

# Virginia and Autism: Getting from . A to .B

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presenting for the AAP

**VIRGINIA**  
[www.50states.com](http://www.50states.com)



Point A



**Autism  
Or Bust**

Point A



**Better Services  
for Autism**

Point B

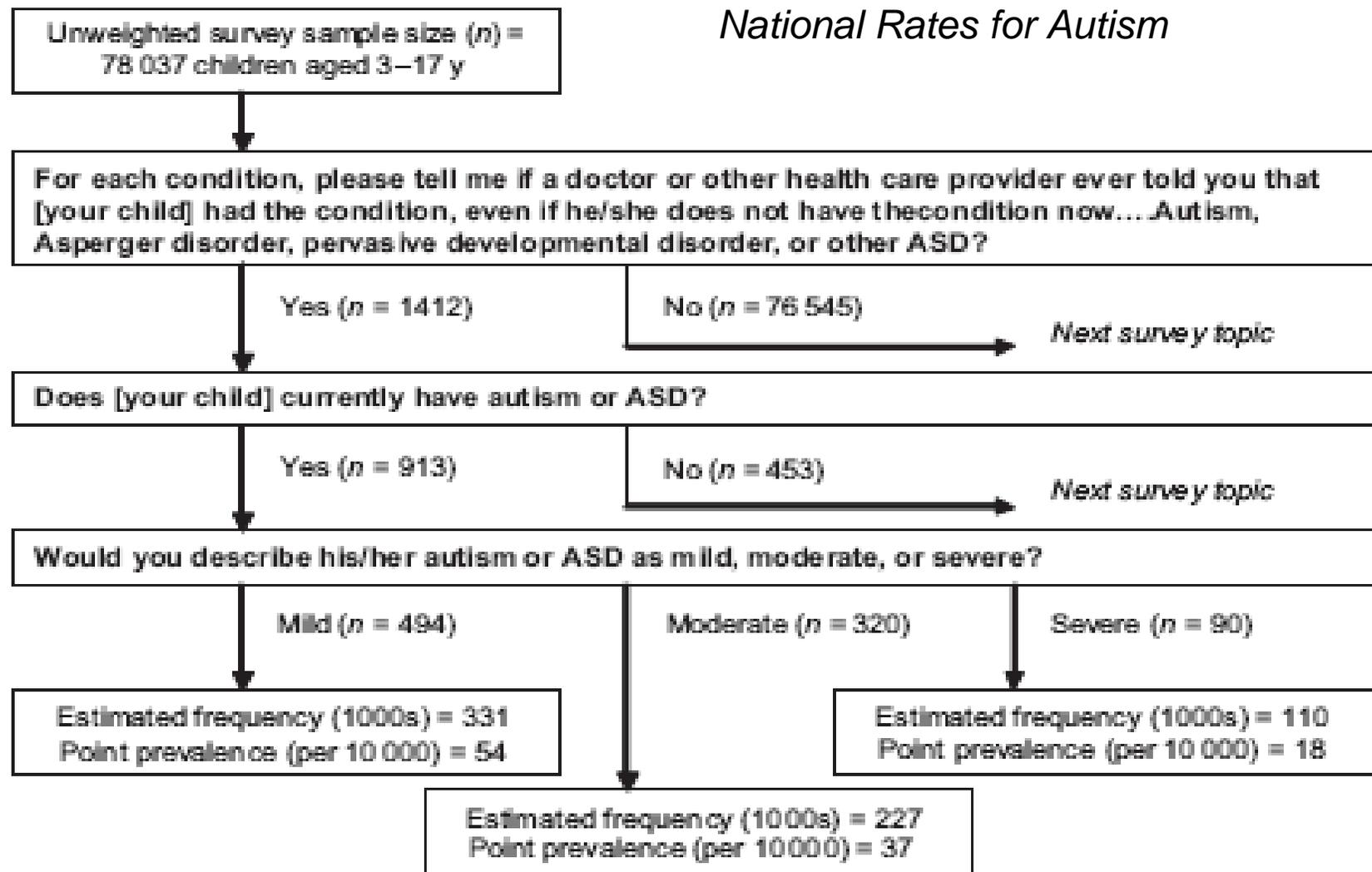
Point A



Point A



## National Rates for Autism



**FIGURE 1**

Flow diagram of survey-participant progress through the ASD questions, NSCH, 2007. Responses indicating that the parent did not know the answer or refused to provide the answer are not shown. Estimated frequencies and point-prevalence estimates are based on weighted data.

# Let's do the numbers

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- 1 in 100 children born today
- 1 in 58 boys (M:F is 4:1)
- Over 8,000 children over age 3 in VA with Autism today!

# Why Increasing?

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- NOT THE VACCINES!
- **Major reason**
  - Broadening of the diagnosis Autistic “Spectrum” Disorder leading to diagnostic substitution
- **Minor reasons**
  - Earlier Diagnosis, diagnosis to get services, other diseases that now meet ASD criteria (Down Syndrome)

# Facing The Problem

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- JLARC report
  1. Fragmented Delivery System
  2. **Delayed Diagnosis of Autism**
  3. Limited availability and access to therapies
  4. Educators in need of better/comprehensive training programs
  5. Federal or State money to fund

# Need A Task Force



To address 5 parts

# Part 1

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Fragmented system: currently have

- **Department of Behavioral Health and Developmental Services (DBHDS)-Cindy Gwinn**

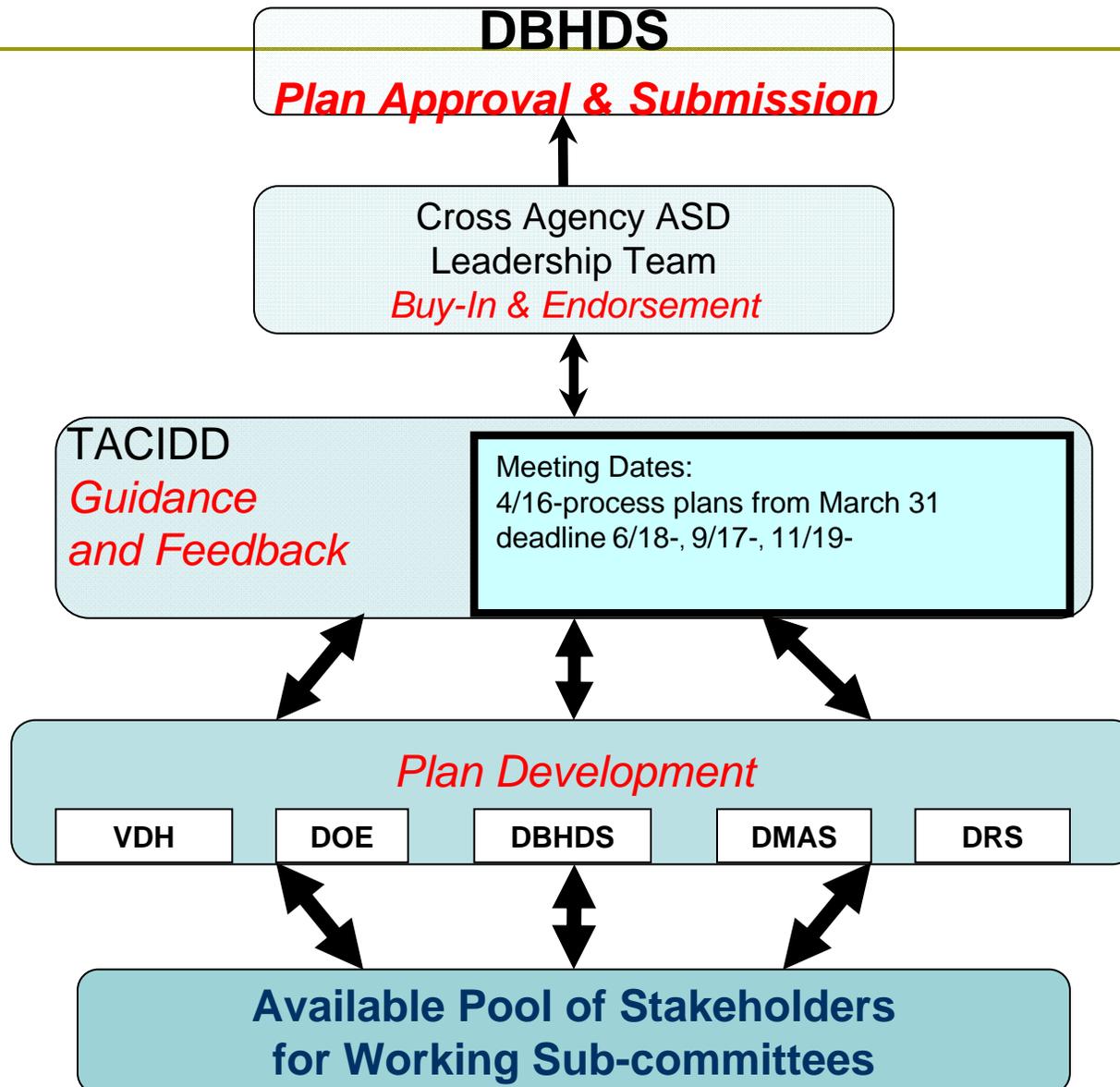
Need:

- *A fluid database to register and follow children after diagnosis of autism to monitor outcome regionally.*
- *Standardization of treatment availability and effective communication through education departments via DBHDS*
- *Task force development in place*

# DBHDS-JLARC Study on ASD

## Detailed Action Plan Development Process

2009-2010



## Part 2

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### □ Making the diagnosis early-

- Need to bring age of diagnosis down to age 2 or 2 ½ , it currently stands around age 5
- Screening should be universal for all practices including family practice at **18 months and 24 months** and DOH offices.
- MCHAT or *Modified Checklist for Autism in Toddlers*- would be the standard test with positive scores verified through second level screens. Would require some education on use.

## \*What is the M-CHAT-see handout

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- 23? All “yes” and “no” questions
- 6 key items
- Used at 18 months and 24 months
- Takes 5-10 minutes
- Relatively easy scoring

# Sample questions from M-CHAT

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- ❑ Does your child take an interest in other children?
- ❑ Does your child ever bring objects over to you (parent) to show you something?
- ❑ Does your child respond to his/her name when you call?
- ❑ \* \* \* "protodeclarative pointing" and 'hand guiding'

# Positive M-CHAT

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- Needs second level screening
- If question wrong there is an algorithm provided by Dr. Robins to verify positivity. (see attachment)
- If score  $>$  than 5 after this second level screening than should fast track for autism services.

# Part 3

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- Improving access and building capacity
  - Allow current providers of service (behaviorists/therapists) easy access and decrease administrative red tape via Federal and State programs
  - Provide grants and scholarships to educators and high school/college/junior college for going into special education

## Part 4

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- Expand programs such as Training and Technical Assistance Center (T-TAC) at ODU-
  - This links teachers to resources so they can improve their delivery of care to the children they educate
- Fund pilot, full service, autism programs for 2-5 year olds with severe autism in areas with fewest resources and follow outcomes.

## Part 5

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- ❑ Funding is needed to improve outcomes for children diagnosed with autism spectrum disorder. Money spent early will have huge savings on future adults services.
- ❑ Can initially focus on providing funding for all children with moderate to severe autism ages 2-5 years.

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graph TD; A[Autism Registry to measure outcomes over time] --- B[Earlier diagnosis via The MCHAT with Scores > 5 fast tracked for comprehensive evals]; A --- C[Easier access for current providers and grants to enhance and expand future providers]; A --- D[Concentrate initial funding to streamline current process and focus on age 2-5 for most severe children];
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