



# RAP

Iowa Regional Autism Assistance Program

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Assuring a System of Care for Iowa's Children and Youth with Special Health Care Needs



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**Disclaimer:**  
The presenters do not have any financial or conflicts of interest to disclose.



## History of RAP

- **Legislation in 1990 created the Regional Autism Assistance Program.**

### **Iowa Code 256.35 Regional Autism Assistance Program**

The Department of Education shall establish a regional autism assistance program, to be administered by the Child Health Specialty Clinic of the University of Iowa Hospitals and Clinics.

**The program shall be designed to coordinate educational, medical, and other human services for persons with autism, their parents, and providers of services to persons with autism.**

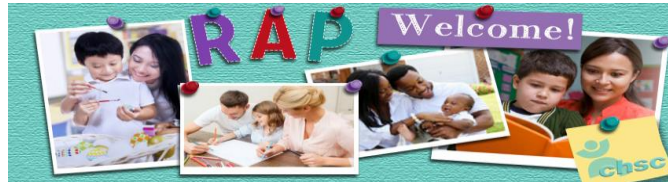


## Function of RAP

### **256.35 Regional Autism Assistance Program - 1990** *(continued)*

The function of the program shall include, but is not limited to, the coordination of diagnostic and assessment services, the maintaining of a research base, coordination of in-service training, providing technical assistance, and providing consultation.





Child Health  
Specialty Clinics  
(CHSC) combines  
resources to  
administer the Iowa  
Regional Autism  
Assistance Program.

This includes resources from:

- State of Iowa
- Iowa Department of Education
- Iowa Department of Human Services
- Iowa Department of Public Health
- Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS)



## Mission Statement

The mission of the Regional Autism Assistance Program is to assure community-based clinical consultation, multidisciplinary care planning recommendations, and family-to-family support for children and families with Autism Spectrum Disorder (ASD).



## Statewide RAP Team Locations



## RAP Team Members

- ARNPs
- RNs
- Family Navigators



## Role of RAP Team Members

RAP teams provide care coordination and family-to-family support by:

- Communicating with diagnostic facilities and health care providers.
- Exploring insurance coverage and payment options for intervention services (e.g Applied Behavior Analysis) and other service needs.
- Navigating education and other systems.
- Finding an advocacy or family support group.
- Connecting families to ASD resources and information.



Iowa Regional Autism Assistance Program

## Pilot Program to Reduce Autism Diagnostic Wait Time in Iowa



## Background

- **Recognized:**
  - Extensive wait times for ASD diagnostic testing statewide (6+ months)
  - STAT screening tools under-utilized
- **Goals:**
  - Appropriate Screening at the right time
  - Earlier Diagnosis
    - Potential for reducing wait lists/times by reducing the “false positive” appointments at diagnostic centers through the STAT
  - Earlier Intervention



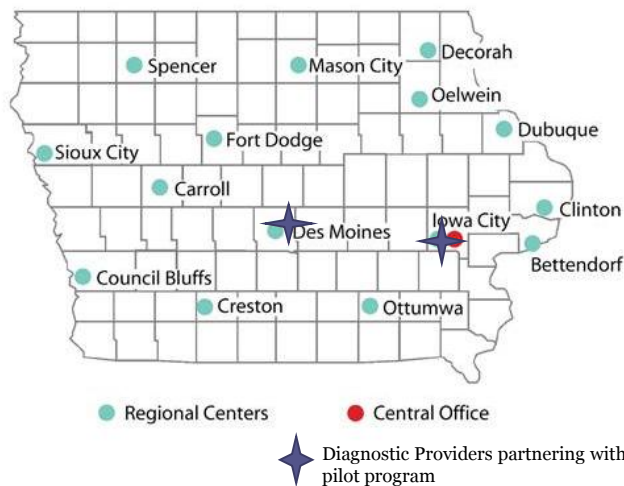
## Approach

- CHSC contracted with Vanderbilt University in November 2013
  - Two-day training in Iowa on administering the **Screening** Tool for **Autism** in **Toddlers** & Young Children for Pediatric Medical Providers (STAT-MD)
  - By June 2014, all 10 CHSC-ARNPs were certified to administer the STAT-MD
- Late Spring 2014, RAP leaders approached diagnostic providers and key partners
  - Request to designate monthly priority slots for children who have been screened at a CHSC Regional Center and are suspected of having a diagnosis of ASD.



## Partners

- The University of Iowa's Center for Disabilities and Development (UI-CDD) participates effective August 2014
  - Eastern Iowa
    - Four dedicated priority slots per month
      - One appointment every Wednesday
- ChildServe participates effective January 2015
  - Central Iowa
    - One dedicated priority slot per month
      - One appointment on third Thursday of each month



## Priority Slot Protocols Developed

- **UI-CDD**
  - Child receives STAT-MD by CHSC ARNP, or other evidence-based ASD screening tool, and further evaluation recommended based on score(s)
  - Children ages 6 years and under (*up to 7<sup>th</sup> birthday*)
  - Children are seen by a multi-disciplinary team of specialists, including a Developmental Pediatrician, a Psychologist, and a Speech Pathologist.
  - Priority slots are held up to one week prior to appt date



## Priority Slot Protocols (*continued*)

- **ChildServe**
  - Child receives STAT-MD by CHSC ARNP, or other evidence-based ASD screening tool, and further evaluation recommended based on score(s)
  - Children ages 6 years and under (*up to 7<sup>th</sup> birthday*)
  - Children are seen by a multi-disciplinary team of specialists, Psychologist, Speech and Language Pathologist, and Occupational Therapist.
  - Priority slots are held up to one week prior to appt date





## Priority Slot Protocols *(continued)*

- CHSC
  - Staff member sends referral/consult through secure electronic medical health record (EMHR)
  - Dedicated RAP staff member contacts scheduler for each diagnostic center; sends CHSC staff member appt information through EMR
  - Same RAP staff member who contacts scheduler also contacts family for acceptance of appointment



## Care Coordination

- RAP team members follow-up and provide Care Coordination, offering assistance to:
  - Complete necessary paperwork
  - Verify insurance coverage
  - Address transportation concerns
  - Locate hotel accommodations as necessary
  - Make reminder phone calls to families for approaching appointments
  - Offer encouragement and support to families through this difficult and emotional process



## Preliminary Results

		Average length of time for diagnostic appointment <i>without priority slot</i>	Average length of time from screening at CHSC to time of diagnostic appointment <i>with priority slot protocol</i>	Average Age of child at point of referral	Gender	
UI-CDD (Aug 2014 – May 2015)	<i>n</i> = 17	7 months (151 weekdays)	56 weekdays	54.5 months (4 years, 6 mos)	m = 76%	f = 24%
ChildServe (Jan 2015 – April 2015)	<i>n</i> = 4	6 months (130 weekdays)	43.25 weekdays	38.75 months (3 years, 2 mos)	m = 75%	f = 25%
<i>Diagnoses made an average of 91 days earlier with piloted priority slot protocol</i>						



## Preliminary Results *(continued)*

- Overall percentage of ASD diagnosis made with children referred to a priority diagnostic slot evaluation is 66.7% (14/21).



## Challenges

- February 2015, UI-CDD scheduling process moved to a centralized scheduler
  - No more “point person” for scheduling
- New schedulers were unfamiliar with the “priority slot” arrangement
  - Several discussions held with top administrators
  - Arrangement for dedicated slots for ASD diagnostic assessment deemed beneficial
  - July 2015, “Triaged” slot appointments will resume
- July 2015, ChildServe will be down to 1 psychologist until another position can be filled



## Next steps...

- Collaborate with other diagnostic providers to increase accessibility statewide
  - Continue to capture meaningful data
- Train CHSC RNs to administer STAT
  - Piloting in 3 regional centers without ARNPs



## Questions?

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