

State Responses to the Increasing Prevalence of Autism Spectrum Disorders

By Emily Workman

November 2011

Autism spectrum disorders (ASDs) are a group of neurobiological disorders that present before the age of 3 and cause significant social, communication, and developmental problems throughout a person's lifetime. It is estimated that 1 in 110 children in the United States has an ASD and while the disorders do not afflict one racial, ethnic or socioeconomic group more than another, they do carry a gender component: boys are four times more likely to receive a diagnosis than girls.¹

ASDs are the fastest-growing developmental disabilities with a 10-17% annual growth rate.² In recognizing the increasing needs of children affected by ASDs as well as the associated financial implications, some states have begun re-assessing their current systems of support and looking for better and more efficient ways to serve individuals with ASD and their families. The following are examples of initiatives taken by states and are not meant to represent a comprehensive listing of state actions.

Task Forces

Arkansas – Created the Arkansas Legislative Task Force on Autism to:

- Examine how the state responds to ASDs
- Determine the best practices to treat ASDs
- Recommend more efficient methods for treatment
- Recommend ways to provide special education to children with ASDs
- Present final recommendations for specific changes in law to the General Assembly.

(ARK. CODE ANN. § 10-3-2603)

Kansas – Created a task force to study and evaluate the needs of people with autism and provide recommendations to the legislature. (KAN. STAT. ANN. § 46-1208d)

Mississippi – Created the Mississippi Advisory Committee to study, make recommendations and develop a strategic plan on how best to educate and train students with ASDs to maximize their potential productivity within the workforce. The committee is required to report to the Legislature annually.

(MISS. CODE ANN. § 37-169-1)

Rhode Island – Created a Special Joint Commission to make a comprehensive study of the education of children with autism, particularly:

- Diagnosis and assessment
- Prevalence of numbers in the state
- Effect on and role of families

- Appropriate goals for education
- Effective interventions and educational programs
- Public policy approaches to ensuring access to appropriate education and personnel preparation
- Report findings and recommendations to the General Assembly.
(R.I. JOINT RESOLUTION 716)

Professional Training

Illinois – Established the Autism Diagnosis Education Program.

- Provided to medical professionals and others statewide, a systems development initiative that promotes best practice standards for the diagnosis and treatment planning for young children who have ASDs, for the purpose of helping existing systems of care to build solid circles of expertise within their ranks.
- Educated medical practitioners, school personnel, day care providers, parents and community service providers (including, but not limited to, early intervention and developmental disabilities providers) throughout the State on appropriate diagnosis and treatment of autism. (ILL. COMP. STAT. 20-1705/57.5)

Nevada – Created the Grant Fund for the Training and Education of Personnel Who Work With Pupils With Autism and requires school districts and the governing bodies of charter schools to use the funds to ensure that the personnel employed to work with students with autism possess the skills and qualifications necessary to work with them. (NEV. REV. STAT. 391.400)

New Jersey – Required candidates for teaching certificates and current teachers to receive instruction in autism awareness and methods of teaching students with autism. (N.J. STAT. ANN. § 18A:26-2.8)

New York – Required that all persons applying for a certificate or license as a special education teacher or administrator complete enhanced course work or training in the needs of autistic children. (N.Y. EDUC. LAW § 3004)

Oklahoma – Required school districts to provide training in the area of autism to all P-3 teachers and education support professionals at least one time every three years. (OKLA. STAT. ANN. tit. 70 § 6-194)

Funding

Ohio – Created the Autism Scholarship Program.

- Vouchers permit the parent of a qualified special education child the choice to send the child to a special education program, instead of the one operated by or for the school district in which the child is entitled to attend school.
- Students remain entitled to transportation to and from the program in the manner prescribed by law. (OHIO REV. CODE ANN. § 3310.41)

– Established the Jon Peterson Special Needs Scholarship Program for K-12 students with disabilities to attend either:

- A registered private provider (i.e., a nonpublic school or other nonpublic entity that has been registered by the superintendent of public instruction)
- A school district that is not the school district in which the child is entitled to attend school or the child's school district of residence
- A public entity other than a school district, to which a parent or person in loco parentis owes fees for services provided to a child. (OHIO REV. CODE ANN. § 3310.52)

Utah – Created an Autism Awareness support special group license plate for programs that create or support autism awareness programs:

- Requires applicants for a new plate to make a \$25 annual donation to the Autism Awareness Restricted Account
- Funds are distributed to certain organizations that provide programs that create or support autism awareness programs. (UTAH CODE ANN. § 41-1a-422)

Pilot Programs

Illinois – Implemented the Giant Steps Autism Center for Excellence pilot program to last three years for the study and evaluation of autism and to provide related training for teachers, paraprofessionals, respite workers, therapist training and consultative services. (105 ILL. COMP. STAT. § 5/2-3.123)

Maryland – Established a Pilot Program to Study and Improve Screening Practices for Autism Spectrum Disorders by pediatric healthcare providers (since expired). The purpose of the program was to:

- Assess ASD screening practices
- Implement ASD screening practices at well visits for 12- to 36-month-old children in at least two jurisdictions in the state
- Train health care providers in the early detection of ASDs
- Identify, refer, and facilitate assessments for 12- to 36-month-old children who are at risk for ASDs. (expired law, MD. CODE ANN. EDUC. §8-601 (2005))

Resource Centers/Support Services

Alabama – Established regional autism centers that are required to provide:

- Staff with expertise in autism and related disabilities
- Individual and direct family assistance in the home, community and school
- Technical assistance and consultation services, including specific intervention and assistance for the client's family and the school district
- Professional training programs for personnel who work with center clients and their families
- Programs to increase public awareness about autism and related disabilities. (ALA. CODE § 22-57-20)

New Hampshire – Established the Council on Autism Spectrum Disorders to:

- Provide information to families and persons with such disorders
- Collaborate with schools and other systems to identify exemplary services and promote successful practices
- Provide mediation to ensure that persons with such disorders receive appropriate support
- Increase resources for such individuals by accessing grants. (N.H. REV. STAT. ANN. § 171-A:32)

New Jersey – Established a statewide system of early intervention services for eligible infants and toddlers from birth to age 2, inclusive, with ASDs to:

- Develop, in consultation with autism experts and advocates, guidelines for health care professionals to use in evaluating infants and toddlers for autism and to ensure the timely referral by health care professionals
- Refer affected children and their families to schools and agencies that offer programs designed to meet their unique needs
- Collect data on statewide autism screening, diagnosis, and intervention programs and systems that can be used for applied research, program evaluation and policy development
- Disseminate information on the medical care of individuals with autism to health care professionals and the general public. (N.J. STAT. ANN. §26:1A-36.7)

Texas – Established an autism spectrum disorders resource center to:

- Coordinate resources for individuals with autism and other pervasive developmental disorders and their families
- Distribute information and research regarding autism
- Conduct training and development activities for persons who may interact with an individual with autism including school, medical or law enforcement personnel
- Coordinate with local entities
- Provide support for families.

(TEX. HUM. RES. CODE ANN. § 114.013)

Emily Workman, with the ECS Information Clearinghouse, prepared this report. She can be reached at eworkman@ecs.org.

© 2011 by the Education Commission of the States (ECS). All rights reserved.

ECS is the only nationwide, nonpartisan interstate compact devoted to education.

ECS encourages its readers to share our information with others. To request permission to reprint or excerpt some of our material, please contact the ECS Information Clearinghouse at 303.299.3675 or e-mail ecs@ecs.org.

Equipping Education Leaders, Advancing Ideas

¹ *Autism Spectrum Disorders: Data and Statistics* (Atlanta, Georgia: Center for Disease Control and Prevention, 2010), <http://www.cdc.gov/ncbddd/autism/data.html>, (accessed November 22, 2011).

² *About Autism: Facts and Statistics* (Bethesda, Maryland: Autism Society, 2006), <http://www.autism-society.org/about-autism/facts-and-statistics.html>, (accessed November 22, 2011).