



# ACCESS: Assuring Comprehensive Care through Enhanced Service Systems for Children with Autism Spectrum Disorders and other Developmental Disabilities

A Project of the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN)

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# Oregon Center for Children and Youth with Special Health Needs

- The ACCESS project is administered by OCCYSHN (Oregon Center for Children and Youth with Special Health Needs) which administers Oregon's Title V program.
- OCCYSHN is housed within the Institute for Development and Disability at Oregon Health & Science University

# Overview of Our Project

- The goal of ACCESS is to improve the identification and management of children with ASD/DD within the local community.
- The primary objective is to establish a single, valid and timely process in the local community that determines both educational eligibility for autism services and a medical diagnosis for children up to 5 years of age.

# ACCESS Project: 5 Components

- Assure project fidelity with existing OCASD State Plan (**Advisory Group**)
- Increase state and local community capacity for the identification for young children with ASDs/other DDs (**Autism Identification Teams**)
- Improve screening, referral, and management of children with ASD and other DDs in a medical home (**Enhancing the Medical Home**)
- Support family-professional partnership in all levels of the project (**Parent Partners**)
- Develop effective coordination of complex services and systems

# ASD ID Identification Teams

## Goals:

- Establish a single, valid, and timely process in the local community that determines both educational eligibility for autism services and a medical diagnosis for children up to 5 years of age
- Decrease the wait time for a comprehensive team evaluation

**Outcomes:** improved family and provider satisfaction, decreased age at entry to ASD services, decreased cost to health plans/CCO's

# OCASD

## (Oregon Commission on Autism Spectrum Disorders)

Screening Identification and Assessment (SIA) Committee's  
Recommendations for Identification

- Consistent process across medical and educational settings including use of DSM criteria
- Interdisciplinary Team evaluation based on DSM criteria
- Specific Components for the evaluation
- Specific Competencies for team members
- [http://www.orcommissionasd.org/images/uploads/OCASD\\_2010\\_Report\\_FINAL.pdf](http://www.orcommissionasd.org/images/uploads/OCASD_2010_Report_FINAL.pdf)

# Our Relationship with Ohio

- The ACCESS project was modeled on Ohio's Autism Diagnosis Education Project (ADEP). Our Medical Director, Dr. Nickel, heard about the project and spoke with Dr. Dubay, ADEP's Medical Director. Dr. Nickel adapted the model to Oregon.
- Our Project Coordinator began working with ADEP's Project Coordinator.
- Along the way, we applied some of ADEP's strategies to our project (webinars, technical assistance, data collection, and reports)

# Our TA request: Visit Ohio

ADEP project started in 2008 and thus has critical experience with what works and what doesn't in sustaining local teams over time.

We hoped to receive support through in-person conversations around:

- Effective strategies for on-going engagement of existing local autism teams and statewide expansion of teams
- Lessons learned regarding staff turn-over on local teams, on-going training and support of new team members
- Strategies to ensure on-going financing of local team member participation
- Strategies to ensure on-going financing of training resources and supports to local autism identification teams



# Who did we meet with?

- Day 1 – Held conference call with:
  - Courtney Yantes, Early Childhood Grants Coordinator at the Ohio Center for Autism and Low Incidence (OCALI)
  - Marilyn Espe-Sherwindt, Director of the Family Child Learning Center at Akron Children's Hospital
  - Representatives of a number of teams
- Day 2 - Met with representatives of various teams in person. Team physicians were not available to attend, but we were able to speak with one developmental pediatrician by phone. We also met separately with additional OCALI staff.

# Ohio and Oregon: Contextual Differences

- Geography
- Population
- Oregon Early Education System v. Ohio's
- Number of children's hospitals
- Number of counties and team catchment areas
- Oregon's intent to target rural areas
- Adhering to Oregon's State Plan: Recommendations of the Oregon Commission on Autism Spectrum Disorders

# What did we learn?

*ACCESS could adopt some of ADEP's strategies but not others, depending on Oregon's contextual factors.*

# What did we learn?

Effective strategies for on-going engagement of existing local autism teams and statewide expansion of teams

- ADEP utilizes monthly webinars to keep teams connected. It maintains an ADEP website and supports team members in attending an annual autism conference
- Project coordinator makes an annual site visit to each team
- ADEP provides materials and resources to support teams in recruiting team members and in building new teams
- ADEP's administrative support to teams is cost effective

# What did we learn?

Lessons learned regarding staff turn-over on local teams, on-going training and support of new teams

- ADEP team process is well-integrated into EI programs, addressing EI team member staff turn-over effectively from within
- EI team members identify and recruit a physician partner
- Development of new teams is supported cost effectively

# What did we learn?

Strategies to ensure on-going financing of local team member participation

- ADEP addressed local sustainability from the project's start, which increased the probability of communities' ability to sustain the work
- Physicians are reimbursed
- Team processes are well-integrated into EI organizations

# What did we learn?

Strategies to ensure on-going administrative support from the state level to teams

- Supporting data and a communication plan are needed to secure funding
- Communication materials that “Tell the story”

# Benefits

- Person-to-person conversations allowed us to develop a more comprehensive picture of ADEP's workings and to ask better questions.
- We learned that other states in addition to Ohio were doing similar work. This, in turn, opened up more opportunities for conversations with those states and learning from them.
- Participation in TA reinforced the need to start planning for sustainability of a project from the very start and allowed us to see the *specific* benefits of early planning.
- Participation stimulated creative thinking on ACCESS project challenges and whether ADEP's strategies might be effective for ACCESS



# SUSTAINABILITY

Having the dialogue with Ohio helped us in our development of sustainability plans. We have developed plans A, B, C.

- Plan A – build partnerships at state level to work on autism screening and developmental screening, strengthening this dimension of our current work and allowing us to continue working with local teams to be self-sustaining
- Plan B - local sustainability – we saw all the great work Ohio did for sustainability and we are using some of that knowledge with our teams
- Plan C – educate and inform CCOs and commercial insurance providers, as well as legislators about the project

# Support we were able to give to Ohio

- Mutually helpful. ADEP learned from us as well.
- STAT – The physicians on our teams are trained in how to use and administer the STAT (Screening Tool for Autism in Toddlers and Young Children). One physician in Ohio thought that pediatricians would appreciate additional training in evaluating for autism and differential diagnosis. ADEP plans to explore use of the STAT.
- How we are using Parent Partners as part of the team





Thank You