

Autism Spectrum Disorder in the Eighty-fourth Texas Legislature

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Executive Summary

Autism Spectrum Disorder (ASD) is the most rapidly growing developmental disability with an estimated prevalence in 1 out of every 68 children in the United States (Texas DARS). The Texas Department of Assistive and Rehabilitative Services (DARS) Autism Program currently serves just 250 children while the population of children (ages 3-15) with ASD in FY 2016 is projected to be 79,000 (Senate of Texas, 2015). Additionally, the monthly costs of these services are nearly \$2,000 per child (DARS, 2013). Officials of the 84th Texas Legislature seek to remediate the low reach and high cost of the DARS Autism Program, calling upon stakeholders to provide input.

The purpose of this brief is to orient the reader to ASD and the DARS Autism Program, provide an overview of proposed legislation by the Texas House and Senate and outline implications and recommendations for each strategy. This brief will also explore an alternative approach to the expansion of services.

Autism Spectrum Disorder

ASD is a developmental disability in which a person exhibits deficits in social communication and interaction as well as restrictive or repetitive behavior patterns (Autism Speaks, Inc., 2015). As a spectrum disorder, prevalence and severity of symptoms differ from person to person, calling for individualized intervention. There is no cure for ASD, but the US Government Accountability Office estimates lifelong costs of services and supports can be reduced by 2/3 with early diagnosis and intervention (Autism Society of America, 2011). Applied Behavior Analysis (ABA) is an evidence-based early intervention endorsed by the US Surgeon General and a rising number of renowned national research organizations (Applied Behavior Center for Autism, 2014). Current provisions for ABA include out-of-pocket payment

by families, coverage through select insurance programs and grant coverage through the DARS Autism Program.

DARS Autism Program

The DARS Autism Program contracts with ABA providers, administering \$3.3 million in grants to meet the treatment needs of children with ASD in low-income families (DARS, 2013). In FY 2013, this program served just fewer than 200 children in Houston, Dallas/Fort Worth, Austin and San Antonio (DARS, 2013), extending its reach to El Paso and Corpus Christi in 2015 (Texas DARS). 29% of these children had an average family income \$21,000 or less (DARS, 2013).

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Senator Jane Nelson, Chairwoman of the Senate Finance Committee, filed Senate Bill Two (SB2)¹ in late January 2015. Included in Article II is the reduction of DARS Autism Program funding, budgeting \$2.8 million for FY 2016 and just over \$800,000 for FY 2017 (LBB Senate, 2015). Given these provisions, SB2 projects 201 children in FY 2016 and 50 children in FY 2017 will receive DARS Autism Program services (LBB Senate, 2015). Further, SB2 recommends the appropriation of these funds for children enrolled in the DARS Autism Program by August 31 of 2015, with no additional enrollment permitted after September 1st (LBB Senate, 2015).

These recommendations aim at the overall phase-out of the DARS Autism Program with funds transferred to the Texas Education Agency (TEA)². Transferred resources are to be supplemented by General Revenue, appropriating a total of \$9.2 million each fiscal year to TEA in order to “provide widespread support for children with Autism” (LBB Senate, 2015). SB2

¹ Base Senate General Appropriations Bill for the 2016-2017 biennium (LBB Senate, 2015).

² TEA is the regulating agency for Texas public primary and secondary schools (TEA, 2015).

delegates responsibility to the TEA Commissioner to “minimize duplication and maximize efficiency with existing autism programs” (LBB Senate, 2015).

John Otto, Chairman of the House Appropriations Committee filed House Bill One (HB1)³ in early February of 2015. This bill provides a stark contrast to Senate recommendations. HB1 suggests an increase in DARS Autism Program funding, budgeting \$4.6 million and projecting 411 children served for each fiscal year of the 2016-2017 Biennium (LBB House, 2015).

Implications and Recommendations

Current TEA services for children with ASD include individualized education plans and special education (TEA, 2015), but do not currently include early intervention therapies such as ABA. If appropriations for autism services are transferred to TEA as SB2 suggests, TEA should prepare public schools to cover this gap in services. ABA providers such as the Texana Center currently contract with some Texas school districts to provide extensive training on ABA intervention strategies for educators (Texana Center). TEA could direct funds to increase the number of these contracts statewide, extending the reach of ABA into public schools. This would afford ABA exposure to more children with ASD from low-income families, but the level of therapeutic intervention possible within the school system remains questionable.

If funding for the DARS Autism Program is increased as recommended under HB2, DARS should make adjustments to the existing program that increase cost efficiency of services and expand the reach of grant coverage to many more children with ASD. In their presentation to the House Appropriations Subcommittee on Article II, DARS requested funding to establish an

³ Base House General Appropriations Bill for the 2016-2017 biennium

Office of Autism Services, expand focused treatment, pilot cost-effective treatment models, and enhance program accountability and oversight (Durden & Treviño, 2015).

Conclusion

The Texas House and Senate yield conflicting budget recommendations to provide services for children with ASD, each chair aiming to mitigate the cost and expand the reach of these services. Various options have the potential to meet this goal, but input and cooperation by all stakeholders are crucial in finding the appropriate solution. Hearings and subcommittee meetings will continue throughout the 84th Legislature as the House and Senate work toward a final budget. It is the responsibility of advocates, DARS, TEA, and ABA providers to take an active role in this process.

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