Connecticut Department of Developmental Services

Division of Autism Services

Autism Spectrum Disorder Pilot Program

Autism Spectrum Disorders

- Autistic Disorder
- Asperger's Disorder
- PDD NOS Pervasive Developmental Disorder Not Otherwise Specified

Autism Spectrum Disorder Pilot Program

- Purpose to develop a program model to provide services to adults with Autism Spectrum Disorders who do not also have Mental Retardation
- Connecticut DDS historically provides services to individuals with Mental Retardation
- Families were the driving force behind the legislature funding the Pilot
- Pilot designed to deliver services and supports using a Medicaid Home and Community Based Waiver model

Development of the Pilot

- \$1 million in funding July 2006
- Funded for 2.5 years now 3 years
- Focused on one geographic area in CT
- 40 member steering committee now advisory council
- 1 million additional funding in July 2008 for division staff and new geographic area in Hartford

Outcome Study

University of Connecticut Medical School Center on Aging

- Document program implementation of the Autism Pilot
- Describe participants' early experiences and subjective outcomes both positive and negative
- Describe participants' objective outcomes
- Develop cost estimations and cost-effectiveness of the Autism Pilot
- Quantify and evaluate the educational and training components of the Autism Pilot.

Autism Spectrum Disorder Pilot Program

- Currently providing services to 50 individuals;
 34 New Haven area/16 Hartford area
- 16 Provider Agencies
- 2 Service Coordinators

Delivery System

- Service Coordination
- Assessment SIB-R and LON
- Individual Service Plan and Individual Budget
- Provider Selection Agency or Direct Hire
- Service Documentation
- Fiscal Intermediary
- Clinical Consultation

Services and Supports

- Life Skills Coach
- Community Mentor
- Job Developer
- Job Coach
- Social Skills Groups
- Respite Services
- Consultative Support Services: OT, PT, Speech, Nutritional, Behavioral

Profile of Original 28 Participants

- Age range 22-55 years
- IQ range: low 70's –140's
- Gender: 20 male, 8 female
- Race/Ethnicity: 2 Hispanic, 2 Black, 1 Asian, 24 White
- Primary Diagnosis: 11 PDD-NOS, 11 Asperger Disorder, 6 Autism
- Ten Individuals with a Secondary Behavioral Health Diagnosis.

Participant Profile (cont)

- Obsessive Compulsive disorder, Depression, Anxiety, Psychotic Disorder NOS, Personality disorder NOS, Narcissistic, Obsessional, Schizotypal features, Bipolar Disorder, Hypochondriasis and Impulse Disorder
- Employment: 11 employed 2 FT, 12 not employed, 5 never employed.
- Daily Hours of **TV watching**: 12 high, mean 3.29
- Daily Hours of **Computer Use**: 18 high, mean 3.32
- Daily Hours of Video Games: 8 high, mean .93
- 46% never or almost never participate in community activities.

Scales of Independent Behavior-Revised

- 23 of 28 individuals scored two or more standard deviations below the norm for overall independence skills.
- Independence is measured in 4 subtests: Motor Skills, Social and Communication Skills, Personal Living Skills and Community Living Skills.
- 17 individuals are marginally serious to serious on the General Maladaptive Index Scale.
- Maladaptive Index is measured in 3 areas: Internalized, Asocial and Externalized behaviors.

Considerations

Workforce has little experience with population; many misconceptions and misunderstandings

Developing DV/D Training Series

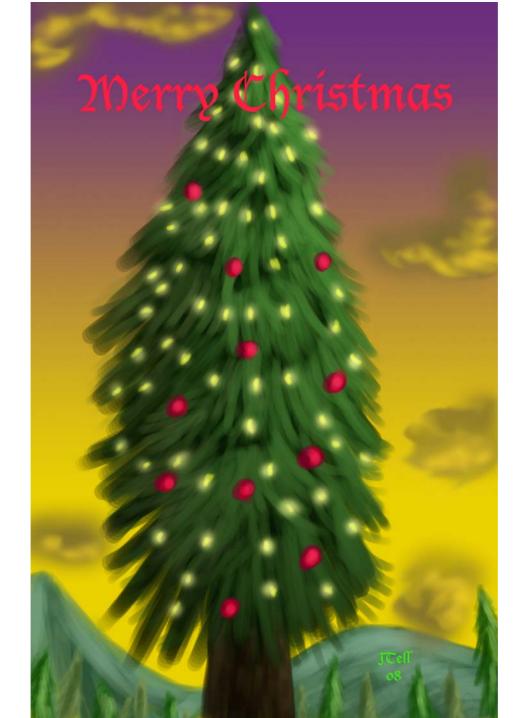
Difficult to motivate individuals to seek services

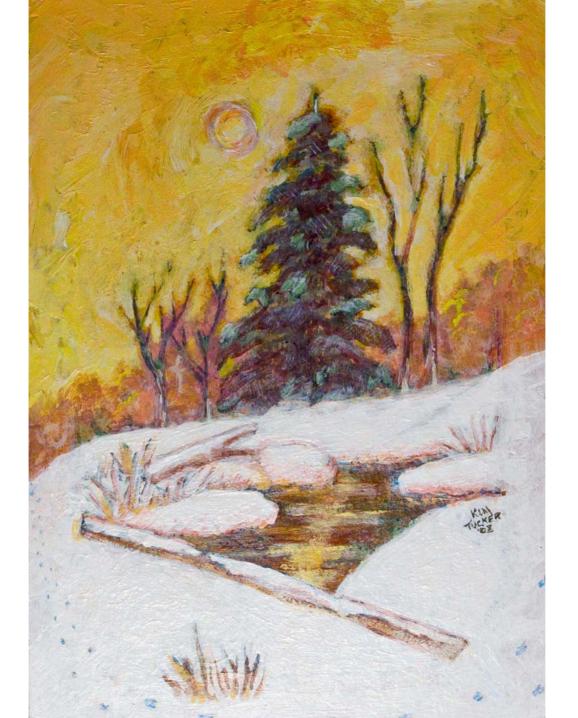
Working with advocacy and support groups and school transition planners

Successes

- New Job and Volunteer Opportunities
- Learning cooking skills
- Losing weight and better food choices
- Art work









Successes

- Reading to children at Library
- Taking advantage of community and recreational activities
- Socializing with colleagues at workHaving fewer "Meltdowns."

Preliminary Results Outcome Study

More people are working

Average wage is higher

People are significantly happier with the pay they earn from their jobs and with the environment of their jobs than they were at baseline.

Future

- Developing profiles of individuals with ASD receiving services from the Department of Mental Health and Addiction Services Young Adult Program
- Developing a tiered multi-agency program model that will include individuals with a diagnosis of ASD and a major mental illness.
- Finalizing a Feasibility Study for Medicaid Funded Services with the hopes of applying for a Medicaid waiver within the year.

Comments Outcome Study

"Has gone on some adventures"

- "Excellent. Very happy with it. Some services she still needs more. A housing component would be great-she could live alone or with a roommate."
- Gave him new opportunities, art projects, helps with self-esteem. Glad he is in the project."
- "XXX has helped a lot. She gets out of the house and opens up a little more."
- "Glad to be in it. Helpful for me can learn to be independent in it. Feel like I will have the life of my dreams because of this program."