

Senate Bill 469

Position: Support

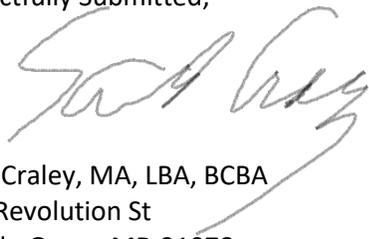
My name is Sarah Craley. I am a Master's Level Licensed and Board Certified Behavior Analyst. I work with children 2-10 years old who live in Cecil and Harford County, MD who are diagnosed with Autism Spectrum Disorder.

Autism has become a very prevalent condition in our society. The CDC estimates that approximately 1 in 54 people is currently diagnosed with Autism. People with Autism can struggle with severe communication deficits and significant, even dangerous, behavior challenges. According to research done over the last 50 years it has been determined that the best way to help these individuals is to provide a high number of intensive ABA therapy. It is recommended for many that they receive 30 hours of ABA (Applied Behavior Analysis) therapy per week. Currently, the Medicaid system requires that parents or guardians remain on site during therapy. While it is important to involve caregivers in training and therapy, it is unrealistic to expect that a parent would be able to quit his or her job to sit in a clinic for 30 hours a week. It is also unrealistic to expect that they would be able to work a full-time job around 30 hours of therapy for therapy for their child. Students on Medicaid receive a small portion of the recommended services as parents cannot sit with siblings in a clinic for the recommended therapy hours, nor can they remain at home (not working) for the therapy to be provided in home. I will share 2 personal examples here:

One is a preschool student. He cannot speak more than a handful of words. His communication is often in the form of crying and screaming. Sometimes he throws, hits, kicks, or bites to express his frustration. His school is trying to help him, but they do not offer 1:1 support with people specifically trained in Autism. I recommend (as he research and this individual case assessment showed) 30 hours of ABA a week in order to increase appropriate communication and decrease problem behaviors including elopement and aggression. He has received 10 hours per week because his mother is a single mother. She needs to work to provide for him. She cannot stay at home or in a clinic for 30 hours a week while he receives necessary therapy. She has tried daycares and babysitters, but it became too expensive to keep him in daycare and have us visit there. After 2 years of working with us we have seen increased communication from no words or other appropriate means, to use of pictures and some words, but if he had been able to access the recommended hours it is possible, we would be seeing much better progress.

Another family has a similar situation. This child is a kindergartener. He has been receiving ABA for 3 years in home, but has only received 8 hours of the 30 recommended hours because, in addition to having the same restrictions listed for the previous child, this mother has another, younger child that would need to sit with her while waiting for the sibling with Autism to receive therapy. This child has even less spoken language, and no other reliable communication. He struggles to use pictures and signs to communicate, so he has a lot of frustration and for about a year had severe Self Injurious Behaviors. Through the hard work and coordination of the family and professional team this behavior decreased, but it took approximately 12 months to get him to the point where he was safe enough that a helmet was no longer needed. For that time, if he did not have the helmet, he was causing severe harm to himself including a concussion. As a kindergartener he has actually moved to a new town that will allow him access to ABA services through his home school, but he missed 3 years of learning opportunities because he could only receive about 1/3 of the recommended services.

Respectfully Submitted,



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