

Autism Spectrum Disorder: A Model for Collaborative Planning and Service Innovation

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Overview

- Introduction
- History of Factors leading to Collaborative
- Process Leading to Model Development
- Project Findings/Outcomes
- Future Implications



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Factors Leading to Model Development

- Increasing Occurrence of ASD
- An “Orphan” Condition
- Multiple Payment Streams Uncoordinated
- Medica Members Treatment Needs Inadequately Met
- Fraser/ASD Client Needs Insufficiently Met



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Occurrence of ASD

- 1 in 150 births
- Fastest growing developmental disability
- 10-17% annual growth
- Growth Comparison during the 1990s
 - U.S. population increase: 13%
 - Disabilities increase: 16%
 - Autism increase: 172%
- \$90 billion annual cost
- 90% of costs are in adult services
- Cost of lifelong care can be reduced by 2/3 with early diagnosis and intervention



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www.autism-society.org

An “Orphan” Condition

- Autism
 - DD Diagnosis?
 - Mental Health Diagnosis?
 - Medical Diagnosis?
 - Public Health Condition?



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Poorly Coordinated Payment Sources

- Schools
- Social Service / Human Services
- Health Plans
- Medicaid
- Grants (Federal, State, County)
- Opportunities for Cost Shifting



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Medica / UBH Request

- Increasing volume of client requests
- Long wait for service
- Families confused about best practices and desperate for care
- Alternatives not evidence-based
- UBH approached Fraser with a problem and not the solution



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Fraser Vision

- **Mental Health Treatment Model**
 - Intervene Early
 - Parent/Caregiver Education and Coping
 - Range of Options
 - Individualized Plans
 - Tailored to Needs of Child and Family
 - Emphasis on Care Coordination
 - Focus on Quality Care
 - Efficient Services



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Resulting ASD Model

- **Collaborative Design**
 - Quick Contact; Early Intervention
 - Fluid Continuum of Services
 - Cost Effective
 - Efficient for Clients and Staff
 - Built for any Payer
 - Quality Service
 - Follows Best Practice Guidelines
 - Tailored to Family Needs



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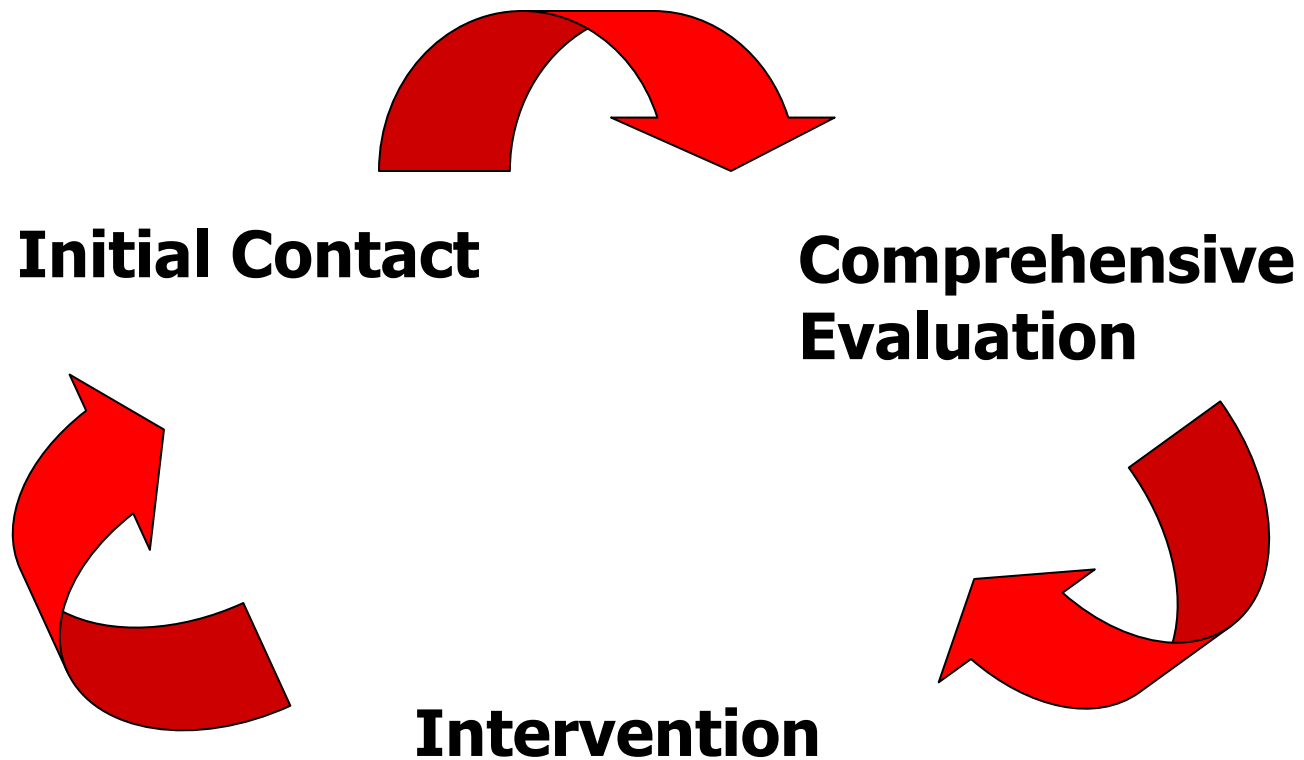
ASD Model

- **Three Phases**
 - Initial Contact / Pre-assessment
 - Comprehensive Clinical Evaluation
 - Intervention



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Dynamic and Fluid



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Phase I

- **Initial Contact**

- Before Comprehensive Evaluation / Diagnosis
- Flexible Delivery
- Collect/Inform for Evaluation
- Family Support
 - Strategies
 - Action/Intervention
 - Consultation from Range of Perspectives
 - Rehab
 - Psychoeducational
 - Coordination
 - Crisis intervention
- Follow-up



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Phase I

- **Initial Contact – Assessment/Intervention**
 - Average of 5 Hours of Service
 - Delivered as Needed
 - One Bill/Copay
 - Includes Rehab Consult
 - Determined by Clinician and Family
 - Based on Needs
 - Supports Comprehensive Evaluation

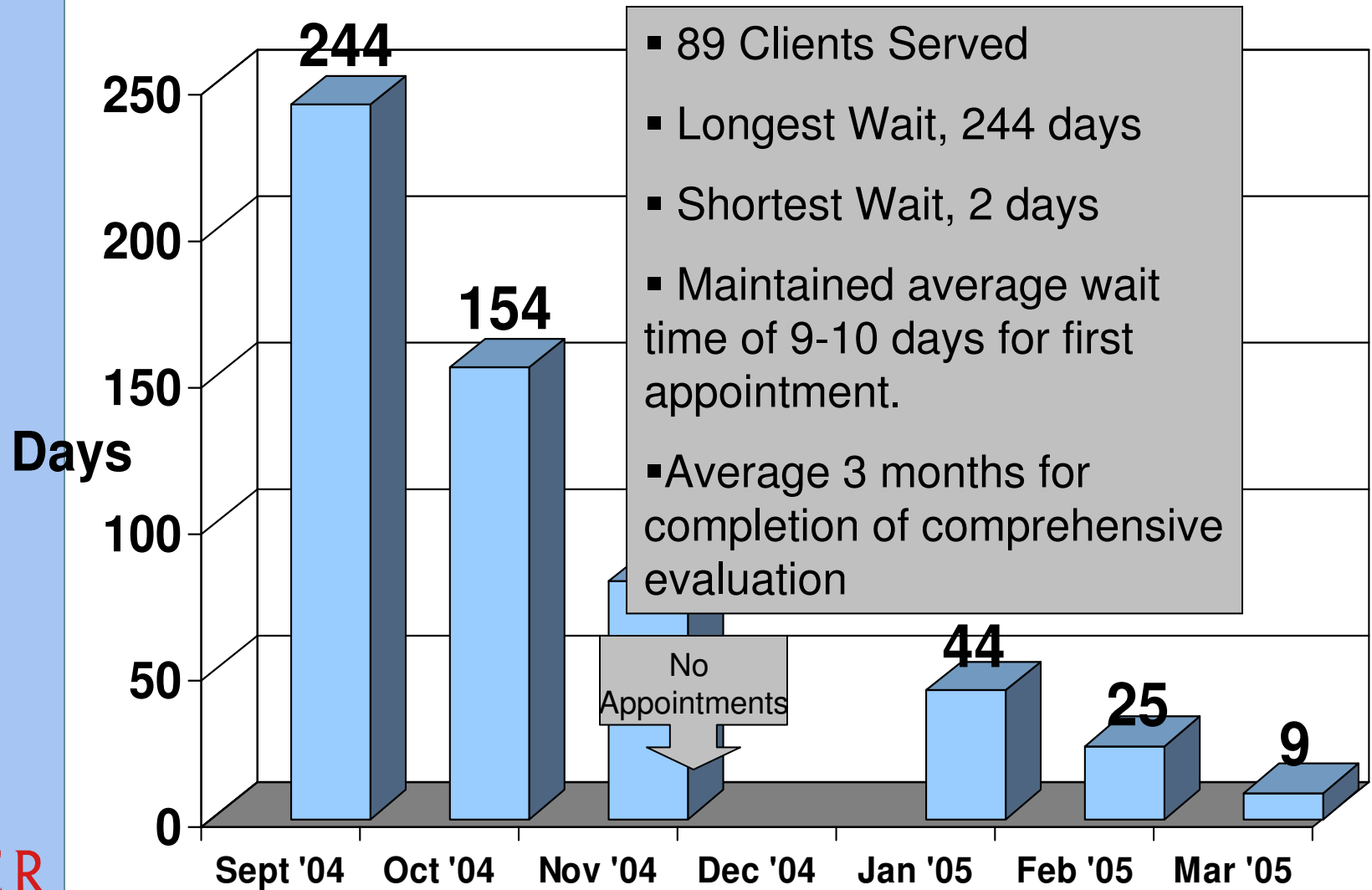


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Phase I

Average Client Wait for Services



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Phase I

- Since 2005
 - Average Wait for ASD clients is Maintained at
 - Extensive Phone Intake within 24 Hours of Call
 - Face to Face Contact within 14 days
 - Follow-up Services Specified to Concerns/Needs



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Phase II

- **Comprehensive Evaluation**
 - History/interview
 - Active Parent Participation
 - Team Approach
 - Interface with Assessment/Intervention Staff
 - Provide more Thorough Evaluation
 - Parents are More Educated
 - Seamless Move into Intervention



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Phase III

- **Intervention Services**
 - Determine Need of Child & Family
 - Identify Level of Service
 - Services are Determined Based on Needs
 - Billed Monthly
 - Delivered as Needed
 - Complementary to other Services
 - Dynamic



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Phase III

- **Bundled Intervention Services**
 - Three Levels
 - Determined by GAF, GARF
 - GAF – needs of child
 - GARF – adaptability of family
 - Level I 2 hours a week
 - Level II 3 hours a week
 - Level III 4 hours a week



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Phase III

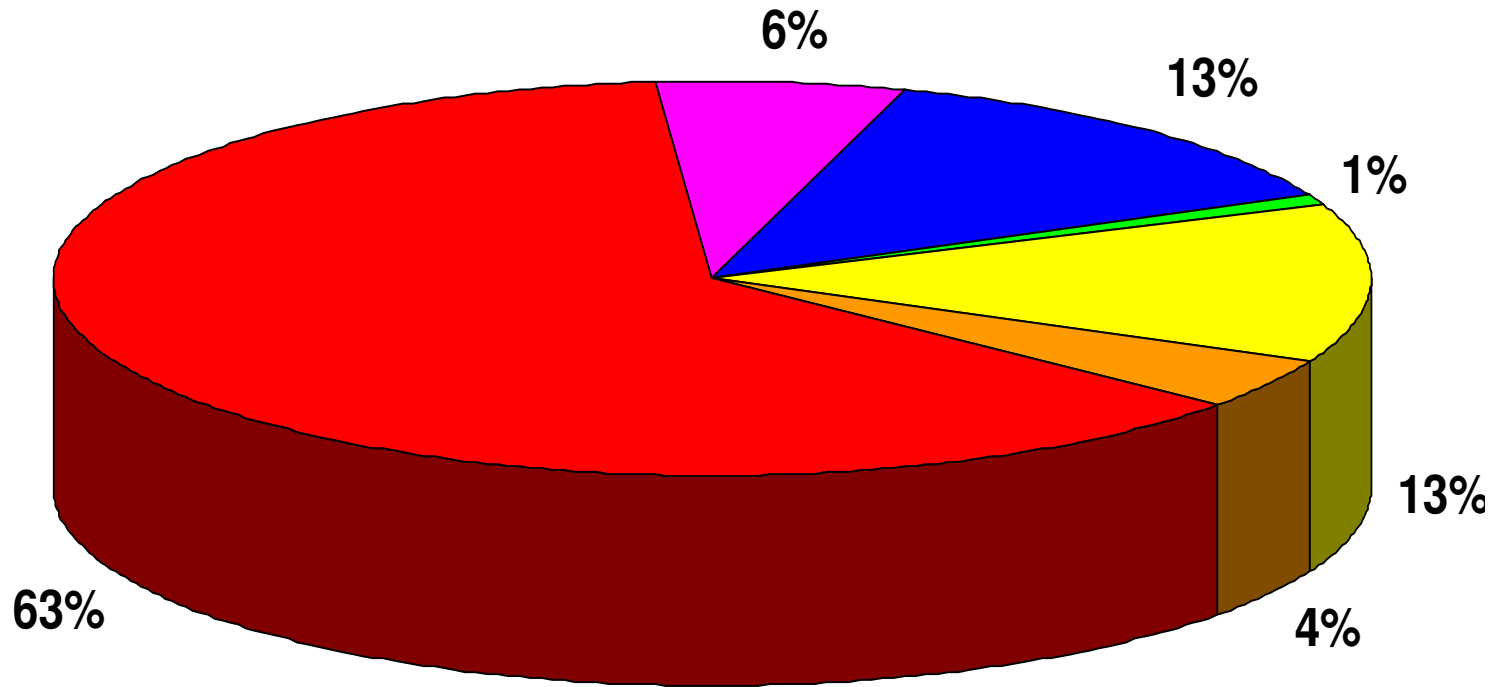
- **Bundled Intervention Services**
 - Service Options
 - Outpatient Therapy
 - Skills Training
 - Care Coordination
 - Social Skills
 - Psychoeducational Interventions
 - Behavioral Aide Services



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Phase III: Intervention Services



% of clients receiving each service

- Skills Training
- Care Coordination
- Social Skills
- Sibling Group
- Therapy
- Education

- Above graph represents clients served in 2007
- 170 total clients served (9/04 – 6/07)
- 43 active clients
 - 12 Clients are accessing more than one treatment service.



Project Findings

- **Outcomes** (Since September 2004)
- **Data**
 - Decreased wait
 - Increased Knowledge Prior to Evaluation Services
 - Client Satisfaction
 - Staff Satisfaction



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Client Data

- **25% of ASD Fraser clients have access to ASD bundled services**
 - Of these clients, 74% of UBH have chosen to access this service



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Client Data

- **24% of Fraser Day Treatment families have access to ASD bundled services through UBH.**
 - Of these clients, 36% have chosen to utilize bundled services at one time.
 - 11% use bundled services up and beyond day treatment regularly.
 - **Of the clients not accessing ASD Services...**
 - **The most common reason for declining service is that the child is already established in a variety of services (school, speech, OT, and day treatment).**
 - **Busy schedules and time constraints are also commonly reported as reasons for declining ASD services.**



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Client Data

- Since initial project with UBH, 2 additional HMOs have joined bundled service model in 2006
- 74% of clients in day treatment have access to bundled services across HMO plans.
- Clients are using services ranging from 1 to 30 hours per month in treatment services



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Parent Satisfaction

"This is the first place we were able to meet with people who truly understood our needs, showed care and concern for our well-being and met our needs with appropriate services. We are grateful for Fraser and everyone we work with!"

"You did a marvelous job yesterday talking with [my son] and me about IEP issues... It seemed like you and I worked well together in paving the way for [my son's] involvement in the IEP process...Your questions to him were excellent, affirming, and insightful. Thank you so much for supporting my son!"

"After all that we have tried with our son, my gut tells me that the assistance and expertise of Fraser programs and staff has the potential to lead [my son] to self-discovery and the development of effective life skills."



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Parent Satisfaction

Some families are dealing with other chronic stressors that impact their ability to participate in evaluation for their children. The ASD bundle allows staff to meet with families in a way that maximizes resources and alleviates stress



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Parent Satisfaction

"We want to find the best ASD specialists, we did at Fraser. If they didn't offer the service, they found someone who did."

"One of our children has never been able to receive the right services until this became available. Finally we have found something to fit her needs."

"We wish we'd had these services earlier."

"I'm grateful for the help since we have been living with this for so long feeling frustrated and at our wit's end."

"These (services) are enough to keep us going until the evaluation."

"We need these services...I wish this had been available to us when he was younger."



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Staff Satisfaction

“This program is helpful for us in preparing for a diagnostic assessment. We know ahead of time how much parent guidance or Autism Spectrum Disorder education will be needed. It also helps to have the ASD coordinator’s input, which can offer us a more personal ‘snapshot’ (from observing the child at home or in their school) setting of the client we will be evaluating.”

“If the client needs the service, it’s available...It recognizes the unique intervention of treatment needs”

“We can talk about what is needed and deliver it today!”

“The model offers the flexibility to go into the home and see a more personal perspective of what each individual family needs.”



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Bundled Service Model

- Summary
 - ASD Model of Service
 - Developed with Consideration for
 - Children
 - Families
 - Payers
 - Professionals
 - Services are
 - Individually Determined
 - Flexibly Administered
 - Efficiently Delivered, with Limited Wait
 - Decided by Team



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Future Development

- Expand Bundled Services Across Payers
- Expand Collection and Comparison of Outcomes
- Continued Exploration of Service Options
- Exploration of Payment Mechanisms
- Integration of Systems
 - Different Payers / Different Codes
 - Difficult Concept for Traditional Billing/Intake



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