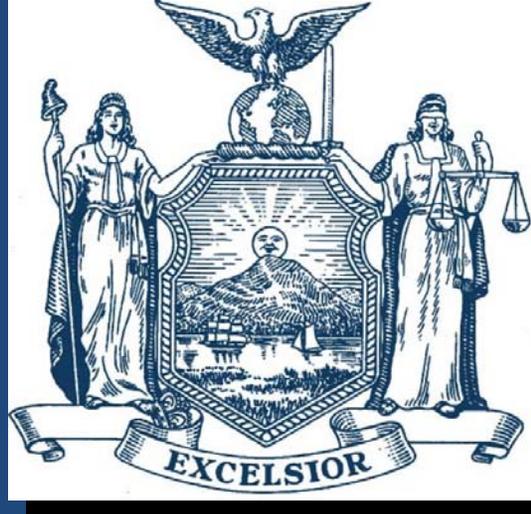


NYS Assembly Subcommittee on Autism Retention



Chair: Assemblyman Mark J. F. Schroeder

December 9, 2008

Why Are We Here Today?

- Children and adolescents with autism spectrum disorders and with behavioral disorders AND their families, teachers, and service providers *are often trapped in a service delivery maze that is almost impossible to navigate*

Why Are We Here Today?

No one should have to play a game of “hide and seek” to locate appropriate services while watching their child deteriorate. After one year, we have not found one resource to help us coordinate care...it is a full time job for me to make all the appointments with doctors, counselors, blood work, social services, and special education ... I hope that our 2001 van will weather the winter without major repair. I can no longer work.

frustrated parent

Why Are We Here Today?

What can I do with this child in my classroom – he is disruptive. I can't deal with his behavior. My Principal says there is no way we can place him elsewhere. This certainly was NOT covered when I went to school.

frustrated teacher

Why Are We Here Today?

At the end of the day, I keep asking myself

Why is this child in the Emergency Department again this week?

Why is this child hospitalized for more than six months?

Why am I sending this child to Florida for treatment?

The faces are different but the end game is the same!!

I have been here ten years and the answer is always Because there is no other option.

frustrated physician

Why Are We Here Today?

Why does NY spend so much on Medicaid?

I don't think we are getting the

“best bang for our buck.”

We can't continue paying higher taxes!

frustrated taxpayer

Introduction to the System

- NYS Office of Mental Health (OMH)
- NYS Office of Mental Retardation and Developmental Disabilities (OMRDD)
- NYS Office of Alcoholism and Substance Abuse Services (OASAS)
- NYS Department of Health (NYS DOH)

Introduction to the System

- NYS Education Department (SED)
- NYS Office of Children & Family Services (OCFS)
- Juvenile Justice System (JJS)
- Insurers, Medicaid

The Current Environment

- System Silos – NYS DOH, OMH, OMRDD, OASAS, OCFS, JJS, and SED operate under separate and distinct service models, mandates, regulations, and use different terminology
- NYS DOH, OMH, OMRDD, OASAS, OCFS, JJS, and SED don't, and often can't, coordinate services

That's the frustration!

The Current Environment

System structure promotes

- Inappropriate intervention
- Fragmented service delivery
- Lack of systematic collaboration
- Use of the emergency department
- Use of institution rather than home-based support
- Exhausted and frustrated caregivers
- High Medicaid costs

Example

- Children and adolescents with *Dual Diagnoses* (i.e., those who have a mental health disorder and a developmental disability including autism spectrum disorders) who require services from both OMRDD and OMH often receive services from **ONLY ONE** agency.

For example:

- Individuals with high functioning autism spectrum disorders may not qualify for OMRDD services yet require more assistance than what is available in OMH
- individuals with developmental disabilities and co-occurring mental illness are denied access to OMH necessary services

System Barriers:

What is Preventing Effective Care?

- Different philosophical orientations
- Disparate and exclusionary practices
- Limited ability for cross system communication
- Educational systems disconnect

***System defaults to crisis NOT
early and appropriate intervention***

The Problem

- Treatment providers can't access pertinent records for children and adolescents with mental/behavioral health issues
- Policies and processes often prevent records from being shared among agencies
- System barriers negatively impact the cost and quality of care

The Problem

- ◎ Teachers lack the appropriate education needed to assist with early identification and intervention
- ◎ Policies and processes often prevent referral for services
- ◎ Disconnect impacts children and adolescents getting care

System Barriers:

What is Preventing Effective Care?

◎ Lack of Home-based Care

- Home can be the least expensive route, however families often have great difficulties accessing services when necessary which then leads to higher level interventions

◎ Lack of Comprehensive Intervention

- Currently there is no comprehensive multi-disciplinary assessment or treatment program to assist children and adolescents with behavioral health issues

◎ Restrictions on use of resources outside of silos – OMRDD, OMH, DOH, SED, OCFS, OASAS, JJS, etc.

Result

- Children and adolescents with behavioral health issues in NY are getting passed around among various mental health, health, social services, and educational systems, rather than getting the right care in the right place at the right time to improve outcomes

Costly Reality

- Children and adolescents are being hospitalized with lengths of stay exceeding 20 days and in some cases more than one year (\$243,090)
- The average annual cost for residential treatment is \$121,000
- Coordinated, community-based care cost is less than \$24,000 annually – but is not widely available

Summary

- The functioning of children and adolescents with autism spectrum and behavioral diagnoses along with their families/caregivers in NY will continue to suffer and reach crisis levels unless government agencies, private agencies and family advocacy groups join forces on how to best serve them via agency collaborations across systems

Question

- How to create new service models for children and adolescents with autism spectrum and other behavioral, mental, and developmental challenges that improve outcomes and reduce high end usage?

Ideas

Expand recently enacted law to mandate autism spectrum education for *all* NYS certified teachers NOT just special education teachers

Ideas

Create a voluntary universal consent form for the efficient transfer of health and mental health records among providers that allow for continuous, informed, coordinated care for children, adolescents, and families

Ideas

Create opportunities to demonstrate how blended funding from multiple state agencies will support more cost-effective, community-based systems of care for children with behavioral health challenges

Ideas

Learn from other models how to create more effective systems of care that better manage federal, state, and local Medicaid dollars

Discussion and Comment