The prevalence of Autism Spectrum Disorders in children is 11.3 in 1000. Early diagnosis and intervention helps with better outcomes. Access to specialized services, especially in rural areas is limited. Children in rural areas do not have access to well-trained professionals to help with special needs. Rural children are diagnosed later compared to urban children. Caregivers have identified the need for better quality educational and interventional services. Limited literature is available on effective utilization of community services in autism overall and especially in Kentucky. Parent education and skills decreases their anxiety and mental health problems.

Objectives
1. To look into the differences in availability of community based services between rural and urban areas and identify barriers to accessing them for children with autism.
2. To see if access to services differed between females and males.
3. Recommendations to deal with barriers to care and better utilizing services during transition years.

Methods and Materials
Information on 40 patients aged 15 - 25 years diagnosed with autism was collected by provider surveys and retrospective chart reviews in a university based outpatient clinic setting. Special emphasis was placed on availability of school based resources (therapeutic services including speech, occupational therapy, physical therapy, IEP, behavioral accommodations, and vocational rehabilitation). Community services (access to specialized therapists, home based interventions, community integration, assisted living facilities and access to psychiatrists) were assessed. Legal involvement like juvenile arrests for behaviors were also looked into. Fisher’s exact test was used to assess statistical significance.

Background

Conclusions
Overall there was a decreased availability of specialized community resources with significant disparity between rural and urban areas. Specialized school services and community therapeutic services were scarce. Assisted living facilities and vocational rehabilitation services were underutilized leading to more caregiver burden. Caregivers reported frustrations with accessing services as kids grew older. Most children had access to public education with some behavioral accommodations.

Recommendations
1. Improve provider-school and provider-legall communication and public education.
2. Enhance parent advocacy to better utilize existing resources.
3. Increase awareness about existing resources especially in rural areas.
4. Enhance telepsychiatry opportunities to reach the underserved areas.
5. Increase funding for ancillary services.
6. Community education on handling crises.

Limitations
1. Small study sample.
2. Non generalizable patient population as they are patients mainly seen in a tertiary care setting.
3. Memory bias.

Acknowledgements
Thanks to my mentors Dr. Catherine Martin and Dr. Paul Glaser for their guidance. Thanks to Ms. Tagaille Heister for her help with literature review.

References
1. Murphy, Melissa A., and Lisa A. Ruble. “A Comparative Study of Rural Vs Urban access to services.” Conclusions
Challenges to continuum of care in the autistic population during transition years.

Janani Venugopalakrishnan, MD MPH; Marian Swope, MD

Department of Psychiatry, Child And adolescent Psychiatry, University of Kentucky College of Medicine, 800 Rose street, Lexington, KY 40506

The authors have reversed the patient-drug interaction and all report no conflict of interest.

Overall there was a decreased availability of specialized community resources with significant disparity between rural and urban areas. Specialized school services and community therapeutic services were scarce. Assisted living facilities and vocational rehabilitation services were underutilized leading to more caregiver burden. Caregivers reported frustrations with accessing services as kids grew older. Most children had access to public education with some behavioral accommodations.

Recommendations
1. Improve provider-school and provider-legall communication and public education.
2. Enhance parent advocacy to better utilize existing resources.
3. Increase awareness about existing resources especially in rural areas.
4. Enhance telepsychiatry opportunities to reach the underserved areas.
5. Increase funding for ancillary services.
6. Community education on handling crises.

Limitations
1. Small study sample.
2. Non generalizable patient population as they are patients mainly seen in a tertiary care setting.
3. Memory bias.

Acknowledgements
Thanks to my mentors Dr. Catherine Martin and Dr. Paul Glaser for their guidance. Thanks to Ms. Tagaille Heister for her help with literature review.

References
1. Murphy, Melissa A., and Lisa A. Ruble. “A Comparative Study of Rural Vs Urban access to services.”

Overall there was a decreased availability of specialized community resources with significant disparity between rural and urban areas. Specialized school services and community therapeutic services were scarce. Assisted living facilities and vocational rehabilitation services were underutilized leading to more caregiver burden. Caregivers reported frustrations with accessing services as kids grew older. Most children had access to public education with some behavioral accommodations.