The Role of the Public Mental Health System in Caring for Children with Autism

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Presentation and Prevalence of ASD

- Characteristics of ASD (APA, 2000)
  - Range of impairments in communication and social interactions
  - Restrictive and stereotyped patterns of behavior
- Increase in prevalence (Fombonne, 2003)
  - As much as a 20-fold increase in last 40 years
  - Current estimates 4-6 per 1,000
- Parallel increase in number of children with ASD served in public service systems (e.g., US Department of Education, 2003)
- Important to understand the service system for ASD

ASD in Public Service Systems

- Complexities in understanding and navigating service system
  - Differences across states
  - Debate about who pays and who qualifies for what services
- Children with ASD may be served in multiple public systems
  - Special Education
  - Mental Health

Special Education Services

- Entitled to receive all supports necessary for a free and appropriate education (1975 Education of All Handicapped Children Act)
- Autism as a separate eligibility category (exceptionality) under 1990 Individuals with Disabilities Education Act
- US Supreme Court - SE system not responsible for providing intervention to treat children's disabilities, or maximize functioning (Lord & McGee, 2001)
- Children with ASD don't qualify for SE services if educational performance is not "affected"

Public Mental Health Services

- Little info on whether and how children with ASD served in systems other than education
- 1% of children in SOCs with ASD (same as SE)
- Funding for public mental health services for ASD
  - EPSDT
  - Medicaid waivers (46 states with DD; 4 with autism-specific)
- Potential MH services for Children with ASD
  - Behavioral & psychotropic interventions
  - Treatment for co-occurring problems
- Some children may be served exclusively in MH services if they don't qualify for SE services

Current Study

- The extent of the overlap between these MH & SE systems and relationships to service utilization and expenditures has not been examined
- Purpose of current study
  - Estimate the overlap among children with ASD served in both systems
  - Describe expenditures and services provided through the public mental health system for children with ASD

Data Sources

- Philadelphia County special education database
  - Demographic and exceptionality information for all children receiving SE services in Philadelphia during 2002
- The Pennsylvania Medicaid database
  - All adjudicated Medicaid MH claims for Philadelphia during 2002
  - Claims information
    - Provider and service type
    - Associated diagnoses
    - Expenditures
- Individuals matched across databases
  - Name, sex and birth date

Sample

- All children ages 6-17 years on January 1, 2002 who received at least one of the following:
  - Medicaid-reimbursed MH service for a primary diagnosis of ASD (ICD-10 code 299)

OR

  - SE services through the autism exceptionality during the study year

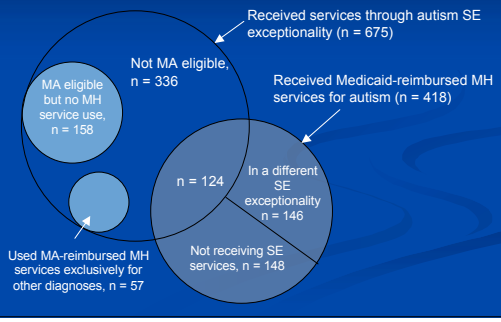
Variables

- Special Education Exceptionality
  - 13 US Department of Special Education categories
- ASD diagnosis
  - Based on ICD-10 code 299 from the Medicaid claims
- Use of public MH services and related expenditures
- Demographic Characteristics
  - Age, race and sex abstracted from the claims and SE records

Analyses

- Cross-tabulations were used to calculate the number of children receiving
  - SE services in the autism exceptionality and in other exceptionalities
  - MH services for a diagnosis of ASD and MH services for other diagnoses
  - Overlap among children in each category
- MH Expenditures
  - Sum of reimbursed charges per individual within each of the 7 categories of services
- Chi square tests and ANOVA

Overlap in service delivery to children receiving special education or Medicaid-reimbursed mental health services for autism (n = 969)*



Demographics & service use

	SE for autism, no MH (n=158)	SE & MH for autism (n=124)	SE for autism, MH for other dx (n=57)	MH for autism, SE in other categories (n=146)	MH for autism, no SE (n=148)
Age	**11.5 (3.2)**	**10.5 (3.2)**	**11.4 (3.4)**	**11.3 (3.1)**	**10.2 (2.9)**
Male	88.0%	83.1%	84.2%	79.4%	81.1%
Black	**29.5%**	**51.6%**	**50.9%**	**62.3%**	**54.7%**
Asian	**28.6%**	**3.2%**	**0.0%**	**0.7%**	**0.0%**
Latino	**2.5%**	**4.0%**	**10.5%**	**2.1%**	**8.8%**
White	**18.4%**	**37.1%**	**35.1%**	**29.5%**	**28.4%**
Other	**21.9%**	**4.0%**	**3.5%**	**5.5%**	**8.1%**
Had inpatient stay	NA	5.6%	1.7%	5.5%	6.1%
Prescribed medication	NA	**49.2%**	**84.2%**	**63.7%**	**58.8%**
% claims for ASD	NA	**88.9%**	NA	**76.5%**	**70.9%**

Expenditures

	SE & MH for autism (n=124)	SE for autism, MH for other dx (n=57)	MH for autism, SE in other categories (n=146)	MH for autism, no SE (N=148)
Inpatient care	$1,726 ($8,884)	$469 ($3,540)	$1,905 ($14,279)	$1,666 ($10,881)
EPSDT	**$26,055 ($22,417)**	**$9,215 ($20,352)**	**$33,141 ($36,927)**	**$19,487 ($22,716)**
Case management	**$310 ($547)**	**$219 ($872)**	**$637 ($1,190)**	**$582 ($1,575)**
Partial hospitalization	**$7 ($81)**	**$19 ($145)**	**$130 ($684)**	**$509 ($2,024)**
Home services	$169 ($1886)	$0 ($0)	$0 ($0)	$0 ($0)
Outpatient therapy	$222 ($429)	$7,503 ($5,191)	$1,179 ($6,923)	$1,169 ($58,77)
Pharmacy	$724 ($1,156)	$823 ($1,409)	$1,037 ($1,719)	$845 ($1,505)
Total	**$29,216 ($25,277)**	**$18,247 ($57,913)**	**$38,035 ($40,208)**	**$24,266 ($25,580)**

Summary

- Complexity of the service system for children with ASD and potential gaps in services
  - Most served exclusively in one system
  - Many children receiving MH services for an ASD received either no SE services or SE through a category other than autism
- Patterns of expenditures
  - Suggest that children with highest expenditures may present with diagnostic complexity/intensive treatment need or there is confusion about appropriate diagnosis and care
- Importance of race/ ethnicity in service utilization
  - AA children less likely to receive SE services under autism

Implications

- Importance of MH system
  - MH professionals have limited training in ASD treatment
- Need for coordination between systems
  - Improve efficiency and effectiveness of care
  - Identify gaps in care
- Future epidemiologic research
  - Limitations of relying on SE data
- Lack of knowledge about usual care for ASD
- Role of Medicaid in funding services for children in SE