

TEXAS COUNCIL ON AUTISM
& PERVASIVE DEVELOPMENTAL DISORDERS

2011 ANNUAL REPORT

*Submitted to the Governor,
Lieutenant Governor,
Speaker of the House
and Executive Commissioner
of the Texas Health
and Human Services Commission
as required by the
Texas Human Resources Code,
Chapter 114*

November 2011

Today, autism is more common in the United States than childhood cancer, juvenile diabetes, and pediatric AIDS combined, and the increasing numbers of children being diagnosed with autism has created a national health emergency.

The U.S. Department of Health and Human Services 2011 Interagency Autism Coordinating Committee Strategic Plan for Autism Spectrum Disorder Research - January 18, 2011

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Foreword

The Texas Council on Autism 2011 Annual Report documents the actions of the 82nd Texas Legislature, provides updates on the progress of state projects providing services to Texans with autism spectrum disorder (ASD), and offers a perspective on how the State of Texas can and must serve individuals with ASD and other intellectual disabilities who require critical supports to live in their communities.

An estimated 1.5 million individuals in the U.S. and tens of millions worldwide are affected by autism; government statistics suggest the prevalence rate of autism is increasing 10-17% annually.¹ In Texas, 115,000 people await services from Medicaid waiver programs, over 10,000 of whom have been on an interest list six or more years.² And yet, the 82nd Texas Legislature reduced or eliminated funding for services and supports, deferred unfunded obligations to Medicaid entitlement programs, and reduced funding for public education.³

Creating financing strategies to adequately and cost-effectively serve the most vulnerable among us must be a priority for the state's political leaders. This is the high calling of what government should be as the protector and provider for those with such disabilities in our collective community.

The Texas Council on Autism priorities for the legislative interim are to research and recommend 1) funding strategies for evidence-based services and 2) policies that target lifespan services and supports, including outcome-based transition services for all ages and incentives for replicating and expanding programs that work.

Council members are committed to working with state leadership on policy recommendations and with state agencies on their strategic planning processes and Legislative Appropriations Requests.

Together, we all must work to develop viable, long-term financing and programmatic strategies to provide timely and cost-effective services to all Texans with autism. They deserve no less.

¹ [Centers for Disease Control and Prevention Data & Statistics; Autism Speaks: What is Autism?](#)

² Unduplicated count as of September 29, 2011. [Source: DADS Interest List Summary Fiscal Years 2010 – 2011](#)

³ See the "Autism and the 82nd Texas Legislature" section of this report.

Texas Council on Autism Structure & Financing

The Texas Council on Autism and Pervasive Developmental Disorders (Council) was established by legislation in 1987 that added [Chapter 114 to the Human Resources Code](#). Its mission is to advise and make recommendations to state agencies and the state legislature to ensure that the needs of persons of all ages with autism and other pervasive developmental disorders and their families are addressed and that all available resources are coordinated to meet those needs.

The Council is composed of [seven public members](#), the majority of whom are required to be family members of a person with autism, appointed by the governor with the advice and consent of the Texas Senate.

A representative from each of the following state agencies serves as an ex-officio member:

- [Texas Department of Aging and Disability Services](#)
- [Texas Department of State Health Services](#)
- [Texas Health and Human Services Commission](#)
- [Texas Education Agency](#)
- [Texas Department of Assistive and Rehabilitative Services](#)
- [Texas Department of Family and Protective Services](#)

<i>TEXAS COUNCIL ON AUTISM</i>		
<i>MEMBERS APPOINTED BY THE GOVERNOR</i>		
Member	Appointment Expiration	Designation
Frank McCamant, Chair	Feb 1, 2013	Parent
Anna Hundley, Vice Chair	Feb 1, 2013	Professional
Stephanie Sokolosky, Secretary	Feb 1, 2012	Professional
Pamela Rollins	Feb 1, 2012	Professional
Glenn Roque-Jackson	Feb 1, 2012	Parent
Callie Vivion-Matthews	Feb 1, 2013	Parent
Tammy Lemoine	Feb 1, 2013	Parent

Figure 1

ADVISORY TASK FORCE

The [Advisory Task Force](#) (ATF) is the primary advisory group to the Council representing parents, families, and professionals. ATF members act as regional “on-the-ground” resources, providing input and feedback on all Council initiatives and strategic planning efforts.

FINANCING

The Texas Council on Autism is financially supported by its six member agencies. During fiscal year (FY) 2011, each agency contributed \$14,000 for a total annual budget of \$84,000. In addition, DADS provides at no cost to the Council, administrative support and staffing.

WEBSITE

The Council maintains a [website](#), supported by the DADS server, which is regularly updated by the Council and [DADS staff](#).

Autism and the 82nd Texas Legislature

The 82nd Texas Legislative Session resulted in severe reductions in critical services to Texans with ASD and other intellectual disabilities, among them:

- Early Childhood Intervention (ECI) funding was reduced by \$51.8 million (14%).
- Public education programs for all children will receive nearly \$4 billion less for FY 2012-13
- DADS is now implementing a mandated \$31 million cost savings initiative to Medicaid Waiver services.⁴
- Intellectual Disability (ID) In-Home Family Support Services funding was eliminated.
- ID Community Services (safety-net services) were reduced by 27%.⁵

The State of Autism*

∞ Prevalence in U.S.:

One out every 110 children

∞ Number of U.S. kids, ages 0-21, with ASD:

730,000

∞ Lifetime cost to care for an individual with an ASD:

\$3.2 million

∞ Percentage of children with ASD who do not talk at all:

40%

∞ Percentage of students with ASD who don't finish high school:

46%

* Compiled from [National Institutes of Health Autism Fact Sheet](#), [Centers for Disease Control and Prevention \(CDC\) Facts About ASDs](#), and [CDC ASD Data and Statistics](#)

Figure 2

⁴ DADS will approve exceptions for individuals to exceed the service limits when necessary to protect the individual's health or welfare or prevent admission to an institution. Individuals receiving waiver services impacted by the new service limits will be able to appeal a denial or reduction in services.

⁵ Approximately \$32 million was transferred from ID Community Services to finance up to 5,000 new slots in the Texas Home Living Program (TxHmL), a 600% increase. One purpose for the refinance is state funds spent on TxHmL receive a federal match; state funds spent on ID Community Services receive no federal match.

The multi-billion dollar deficit faced by the legislature necessarily resulted in cutbacks in all areas of state government. The \$175 billion FY 2012-13 state budget includes a reduction of \$9 billion in state general revenue (GR) funds compared to FY 2010-11.⁶

In addition to leaving an estimated \$5 billion in Medicaid entitlement programs unfunded until the beginning of the next legislative session in 2013, Texas is employing strategies that will result in reduced services to consumers with disabilities in an effort to maintain enrollment numbers.⁷ This is evidenced, in part, by the reduction in financing of Independent Living Services and Early Childhood Intervention, and by the the mandated cost containment measures which will reduce provider reimbursements and services in the Community Living Assistance and Support Services (CLASS), and the Home and Community-based Services (HCS) programs.

The Texas Department of Housing and Community Affairs (TDHCA) FY 2012-13 overall budget returns to \$379 million, the FY 2008-09 level prior to federal stimulus funds.⁸ TDHCA is the state public housing authority, with 98% of its funding coming from the U.S. Department of Housing and Urban Development to address the needs of low-income individuals and families and the unique housing needs of people with developmental disabilities.

Details on these and other decisions of the 82nd Texas Legislature follow.

⁶ This information comes from multiple resources, some of which contain detailed information and/or commentary on the budget which may not be included in this report. See: [2012-13 General Appropriations Act](#); [82nd Texas Legislative Session—Budget Analysis Budget Issues of Importance For Texans with Intellectual & Developmental Disabilities and their Families July 2010](#); [General Appropriations Act 2012-2013 Biennium “The Budget” And Texans with Developmental Disabilities](#), published by [Texas Council for Developmental Disabilities](#).

⁷ Ibid.

⁸ Ibid.

EDUCATION

Eighty-seven percent of children with autism who receive appropriate intervention and treatment,⁹ experience marked improvement. Specifically, 47% recover “typical” function; 40% make significant improvement.¹⁰

Funding for public education programs during FY 2012-13 will be reduced by nearly \$4 billion. Since more than 80% of education costs are personnel-related, districts across the state will likely continue to reduce the number of teachers and increase class sizes.

Access to routine developmental screenings, early diagnostic services and early treatment greatly affects the extent to which a child with disabilities is able to succeed in school. Texas lags behind other states in early screenings, services, and treatment. Texas’ Early Childhood Intervention (ECI) program provides children with an average of 2.7 hours of planned services per month on their Individual Family Service Plan (IFSP). Other states that track planned services provide an average of 6.5 hours per.¹¹

Exactly how funding cuts and staff reductions will affect students with autism and other disabilities over the next two years is uncertain because each of the 1,259 Texas public school districts are independent. However, many special programs will not be funded¹², and state pre-

⁹ This report defines “appropriate intervention and treatment” as services or therapies which have been proven effective through peer reviewed research and are prescribed and delivered by licensed or certified professionals.

¹⁰ Chasson, Gregory S., Harris, Gerald E., & Neely, Wendy J. (2007). “Cost Comparison of Early Intensive Behavioral Intervention and Special Education for Children with Autism.” *Journal of Child and Family Studies*, Vol 16, pp. 401-413.

¹¹ SRI International, [An Analysis of Needs and Service Planning in the Texas Early Childhood Intervention Program](#), August 31, 2010. Prepared for the Texas Department of Assistive and Rehabilitative Services.

¹² Among these are the 1) Early Childhood School Readiness Program which provides an educational component for 45,000 students in public pre-kindergarten, Head Start, university early childhood programs, and private non-profit early childhood programs where there is an integrated program with a public school. Funding was reduced by 50%; 2) the Pre-kindergarten Early Start Grant program which allows the Commissioner of Education to make grants to expand or implement pre-kindergarten programs, was eliminated. The Texas Education Code allows the Commissioner to make grants to expand or implement Kindergarten and Pre-kindergarten programs. In FY 2010-11, 224,335 attended public pre-kindergarten. The Legislature did not appropriate certain funds, but provided direction to TEA to use funds in the Foundation School Program (FSP) Operations to certify each year of the biennium the maximum pre-kindergarten expenditures allowable under federal law as maintenance of effort for Temporary Assistance for Needy Families and the state match for the Child Care Development Fund. This

kindergarten grant funds were reduced from approximately \$215 million to \$3.5 million, reducing district resources for high quality, full-day pre-kindergarten programs.

Education laws passed likely to impact students with autism and other intellectual and developmental disabilities include the following:

- [House Bill 968](#) mandates that before a student can be expelled via “discretionary removal” from a disciplinary alternative education program (DAEP), the school must show that the student has engaged in *documented serious misbehavior* while on the DAEP campus despite documented behavioral interventions.
- [House Bill 359](#) allows an educator in a school district that has adopted a policy permitting corporal punishment to use corporal punishment *only if* the student’s parent or guardian has previously provided written, signed consent and if the student is the same sex as the educator.
- [House Bill 1335](#) ensures that each district develop a process to be used by teachers to request review of a student’s individualized education program. The bill requires that the district provide a timely response to the teacher, and that the student’s parent/legal guardian is notified of the request.
- [Senate Bill 1788](#) requires the Texas Education Agency to develop a model form for use in developing an individualized special education program for a student with a disability and requires the appropriate state transition planning for a student who is enrolled in a special education program to begin not later than when the student reaches 14 years of age.

certification is made with the FSP funds provided to school districts for each eligible prekindergarten student enrolled for one half day.

HEALTH AND HUMAN SERVICES

Mandated Waiver Cost Containment

Cost containment measures required by the 82nd Legislature mandate service limits in the Community Living Assistance and Support Services (CLASS), and Home and Community-based Services (HCS) programs, two of the Medicaid waiver programs administered by DADS which serve individuals with intellectual and developmental disabilities, including autism.¹³ DADS will approve exceptions for individuals to exceed the service limits when necessary to protect the individual's health or welfare or prevent admission to an institution. Individuals receiving waiver services impacted by the new service limits will be able to appeal a denial or reduction in services.

As Figure 3 below shows, CLASS and HCS have served increasing numbers of individuals with ASD, including 2,857 during 2011. Over 5,000 persons with ASD were enrolled in DADS programs in 2011 (see Figure 4).

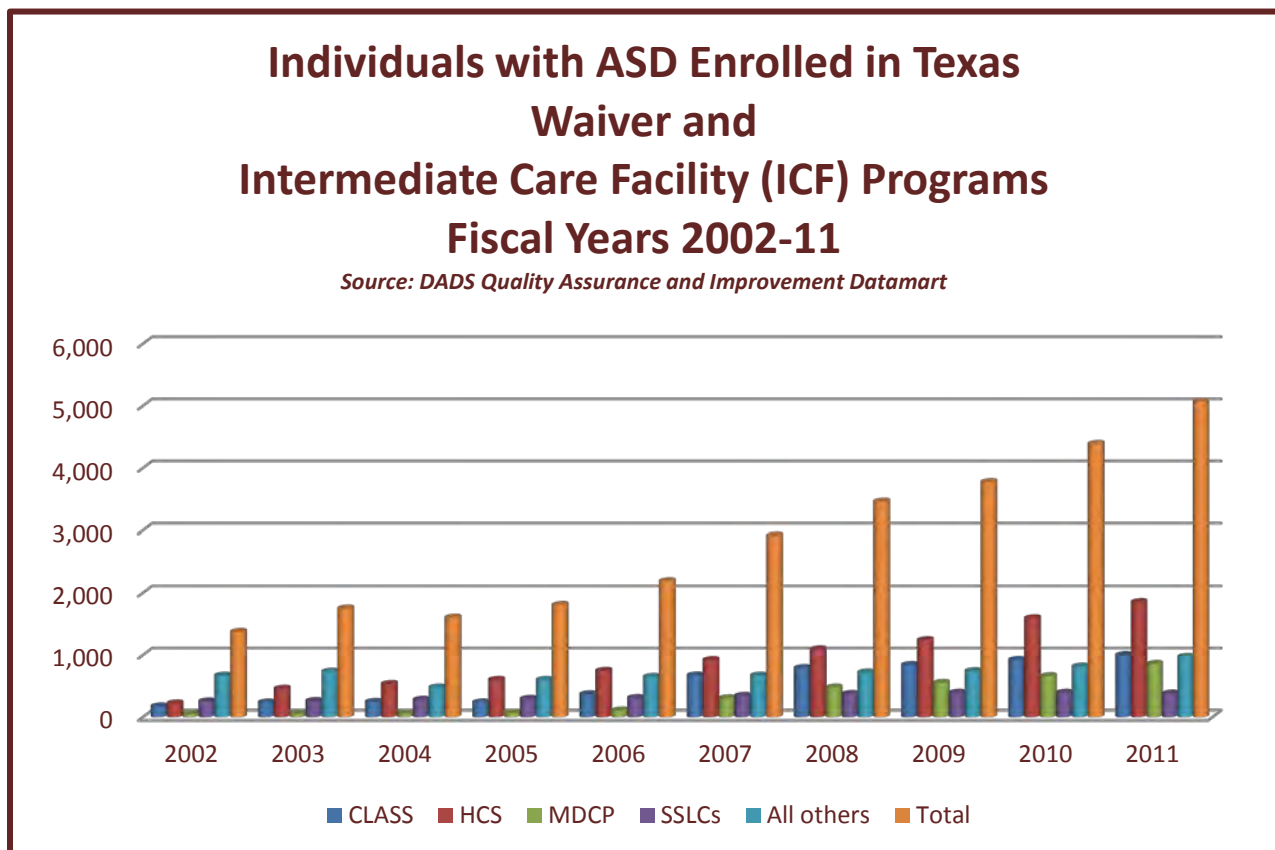


Figure 3

¹³ DADS Quality Assurance and Improvement datamart, September 16, 2011.

Individuals with ASD Enrolled in Texas Waiver and Intermediate Care Facilities for Persons with Intellectual Disabilities Programs by Age FY 2002-11

Source: DADS Quality Assurance and Improvement Datamart

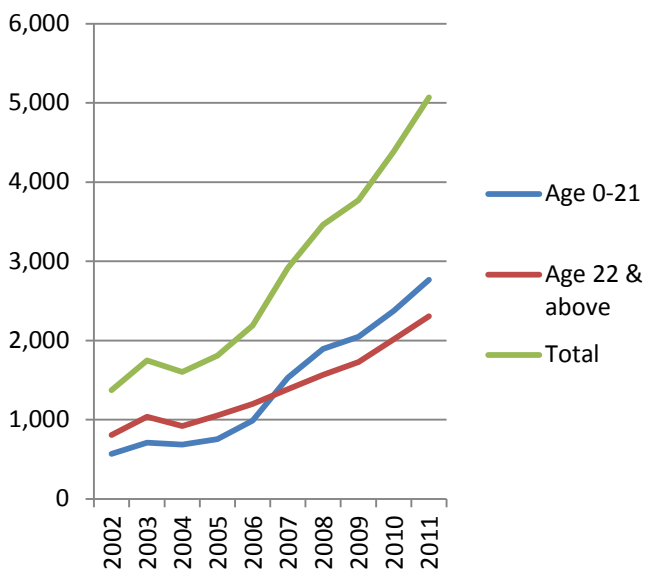


Figure 4

\$31 million in state general revenue savings will be achieved through reductions in community care waiver program services (including adaptive aids, dental treatment, minor home modifications, occupational therapy, physical therapy, prevocational services, respite, speech therapy, and specialized therapies).

Program Funding

FUNDING LEVELS FOR SELECT TEXAS HEALTH AND HUMAN SERVICES PROGRAMS ¹⁴ - ALL FUNDS (AF) -

Program	FY 2010/2011	FY 2012/2013	% Difference
ID Community Services (Safety-net services) ¹⁵	\$204,288,960	\$150,000,000	-27%
IDD In-Home and Family Support Services ¹⁶	\$11,443,480	\$0	-100%
Early Childhood Intervention (ECI)	\$373,933,535	\$322,175,892	-14%
HCS Medicaid Waiver Program	\$1,552,778,820	\$1,605,183,159	3%
CLASS Medicaid Waiver Program	\$409,185,211	\$354,256,302	-13%
TxHmL Medicaid Waiver Program	\$12,813,641	89,700,085	600%
MDCP Medicaid Waiver Program	\$99,770,574	\$83,501,361	-16%
Intermediate Care Facilities	\$653,466,927	\$379,070,211	-42%
State Supported Living Centers	\$1,288,257,844	\$1,287,127,125	-0.1%
Autism Program for Children	\$6,600,000	\$6,600,000	0%

Figure 5

¹⁴ This information comes from multiple resources. See: [2012-13 General Appropriations Act](#); [82nd Texas Legislative Session—Budget Analysis Budget Issues of Importance For Texans with Intellectual & Developmental Disabilities and their Families July 2010](#); [General Appropriations Act 2012-2013 Biennium “The Budget” And Texans with Developmental Disabilities](#), published by [Texas Council for Developmental Disabilities](#).

¹⁵ Approximately \$32 million General Revenue funding (GR) was transferred from ID Community Services to refinance up to 5,000 individuals currently receiving IDD Safety-Net services into the TxHmL Medicaid Waiver Program. Approximately \$32 million was transferred from ID Community Services to finance up to 5,000 new slots in the Texas Home Living Program (TxHmL), a 600% increase. One purpose for the refinance is state funds spent on TxHmL receive a federal match; state funds spent on ID Community Services receive no federal match.

¹⁶ IDD In-Home and Family Support Program and ID Community Services were combined and funding was reduced by 27%. The rationale was that the two programs provide the same types of services and supports to the IDD population.

Texas HCS and CLASS Medicaid Waivers*

Number of individuals on the interest lists:

<u>HCS</u>	<u>CLASS</u>
52,676	22,063

* * *

Number of individuals on the interest lists for four years or longer:

<u>HCS</u>	<u>CLASS</u>
19,454	2,507

* * *

Number of individuals on interest lists over seven years:

<u>HCS</u>	<u>CLASS</u>
6,454	1,423

* As of August 31, 2011. Count is "duplicated," meaning that some people may be on both lists. [Source: DADS Interest List Summary Fiscal Years 2010 – 2011](#)

Figure 6

As a context to the information in the above table, it should be noted that the [DADS Promoting Independence Initiative](#) was funded by \$22.5 million state general revenue funds (\$53.1 million all funds), to fund 832 Home and Community-based (HCS) slots and 100 Community Based Alternatives (CBA) waiver slots for individuals at risk of institutionalization.¹⁷

Approximately \$32 million was transferred from ID Community Services to finance up to 5,000 new slots in the Texas Home Living Program (TxHmL), a 600% increase. One purpose for the refinance is state funds spent on TxHmL receive a federal match; state funds spent on ID Community Services receive no federal match.

These TxHmL slots are available to individuals currently receiving IDD Safety-Net services. The ultimate goal is that individuals will continue to receive the same amount, scope and quality of services under the TxHmL as they received from IDD Safety-Net services.

As mentioned earlier in this document, funding for the Early Childhood Intervention (ECI) program was cut by \$51.8 million (-14%). This reduction in funding requires DARS to narrow eligibility criteria *and* serve fewer children in each year of the 2012-13 biennium.

The 82nd Texas Legislature provided funding for the [DARS Autism Program](#) at the 2010 level. This funding will maintain services at the current sites (Fort Worth, Dallas, Houston, Rosenberg, Austin, and San Antonio), but will not allow for expansion at the current sites or into other areas of the state.

¹⁷ Promoting Independence (\$22.5M General Revenue / \$53.1M All Funds) funding will pay for 400 HCS waiver slots for large and medium ICFs/ID, 240 HCS waiver slots for individuals at risk of ICFs/ID institutionalization, 192 HCS waiver slots for children aging out of the DFPS Foster Care system, and 100 Community Based Alternatives (CBA) waiver slots for individuals at risk of nursing facility institutionalization. (DADS, *High Level Summary of DADS Budget for Fiscal Year 2012-13 (82nd Legislature – House Bill (HB) 1 and HB 4)*)

Selected health and human services laws passed that are likely to impact individuals with autism and other Intellectual and developmental disabilities include the following:

- [House Bill 3197](#) directs DADS to implement a pilot culture change model of care program at one State Supported Living Center (SSLC). The purposes of the culture change model are to 1) shift decision-making to the SSLC resident, 2) implement continuous quality improvement in practices and services; and, 3) improve the SSLC workforce.
- [Senate Bill 41](#) prohibits the use of mechanical or physical restraints in SSLCs unless they are necessary to prevent physical injury to the resident or another individual; the bill directs staff to utilize the least restrictive restraint to prevent physical injury to the resident.
- [Senate Bill 218](#) authorizes a "foster care redesign" project which will replace current methods for contracting with and reimbursing foster care providers with new methods that provide incentives for achieving optimal outcomes. The goals of the redesigned foster care system are to 1) keep children in their home communities and place children with siblings whenever possible, 2) ensure educational stability, and 3) improve services to children and families that will minimize placement disruptions, improve functioning, and expedite permanency.

INSURANCE COVERAGE

Several bills proposing changes to current insurance law, such as the types of health insurance plans which must pay for approved services and age-eligibility parameters, were considered by the 82nd Texas Legislature. None passed.

The current requirements for mandatory coverage of autism spectrum disorder are governed by [House Bill 1919](#) (80th Texas Legislature, Regular Session, 2007) and [House Bill 451](#) (81st Texas Legislature, Regular Session, 2009). Certain group benefit plans must cover generally-recognized services provided by health care practitioners according to a treatment plan prescribed by the enrollee's primary care physician or developed by the insured's physician. Plans must provide coverage for ASD for enrollees from the date of diagnosis until the enrollee's tenth birthday.

House Bill 451 expanded coverage for ASD and other disorders to include basic plans under the Texas Public School Employees Group Benefits Program and primary care coverage plans under the Texas School Employees Uniform Group Health Coverage. Carriers must cover the services in the patient's treatment plan, and treatment plans may vary by patient based on medical necessity. This applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2010.

OTHER LEGISLATIVE ACTIONS

Other bills impacting Texans with autism passed by the Legislature include:

- [House Bill 1481](#), the so-called Respectful Language Bill, directs the legislature and the Texas Legislative Council to avoid using specified terms and phrases in reference to certain persons with disabilities in any new statute or resolution and, when enacting or revising statutes or resolutions, to replace those terms with preferred phrases that reflect person-first respectful language.
- [House Bill 1075](#) amends the existing AMBER alert system to include a public alert mechanism for an adult with a diagnosed intellectual developmental disability who goes missing.

State Autism Projects

TEXAS STATE PLAN FOR INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS 2010-14

In February 2010, the Council published the [2010-14 Texas State Plan for Individuals with Autism Spectrum Disorders](#), a five-year strategic plan to coordinate and provide the lifespan supports and services needed by individuals with ASD. Progress on the implementation of the State Plan is reported by state agency members of the Council on a regular basis.

Based on the progress achieved to date and the actions of the 82nd Legislature, the Council will continue to proactively address these overarching issues:

- innovative funding strategies for evidence-based services for all ages, and
- development of policies that target *lifespan* services and supports, including outcome-based transition services for all ages, and incentives for replicating and expanding programs that work.

An example of a program that embodies both of the above issues is the [DARS Autism Program](#) which provides evidence-based, early intensive behavioral intervention (EIBI) services to children with ASD, demonstrates efficacy, and is funded with a mix of private and state funds.

DARS Autism Program services are lifespan services because they significantly impact a child's success in school and the ability to live and work independently as an adult. With those outcomes, the potential savings to Texas are considerable: a savings of \$208,500 per child during the K-12 grade years,¹⁸ and a total savings of \$3.2 million¹⁹ across the lifespan (compared to the cost of providing lifetime services to an individual who did not receive EIBI).

Despite the proven positive impacts on children's lives and demonstrated cost savings to the state, the DARS Autism Program received no enhanced funding for the 2012-13 biennium.

¹⁸ G.S. Chasson, G.E. Harris, et. al., Journal of Child and Family Studies, Volume 16, p.401-413 (2007) found that the State of Texas would save \$208,500 per child across eighteen years of education with Early Intensive Behavioral Intervention (EIBI) services for a total savings of \$2.09 billion. Of note, is that the authors were using 2002 prevalence data of school age children in Texas. That number has since doubled.

¹⁹ [CDC ASD Data and Statistics](#)

Policy and finance decisions similar to this overlook both scientific findings (which support EIBI as a successful treatment for children with autism) and the long-term financial consequences to Texas of not providing early treatment services to individuals with ASD.

The Council, in its mandated capacity as an [advisor to state agencies and the state legislature](#), will rededicate itself to educate and inform the public and Texas state leadership on specific financing and lifespan services issues like the DARS Autism Program.

With the [2010-14 Texas State Plan for Individuals with Autism Spectrum Disorders](#) as a platform, the Council will continue to recommend policies that provide the services so needed by Texans with ASD and that would save Texas billions of dollars in the coming years.²⁰

TEXAS AUTISM RESEARCH & RESOURCE CENTER

A significant development during FY 2011 was the establishment of the Texas Autism Research & Resource Center (TARRC) and its impact on Texans with autism, family members, providers and the Texas Council on Autism.

Created in 2009 by House Bill 1574 (81st Legislature, Regular Session), TARRC mandates include disseminating information about ASD and related research, coordinating with local entities that provide services, conducting training and development activities for professionals, and providing support to individuals with ASD and their families.

The creation of the TARRC website and its 2011 initiatives have allowed the Council to refocus its efforts more toward policy and planning issues and less on services now provided by TARRC.

TARRC is administered by DADS and is financed by DADS, the Texas Health and Human Services Commission (HHSC), and the Texas Autism Council.

TARRC Website

The TARRC [website](#) was developed and launched in both English and Spanish during 2011. Target audiences for this virtual resource center include people with ASD, families, caregivers, researchers, educators, and other professionals. Developed in-house at DADS with extensive input from stakeholders, the website provides general information on ASD and state and federal programs in Texas which provide critical services.

²⁰ G.S. Chasson, G.E. Harris, et. al., (Journal of Child and Family Studies, Volume 16, p.401-413, 2007) found that the State of Texas would save \$208,500 per child across eighteen years of education with Early Intensive Behavioral Intervention (EIBI) services for a total savings of \$2.09 billion. Of note, is that the authors were using 2002 prevalence data of school age children in Texas. That number has since doubled. Also, see [CDC ASD Data and Statistics](#).

TARRC Autism Research Conference

TARRC hosted its first research conference on July 30, 2011 in Austin. The 2011 Texas Autism Research Conference was a forum for researchers to share their work and findings with fellow researchers, licensed professionals, and family members with an interest in research.

Thirteen Texas-based researchers spoke on topics ranging from challenging behaviors to the role of the environment in autism. The conference also featured 15 poster presentations.

Over 180 people attended the conference. The majority of those who returned evaluation forms offered very positive feedback; 73% indicated that they would attend a future TARRC research conference. TARRC plans to host its second conference during the summer of 2012.

TARRC Professional Training

During FY 2011 TARRC sponsored a series of trainings for first responders and community members designed to help law enforcement, fire-rescue, emergency medical response, and criminal/juvenile justice professionals recognize the behavioral characteristics of a child or adult who has autism. The trainings presented options to maximize the safety of individuals with autism and specialized tactics about how to address risks, increase officer and citizen safety, and avoid litigation. Training was developed and delivered by Dennis Debautd, [Autism Risk & Safety Management](#).

SERVING INDIVIDUALS WITH COMPLEX NEEDS IN THE COMMUNITY

In August 2010, DADS began an exploration of the state's capacity to provide physical and behavioral health services in the community for individuals with intellectual and developmental disabilities with complex needs. The issue was explored because of the increase in the number of individuals receiving services in the community and the number of individuals who have expressed an interest in receiving services in the community.

A comprehensive assessment of the state capacity was conducted. This included a review of data DADS routinely collects (e.g. trends in enrollment, demographics, and service utilization), input from stakeholders external to the agency, input from internal stakeholders, and a review of policy reports and the scholarly literature on disability. In addition to considering initiatives other states have taken to build capacity, findings from the study yielded recommendations that were grouped into nine broad themes. Recommendations to build capacity included a focus on the following areas: ease of access to services; availability of services; data quality to inform appropriateness of care; educating providers and individuals about services available; reviewing program rules that, if amended, could improve service delivery, quality of services, training, and transition to the community; and workforce issues.

The study is described in a report titled, *Physical and Behavioral Health Services in the Home and Community-Based Services and Community Living Assistance and Support Services Medicaid Waiver Programs: Exploring the Capacity to Serve Individuals with Complex Needs in the Community*.

DADS will undertake three new activities as a result of the study. First, DADS will research and then propose the creation of mobile and fixed crisis stabilization teams. Second, DADS will obtain Medicare data to examine appropriate prescribing practices of psychotropic medications among individuals in the HCS and CLASS programs. Third, DADS plans to replicate a behavioral health pilot that the Texas Money Follows the Person Demonstration Project undertook involving the transition of individuals from nursing facilities to home and community-based settings. Immediate next steps will also involve prioritizing the recommendations to build capacity by considering resources needed to implement each one.

TEXAS STATEWIDE LEADERSHIP FOR AUTISM

Through the network of the 20 Texas Regional Education Service Centers (ESCs) and in conjunction with the Texas Education Agency, the [Texas Statewide Leadership for Autism](#) continues to provide free online English and Spanish autism-related training, “Face-to-Face Workshops,” technical assistance, support, and resources for educators who serve students with autism.

Among the many resources on the Texas Statewide Leadership for Autism [website](#), is the [Texas Autism Resource Guide for Effective Teaching](#), designed to assist schools in developing practices from initial referral to program development and implementation with a strong emphasis on research-based and peer-reviewed strategies.

Texas Statewide Leadership for Autism also manages the [Model Sites For Evidence-Based Practices](#) grant from the [National Professional Development Center on Autism Spectrum Disorders \(NPDC-ASD\)](#) to promote the use of [evidence-based practices](#) for children and adolescents with autism spectrum disorders. Through this grant, the project has established multiple model sites for evidence-based practices.

DARS AUTISM PROGRAM

During FY 2011, the DARS Autism Program delivered therapies such as applied behavior analysis to 202 children with ASD, ages three through eight. Services were delivered by six provider agencies:

- Any Baby Can of San Antonio,²¹ serving Bexar County and the surrounding contiguous counties
- Center for Autism and Related Disorders, serving the greater Austin area
- Texana Center, serving primarily Fort Bend, Austin, Matagorda, Colorado, Wharton, Waller, Harris, Montgomery and Galveston counties
- Local Authority of Harris County, serving Harris County and the surrounding area, in partnership with the University of Houston at Clear Lake Department of Applied Behavior Analysis
- Easter Seals of North Texas, serving Dallas and Denton counties and the surrounding area, in partnership with the University of North Texas Department of Behavior Analysis
- Child Study Center, serving Tarrant County and the surrounding area, in partnership with the University of North Texas Department of Behavior Analysis

These six providers will receive a combined total of \$6.6 million for the 2012-13 biennium, the same as the previous two-year period. As of August 2011, 762 children were on the program's provider interest lists.

²¹ Autism Treatment Center replaced Any Baby Can of San Antonio as of August 31, 2011.

Conclusion

Texans cannot let the disappointing outcomes of the 82nd Legislature set the stage for the future of our fellow citizens with ASD. Texas can do much better.

The state's political leadership must redouble its efforts to create and sustain a system of services and supports that meets the needs of people with ASD and other intellectual disabilities.

Every single one of these individuals deserves to live in their community, if that is their desire.

The very essence of our character as Texans demands that we face their challenges head-on with them, and find the way to make our collective future a strong one.

Appendix A – Data Tables

Table 1: Data for Figure 3

Individuals with ASD Enrolled in Texas Waiver and Intermediate Care Facilities for persons with intellectual disabilities (ICF/ID) programs - Fiscal Years 2002-11

(Source: DADS Quality Assurance and Improvement Datamart)

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
CLASS	175	238	248	239	371	673	792	842	923	1,002
HCS	223	460	537	602	747	921	1,094	1,241	1,593	1,855
MDCP	50	57	57	69	110	306	479	553	661	858
SSLCs	256	262	281	296	311	345	376	396	396	383
All Other Waivers	670	733	479	601	649	671	721	743	816	972
Total	1,374	1,750	1,602	1,807	2,188	2,916	3,462	3,775	4,389	5,070

Table 2: Data for Figure 4

Sum and Average of Paid Dollars for Participants with ASD Enrolled in Texas Waiver and Intermediate Care Facilities for persons with intellectual disabilities (ICF/ID) programs - Fiscal Years 2002-11

(Source: DADS Quality Assurance and Improvement Datamart)

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
All Participants (millions)	\$55	\$57	\$71	\$77	\$85	\$104	\$132	\$150	\$175	\$183
Per Participant	\$39,721	\$32,397	\$44,537	\$42,887	\$38,664	\$35,498	\$38,017	\$39,828	\$39,895	\$36,177
Total	1,374	1,750	1,602	1,807	2,188	2,916	3,462	3,775	4,389	5,070