The Shifting Sands of Autism Policy & Policy Research: Where We Are & Where We Should Be

David S. Mandell, ScD
Professor and Director, Center for Mental Health Policy & Services Research
University of Pennsylvania
Associate Director, Center for Autism Research,
The Children’s Hospital of Philadelphia
Policies Affecting People with ASD

- **Community Mental Health Act**
- **Education of All Handicapped Children Act**
- **Medicaid Waivers start**
- **Individuals with Disabilities Education Act includes autism**
- **Olmstead Act**
- **Mental Health Parity Act**
- **First autism Medicaid waiver (MD)**
- **First autism insurance mandate (IN)**
- **Medicaid covers autism treatment**
- **Affordable Care Act**

Timeline:
- 1960: Medicaid
- 1965: Community Mental Health Act
- 1970: Education of All Handicapped Children Act
- 1980: Medicaid Waivers start
- 1990: Individuals with Disabilities Education Act includes autism
- 2000: Olmstead Act
- 2010: Mental Health Parity Act
- 2015: First autism Medicaid waiver (MD)
- 2010: First autism insurance mandate (IN)
- 2015: Medicaid covers autism treatment
- 2015: Affordable Care Act

Other key dates and events:
- 1960: Medicaid
- 1965: Community Mental Health Act
- 1970: Education of All Handicapped Children Act
- 1980: Medicaid Waivers start
- 1990: Individuals with Disabilities Education Act includes autism
- 2000: Olmstead Act
- 2010: Mental Health Parity Act
- 2010: First autism insurance mandate (IN)
- 2015: Medicaid covers autism treatment
- 2015: Affordable Care Act
Effect of mandates on treated prevalence

- Eligible children in mandate states
- Eligible children in non-mandate states

1 year post mandate: 1.0
2 years post mandate: 1.7
>2 years post mandate: 1.8
Effect of mandates on service use

- Monthly Spending

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<tr>
<th>Time Post Mandate</th>
<th>Non Mandate States</th>
<th>1 Yr Post Mandate</th>
<th>2 Yrs Post Mandate</th>
<th>3+ Yrs Post Mandate</th>
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<tbody>
<tr>
<td>Eligible Children</td>
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<tr>
<td>Ineligible Children</td>
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Medicaid vs. Private Insurance Expenditures

- Outpatient: Medicaid significantly higher than Private.
- Inpatient and Medication: Costs are relatively lower and comparable between Medicaid and Private insurance.

Wang et al. (2013)
Effects of last 60-day service use on hospitalization ($1000)

- Respite care: -8%
- Therapeutic care: 1%
- Other services: 3%
Published ASD treatment studies

Effect sizes of 0.8 – 1.1

Weitlauf et al. Comparative Effectiveness Review No. 137. AHRQ.
Cost offset associated with ESDM

- ESDM
- Community
- ESDM
- Community

Legend:
- ESDM
- EIBI
- OT/PT
- Social skills
- Special education
- Speech therapy
- Other
Effects of Community Treatment
The test of any intervention is the test of that intervention in a context.

**Efficacy**

- **Traditional RCT**
  - Grant funding insures tx delivery at desired intensity and duration
  - Highly trained and supervised in tx
  - Restrictive inclusion and exclusion criteria

- **System**

**Effectiveness**

- **Community Practice**
  - tx subject to programmatic and funding priorities
  - Variable training, supervision, motivation and caseload
  - Whoever shows up

**Subject**
The test of any intervention is the test of that intervention in a context.

**Efficacy**
- Clinician
- System
- Subject

**Effectiveness**
- Community Practice
  - tx subject to programmatic and funding priorities
- Variable training, supervision, motivation and caseload
- Whoever shows up

Efficacy vs. Effectiveness:
- Efficacy: tx conducted in an artificial setting by adequately trained and supervised facilitators.
- Effectiveness: tx delivered by highly skilled facilitators in an informal setting subject to programmatic and funding priorities.
Interventions used in the community: *response from one school district*

An array of interventions and instructional strategies are utilized to support teachers and staff who teach children with autism. Some of these include:

- ABA (Applied Behavioral Analysis): task analysis, discrete trial
- VBA (Verbal Behavior Analysis)
- TEACCH
- Visual Supports (communication/instruction/schedules)
- Positive Behavior Supports (i.e. Jed Baker books, Tony Attwood)
- The Incredible 5-Point Scale
- Integrated technology for social stories/instruction (i.e. Smart Board)
- RDI (Relationship Development Intervention)
- Assistive Technology (i.e. communication boards, electronic communication)
- Floor time
- Pivotal Response
- Research-based reading and mathematics interventions

These strategies are used across all settings, ages and grades based on the individual needs of students.
Implementation Climate
(Is use of the intervention expected, supported and rewarded?)

How well teachers implemented the program (fidelity)

- Change in IQ
- Bad organizational climate
- Good organizational climate
Integrating org. and psych. theories

Adapted from Azjen (1986, 1991) and Williams and Glisson (2013)
Integrating org. and psych. theories

Federal
State
District
School

Organizational characteristics

Beliefs
- Attitudes
- Norms
- Intentions
- Self-Efficacy
- Skill

Knowledge

What Behavior?
What behavior?
Positive reinforcement

Data collection

One-to-one(?) intervention each day

Visual schedules
% of teachers that strongly agree that they will use these practices

- Positive reinforcement: 70%
- Schedules: 50%
- One-to-one instruction: 35%
- Data collection: 30%
% of teachers that strongly agree that they will use these practices

- Pedagogy
- Resources
- Staffing
- Attitudes
Policy Options

- Mandated program
- Mandated competency training
- Ongoing coaching
- Clear evaluation standards based on program components
- Position security
- Create community with shared expectations
- Career ladder
What We Do

Policy → Outcome
What We Want

Policy → Practice → Outcome
Thank you

mandelld@upenn.edu