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### The Senate Select Committee on Autism & Related Disorders Informational Hearing (April 13, 2010)

#### Preliminary Autism Taskforce Recommendations Related to the **Early Identification & Treatment** of Children with Autism Spectrum & Related Disorders

##### **Overarching Problems & Challenges:**

##### 1. Difficulties in Accessing and Navigating Complex Systems of Care:

Some parents and families, especially in underserved areas, require additional information, supports, and assistance for the appropriate screening, diagnosis, assessment, and treatment of children with ASD. Therefore, the Statewide Coordinating Council of Autism Taskforces recommends exploring the following:

- a. Establishing parent advisory groups/mentors that improve communications among existing resources such as regional centers, school districts, Family Resource Centers, and other existing early childhood organizations
- b. Establishing Community based screenings in underserved areas through collaborations that include volunteer professionals & paraprofessionals
- c. Developing opportunities to partner with childcare and preschool professionals, paraprofessionals, and organizations
- d. Leveraging existing resources with existing programs currently in place in colleges, universities, and other organizations that could improve linkages to communities, families, schools and other stakeholders
- e. Engaging and involving organizations that are considered to be community “thought leaders” (i.e. cultural groups; faith-based organizations; non-profit organizations; business enterprises.)

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2. Difficulties in the Coordination of Services and Care Between Regional Centers and School Districts for Children 0 To 5 Years of Age: Presently children and their families often face significant difficulties in obtaining integrated, seamless, and comprehensive services during this time. Furthermore, establishing a definitive diagnosis of ASD (or other developmental abnormality) during this time may be problematic, if not impossible. Therefore, the Statewide Coordinating Council of Autism Taskforces recommends establishing one or more pilot programs to explore the following:
  - a. Establishing common diagnostic tools, criteria, and eligibility requirements for both school districts and regional centers. This would include the development of standardized and common tools that could be used for universal screening and assessment of children for ASD between the ages of 12-60 months.
  - b. Establishing complementary and synergistic treatment plans between regional centers and school districts
  - c. Providing greater flexibility in the assessment, services and funding by school districts and regional centers for children 0 to 5 years of age including the option of pooled resources between regional centers and school districts for these services.
  - d. Providing the option for regional centers (on a voluntary basis) to provide services on a “conditional basis” and to defer the intake for a “permanent client status” until the consumer is 5 years of age.
  - e. Providing greater flexibility that would enable school districts and regional centers to combine their assessment and treatment plans (i.e. IPP, IEP; FSP etc) into a single document

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3. Difficulties in Obtaining an Appropriate Evaluation and Referral for ASD from Primary Healthcare Providers: Research has established that some pediatricians and other healthcare professionals face significant challenges in providing an appropriate evaluation and referral for children with ASD. Therefore, the Statewide Coordinating Council of Autism Taskforces recommends exploring the following:
  - a. Use of tele-medicine, video-conferencing, and other technological advances to enhance and improve the existing systems of care for the screening, evaluation and treatment of individuals with ASD.
  - b. Partnering with medical groups and healthcare organizations to provide resources to that will improve the professional development and provide greater information on ASD and related disorders
  - c. Partnering with pediatricians and primary care providers to include the evaluation of ASD and related disorders as an integral component of the “medical home model.”
  - d. Working with healthcare providers to promote the appropriate reimbursement by private health plans for the screening, diagnosis, assessment and treatment of ASD and related disorders
  - e. Providing information to primary healthcare providers on the early signs of ASD and that is culturally sensitive and informs the parents/families on accessing the regional center system
  - f. Developing a standardized assessment and intake process between regional centers and primary care providers that will improve efficiencies, maintain appropriate standards, and provide greater cost-effectiveness.