

**Washington State Autism Diagnostic Teams  
Survey of Service Models**

*Sponsored by the Washington State Combating Autism Advisory Council*

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| <b>Background</b> |
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**Name of Center/Clinic:** OHSU Autism Program

**Location (city and county):** Portland, Oregon (Multnomah County)

**Clinic Director:** Darryn Sikora, PhD

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| <b>Schedule &amp; Capacity</b> |
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**What days and times does your clinic meet?** M, T, Th, all day

**How many diagnostic evaluation slots do you have per clinic day?** 3-4

**What is the age range of clients you accept for diagnostic evaluations?** 12 months thru adulthood

**What is the typical age of clients you evaluate?** 2-12

**What geographic region do you serve (where do your families come from)?** All of Oregon, SW Washington, and some families in Idaho and Northern CA

**Do you have a waiting list?** Yes

**How long does it take for families to be seen in after their initial contact?** 3 months for children 12 months-5 years; 6-9 months for children over 5 through adults

**Can a family get on a waiting list if they are currently applying for Medicaid, or do they have to wait until they have received Medicaid?** They can get on wait list but must have Medicaid at least 3 weeks prior to appt.

## Personnel

### List the disciplines represented on your diagnostic team?

- Developmental Pediatrics
- Psychology
- Occupational Therapy
- Speech Language Pathology
- Physical Therapy
- Audiology
- Family consultant

**How long has your diagnostic team been in place?** 40+ years at CDRC, 8 years as independent Autism Clinic

**Are you able to offer bilingual administration of evaluation tools?** Yes

- **Do you use an interpreter?** Yes
- **Do you have bilingual professional conducting assessments?** No

## Clinic Protocol

### Intake

Briefly describe your intake process.

Initial referrals to the CDRC Autism Clinic come from many sources. Families may contact the intake coordinator using local or 1-800 numbers. CDRC policy mandates a live person answers the general intake line during regular business hours. Families may have to leave a message for the Autism Program intake coordinator, with calls returned no more than 24 hours later. With few exceptions, all families must have a referral from a primary care physician to be placed on the waiting list, along with insurance authorization or a waiver of insurance (meaning they agree to pay for the evaluation out-of-pocket). In addition, primary care and specialty physicians can make direct referrals to the Autism Program. Most often this is a direct referral into one of our diagnostic clinics although direct referrals can be made for treatment and/or pediatric specialty care.

Intake packets are mailed to families after the proper referral information is received, questions are answered, and parental interest in an evaluation is indicated. In addition to requiring information from a patient's educational program and physician, we also require completed Vanderbilt NICHQ questionnaires (from parents and teachers) and a teacher questionnaire. We have also created our own unique medical history form, which incorporates the ATN Medical History Form, the PedsQL, CSHQ, and GI Symptom Inventory. This history form is mailed to families along with their appointment letter and general instructions for their clinic visit. We ask families to bring the medical history form with them to clinic, and it is reviewed by the team prior to the appointment. We find that approximately 80-85% of families remember to bring their medical history forms to clinic.

**Do you conduct a screening prior to child's appointment in the clinic?** No

**Do you require a primary care provider referral to the clinic?** Yes

**Who typically makes referrals to your center?**

- Primary health care providers- except for rare exceptions, require that referral comes from PCP (not parent referrals)
- Public health nurse, CHN coordinator, FRC
- School personnel
- Family
- Other \_\_\_\_\_

**How do you prefer to receive records from families and providers?**

**(Check as many as apply)**

- Families bring the reports to the initial meeting.
- Families collect and send reports to clinic in advance
- School/ medical personnel fax reports to clinic in advance.

**Is there other information or tests that are helpful to have before the clinic appointment?**

We have an intake packet that must be completed and returned before family will be placed on wait list.

|                              |
|------------------------------|
| <b>Diagnostic Evaluation</b> |
|------------------------------|

**What assessment tools do you use in your clinic?**

**Tool                      Discipline Administering**

For children 5 and younger

|          |                |
|----------|----------------|
| ADOS     | Psych, OT, SLP |
| MSEL     | Psych, OT, SLP |
| VABS-II  | Psych          |
| CBCL     | Psych          |
| Short SP | OT             |

For children 5 and older

|                        |                |
|------------------------|----------------|
| ADOS                   | Psych, OT, SLP |
| SB5                    | Psych          |
| OWLS                   | SLP            |
| VMI and parts of B & O | OT             |
| VABS-II                | Psych          |
| Short SP               | OT             |
| BASC-II self report    | Psych          |

**How long does the multidisciplinary assessment process take?** Half day for 5 and younger, full day for over 5

**Does your diagnosis process include a medical evaluation?** Yes

**How do you share evaluation results with the family?** In person on day of eval, summary provided that day, reports sent 3-4 weeks later, family advocate calls family 2 weeks after appt

**How do you share evaluation results with the primary health care provider?** Send copies of reports, phone call from Dev Ped if needed

**How do you share evaluation results with the child's early intervention or program?** Family signs release if they want reports sent directly or provides copies of report once they are received.

### Follow-up

**If a diagnosis of ASD is confirmed, what referrals and resources do you give to families?** Family notebook provided at time of dx (unique to CDRC Autism Program), Phone number and website given for Autism Speaks 100-day kit, phone number for local providers, Swindell Center, ASO or ASW, county DD program, SSI, EI or ECSE

**If a diagnosis of ASD is not confirmed, but there are developmental delays of a different etiology, what referrals or resources do you offer the family?** Same minus the ASD specific resources

**Do you follow-up again with families after the diagnostic process?** Yes

**If yes:**

| <u>Type of follow-up</u> | <u>Who does this</u> | <u>How long after the clinic visit</u> |
|--------------------------|----------------------|--|
| Phone call               | Family advocate      | 2 weeks                                |
| Office visit             | Dev Ped              | 3 months                               |
| Re-eval                  | Full team            | 1 year and then annually through age 5 |

### Outcomes

**Approximately what percentage of the clients referred for an autism evaluation receives an ASD diagnosis?** Age 5 and under about 50%, over age 5 about 15-20%

**If ASD is ruled out, what other diagnoses are given?** Just about everything in DSM-IV TR

## Funding

**How is your clinic funded?** Fee for service, Medicaid, OHP, limited scholarships available through Doernbecher Foundation

**Which disciplines on your team bill for the diagnostic visit?** all

**What payment sources are accepted?**

- Private insurance
- Tricare
- Medicaid (if no, skip the next 2 Medicaid questions)
  - "Open Medicaid" (Fee-for-Service)
  - Healthy Options-if yes, with which plans are you affiliated?
    - Molina
    - Community Health Plan of WA
    - Group Health
    - Clark United Providers
    - Regence Blue Shield
- Families pay some of fees out of pocket (whatever copays their insurance requires but no separate system for families coming to Autism clinic)
- Families pay all of fees out of pocket
- Other:

**If a family doesn't have insurance, do you offer a sliding fee?** Minimal, but yes, must apply through OHSU

**What general sources help financially subsidize your clinic?**

- Fund Raisers/Guild
- Institutional support
- Government contracts
- Medicaid reimbursement
- Private insurance
- Private grants
- Other

## Challenges

**At this time, what are the key challenges your multidisciplinary diagnostic team faces.**

Too many families to serve and not enough resources