



# Autism Spectrum Disorders for the Primary Care Practitioner and Other Providers

Friday, May 5, 2023

*Virtual Conference*

Jointly Sponsored by Healthfirst and the State University of New York  
Downstate Health Sciences University



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HEALTH SCIENCES UNIVERSITY



# Meeting the AAP Recommendations for Developmental Surveillance and Screening

Liz Isakson, MD FAAP

Executive Director, Docs for Tots

## Learning Objectives

### Recognize

Recognize the purpose of developmental screening and early identification in the first 3 years of life for children with developmental delays

### Distinguish

Distinguish between surveillance, developmental monitoring and developmental screening including the resulting difference in identification of children's developmental delays with each technique

### Identify

Identify barriers to successful developmental screening implementation and appropriate continuous quality improvement actions to address barriers

### Audit

Audit practice to ensure that developmental screening is occurring in at least 85% of well child visits for 9, 18, and 30 months old



## Overview



Background



Opportunities and Challenges



It takes a team!



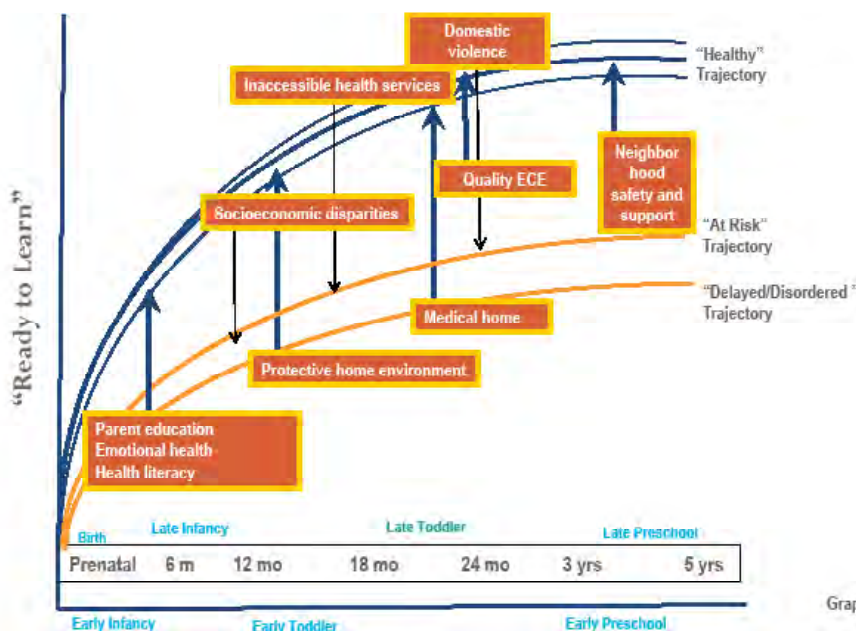
Learn the Signs. Act Early.

## Poll

How confident are you in your knowledge of developmental screening?



## Developmental Trajectories



Graphic Concept Adapted from Neal Halfon, UCLA Center for Healthier Children, Families, and Communities

## Screening vs. Surveillance

### Detection Rates

#### Without

Standardized, Valid, Reliable tool

- 30% of developmental disabilities identified

(Palfrey et al., *JPEDS*, 1994; 111:651-656)

#### With

Standardized, Valid, Reliable tool

- 70-80% with developmental disabilities correctly identified

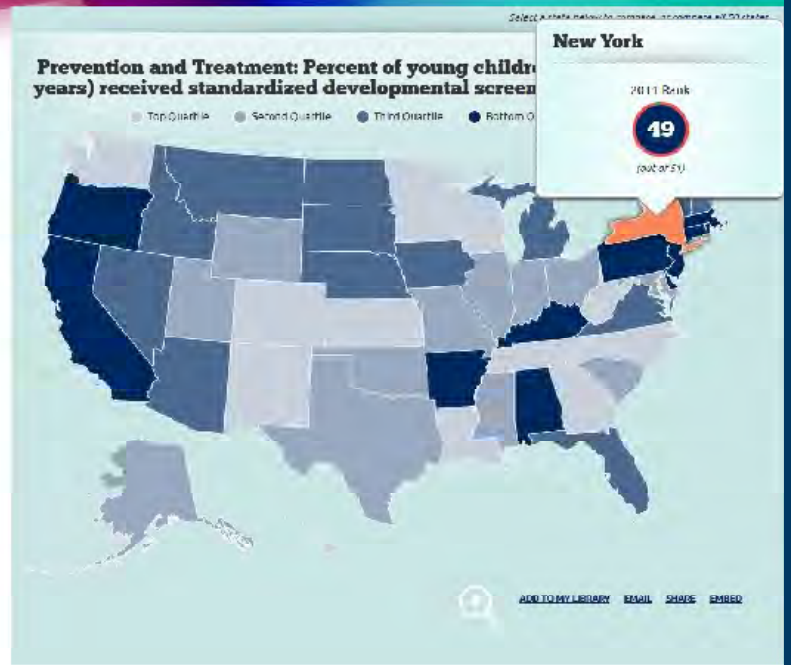
(Squires et al., *JDBP* 1996; 17:420-427)





## NY has room to improve!

- 49/52 in developmental screening rates
- Improving the rate of developmental screening means we can:
  - Improve parental knowledge of child development
  - Celebrate milestones
  - Identify needs early
  - Have kids that are healthy and ready to learn at kindergarten!



## Surveillance and Screening Guidelines: AAP 2006

Developmental surveillance at every well-child visit – if concerns then formal screen

Developmental screening using a standardized screening tool at 9, 18, and 30\* months or when concern is expressed

If results are concerning, refer for developmental and medical evaluations and early intervention services

Follow up on referrals made and continually track child's developmental status



## Opportunities and Challenges

Poll: In your opinion, what is the biggest barrier to standardized developmental screening at 9,18, and 30 months?



## Common Barriers

- Time
- Office capacity
- Comfort with referral process and sources

## Opportunities for Growth

- **Reimbursement**

- Developmental screening for ASD may be reimbursed up to two times in the "First Three Years of Life" of the child, beginning at 18 months of age.
  - Developmental screening for global developmental milestone screening services may be reimbursed up to one time per year in the "First Three Years of Life" of a child.

- **Opportunity to reinforce developmental knowledge at the parent and provider level**
- **Strengthens families**
- **Having a system in place is a safety net for providers**

Procedure Code	Procedure Description	ICD-10-CM Diagnosis Code	ICD-10-CM Diagnosis Code Description	Rate
96110	Developmental screening, with interpretation and report, per standardized instrument form	Z13.41	Encounter for autism screening	\$15.6
96110	Developmental screening, with interpretation and report, per standardized instrument form	Z13.42	Encounter for screening for global developmental delays (milestones)	\$15.6



## Our Approach It takes a team!

## Seven Steps to Successful Screening!

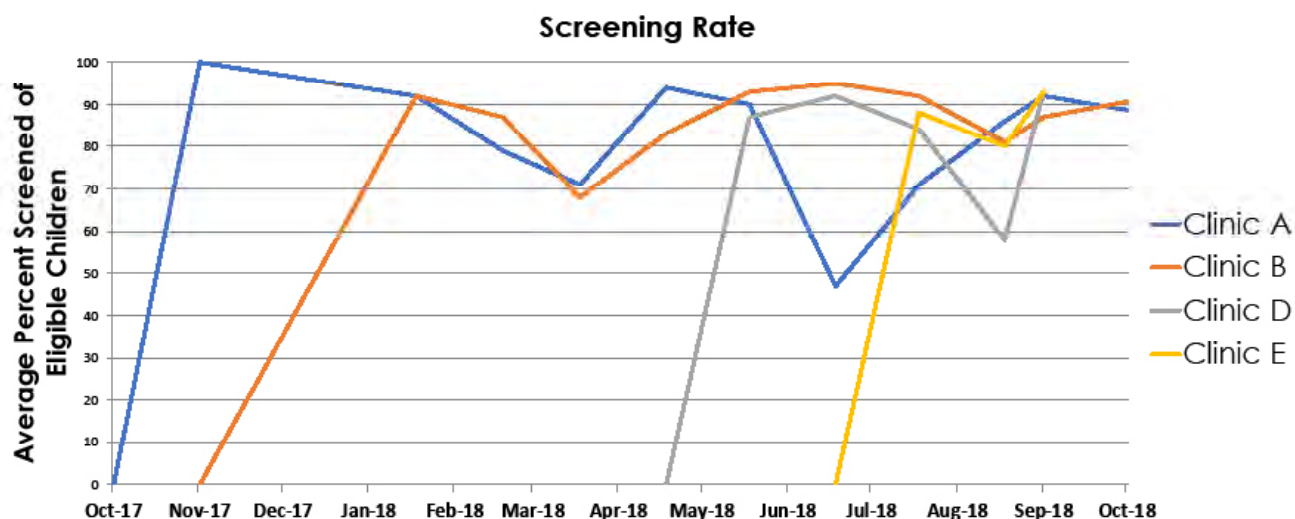
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
Decide to Screen: Make the case for screening in your practice	Form Your Team and Maintain a QI Approach: Assemble the team to put your plan into action	Choose a Quality Screen: Decide which screen is best for your patient population	Map Flow and Integrate Screening: Determine how to most easily incorporate screening into your workflow	Prepare Referral Process: Plan where to send families with positive screens	Prepare Parent Education and Community Connections: Use freely available resources to promote child development	Implement and Evaluate: Start to screen and improve the process as needed





# Data Drives Improvement!

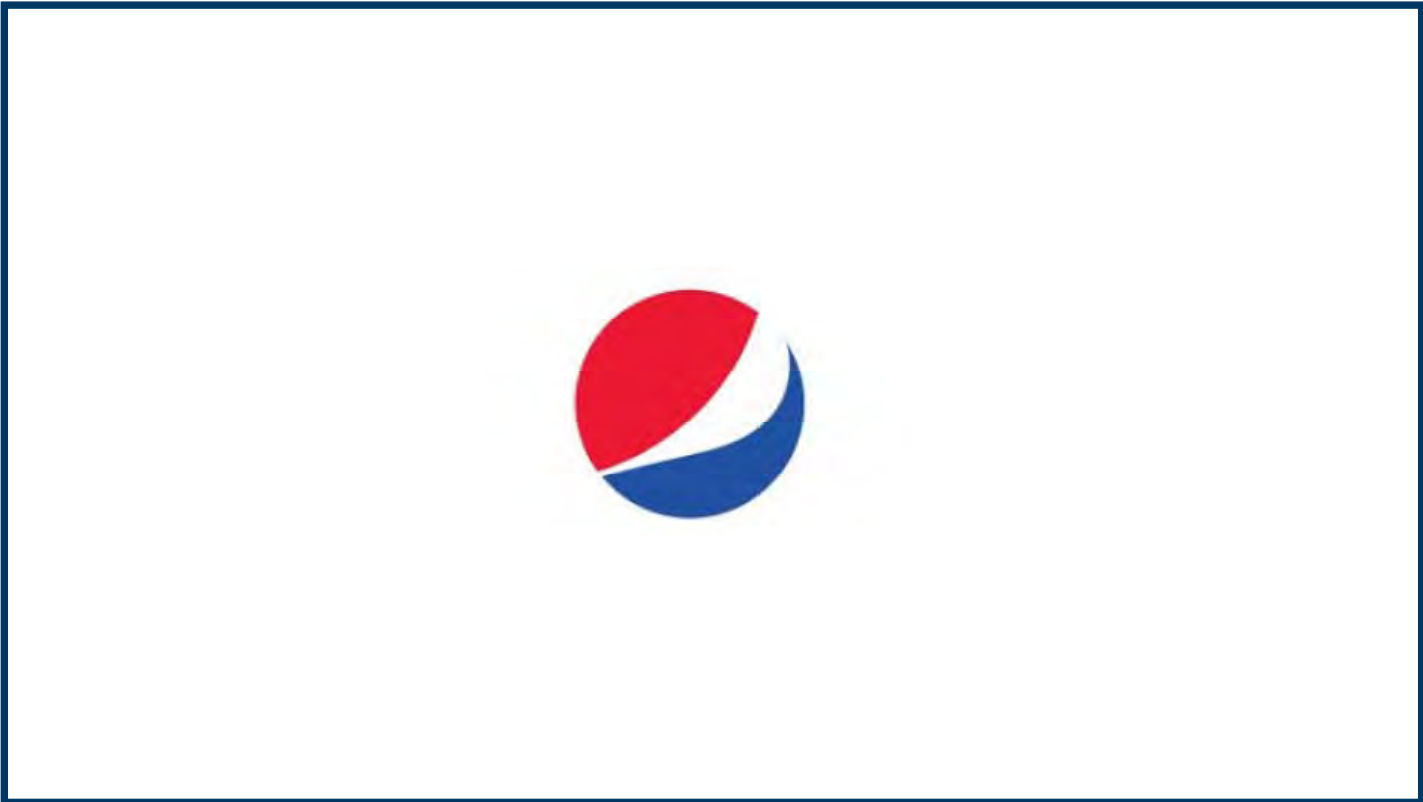
Sample Results of Screening Implementation using TA and QI



## Lessons learned

- Entire clinic staff became engaged around screening, promotion and celebration of milestones
- Clerks, medical assistants were key team members that determined success
- Rapid cycle data shared with team was a change agent
- Ongoing troubleshooting led to quick solutions. Common problems:
  - Staff changes
  - Replenishment of supplies of screens, staples
  - Electronic medical records did not enhance the flow or collection of information
  - Identification alone not enough – linkages to services and care coordination needed across the community







## What is the “Learn the Signs, Act Early” Campaign?



Simply put....

Helping parents and other care providers **learn** the signs of typical development and **act early** on concerns.



Signs of typical development = **Milestones**

Act Early =

Talk with the doctor, ask for screening  
Get referral to specialist and connect with early intervention.



# LTSAE Materials

- All are available in English and Spanish to download
- Materials can be ordered for free in limited quantities based on what is available in the warehouse
- Materials can be adapted, translated, and customized to help health professionals, early care and education providers, and other service providers work with parents to track the development of the children they serve



## Milestone Checklists

**Your baby at 9 months\***

**Milestones matter!** Follow your baby's signs, skills, and milestones. Check the milestones your baby has reached for 9 months. Take a note on what you've done and what you're still working on. Use this checklist to discuss your baby's progress with your doctor.

**What most babies do by this age:**

<p><b>Social/Emotional Milestones</b></p> <ul style="list-style-type: none"> <li>1. Play with, or respond to, other people.</li> <li>2. Show interest in other people. (Make eye contact, smile, and react.)</li> <li>3. Look at someone when they speak.</li> <li>4. Reach for you when you hold or pick up an object.</li> <li>5. Respond to your name.</li> </ul> <p><b>Language/Communication Milestones</b></p> <ul style="list-style-type: none"> <li>1. Make different sounds.</li> <li>2. Respond to simple words.</li> </ul>	<p><b>Cognitive Milestones</b> <i>(Learning, thinking, problem-solving)</i></p> <ul style="list-style-type: none"> <li>1. Use one object to get another object.</li> <li>2. Put one object inside another.</li> <li>3. Use one object to get another object.</li> </ul> <p><b>Motor/Physical Development Milestones</b></p> <ul style="list-style-type: none"> <li>1. Pick up small objects.</li> <li>2. Move from crawling to standing.</li> <li>3. Pull to stand.</li> <li>4. Stand with support.</li> <li>5. Stand without support.</li> </ul>
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**Other important things to show with the doctor:**

- Has your baby had any recent illnesses?
- Has your baby had any recent injuries?
- Has your baby had any recent hospitalizations?
- Has your baby had any recent surgery?
- Has your baby had any recent dental visits?

**Visit your baby's doctor.** Don't wait. Your baby's development is important. See your doctor for a checkup. Your doctor will check your baby's milestones and help you understand what to expect. If you have any questions, ask your doctor. If you have any concerns, ask your doctor. If you have any questions, ask your doctor. If you have any concerns, ask your doctor.

**Don't wait. Getting early care makes a real difference!**

**Logos:** CDC, Department of Health and Human Services, Division of Early Childhood, National Center for Early Childhood Development, National Center for Immunization and Control, National Center for Injury Prevention and Control, National Center for Maternal and Child Health, National Center for Population and Family Studies, National Center for Statistics and Data Systems, National Center for Trauma and Injury Prevention, National Center for Vital Statistics, National Center for Workforce Development, National Center for Youth and Human Services, National Center for Zoonotic and Emerging Infectious Diseases, National Center for the Prevention of Tobacco Use, National Center for the Prevention of Unintentional Injury, National Center for the Prevention of Violence, National Center for the Prevention of Youth Tobacco Use, National Center for the Prevention of Youth Violence, National Center for the Prevention of Youth Substance Use, National Center for the Prevention of Youth Suicide, National Center for the Prevention of Youth Self-Harm, National Center for the Prevention of Youth Sexual Abuse, National Center for the Prevention of Youth Sexual Assault, National Center for the Prevention of Youth Sexual Exploitation, National Center for the Prevention of Youth Sexual Trafficking, National Center for the Prevention of Youth Sex Trafficking, National Center for the Prevention of Youth Sex Tourism, National Center for the Prevention of Youth Sex Trafficking, National Center for the Prevention of Youth Sex Trafficking, National Center for the Prevention of Youth Sex Trafficking.

- Complete checklists address
  - Four domains of development
  - Open ended questions
  - Backpage activities to do together
- How to use
  - Distribute to families at every well-child visit
- Can be printed with Spanish translation on reverse

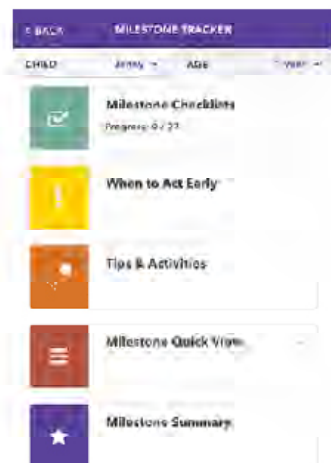
Learn the Signs. Act Early.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)



## Milestone Tracker App

- Available in English and Spanish for iOS and Android
- Can add multiple children
- Milestones tracker including photos and videos to help understand
- Tips and Activities
- Track appointments



Learn the Signs. Act Early.

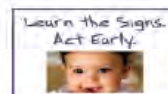
[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)

## 2022 LTSAE Revised

- Publication of the process and results in Feb. 2022
  - Work concluded in 2019, released delayed due to COVID19
- Incorporate feedback from over 15 years of use
  - Where are 15- and 30-month checklists?
  - Vague (“may”, “begins”)
  - “How many milestones can be missing without being concerned?”
  - Are only the “warning signs” important?
  - Are these milestones MOST children do by this age?

- More information about the revision process can be found in the PEDIATRICS article *“Evidence-Informed Milestones for Developmental Surveillance Tools”*

<https://doi.org/10.1542/peds.2021-052138>





## Results of the Process

- 26% reduction in total milestones
  - 216 to 159 milestones
  - 25 duplicates removed
  - Average number of milestones/checklist was reduced from 23 to 13
- 40% milestone replacement
  - 94 retained and 65 new
- 1/3 of retained milestones were moved to a different age
  - 2/3 moved to older age
- 80% of the final milestones had normative data from  $\geq 1$  source
- Social-emotional and cognitive milestones were the most difficult to find



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For more information about child development and to order Learn the Signs. Act Early. Materials

[www.cdc.gov/actearly](http://www.cdc.gov/actearly)

1-800-CDC-INFO

[Actearly@CDC.gov](mailto:Actearly@CDC.gov)

### Acknowledgment

The Act Early Ambassador project is a collaborative effort of the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) and Association of University Centers on Disabilities (AUCD) to advance CDC's "Learn the Signs. Act Early." program to improve early identification of developmental disabilities. The project is funded by CDC and HRSA.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)







# Conclusion








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**Ongoing Care for Patients with ASD:  
What Project TEACH Can Do For You!**  
LEND Program: ASD for PCPs and other Providers  
May 5, 2023

 **Office of  
Mental Health**


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**Welcome!**

**David L. Kaye, MD**  
Professor of Psychiatry, U. at Buffalo, Jacobs School of Medicine  
Executive Director Project TEACH

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# Disclosures

David Kaye: no relevant financial relationships with ineligible companies to disclose



# Project TEACH

Funded by



**Office of  
Mental Health**





## *Families Thrive With Good Mental Health*

**Supporting Maternal health and Pediatric Clinicians  
to deliver quality mental health care in New York State**



# MISSION

To strengthen and Support

1. Pediatric Primary Care Clinicians (PPCCs) to deliver care to children and families who experience mild-to-moderate mental health concerns.
2. Ob/Gyns and other health care clinicians caring for perinatal patients to expand their ability to assess and manage maternal mental health concerns.



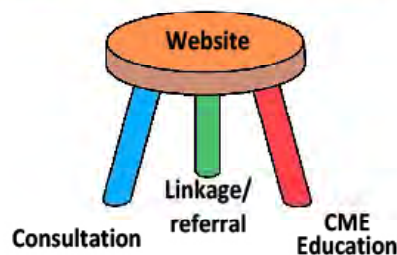


# Supporting Agencies & Organizations



# Services

*All at no cost to clinicians or patients*





## Telephone Consultations

Project TEACH was established for family medicine, pediatric and maternal health prescribers to speak on the phone in real time with child and adolescent psychiatrists and reproductive psychiatrists.

Ask questions, discuss cases, or review treatment options.

Whatever clinicians need to support their ability to manage their patients.

**1-855-227-7272**

**Monday-Friday • 9:00am – 5:00pm**



## What happens when you call?

- Prescriber, or other staff, calls: **1-855-227-7272**
- Liaison Coordinator answers the call and takes down clinician contact info and brief description of patient case and question.
- Within 30 minutes or at convenience of caller: Reproductive psychiatrist (RP) or child/adolescent psychiatrist (CAP) calls back prescriber



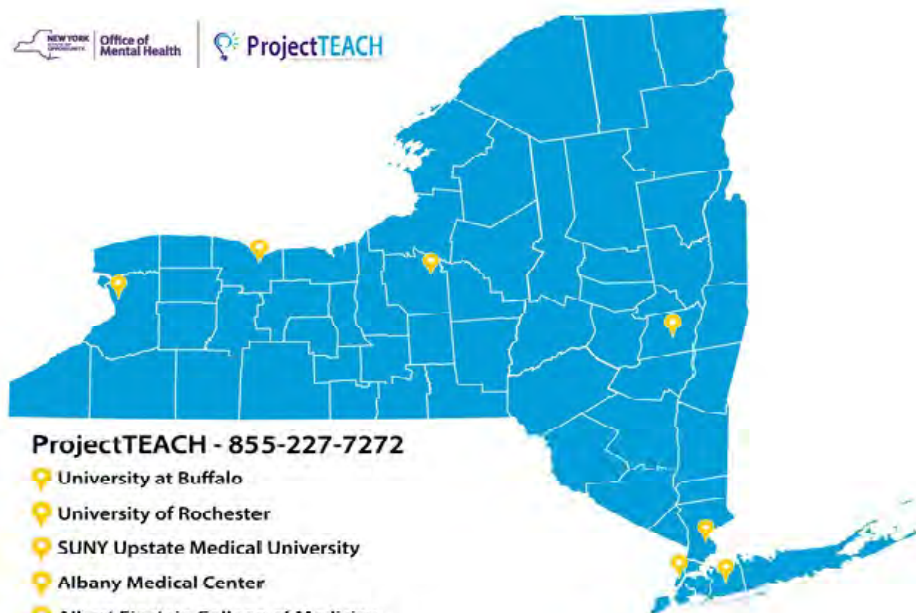


## CAP/RP Consultations are for prescribers

- ⌘ Prescribers: physician, NP, PA, resident, fellow
- ⌘ Practicing in pediatrics, family medicine, OBGYN, MFM, Internal Medicine, Neurology, Psychiatry...
- ⌘ Location: Inpatient, outpatient, ER, private practice, etc.



*No matter where you are in New York State, our team of psychiatric specialists is here for you!*



**ProjectTEACH - 855-227-7272**

- 📍 University at Buffalo
- 📍 University of Rochester
- 📍 SUNY Upstate Medical University
- 📍 Albany Medical Center
- 📍 Albert Einstein College of Medicine
- 📍 Columbia University Medical Center / NY State Psychiatric Institute
- 📍 Zucker Hillside Hospital, Northwell Health





## ProjectTEACH

# Child and Adolescent Psychiatry (CAP) Team

### University at Buffalo

- David Kaye, MD\*
- Sourav Sengupta, MD
- Beth Smith, MD

### University of Rochester

- Michael Scharf, MD\*
- Jim Wallace, MD

### SUNY Upstate Medical University

- Wanda Freemont, MD\*
- Eric McMaster, MD
- Nayla Khoury, MD

### Columbia University/NYSPI

- Rachel Zuckerbrot, MD\*

### Zucker Hillside Hospital/Northwell Health

- Victor Fornari, MD\*
- Carmel Foley, MD
- Zoya Popivker, MD

### Albany Medical Center

- Suzanne Sumida, MD
- Naema Qureshi, MD

### Albert Einstein College of Medicine

- Breck Borcharding, MD\*

\* Medical Director



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## ProjectTEACH

# Liaison Coordinators (LCs) and Administration

### Liaison Coordinators (LCs)

- Maureen Ryan PsyD, Syracuse (Mon)
- Leslie Cummins, LCSW – Northwell (Tues)
- Sasha Miller, LCSW – Northwell
- Katherine Carnicelli LCSW–Columbia (Wed)
- Kristin McGinley, LCSW – Buffalo (Thur)
- Amy Lyons, LCAT – Rochester (Fri)
- Kayla Tombank, LMHC – Albany
- TBD – Albert Einstein

### Project Administration

- David Kaye MD, Executive Director
- Michele Phillips, Sr. Project Director
- Ira Bhatia, MS, MEd., Sr. Project Administrator



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## Maternal Mental Health (MMH) Team

### University at Buffalo

- Joshna Singh, MD

### University of Rochester

- George Nasra, MD, MBA
- Jeffrey Iler, MD
- Ellen Poleshuck, Ph.D.

### SUNY Upstate Medical University

- Seethalakshmi Ramanathan, MD
- Nevena Radonjic, MD

### Columbia University/NYSPI

- Elizabeth Fitelson, MD
- Catherine Monk, Ph.D.

### Zucker Hillside Hospital/Northwell Health

- Kristina Deligiannidis, MD\*

### Albany Medical Center

- Aum Pathare MD

### Albert Einstein College of Medicine

- Rubiahna Vaughn, MD
- Julia Vileisis, MD



## Specialty Consultants

- Specialty Consults are provided at the request of a PCP or at the recommendation of the CAP.
- After a telephone consultation with the PCP, the specialty consult may offer a face-to-face eval.

### 0-5 Years

- Evelyn Berger-Jenkins, MD, MPH (Columbia)
- Kenya Malcolm, Ph.D. (U of Rochester)

### Autism Spectrum Disorder

- Michael Cummings, MD (Buffalo)
- Jeremy Veenstra-VanderWeele, MD (Columbia)

### Substance Use

- Scott Krakower, DO (Northwell)

### LGBTQ

- Richard Pleak, MD (Northwell)

### Problem Sexual Behaviors

- Peter Martin, MD, MPH (Buffalo)
- Barbara Libov, Ph.D. (Northwell)
- Jamie Gaglianese, MS, LMHC (Syracuse)





## Referrals and Linkages

Our Liaison Coordinators (LCs), are experts in helping primary care clinicians and families identify and access community mental health and support services including:

- Clinical treatment
- Care management
- Patient and family support

Project TEACH provides referrals to PCCs for

- Children and adolescents (up to age 22)
- Women with maternal mental health concerns.

**NOTE:** We do not interface directly with patients.



## Training

At **NO COST** to attendees Project TEACH offers CME trainings in several different formats for Primary Care Clinicians (PCCs) serving children and adolescents as well as women with maternal mental health concerns. These programs support the clinician's ability to assess, treat and manage mild-to-moderate mental health concerns in their practices.

[www.projectteachny.org](http://www.projectteachny.org) for specifics







## Intensive Trainings

Project TEACH offers specialized, in-depth education to help pediatric and maternal health clinicians recognize, assess, and manage mild-to-moderate mental health concerns

- Maternal mental health: 6-hour CME intensive trainings, twice per year; Next: November 5 Downstate, site TBA
- Child/Adolescent Mental health: 15-hour CME programs, twice per year. Next: May 7<sup>th</sup> & 8<sup>th</sup> (9 hours) with 6 one hour follow up sessions. Register at:

[https://zoom.us/webinar/register/WN\\_M3d5XOZ-TAOWheaiWZI3hA](https://zoom.us/webinar/register/WN_M3d5XOZ-TAOWheaiWZI3hA)



## Live Webinars

### Child/Adolescent and Maternal Mental Health

Project TEACH also offers

- **Three webinars, annually on Maternal Mental Health** topics above and beyond those covered in the Intensive Training.
- **Five webinars annually** on a variety of **child mental health** topics above and beyond those covered in the Intensive and Core Trainings.

Webinars are 1-hour in length and include CMEs.

Webinars will be offered live and recorded for posting on the website.





# Archived Webinars

## Child/Adolescent and Maternal Mental Health

A large number of past webinars from our faculty are available to participants on a range of topics in both child/adolescent and maternal mental health. Stored in our Learning Management System (LMS), these trainings are available with CME credit—at no cost!

Create an account and view our catalogue by clicking “Earn CME” on our website:

[www.ProjectTEACHny.org](http://www.ProjectTEACHny.org)



## Upcoming Events

### Intensive Training

May 7<sup>th</sup> - 8:30 - 3:45  
May 8<sup>th</sup> - 8:30 - 12:15

### Child and Adolescent Mental Health for Primary Care Clinicians

Presented by Project TEACH’s team of Child Adolescent Psychiatrists and Pediatric Primary Care Clinicians  
Up to 15.0 CME credits  
6 Follow-up Sessions on May 17, 24, 31 and June 7, 14, 21

### Webinar

Monday, May 15<sup>th</sup>  
Noon – 1:00 pm

### Sleep Disturbances in the Perinatal Period

Presented by Nevena Radonjic, MD, Ph.D. Asst. Professor SUNY Upstate and Catherine Monk, Ph.D. Professor of Psychology, Psychiatry, and OB/Gyn, Columbia University  
1.0 CME credit

### Webinar

Tuesday, June 13<sup>th</sup>  
Noon – 1:00 pm

### PCP Guide to Sexual Behavior in Children: What’s normal & what’s problematic?

Presented by Barbara Libov, Ph.D., Clinical Asst. Professor Northwell/Zucker School of Medicine  
1.0 CME credit

### Webinar

Monday, June 26<sup>th</sup>  
Noon – 1:00 pm

### Maternal Mental Health: Case Presentations and Discussion

Presented by Project TEACH’s team of Reproductive Psychiatrists.  
1.0 CME credit





# Educational Resources

On our website and in our emails, you can find:

- Physician Resources
  - Rating scales, prevention education, journals and guides
  - MMH Toolkit: in development
- Patient and Family Resources
  - Videos and PDFs on mental health topics
  - 4 child and adolescent and 2 maternal resources added each year
- Available freely to the public in 7 languages.

## Stay in touch with us, access resources and register for no-cost CME

Website - [www.ProjectTEACHny.org](http://www.ProjectTEACHny.org)

Clinician's Line: 855-227-7272



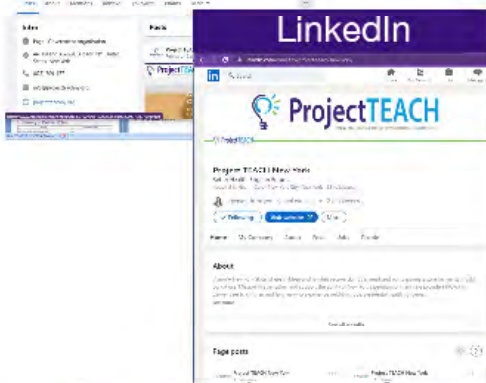
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### Families Thrive With Good Mental Health

Supporting maternal health and pediatric clinicians to deliver quality mental health care in New York State.

GET INVOLVED





## How We Can Help Your Practice

*Let's Work Together!*

- CALL US! 1-855-227-7272
  - Consults
  - Referral assistance
- Attend our other education programs
- Tell a colleague about Project TEACH services
- Like our Facebook and/or LinkedIn pages

## Case Example of Phone Consultation

- 8 year old boy who lives with his biological parents, one typically developing sib
- Dx with Autism Spectrum Disorder Level 2 and obesity (157#)
- CC mom reports increasing physical aggression at home towards her
- Parents (especially mom) exhausted and frightened .
- School: has an IEP
- No medications currently or in past



## What is your next step?

Please place your answer in the Chat

- A. Prescribe risperidone 0.5 mg
- B. Use validated rating scale to assess symptom severity, frequency, type
- C. Find out if has OPWDD eligibility and linked for services
- D. Find out about any social, educational, health changes in past few months
- E. Call Project TEACH 1.855.227.7272
- F. A and D
- G. B, C D, E

## What other information would be most important?

- A. How is he sleeping
- B. What services does the IEP provide for at school
- C. Family psychiatric history
- D. Does he have a comorbid psychiatric condition
- E. A, D
- F. B, C
- G. A, B, C, D



## Which Rating Scale would be the most helpful for this boy?

Please place your answer in the Chat

- A. PHQ9
- B. SCARED
- C. Retrospective MOAS (Modified Overt Aggression Scale)
- D. Vanderbilt parent form
- E. Child Mania Rating Scale

[www.projectteachny.org](http://www.projectteachny.org)



## Conclusions: Interactive Case Example

- Aggression in children with ASD is driven by many factors
  - Medical
  - Psychiatric
  - Situational
- Determine underlying comorbid conditions (ADHD, depression, anxiety, etc)
- Characterize the severity of the aggression with rating scales (e.g. MOAS)
- Make sure linked with OPWDD
- Try psychosocial interventions *before* medications unless severity of aggression is severe or dangerous
- Medications: optimally treat the underlying condition **FIRST** before going to atypical antipsychotic
- **At any point call Project TEACH 1-855-227-7272!**





 ProjectTEACH



**ProjectTEACH**  
Families Thrive With Good Mental Health



Supporting Maternal and  
Pediatric Clinicians to Deliver  
Quality Mental Health in NYS.

Telephone Consultations

Linkage & Referral Support

CME Education Programs

**1.855.227.7272**

Monday - Friday • 9 am - 5 pm

Services are at no-cost to clinicians in New York State.



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## Roundtable Discussion



Shena Walker, Parent Advocate  
Farrah Rios, Parent Advocate  
Ivana Krstovska, PhD, BCBA-D  
Neelima Nayyar-Gujral, RN, BSN  
Joan Hittelman, PhD



## Terms

ABA: Applied Behavior Analysis  
ASD: Autism Spectrum Disorder  
CPSE: Committee for preschool special education (3-5 years)  
CSE: Committee for special education (5-21 years)  
DSM-5: Diagnostic and statistical manual of mental disorders (5<sup>th</sup> edition)  
DOE: Department of Education  
D75: District 75  
EIP: Early Intervention Program (birth to 3 years)  
FAPE: Free Appropriate Public Education  
OT: Occupational therapist  
SLP: Speech and Language Pathologist







## A Mother's Experience

- Red flags around the age of 2 years
- Stigma around Autism
- Diagnosis of ASD at 3 years in the Bahamas and confirmed in the USA
- No early intervention services
- CPSE placement in a community preschool in 12:1:1 setting that was not a good fit
- Letters of support to transfer to a therapeutic preschool 8:1:1 with SLP and OT services
- Kindergarten in D75 in 8:1:1, applying to Horizon program

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## Possible Solutions

- Continue to develop advocacy skills
- Case manager to guide families
- Parent support group needed
- Medical staff needs education about ASD and sensory needs of children with ASD
- Training to prepare children with ASD for medical procedures

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## A Mother's Experience

- The age of diagnosis important
- Experiences with two pediatricians
- Pediatrician's support matters
- Importance of having a good and consistent relationship with the pediatrician
- Nurses and office staff need to learn about ASD and sensory needs



## Possible Solutions

- PCP's power to enforce Free Appropriate Public Education (FAPE)
- Flyers at the pediatrician's office with clear steps about how to start the evaluation process in EIP, CPSE, CSE
- Flyers about how to access ABA through insurance
- Help with insurance applications and renewal (differences in coverage offered by different plans)





## A Clinician's Experience

- Referrals to the EIP by parents and pediatricians
- Trauma around the time of diagnosis
- Overwhelming amount of information – no guidance
- Parents do not understand their legal rights
- If children not diagnosed in EIP, often not diagnosed until much later – no services provided
- No clarification about the differences between ABA through the EIP and insurance
- Children placed in settings where they cannot progress



## Possible Solutions

- Offer advocacy training for parents
- Refer to parent support groups and provide resources and guidance
- Collaboration between disciplines matters
- Community outreach to educate about neurodivergent students
- Use ABA services to prepare children for medical and dental procedures





## A Clinician's Experience

- Early detection
- Parental denial
- Accessing ABA (especially with Medicaid)
- Accessing mental health support with an ASD diagnosis



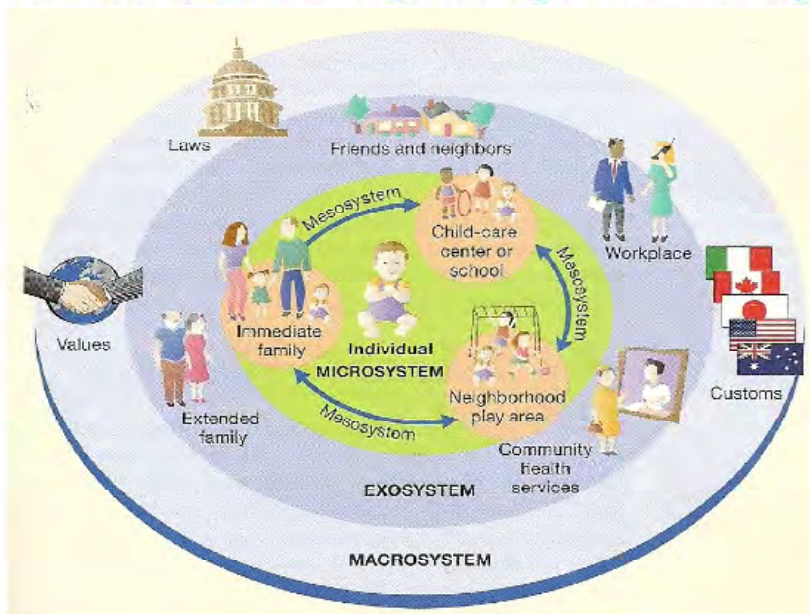
## Possible Solutions

- Assist primary care physicians in identifying red flags
- Educate parents about benefits of early detection, while understanding their concerns
- Advocate about the need for ABA at higher institutional levels
- Educate ourselves in order to empower families





## *Bronfenbrenner's Ecological System Theory (1979)*



## Toxic Educational Environment

- “Child is not trying hard enough.” Angry teacher and an angry parent is a recipe for disturbance.
- School stops teaching decoding at end of 2<sup>nd</sup> grade
- Child will be given grade level work even when the child far below grade level
- Child will not be identified or receive appropriate services
- Minimal to NO ABA for children with autism
- Why nonpublic or private schools

LEND



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## Contact

LEND Parent Support Group

[LENDparents@gmail.com](mailto:LENDparents@gmail.com)

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## About Healthfirst

Healthfirst is New York's largest not-for-profit health insurer, earning the trust of 1.8 million members by offering access to affordable healthcare. Sponsored by New York City's leading hospitals, Healthfirst's unique advantage is rooted in its mission to put members first by working closely with its broad network of providers on shared goals. Healthfirst takes pride in being pioneers of the value-based care model, recognized as a national best practice. For nearly 30 years, Healthfirst has built its reputation in the community for top-quality products and services New Yorkers can depend on. It has grown significantly to serve the needs of members, offering market-leading products to fit every life stage, including Medicaid plans, Medicare Advantage plans, long-term care plans, qualified health plans, and individual and small group plans. Healthfirst serves members in New York City and on Long Island, as well as in Westchester, Sullivan, and Orange counties.

For more information about Healthfirst, visit [healthfirst.org](https://www.healthfirst.org).

## About SUNY Downstate

Formally known as The State University of New York Health Science Center at Brooklyn, but better known to our patients and Brooklyn neighbors as SUNY Downstate Health Sciences University, we are older than the Brooklyn Bridge. We trace our roots back to 1860, when a school of medicine was founded at the Long Island College Hospital. The new college's faculty revolutionized medical education in this country by bringing the teaching of medicine to the hospital bedside, thus rejecting the idea that physicians should be trained exclusively in university lecture halls.

Today, SUNY Downstate is one of the nation's leading urban medical centers. SUNY Downstate comprises a College of Medicine, School of Health Professions, College of Nursing, School of Graduate Studies, School of Public Health, and University Hospital of Brooklyn.

The quality of our education, research, and patient care programs was confirmed with the awarding of the Nobel Prize in Medicine to Dr. Robert Furchgott, a member of our School of Graduate Studies faculty since 1956. Dr. Furchgott's identification of nitric oxide as a signaling molecule important in vascular health has revolutionized care for heart, stroke, impotence, and other diseases.



As the only academic medical center in Brooklyn, we serve a large population – over 2.3 million people – and one that is among the most diverse in the world. We are also an engine of opportunity for students interested in pursuing careers in health care. Many of our students are the first in their families to attend college.

More physicians who practice medicine in New York City received their training at our College of Medicine than any other medical center in the country. Nationally, our medical school ranks seventh in the number of graduates who are now engaged in academic medicine. Here in Brooklyn, our impact is even greater. We have trained nearly half of all doctors practicing in a number of specialty areas.

Our School of Health Professions and College of Nursing also play a unique role in the borough and the city. We have the oldest midwifery program in the country, and we recently made history again by establishing a joint program between the two colleges that trains midwives who are not nurses. The College of Nursing is particularly proud of its role in educating minority students. Approximately three-fourths of the students are minority-group members, and many are recent immigrants.

University Hospital of Brooklyn is the borough's only hospital located at an academic medical center. As such, it offers the most advanced and comprehensive care in Brooklyn. Many of its physicians are regularly rated among the best in New York City. Some are known throughout the world.

SUNY Downstate Health Sciences University enters the new century with a renewed dedication to serving the people of Brooklyn through its three-fold mission of education, research, and patient care.

## **About the Brooklyn LEND Program**

The Brooklyn Leadership Education in Neurodisabilities (LEND) program is a HRSA/MCHB-supported program to address the significant disparities in Brooklyn in both identification and care for individuals with ASD and other neurodisabilities across the lifespan. LEND endeavors to address these disparities via a training program for physicians, OT's, ST's, PT's, psychologists, nurses, social workers, and educators, as well as family members and self-advocates which is interprofessional, addressing both evaluation, clinical care, and emphasizes leadership to promote advocacy, community awareness and systems change.



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