Department of Public Health (DPH), and Department of Behavioral Health and Developmental Disabilities (DBHDD), to develop the policies to plan for and implement best practices for children diagnosed with ASD who are insured through Medicaid. Through these collaborative efforts, a state-wide Medicaid plan was implemented effective January 1, 2018, that provides for screening, diagnostic and treatment for children suspected of or confirmed to have a diagnosis of ASD.

DPH Leadership recognizes the importance of early identification and ensuring Autism services are available to young children in Georgia and has tasked Babies Can’t Wait (Georgia’s IDEA Part C program) with implementing behavioral support services to children birth to age 3 within the program. In order to address infrastructure needs, DPH partnered with academic institutions including Georgia State University’ Center for Leadership in Disability, Emory University’s Emory Autism Center, and Emory School of Medicine’s Marcus Autism Center. This approach has proven to be a successful strategy to enhance statewide capacity to provide screening, diagnostic and behavioral intervention services.

In Georgia, we are working with all of the Health Districts to ensure all staff who receive and process referrals are adequately trained to administer the MCHAT-R/F screening and to understand the next steps to take when “red flags” for autism are identified. This ensures that all children receive the same service and that early identification and intervention happen as soon as possible. Georgia has conducted statewide and regional trainings on early identification & screening, diagnostic skill set, and addressing persistent and challenging behaviors for professionals with the ability to address ASD disparities, to include gaps between age at first diagnosis. Training has also focused on building diagnostic capacity through the training of psychologists on the ADOS-2, as well as extensive efforts to build awareness among primary care providers.

Challenges

Georgia is committed to developing an infrastructure that utilizes behavioral interventions in the natural environment when deemed appropriate to best meet a child’s needs. Professionals in the applied behavior analysis field are found to have varying abilities to integrate their interventions into natural routines.

Due to the increasing identification of young children with red flags for Autism, the demand for diagnostic assessments from Licensed Psychologists has seen a corresponding increase. This has extended the wait time for evaluations and consequently delays in receiving intervention services once a diagnosis is confirmed.