



Autism Alliance of Michigan

Colleen Allen, PhD President and CEO

NAVIGATOR PROGRAM IMPACT

What is the Autism Alliance of Michigan?

- Autism Alliance of Michigan is a private-public partnership
 - Private funds = \$3M
 - Public funds = \$1M
- Autism Navigator: Served over 6,500 families across Michigan
- Autism Navigator: Free resource for all Michigan families living with autism
- Goal: Connect families to appropriate services/supports, provide professional consultation and case management
- AAoM is not a treatment facility
- AAoM is an independent agency, not connected to a specific public or private interest

What is the Autism Navigator?

- Statewide Service
- Professional case management
- Team of autism specialists with expertise in many fields, including clinical, educational, insurance, vocational, public safety, policy, and legal.
- One on one, customized consultation with each family to help them navigate and overcome the many barriers they face when trying to access care and support for their loved one affected by autism.

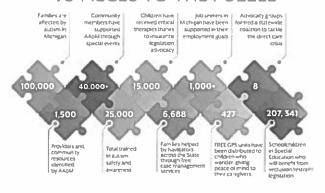
Why Fund Autism Navigator?

\$1M Autism Navigator = 0.5% Total SoM Autism Investment

- Independent, 3rd party, unbiased, public / private agency
- Estimated to save approximately \$3,600,000 in support coordination costs
- * Free support to individuals, families, educators and care facilities across Michigan
- Earlier access to evidence based intervention; actuarial studies demonstrate savings on average, of \$3.7M /untreated person with autism
- Navigator employment placements = the *highest wages for persons with Autism in Michigan*Average hourly wage = \$15/hour Average Manufacturing wage = \$40,000 / year

The Scope of Navigator...

10 PIECES TO THE PUZZLE



How Does the Autism Navigator Work?

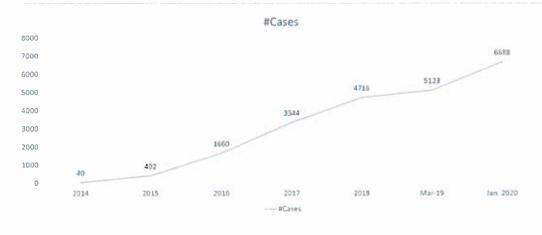
- Any MI resident across the state, regardless of age, income, geography, insurance, race, religion, priority or need
- Case management: Unique, individualized network of care support created by AAoM that
 does not exist in any other state in the country.
- Cases range from quick, efficient connection to a resource, to multiple, complex contacts with a Navigator to implement the best option for care

Who Uses the Autism Navigator?

- Families
- Individuals
- Public educators
- Private health providers
- Community mental health providers
- Supports coordinators

Clinical, community mental health, and education systems do not have the capacity or content expertise to capture and serve the myriad of scenarios for people with autism.

Cases Served by the Autism Navigator



What Makes Autism Navigator Special?

- 8 Broadly Trained Navigators
- 5 Clinical Specialists/Content Experts (Education, Clinical, Insurance/Reimbursement, Community Resource, Safety)
- Expert Consultants (IT, Assistive Technology, Behavior, Legal, Safety/Criminal, Education, Regional Consultants)
- Program Director and CEO leadership

Budget

- 2015-18: Level funding of \$565,000/year = Families served grew from 40 → 4,800
- FY2019 AAoM: \$1.025M; Families served = 2,000 families per year
- AAoM has successfully, privately matched and exceeded state funding at 58.35%
- AAoM additionally provides supports, events, and resources for families across Michigan beyond the Autism Navigator program through private fundraising.

Autism Alliance ROI to Michigan

- Over 600 Medicaid clients are served per year = Cost to SoM range \$900,000 \$3,600,000 in CMH case management if served between 3 months and 1 year
- Navigator Specialists off set expenses by recommending free resources, videos, online learning modules, support groups and community events to families
- Families directed to high quality and evidence-based programs, reducing costs incurred by treatments lacking research proven effectiveness
- Psychiatric long-term costs without treatment in later years \$5,000/day in the emergency room, \$500-1,000/day in psychiatric treatment

Autism Alliance Employment Program

- Navigator employment placements are currently the highest wage placements for persons with autism in Michigan.
- Removes individuals from state supports including TANF, Medicaid, SSI
- Average wage = \$15+ / hour
- Average manufacturing wage = \$40,000+ / year
- Highest wage category placements = \$80,000 / year
- Adults with disabilities in the workforce increase consumer spending and further contribute to the economic growth

Outcomes

- Since 2015, funding objectives have been met/exceeded;
 - Families served
 - Resolution of their issue
 - Type of concern- e.g. education, clinical, insurance, housing, transportation, financial support, employment, advocacy
 - 86% of cases are "resolved"
 - 25,000 First Responders and 7,000 community workers have been trained

Autism in Michigan

ABA Benefit Supplemental Appropriation Report

PREPARED BY THE AUTISM ALLIANCE OF MICHIGAN WITH SUPPORT FROM MICHIGAN STATE UNIVERSITY & JANESSA H. MANNING, PHD

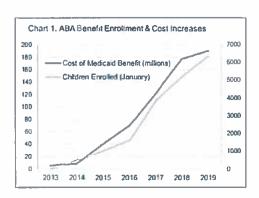
The Michigan Autism Applied Behavior Analysis (ABA) Service

Began in 2013 the ABA benefit provides services to Michiganders through age 21.

2 major components:

- Diagnostic Services
- ABA Therapy for those who qualify

Costs and enrollment have increased annually



Supplemental Appropriations Grant

AAoM conducted a retrospective review of Autism evaluations in FY 2018

Developed data-driven recommendations

Objective 1: retrospective review of objective diagnostic trend/outcome data for 1715 cases from 3 Michigan Community Mental Health agencies.

Objective 2: qualitative comparison of Michigan's diagnostic processes and services to those of other states with an Autism Benefit.

Objective 3: recommendations to the MDHHS and the legislature.

Data Collection & Analysis Methods

Autism and statistics experts at Michigan State University (MSU)

- Joel Greenberg, DO, Chair of the Department of Pediatrics
- Dhruv B. Sharma, Ph.D, Senior Statistician at the Center for Statistical Consulting and Training (CSTAT)

2902 Database cases from 9 of 10 PIHP regions

150 Detailed diagnostic charts

ABA Benefit Diagnostic Findings: Variability

1. Regional diagnostic rates varied

| PIHP Region | Number of beneficieries evaluated for ASD | Percent of evaluated cases diagnosed with ASD | |
|--|--|--|--|
| L; Northcare Network | 83 | 89.16% | |
| 2: Northern MI Regional Entity | 117 | 52.99% | |
| 3: Lakeshore Regional Entity | 405 | 74.32% | |
| 4: Southwest MI Behavioral Health | 377 | 60.21% | |
| 5: Mid-State Health Network | 301 | 67 11% | |
| 6: CMH Partnership of Southeast Mi | 114 | 74.56% | |
| 7: Detroit Wayne Mental Health Authority | 1,065 | 74.65% | |
| 9: Macomb County CMH Services | 208 | 87.98% | |
| IO: Region 10 FIND | 232 | 54.74% | |
| *Michigan | 2902 | 70,74% | |

*Data were obtained from all PIHPs except Oakland County Community Health Authority, PINP 8, who declined to provide diagnosticinformation or data access for this audit.

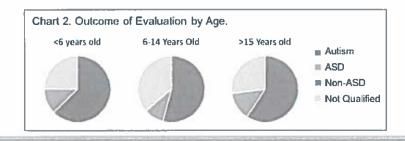
ABA Benefit Diagnostic Findings: Autism & ASD

Evaluations & Eligibility for Applied Behavior Analysis (ABA) Services Prevalence based upon age at evaluation

Evaluated children between 6-14 were least likely to qualify for services.

Non-ASD, an option in the database, was rarely used

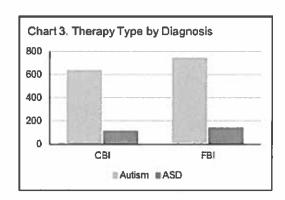
As defined by the ADOS-2, Autism vs. ASD were not used consistently



ABA Benefit Diagnostic Findings: Therapy

Autism outpaced ASD diagnoses.
 Opposite of ADOS-2 prevalence rates

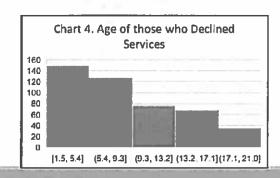
No relationship between diagnosis and therapeutic recommendation

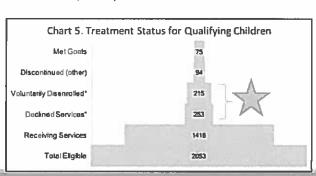


ABA Benefit Diagnostic Findings: Discontinuation

- 4. Many parents decline or disenroll in services
 - All ages
 - ~ 1/5 of families who qualified for ABA

Costly evaluations that provide no real benefit to the child/ family





ABA Benefit State Benchmarking Findings

Comparison of MI to other states with ABA benefit

Broader definition of qualified diagnosticians

| | Michigan | Most Other States |
|------------------------------|----------|-------------------|
| Physician | х | X |
| Fully-Licensed Psychologist | X | X |
| Nurse Practitioners | X | X |
| Limited License Psychologist | x | |
| Social Workers | х | |



ABA Benefit State Benchmarking Findings

Consistent with other states, ABA was the most common recommendation.

Other therapeutic services included:

Speech Language Services

Occupational/ Physical Therapy

Counseling

Habilitative services

Psychiatric services



ABA Benefit Recommendations Evaluation procedures and documentation should be standardized across PIHP/ CMH regions.

WSA database fields should be populated and shared uniformly for future benefit audits.

A WSA field should be added to report the terminal degree of the diagnostician.

All evaluations conducted by diagnosticians with Master's level credentials should receive a review and sign-off from a physician, psychiatric nurse practitioner, or fully credentialed psychologist.

Further investigation of the wide variability in diagnostic rates across regions, local agencies, and providers should be conducted.

ABA Benefit Recommendations An investigation into the cause of a high proportion of eligible children not receiving therapeutic services is needed.

When available/ accessible, Medicaid eligibility should be established through prior evaluations conducted by physicians, psychiatric nurse practitioners, or fully credentialed psychologists.

MDHHS should implement the recommended DSM 5 Checklist Referral Form developed with this study.

A "Severity Score" field should be added following the "ADOS™-2 Classification" field to reflect severity of symptoms.

Thank you.

THE AUTISM ALLIANCE OF MICHIGAN.