



# Autism by the Numbers

2023



Inaugural Annual Report



# Autism by the Numbers

## EXECUTIVE SUMMARY

The autistic community experiences disparities in multiple areas, including education, healthcare and employment. Current autism data and the way it is presented does not provide an accurate sense of the lived experience of people with autism spectrum disorder (ASD) in the U.S. For the first time, [Autism by the Numbers](#) offers accessible, state-level information that will enable autistic individuals and their families to make meaningful life decisions.

Autism by the Numbers, created by [Autism Speaks](#) in collaboration with the [National Autism Data Center at Drexel University](#), has the potential to transform the way we understand and meet the needs of autistic individuals and their families. This central, authoritative hub of reliable data about people with autism will allow insight into the strengths and weaknesses of systems that exist to improve health, education, employment and advocacy. The Autism by the Numbers [Annual Report](#) and [Dashboard](#) can also be used to support the creation of precision public health programs specific to the diverse needs of the autistic community.

**Nationally, we have made progress toward increasing the well-being of the autistic community, but unmet needs remain across the life span of autistic individuals.**

## CHILDHOOD EARLY INTERVENTION & DIAGNOSIS

Autism by the Numbers data show that **1 in 35 children aged 3-17 in the U.S. are diagnosed with ASD**. These numbers are closely aligned with the **CDC prevalence rate of 1 in 36 children aged 8**.

**On average, Autism by the Numbers data show that autistic children receive intervention services and support prior to being diagnosed.**

- This demonstrates that screening processes have been somewhat effective.
- However, there is a need for better screening tools that allow us to identify and support underdiagnosed groups.
- Girls are often diagnosed later, with the **average age of diagnosis for girls at 5.6 years**.

**Prior research has proven that intervention services are crucial, and earlier is better to make a meaningful impact.**

- Research shows that autism can be reliably diagnosed by age 2, though the **average age of diagnosis is age 5**.
- Early diagnosis and intervention can have a positive lifelong impact on people with autism. Studies show that interventions started before age 4 may improve cognition, language, daily living skills and social skills.
- Earlier diagnosis makes it easier to map out a path for the future, including planning for special education services and other public programs.

**1 in 35 children**  
aged 3-17 are  
diagnosed with ASD

Average age of intervention and diagnosis in the U.S.

**4.7** average age of intervention

**5.0** average age of diagnosis

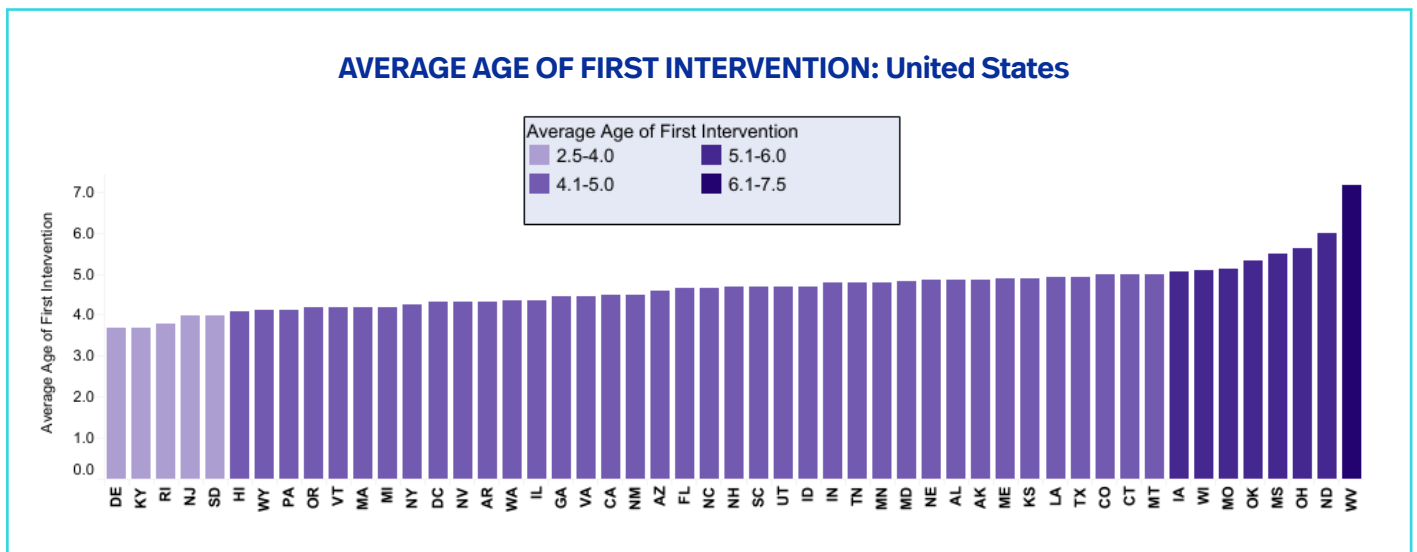
**5.6** average age of diagnosis for girls

Autism by the Numbers data also show variation between states in access to diagnosis and early intervention.

- Average age of first intervention ranges from 3.7 to 7.2 years of age across states.
- Average age of diagnosis ranges from 3.6 years to 7.6 years across states.
- Delaware and Kentucky have the youngest age of first intervention, at 3.7 years in each state.
- Oklahoma (5.3 years), Mississippi (5.5 years), Ohio (5.6 years), North Dakota (6.0 years) and West Virginia (7.2 years) show an average age of intervention above the national average, indicating a possible need to improve screening processes or access to intervention services.

average age of first intervention ranges from **3.7 to 7.2** years of age across states

More in-depth research is needed to understand why some states are able to effectively screen for ASD and provide early intervention services, while others experience significant delays in care.



Autism by the Numbers has the power to bring vital data to light that can be used for advocacy and policy changes to improve screening and cut down on delays to services.

- State-specific data could allow states to better allocate resources and explore ways to improve screening and increase access to services and supports.
- The data can also benefit families, improving awareness of and access to services and support programs in their state.

## Free Screening Tool for ASD

If your child is experiencing developmental delays and may need an autism evaluation, the [Autism Speaks M-CHAT screening tool](#) is a good place to start.



## Free Virtual Training for Caregivers

If your child is waiting for services, you can help them build communication, engagement, positive behavior and daily living skills through the virtual [WHO Caregiver Skills Training \(eCST\)](#) program – at no cost.



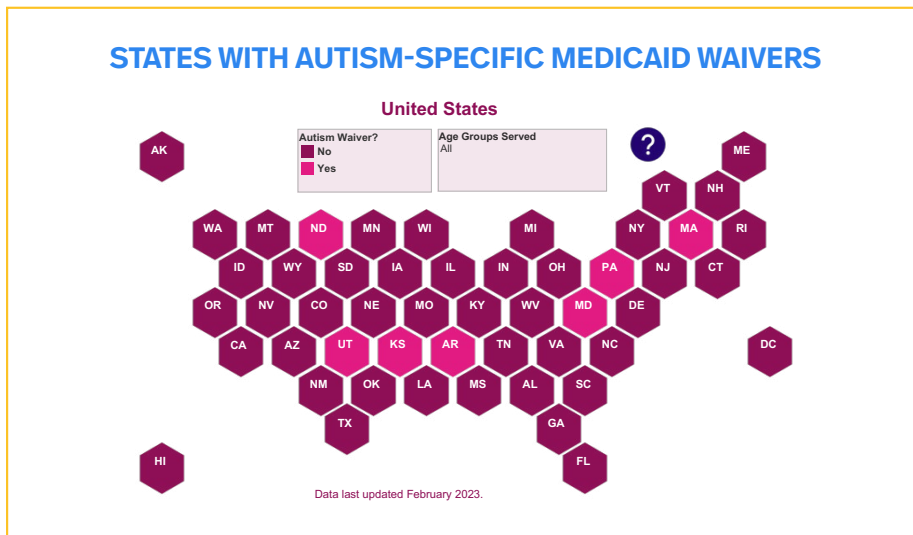
## HEALTHCARE COSTS

Children with autism have a higher rate of mental and physical health concerns that may require more healthcare services, such as provider visits and medications – and therefore, higher expenses.

The downside of not having accurate or reliable data about the autistic community is that it prevents Medicaid and other insurers from providing ample resources. Autism by the Numbers can help draw a more complete picture of the amount and kinds of coverage needed to properly care for autistic individuals. Additional healthcare needs experienced by autistic children underscore the importance of ensuring they have reliable healthcare coverage.

### Nationally, most autistic children have some kind of coverage through Medicaid, one of the main insurance providers.

- Some states offer Medicaid waivers for all people with intellectual or developmental disabilities, while others have special waivers specifically for autism.
- While autism waivers exist, there can be delays and other barriers preventing easy access to them.



### Autism by the Numbers data explores the costs of common services related to autism:

- While healthcare costs are generally higher for autistic children, care is usually paid for by public or private insurance.
- We do not have an accurate sense of the out-of-pocket healthcare costs of autistic individuals and their families, but the data indicate that these costs vary greatly by state.

Service category	Average median cost	Highest Charge
Adaptive behavior	\$82.25	\$780.60
Developmental screening	\$165.95	\$933.81
Emergency Department	\$1,397.22	\$9,588.91
Physical therapy	\$74.99	\$512.36
Psychiatry	\$253.40	\$2,544.90
Speech/Language	\$174.80	\$1,692.68
Therapeutic behavioral	\$175.44	\$1,006.76

## TRANSITIONING OUT OF HIGH SCHOOL

Many people with autism receive services through their school systems but lose access to those services and vital supports upon leaving high school. Without continuity of services, it can be more difficult for autistic adults to obtain employment, continue their education or live independently, which could potentially impact their future.

### Autism by the Numbers data shows the outcomes for autistic students who receive special education services.

- Nationally, 10% of students in special education programs receive special education services for autism. Not all autistic students qualify for special education, so there may be students who lack necessary support in school.
- **73.6% of autistic students receiving special education graduate with a high school diploma** and another 19.3% finish with certificates.
- **8.1% drop out of high school**, though we don't know why.

### Vocational Rehabilitation (VR) training and services provide an effective pathway to preparing autistic adolescents and teens for employment.

- Autistic students receive VR services at a lower rate than students with other disabilities, and transition-age autistic adults have lower rates of employment than those with other disabilities.
- On average, **50% of autistic youth and young adults receive VR services**. This ranges from 10% in New Jersey to 77% in Oklahoma.
- Among those who received VR services in high school, **60% had a job when they left school**. This range was from a low of 32% in Washington, D.C. to a high of 76% in Nebraska.

### There is still work to be done to increase the number of autistic students who graduate high school and go on to find employment.

We need research to further explore these questions:

- What are the longitudinal employment trends for autistic individuals?
- Why is the dropout rate so high, and how can we better support autistic students to have a positive experience in school?
- How many autistic young adults did not receive VR training, and why? How can we improve this number?
- How can we better serve students in pursuing education or employment after high school?

The challenges autistic people experience while transitioning out of school and into adult life are an important area of focus for Autism Speaks. As the Autism by the Numbers Dashboard evolves, it will include more attention to and information about this life step.

**73.6%**

of autistic high school students receiving special education graduate with a diploma.

**19.3%**

finish high school with certificates.

**8.1%**

drop out of high school.

**50%** of autistic youth and young adults receive VR services.

of those who qualify for and receive VR training, **over 40%** of young adults with autism do not find employment after high school.



For autistic individuals looking for employment, Autism Speaks [Workplace Inclusion Now](#) can help. The program was created for:

**Job seekers with autism • Employers searching for talent • Communities looking to prioritize inclusion and diversity**

WIN helps connect autistic people with employers and further the goal of creating a more diverse and inclusive workforce.



## ADULTS AND AGING WITH AUTISM

There is a pressing need to put systems in place to care for the approximately 5.4 million adults with autism in the U.S. While there is limited research and information on aging in autism, expanding our knowledge around this topic is of vital importance.

### Currently, knowledge of aging in autism suggests that:

- The population of autistic adults in the U.S. is growing.
- Autistic adults need specific support programs and appropriate care.
- Adults with autism continue to have greater medical needs and lifetime healthcare costs.
- We lack a full understanding of the needs of autistic adults and how to care for them.
- There are currently no official practice guidelines or standards of care for treating autistic adults.

Additional research, conducted in close partnership with autistic individuals, can eventually lead to the creation of practice guidelines that will advance healthcare for autistic adults.

there are  
5.4 M autistic  
adults in the  
U.S.

*No official clinical practice guidelines, standards of care or position statements from American medical organizations focus on the care of autistic adults.*



## THE FUTURE

Annual updates to the Autism by the Numbers Dashboard will continue to track and expand data on the most pressing areas of concern for autistic people and their families, including but not limited to mental and physical health and food security across the lifespan.

Autistic people interact with multiple systems. Linking, or connecting, data sources can help us to better understand the day-to-day experiences of the autistic community. For example, linking survey data with administrative claims data can provide us with a fuller picture of the needs of autistic people across systems. In the future, we plan to conduct data linkages and provide important indicators back to the community.

**Because the Autism by the Numbers platform pulls information from many different sources of data into one central location, we have the ability to mobilize reliable and actionable information to make a positive impact in the lives of the autistic community.**

***Explore the Autism by the Numbers [Dashboard](#)***

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**List of Abbreviations**

ABA	Applied behavior analysis
ACA	Affordable Care Act
ADDM	Autism and Developmental Disabilities Monitoring
ART	Autism Response Team
ASD	Autism spectrum disorder
BIPOC	Black, Indigenous, and People of Color
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
DD	Developmental disability
DSAC	Data Science Advisory Committee
HCBS	Home and Community-based Services
IACC	Interagency Autism Coordinating Committee
ID	Intellectual disability
IDD	Intellectual and developmental disabilities
IEP	Individualized education plan
MMLEADS	Medicare-Medicaid Linked Enrollee Analytic Data Source
NAIR	National Autism Indicators Reports
NLTS-2012	National Longitudinal Transition Study-2012
NSCH	National Survey of Children's Health
ODEP	Office of Disability and Employment
REYAAS	Research Support Services for Employment of Young Adults on the Autism Spectrum
RSA-911	Rehabilitation Services Administration
SSI	Social Security Income
VR	Vocational Rehabilitation

# Introduction

## Overview of autism

**A note on language:** *Different stakeholders, like autistic people or family members, have different preferences for describing autism. For this report, you will see reference to both descriptions to be inclusive of all preferences.*

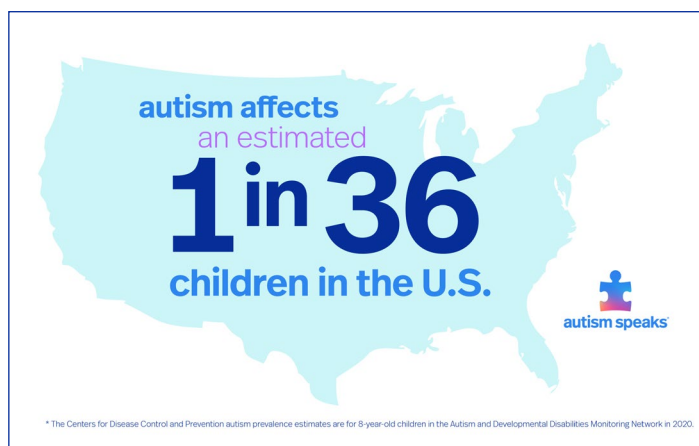
Autism spectrum disorder (ASD) is a neurodevelopmental condition that is often diagnosed in early childhood. Autistic people often have impairments in communication and learning and restricted or repetitive behaviors. There is a wide range of abilities and needs among autistic people. This is why it is referred to as a spectrum.<sup>4</sup>

The Centers for Disease Control and Prevention (CDC) estimates that of 1 in 36 8-year-old children in the U.S. has ASD.<sup>5</sup> ASD among boys is more than 4 times higher than it is among girls.<sup>5</sup> ASD prevalence rates are higher among Black non-Hispanic (BNH), Hispanic and Asian or Pacific Islander (A/PI) children compared to White non-Hispanic (WNH) children.<sup>5</sup>

Because autistic students may experience challenges related to learning, they are eligible for special education programs in the U.S. Despite these services, and the high learning potential of many autistic people, research suggests that only a handful of autistic students go on to college after high school.<sup>6</sup> In addition to learning, school is often the place where autistic students will receive Vocational Rehabilitation (VR) services. These services help autistic young people learn valuable skills to get a job. Though VR services improve employment rates, research found autistic students received VR services at rates lower than other students with disabilities.<sup>7</sup>

Autistic individuals have more medical conditions compared to the general population.<sup>8</sup> One national survey found that at least 60% of autistic youth reported having two or more mental and physical health conditions in addition to autism.<sup>9</sup> Autistic people have more medical expenses compared to other people with developmental disabilities.<sup>10</sup> Therefore, access to reliable insurance coverage is critical for maintaining health among autistic people.<sup>11</sup>

To improve well-being and quality of life for autistic people, there is a need to improve the systems in place for helping autistic individuals and their families. Access to health and outcomes data (such as employment and education) is essential for researchers, families, and policymakers to improve quality of life for autistic families. Administrative data is routinely collected for many reasons. Electronic health records and insurance claims are just a few examples of administrative records. When researchers and policymakers have access to these data sources, they can include hundreds or thousands of autistic people in their study/data systems, while not having to burden autistic people for participation. When autistic individuals and their families have access to the data/results from these sources, they can better advocate for the needs of themselves and their loved ones. Together, this can help to navigate specific domains where we are not meeting the needs of autistic people.



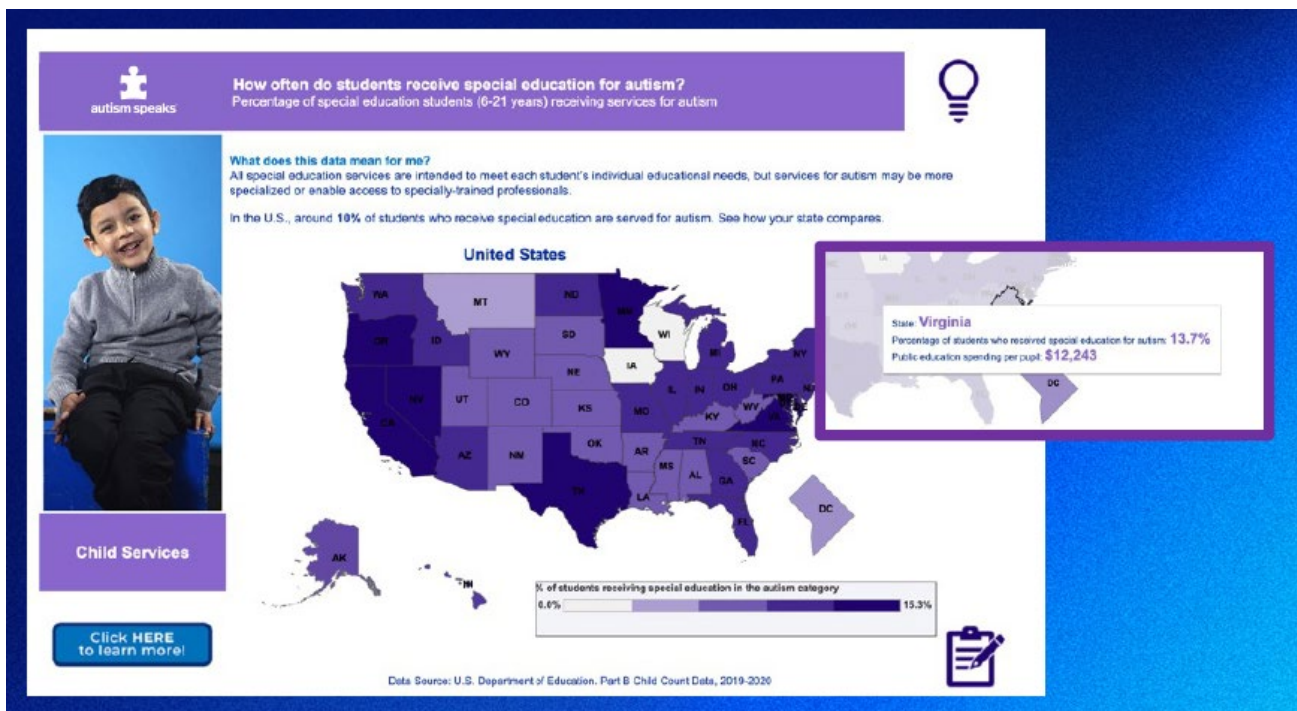
## Vision

The goal of Autism by the Numbers is to **mobilize accurate, accessible, and actionable national and state level data** to inform decision-making by community stakeholders, including autistic individuals, family members, healthcare providers, researchers, employers, advocates and policymakers.

For individuals and families, having access to easily digestible state-level data will provide information that can allow them to make more meaningful life decisions for their themselves and their family.

Researchers will be able to use Autism by the Numbers to inform their work. Finally, policymakers will be able to have some reliable, meaningful information to make decisions affecting the autism community, such as identifying states without ASD-specific Medicaid waivers.

### Autism by the Numbers Dashboard



## Future plans

In the future, we aim to provide new data to our existing indicators as it becomes available. We will work with the Data Science Advisory Committee (DSAC) to identify which topics to track longitudinally and what metrics should be added and explored.

Autistic people interact with multiple systems. Linking, or connecting, data sources can help us to better understand the day-to-day experiences of autistic people. For example, linking survey data with administrative claims data can provide us with a fuller picture of the needs of autistic people across systems. In the future, we plan to conduct data linkages and provide important indicators back to the community, particularly around mental and physical health, and food security across the lifespan.

# Key Findings


Below we summarize five indicators currently available in the Autism by the Numbers Dashboard at the national-level. We encourage readers to see how their state differs from these estimates in our state-specific reports, starting on page 14.

## Child services

Early diagnosis of ASD is important for improving outcomes in autistic children. The earlier a diagnosis is confirmed, the earlier interventions can begin. Autistic children who received interventions before age 4 show significant improvements in cognition, language, and adaptive behavior.<sup>22</sup> This can help children prepare for success in school and beyond. Other research suggests early intervention can improve social skills and daily living skills.<sup>23</sup> This may also result in better adult outcomes for autistic people.

### How early does diagnosis happen?

Using data from the National Survey of Children’s Health (NSCH) from 2016-2019, we found that the average age of diagnosis in the U.S. is 5.0 years old.




average age of diagnosis in the U.S.

**5.0**

### How early do first formal services begin?

According to the 2016-2019 NSCH, the average age of first intervention in the U.S. was 4.7 years old.

It is interesting that families report receiving services for autism before their child receives a formal diagnosis. This indicates that some families are seeking support before they can get to a specialist for diagnosis. This may suggest that we are doing a better job of intervention supports than diagnosis. It may also indicate limited access to specialists for diagnosis or long waiting lists to get appointments.

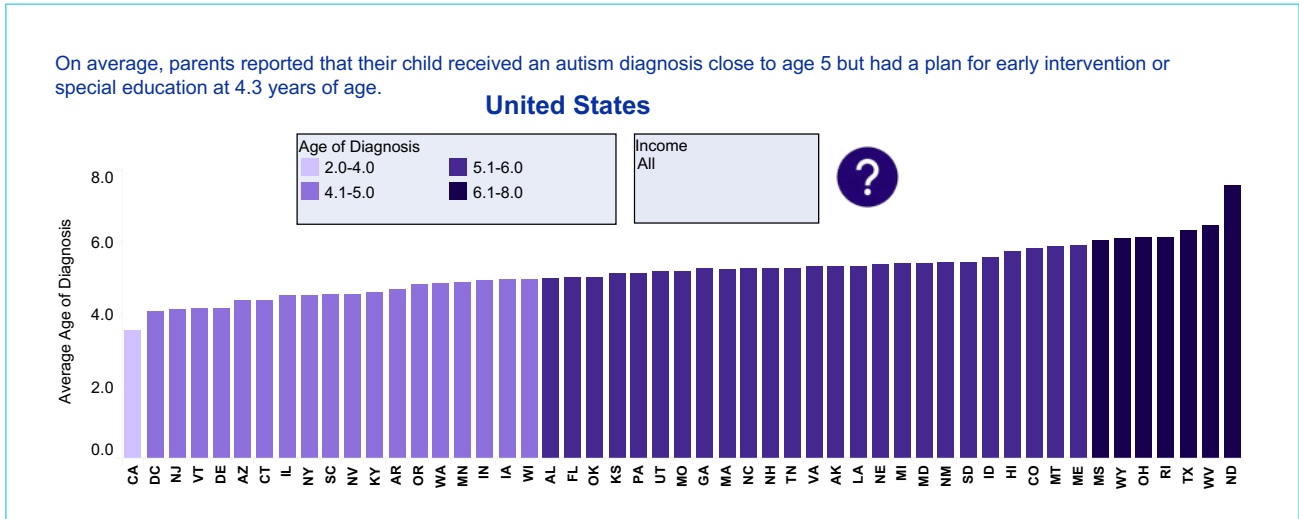


average age of first intervention in the U.S.

**4.7**

## Age of Diagnosis in the United States

On average, parents reported that their child received an autism diagnosis close to age 5 but had a plan for early intervention or special education at 4.3 years of age.

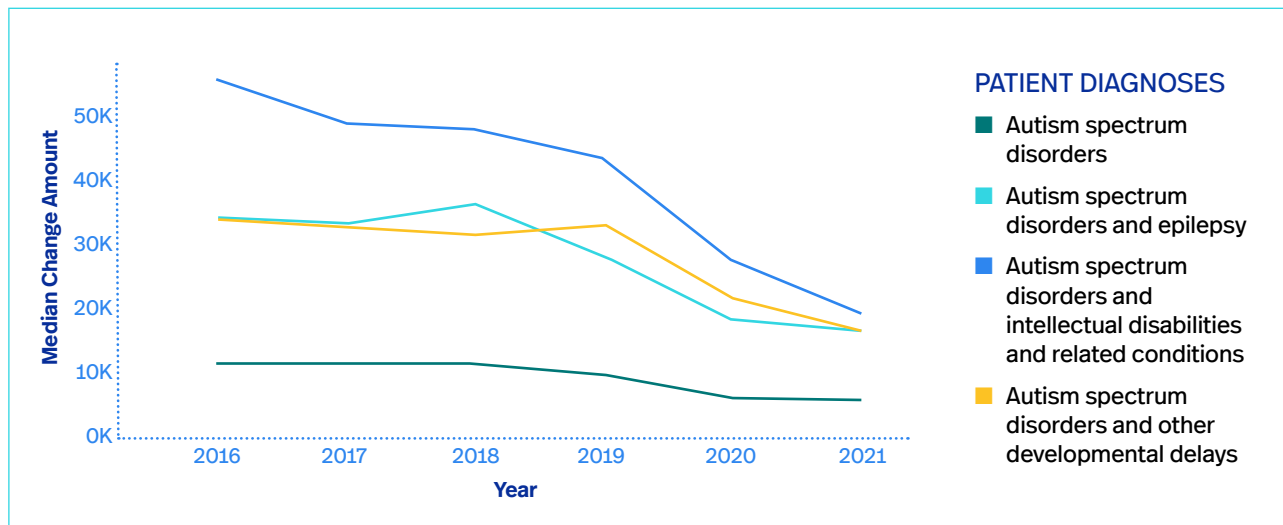


### How is the cost of healthcare for children with autism changing over time?

Autistic individuals may have multiple co-occurring physical and mental health conditions. Common examples include seizure disorders or epilepsy, gastrointestinal disorders, ADHD, depression or anxiety, and other developmental disorders.<sup>24,25</sup> Managing these conditions may require seeing many providers and being prescribed medication. This can result in high healthcare costs for autistic individuals and their families.<sup>9</sup>

Using data from Fair Health Inc. in 2021, the Autism by the Numbers Dashboard shows healthcare costs for autistic children and adolescents. These costs are high and were generally stable from 2016 until 2019. Costs decreased between 2020 and 2021. The COVID-19 pandemic may have impacted people getting routine healthcare services starting in 2020. Decreased costs likely do not reflect decreased needs or costs in general. Autistic people with co-occurring health conditions had higher annual healthcare costs higher compared to autistic people with no co-occurring health conditions. Costs were highest among younger children and decreased as age increased.

Annual healthcare costs by ASD status (2016-2021)



### What are the costs of common services related to autism?

Overall healthcare costs include costs of services that all children get, like well visits, sick care, and immunizations. It is also key to understand the cost of additional services important for autistic children. According to Fair Health Inc. data from 2021, costs for common services for autism were highest in outpatient settings across the U.S. The highest charges as well as average charges were for services in the emergency department and psychiatry.

Cost of healthcare by service category

Service category	Average median cost	Highest charge
Adaptive behavior	\$82.25	\$780.60
Developmental screening	\$165.95	\$933.81
Emergency department	\$1,397.22	\$9,588.91
Physical therapy	\$74.99	\$512.36
Psychiatry	\$253.40	\$2,544.90
Speech/Language	\$174.80	\$1,692.68
Therapeutic behavioral	\$175.44	\$1,006.76

## Transition-age youth

For autistic youth and young adults, exiting high school means the ending of services which can result in gaps in services and other challenges.<sup>26</sup> From previous research we know that approximately 1 in 3 autistic youth and young adults didn't go to college after high school or get a job. This was higher than rates for youth and young adults with other disabilities.<sup>6</sup> The percentage of autistic students graduating with a high school diploma may help us to understand the effectiveness of special education supports for autistic students and the quality of the schools in the U.S. Also, the percentage receiving VR services may help us understand how many autistic students are receiving job training across the U.S.

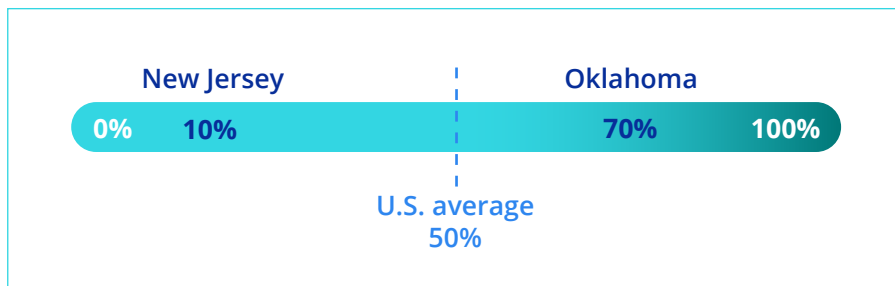
### How often do students (receiving special education for autism) leave high school with a diploma?

On average, **73.6 percent** of autistic high school students are graduating with a diploma, **19.3 percent** received a certificate, and **8.1 percent** dropped out.

### How often do high school students receive VR services?

On average, **50 percent** of autistic youth and young adults receive VR services. This ranges from **10 percent in New Jersey** to **77 percent in Oklahoma**.

Frequency of VR services for high school students

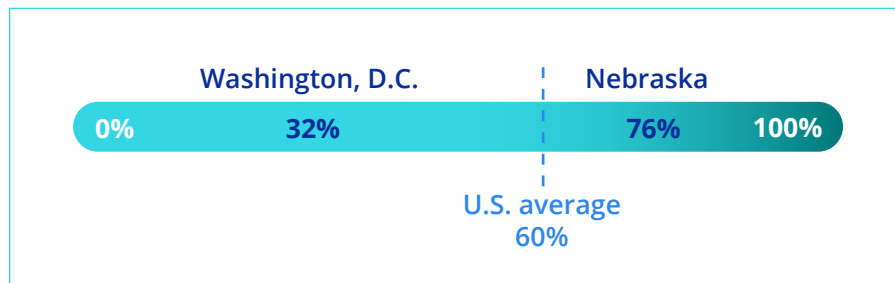


## Adult services

### How often do autistic individuals become employed after VR services?

Using data from the U.S. Department of Education, we found that among those who received VR services in high school, **60 percent** had a job when they left school. This ranged from a low of **32 percent in Washington, D.C.** to a high of **76 percent in Nebraska**. This information can help us to understand the effectiveness of VR services across the states.

Frequency of VR services for adults



# State/Territory Profiles

KEY  
FINDINGS



Autism by the Numbers

# ALABAMA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **3.0 percent** of **Alabama** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Alabama** is **5.0** years old. This is **the same as** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.4** years old in **Alabama** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.9 years

is the average age when services begin in **Alabama** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Alabama**, the average age of first intervention was **older** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Alabama** families of autistic children are paying **more** for medical services in **all domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	ALABAMA	U.S.
Adaptive behavior	<b>\$104.74</b>	\$82.25
Developmental screening	<b>\$207.86</b>	\$165.95
Emergency department	<b>\$1,411.18</b>	\$1,397.22
Physical therapy	<b>\$131.24</b>	\$74.99
Psychiatry	<b>\$292.52</b>	\$253.40
Speech/language	<b>\$316.93</b>	\$174.80
Therapeutic/behavioral	<b>\$224.10</b>	\$175.44

### Special education services for autism

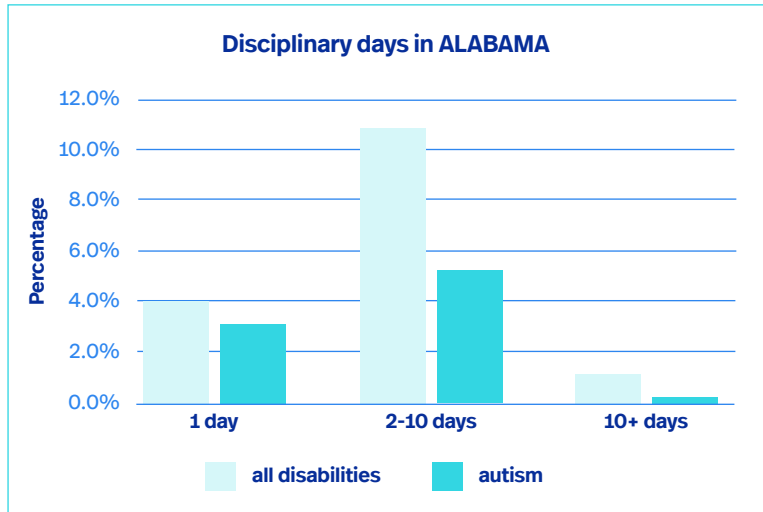
Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **9.1 percent** of students of special education students in **Alabama** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.





### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to Alabama special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupt the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Alabama**, rates of

	ALABAMA	U.S.
Receive diploma	60.8%	73.6%
Receive certificate	33.7%	19.3%

graduating with a diploma were **lower than** those in the U.S. Also, **Alabama** had **lower** rates of high school students dropping out compared to the U.S. average (**1.5 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **54 percent of Alabama** autistic youth and young adults received vocational

	ALABAMA	U.S.
Received VR	46%	50%
Employed when they left VR	54%	58%

rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was also **higher** than the national average (**76 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Alabama**.

# ALASKA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.1 percent** of **Alaska** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Alaska** is **5.4** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **4.9** years old in **Alaska** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.9 years**

is the average age when services begin in **Alaska** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Alaska**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Alaska** families of autistic children are paying more for medical services in **Adaptive behavior and therapeutic/behavioral service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

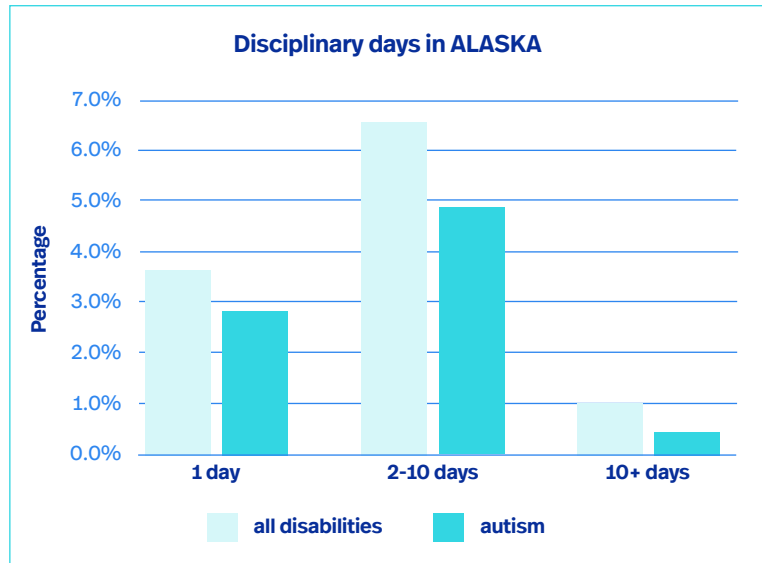
Service category	ALASKA	U.S.
Adaptive behavior	<b>\$83.34</b>	\$82.25
Developmental screening	<b>\$165.40</b>	\$165.95
Emergency department	<b>\$918.87</b>	\$1,397.22
Physical therapy	<b>\$47.16</b>	\$74.99
Psychiatry	<b>\$228.57</b>	\$253.40
Speech/language	<b>\$100.64</b>	\$174.80
Therapeutic/behavioral	<b>\$178.32</b>	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **9.0 percent** of students of special education students in **Alaska** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Alaska** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Alaska**, rates of graduating with a diploma were **higher than** those in the U.S. Also, **Alaska** had **similar** rates of high school students dropping out compared to the U.S. average (**6.9 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	ALASKA	U.S.
Receive diploma	80.4%	73.6%
Receive certificate	10.8%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **52 percent** of **Alaska** autistic youth and young adults received vocational rehabilitation services.

	ALASKA	U.S.
Received VR	52%	50%
Employed when they left VR	64%	58%

This is **similar** to the national average of **50 percent**. The percentage who had a job when they left VR was **higher than** the national average (**64 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Alaska**.

# ARIZONA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **3.1 percent** of **Arizona** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Arizona** is **4.4** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.3** years old in **Arizona** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.6 years**  
is the average age when services begin in **Arizona** compared to the national average of **4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Arizona**, the average age of first intervention was **similar** to the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, **Arizona** families of autistic children are paying **less** for medical services in **across all domains included** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

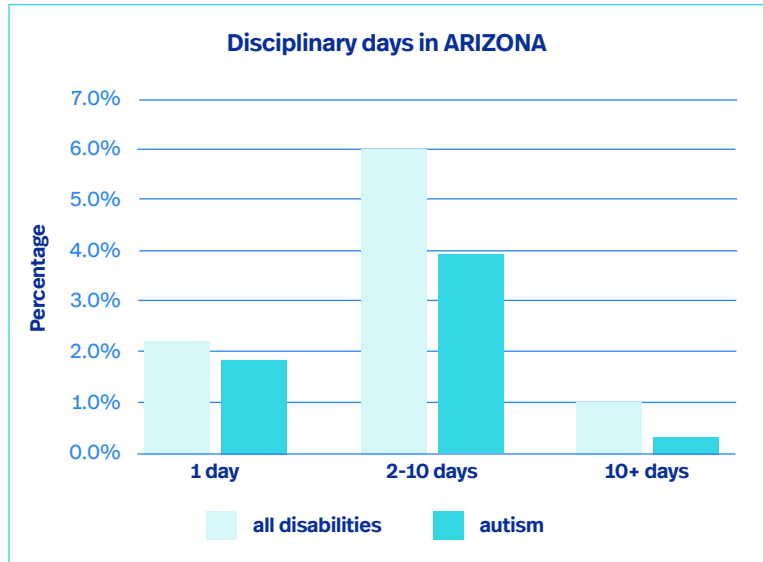
Service category	ARIZONA	U.S.
Adaptive behavior	\$71.10	\$82.25
Developmental screening	\$141.09	\$165.95
Emergency department	\$1,048.46	\$1,397.22
Physical therapy	\$66.36	\$74.99
Psychiatry	\$227.82	\$253.40
Speech/language	\$126.90	\$174.80
Therapeutic/behavioral	\$151.11	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **11.0 percent** of students of special education students in **Arizona** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Arizona** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Arizona**,

	ARIZONA	U.S.
Receive diploma	90.9%	73.6%
Receive certificate	-	19.3%

rates of graduating with a diploma were **higher** than those in the U.S. Also, **Arizona** had **similar** rates of high school students dropping out compared to the U.S. average (**8.3 percent** vs 8.1percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	ARIZONA	U.S.
Received VR	55%	50%
Employed when they left VR	48%	58%

**55 percent** of **Arizona** autistic youth and young adults received vocational

rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**48 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Arizona**.

# ARKANSAS

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.4 percent** of **Arkansas** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Arkansas** is **4.7** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.5** years old in **Arkansas** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.3 years

is the average age when services begin in **Arkansas** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Arkansas**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Arkansas** families of autistic children are paying **more** for medical services in **all domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

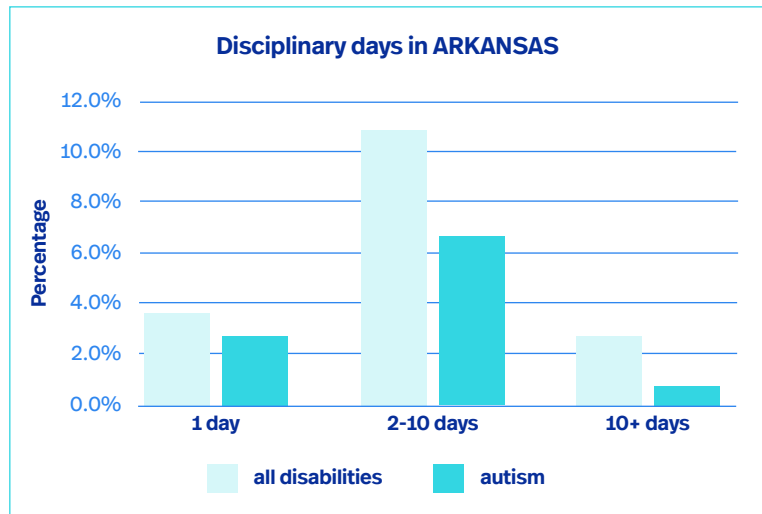
Service category	ARKANSAS	U.S.
Adaptive behavior	\$85.24	\$82.25
Developmental screening	\$169.17	\$165.95
Emergency department	\$1,732.06	\$1,397.22
Physical therapy	\$100.24	\$74.99
Psychiatry	\$279.21	\$253.40
Speech/language	\$323.02	\$174.80
Therapeutic/behavioral	\$182.38	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **8.5 percent** of students of special education students in **Arkansas** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Arkansas** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Arkansas**,

	ARKANSAS	U.S.
Receive diploma	93.9%	73.6%
Receive certificate	5.0%	19.3%

rates of graduating with a diploma were **higher** than those in the U.S. Also, **Arkansas** had **lower** rates of high school students dropping out compared to the U.S. average (**1.2 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	ARKANSAS	U.S.
Received VR	55%	50%
Employed when they left VR	48%	58%

**31 percent** of **Arkansas** autistic youth and young adults received vocational

rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**53 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Arkansas**.

# CALIFORNIA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **3.4 percent** of **California** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **California** is **3.6** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **3.7** years old in **California** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.5 years

is the average age when services begin in **California** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **California**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **California** families of autistic children are paying **more** for medical services in **all domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	CALIFORNIA	U.S.
Adaptive behavior	\$106.39	\$82.25
Developmental screening	\$258.17	\$165.95
Emergency department	\$2,234.25	\$1,397.22
Physical therapy	\$107.87	\$74.99
Psychiatry	\$341.47	\$253.40
Speech/language	\$343.98	\$174.80
Therapeutic/behavioral	\$231.30	\$175.44

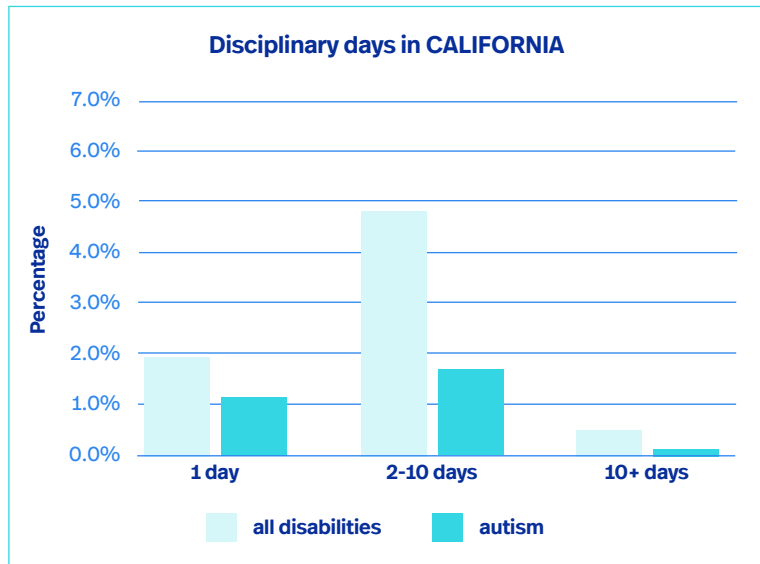
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **14.1 percent** of students of special education students in **California** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **California** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **California**,

	CALIFORNIA	U.S.
Receive diploma	63.0%	73.6%
Receive certificate	17.9%	19.3%

rates of graduating with a diploma were **lower** than those in the U.S. Also, **California** had **similar** rates of high school students dropping out compared to the U.S. average (**9.0 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **53 percent** of **California** autistic youth and young adults received vocational

	CALIFORNIA	U.S.
Received VR	53%	50%
Employed when they left VR	58%	58%

rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was the **same** as the national average (**58 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **California**.

# COLORADO

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.3 percent** of **Colorado** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Colorado** is **5.9** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.5** years old in **Colorado** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 5.0 years

is the average age when services begin in **Colorado** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Colorado**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Colorado** families of autistic children are paying **more** for medical services in **all domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

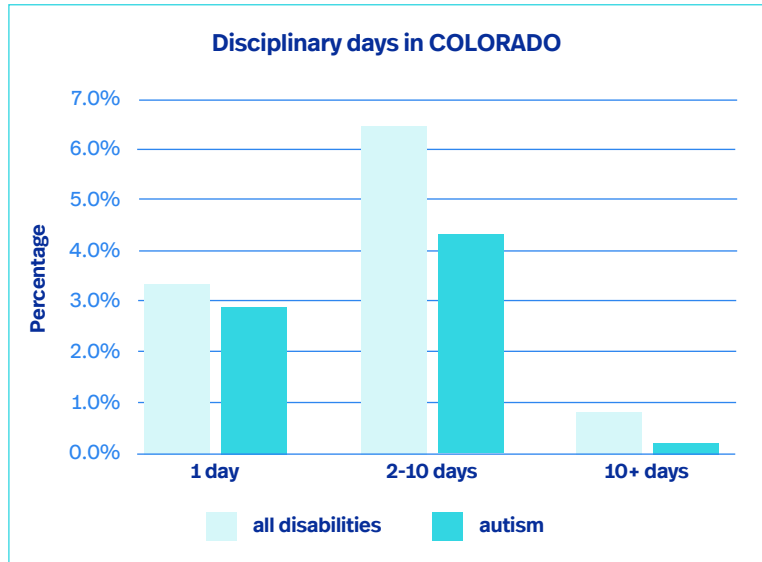
Service category	COLORADO	U.S.
Adaptive behavior	\$90.20	\$82.25
Developmental screening	\$178.01	\$165.95
Emergency department	\$2,589.68	\$1,397.22
Physical therapy	\$84.34	\$74.99
Psychiatry	\$365.20	\$253.40
Speech/language	\$179.60	\$174.80
Therapeutic/behavioral	\$192.98	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **8.8 percent** of students of special education students in **Colorado** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Colorado** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Colorado**,

	COLORADO	U.S.
Receive diploma	87.4%	73.6%
Receive certificate	2.7%	19.3%

rates of graduating with a diploma were **higher** than those in the U.S. Also, **Colorado** had **similar** rates of high school students dropping out compared to the U.S. average (**6.9 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **55 percent** of **Colorado** autistic youth and young adults received vocational

	COLORADO	U.S.
Received VR	55%	50%
Employed when they left VR	67%	58%

rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**67 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Colorado**.

# CONNECTICUT

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **3.7 percent** of **Connecticut** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Connecticut** is **4.4** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **4.0** years old in **Connecticut** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 5.0 years

is the average age when services begin in **Connecticut** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Connecticut**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Connecticut** families of autistic children are paying **more** for medical services in the **Emergency Department** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

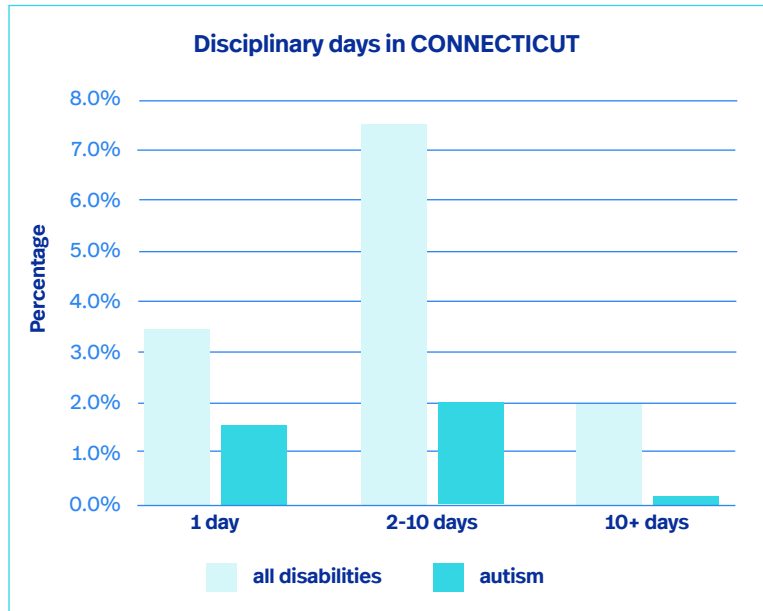
Service category	CONNECTICUT	U.S.
Adaptive behavior	\$70.14	\$82.25
Developmental screening	\$142.37	\$165.95
Emergency department	\$1,480.89	\$1,397.22
Physical therapy	\$64.62	\$74.99
Psychiatry	\$238.58	\$253.40
Speech/language	\$151.64	\$174.80
Therapeutic/behavioral	\$147.20	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **12.8 percent** of students of special education students in **Connecticut** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Connecticut** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	CONNECTICUT	U.S.
Receive diploma	89.2%	73.6%
Receive certificate	-	19.3%

**Connecticut**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Connecticut** had **lower** rates of high school students dropping out compared to the U.S. average (**1.9 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	CONNECTICUT	U.S.
Received VR	54%	50%
Employed when they left VR	51%	58%

**54 percent** of **Connecticut** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**51 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Connecticut**.

# DELAWARE

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **4.1 percent** of **Delaware** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Delaware** is **4.2** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **3.4** years old in **Delaware** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**3.7 years**

is the average age when services begin in **Delaware** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Delaware**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Delaware** families of autistic children are paying **more** for medical services in **Adaptive behavior and therapeutic/behavioral service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

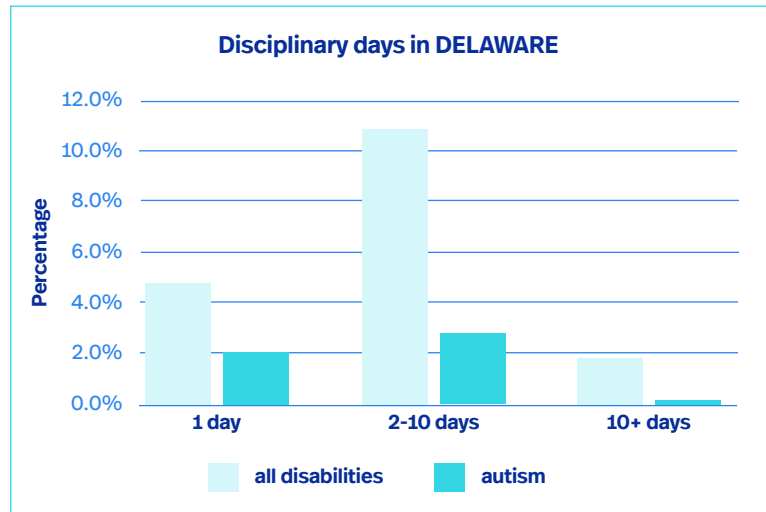
Service category	DELAWARE	U.S.
Adaptive behavior	<b>\$83.19</b>	\$82.25
Developmental screening	<b>\$165.09</b>	\$165.95
Emergency department	<b>\$977.17</b>	\$1,397.22
Physical therapy	<b>\$49.69</b>	\$74.99
Psychiatry	<b>\$211.40</b>	\$253.40
Speech/language	<b>\$155.53</b>	\$174.80
Therapeutic/behavioral	<b>\$177.99</b>	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **9.4 percent** of students of special education students in **Delaware** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Delaware** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Delaware**,

	DELAWARE	U.S.
Receive diploma	58.3%	73.6%
Receive certificate	38.6%	19.3%

rates of graduating with a diploma were **lower** than those in the U.S. Also, **Delaware** had **lower** rates of high school students dropping out compared to the U.S. average (**1.6 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **57 percent** of **Delaware** autistic youth and young adults received vocational

	DELAWARE	U.S.
Received VR	54%	50%
Employed when they left VR	51%	58%

rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**69 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Delaware**.

# DISTRICT OF COLUMBIA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **2.2 percent** of **Washington, D.C.** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Washington, D.C.** is **4.1** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.3** years old in **Washington, D.C.** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.3 years**

is the average age when services begin in **Washington D.C.** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Washington, D.C.**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Washington, D.C.** families of autistic children are paying **more** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	WASHINGTON, D.C.	U.S.
Adaptive behavior	\$107.73	\$82.25
Developmental screening	\$213.79	\$165.95
Emergency department	\$1,643.36	\$1,397.22
Physical therapy	\$93.07	\$74.99
Psychiatry	\$322.91	\$253.40
Speech/language	\$235.96	\$174.80
Therapeutic/behavioral	\$230.49	\$175.44

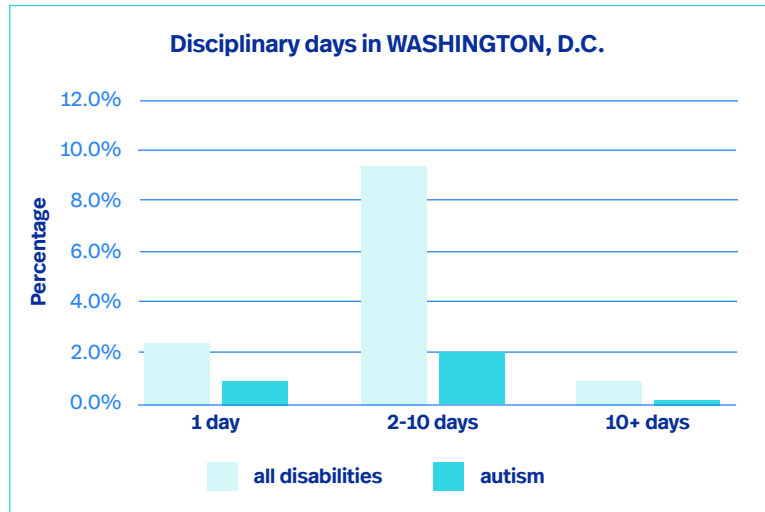
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **9.2 percent** of students of special education students in **Washington, D.C.** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Washington, D.C.** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	WASHINGTON, D.C.	U.S.
Receive diploma	29.7%	73.6%
Receive certificate	12.5%	19.3%

**Washington, D.C.**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Washington, D.C.** had **higher** rates of high school students dropping out compared to the U.S. average (**57.8 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **69 percent** of **Washington, D.C.** autistic youth and young adults received vocational

	WASHINGTON, D.C.	U.S.
Received VR	69%	50%
Employed when they left VR	32%	58%

rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**32 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Washington, D.C.**

# FLORIDA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.5 percent** of **Florida** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Florida** is **5.0** years old. This is the **same** as than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.0** years old in **Florida** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.7 years

is the average age when services begin in **Florida** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Florida**, the average age of first intervention was the **same** as the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Florida** families of autistic children are paying **more** for medical services in **multiple service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

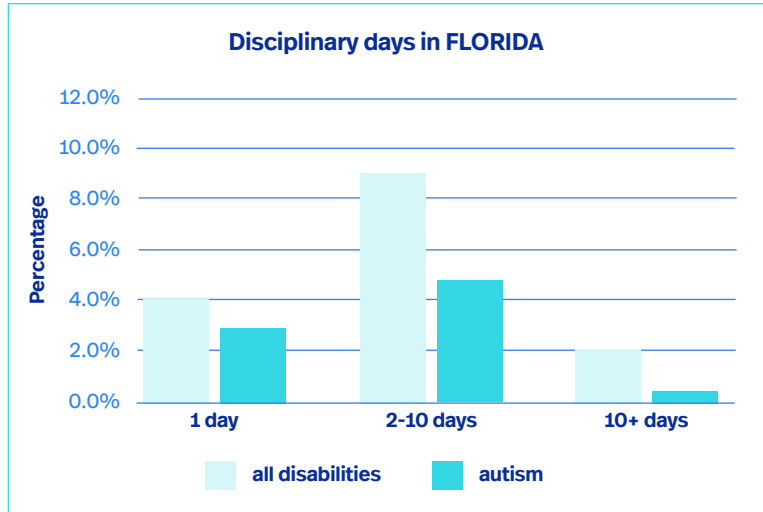
Service category	FLORIDA	U.S.
Adaptive behavior	<b>\$91.33</b>	\$82.25
Developmental screening	<b>\$181.25</b>	\$165.95
Emergency department	<b>\$2,100.19</b>	\$1,397.22
Physical therapy	<b>\$52.45</b>	\$74.99
Psychiatry	<b>\$284.81</b>	\$253.40
Speech/language	<b>\$127.58</b>	\$174.80
Therapeutic/behavioral	<b>\$195.41</b>	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **11.5 percent** of students of special education students in **Florida** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Florida** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Florida**, rates of graduating with a diploma were **higher than** those in the U.S. Also, Florida had **lower** rates of high school students dropping out compared to the U.S. average (**2.8 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	FLORIDA	U.S.
Receive diploma	85.7%	73.6%
Receive certificate	11.3%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **65 percent** of **Florida** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**42 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Florida**.

	FLORIDA	U.S.
Received VR	65%	50%
Employed when they left VR	42%	58%

# GEORGIA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **3.2 percent** of **Georgia** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Georgia** is **5.3** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.6** years old in **Georgia** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.5 years

is the average age when services begin in **Georgia** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Georgia**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Georgia** families of autistic children are paying **more** for medical services in **multiple service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

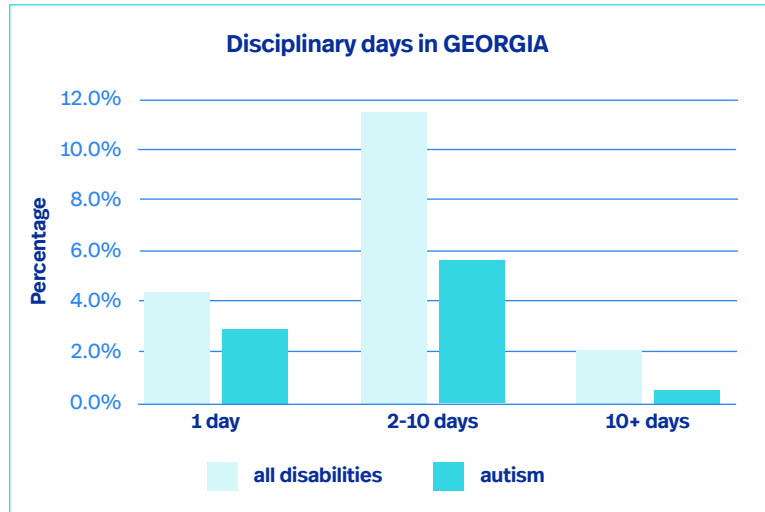
Service category	GEORGIA	U.S.
Adaptive behavior	<b>\$92.02</b>	\$82.25
Developmental screening	<b>\$182.61</b>	\$165.95
Emergency department	<b>\$1,181.24</b>	\$1,397.22
Physical therapy	<b>\$70.31</b>	\$74.99
Psychiatry	<b>\$345.53</b>	\$253.40
Speech/language	<b>\$135.86</b>	\$174.80
Therapeutic/behavioral	<b>\$196.88</b>	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **10.8 percent** of students of special education students in **Georgia** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Georgia** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Georgia**,

	GEORGIA	U.S.
Receive diploma	83.9%	73.6%
Receive certificate	6.3%	19.3%

rates of graduating with a diploma were **higher** than those in the U.S. Also, **Georgia** had **similar** rates of high school students dropping out compared to the U.S. average (**9.6 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	GEORGIA	U.S.
Received VR	36%	50%
Employed when they left VR	69%	58%

**36 percent** of **Georgia** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**69 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Georgia**.

# HAWAII

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **1.8 percent** of **Hawaii** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Hawaii** is **5.8** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.8** years old in **Hawaii** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.1 years**

is the average age when services begin in **Hawaii** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Hawaii**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Hawaii** families of autistic children are paying **more** for medical services in **Emergency department**, **Physical therapy**, and **Speech/language** services compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

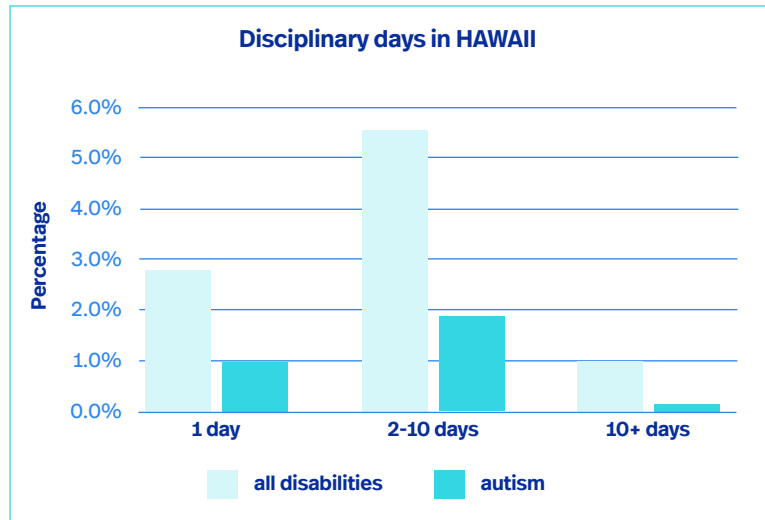
Service category	HAWAII	U.S.
Adaptive behavior	\$66.03	\$82.25
Developmental screening	\$131.03	\$165.95
Emergency department	\$1,653.21	\$1,397.22
Physical therapy	\$92.36	\$74.99
Psychiatry	\$185.49	\$253.40
Speech/language	\$197.31	\$174.80
Therapeutic/behavioral	\$141.27	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **10.0 percent** of students of special education students in **Hawaii** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Hawaii** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Hawaii**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Hawaii** had higher rates of high school students dropping out compared to the U.S. average (**13.6 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	HAWAII	U.S.
Receive diploma	50.6%	73.6%
Receive certificate	23.5%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **25 percent** of **Hawaii** autistic youth and young adults received vocational rehabilitation

	HAWAII	U.S.
Received VR	25%	50%
Employed when they left VR	47%	58%

services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**47 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Hawaii**.

# IDAHO

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **2.2 percent** of **Idaho** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Idaho** is **5.6** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **8.1** years old in Idaho compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.7 years**

is the average age when services begin in **Idaho** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Idaho**, the average age of first intervention was the **same** as than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Idaho** families of autistic children are paying **more** for medical services in **Adaptive behavior** and **Therapeutic/behavioral service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	IDAHO	U.S.
Adaptive behavior	<b>\$87.03</b>	\$82.25
Developmental screening	<b>\$164.81</b>	\$165.95
Emergency department	<b>\$714.70</b>	\$1,397.22
Physical therapy	<b>\$71.83</b>	\$74.99
Psychiatry	<b>\$230.61</b>	\$253.40
Speech/language	<b>\$170.75</b>	\$174.80
Therapeutic/behavioral	<b>\$186.21</b>	\$175.44

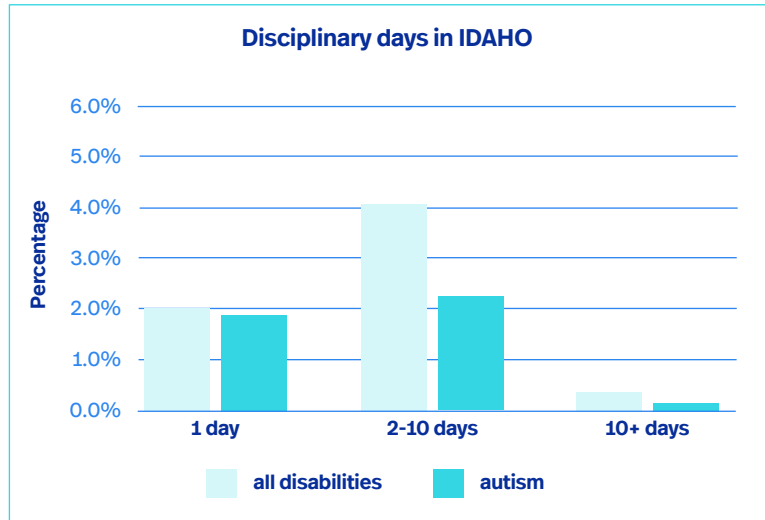
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **10.7 percent** of students of special education students in **Idaho** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Idaho** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Idaho**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Idaho** had **similar** rates of high school students dropping out compared to the U.S. average (**10.0 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	IDAHO	U.S.
Receive diploma	68.3%	73.6%
Receive certificate	21.8%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **50 percent** of **Idaho** autistic youth and young adults received vocational rehabilitation services. This is the **same** as the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**54 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Idaho**.

	IDAHO	U.S.
Received VR	50%	50%
Employed when they left VR	54%	58%

# ILLINOIS

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **3.2 percent** of **Illinois** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Illinois** is **4.5** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **3.2** years old in **Illinois** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.3 years**  
is the average age when services begin in **Illinois** compared to the national average of **4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Illinois**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Illinois** families of autistic children are paying **more** for medical services in the **Speech/Language service domain** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

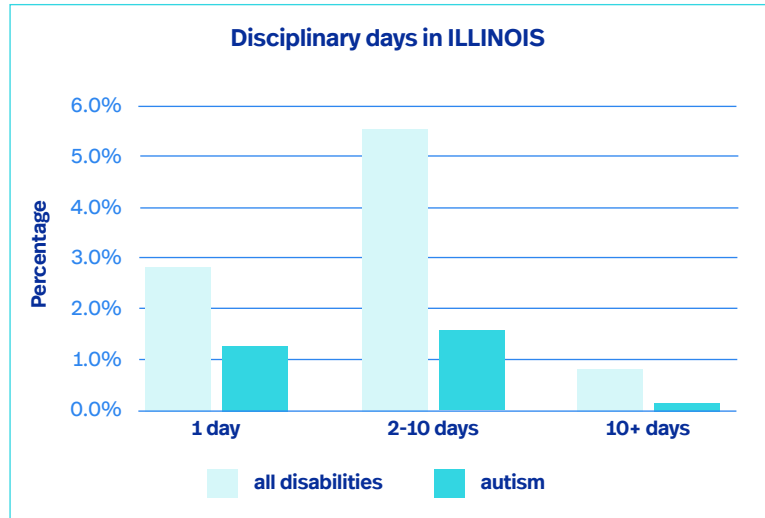
Service category	ILLINOIS	U.S.
Adaptive behavior	\$65.03	\$82.25
Developmental screening	\$129.05	\$165.95
Emergency department	\$1,236.26	\$1,397.22
Physical therapy	\$72.13	\$74.99
Psychiatry	\$168.88	\$253.40
Speech/language	\$197.17	\$174.80
Therapeutic/behavioral	\$139.13	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **9.7 percent** of students of special education students in **Illinois** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Illinois** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Illinois**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Illinois** had **lower** rates of high school students dropping out compared to the U.S. average (**4.0 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	ILLINOIS	U.S.
Receive diploma	82.9%	73.6%
Receive certificate	7.2%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **64 percent** of **Illinois** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**49 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Illinois**.

	ILLINOIS	U.S.
Received VR	64%	50%
Employed when they left VR	49%	58%

# INDIANA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **3.0 percent** of **Indiana** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Indiana** is **5.0** years old. This is the **same** as the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **7.0** years old in **Indiana** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.8 years**

is the average age when services begin in **Indiana** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Indiana**, the average age of first intervention was **similar** to the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Indiana** families of autistic children are paying **more** for medical services like **developmental screening** and **physical therapy** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

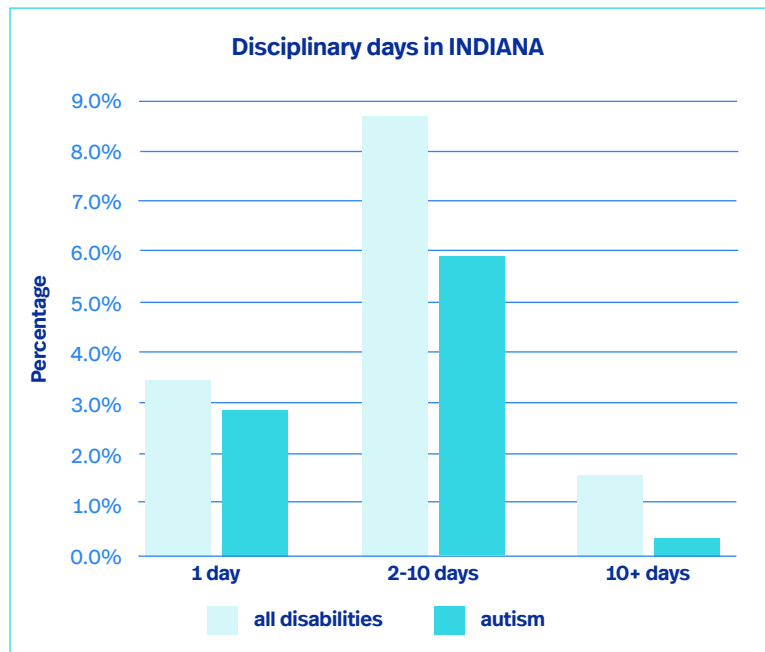
Service category	INDIANA	U.S.
Adaptive behavior	<b>\$78.96</b>	\$82.25
Developmental screening	<b>\$174.03</b>	\$165.95
Emergency department	<b>\$1,270.33</b>	\$1,397.22
Physical therapy	<b>\$77.91</b>	\$74.99
Psychiatry	<b>\$241.20</b>	\$253.40
Speech/language	<b>\$156.81</b>	\$174.80
Therapeutic/behavioral	<b>\$168.93</b>	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **9.8 percent** of students of special education students in **Indiana** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Indiana** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Indiana**, rates of graduating with a diploma were the **same** as that in the U.S. Also, **Indiana** had **lower** rates of high school students dropping out compared to the U.S. average (**3.1 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	INDIANA	U.S.
Receive diploma	73.6%	73.6%
Receive certificate	22.7%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **54 percent** of **Indiana** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was the **same** as the national average (**58 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Indiana**.

	INDIANA	U.S.
Received VR	54%	50%
Employed when they left VR	58%	58%

# IOWA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.5 percent** of **Iowa** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Iowa** is **5.0** years old. This is the **same** as the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.7** years old in **Iowa** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 5.0 years

is the average age when services begin in **Iowa** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Iowa**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Iowa** families of autistic children are paying **more** for medical services in the **Emergency Department** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	IOWA	U.S.
Adaptive behavior	\$58.91	\$82.25
Developmental screening	\$116.90	\$165.95
Emergency department	\$1,522.87	\$1,397.22
Physical therapy	\$52.92	\$74.99
Psychiatry	\$166.57	\$253.40
Speech/language	\$101.53	\$174.80
Therapeutic/behavioral	\$126.03	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **data was not available to understand the number** of special education students in **Iowa** who are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

## Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to special education students. This **data was not available** for the state of **Iowa**. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.

## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Iowa, rates of graduating with a diploma or certificate as well as drop out rates were unavailable**. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **22 percent** of **Iowa** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was the **same** as the national average (**58 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Iowa**.

	IOWA	U.S.
Received VR	22%	50%
Employed when they left VR	58%	58%

# KANSAS

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **1.9 percent** of **Kansas** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Kansas** is **5.2** years old. This is **similar** to the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **7.7** years old in **Kansas** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.9 years**

is the average age when services begin in **Kansas** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Kansas**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Kansas** families of autistic children are paying **less** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	KANSAS	U.S.
Adaptive behavior	\$75.69	\$82.25
Developmental screening	\$123.49	\$165.95
Emergency department	\$1,191.89	\$1,397.22
Physical therapy	\$65.49	\$74.99
Psychiatry	\$214.68	\$253.40
Speech/language	\$141.19	\$174.80
Therapeutic/behavioral	\$161.94	\$175.44

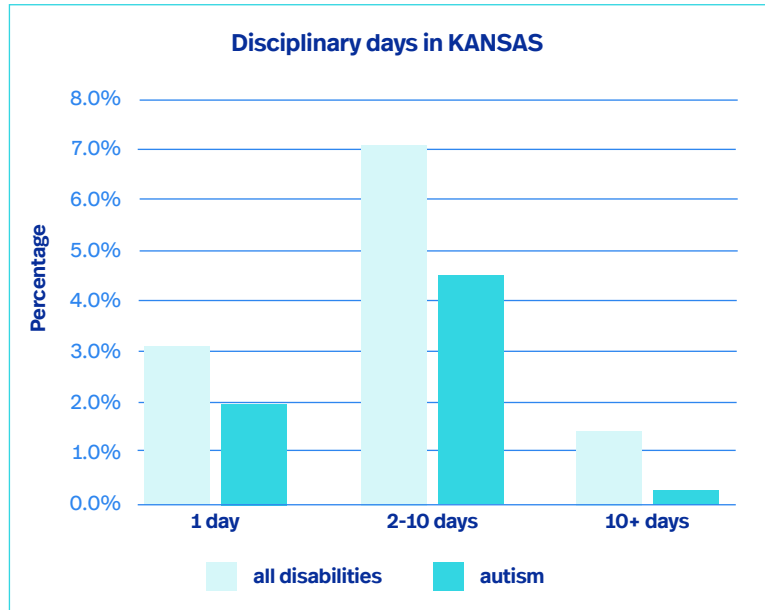
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **6.7 percent** of students of special education students in **Kansas** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Kansas** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Kansas**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Kansas** had **lower** rates of high school students dropping out compared to the U.S. average (**6.0 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	KANSAS	U.S.
Receive diploma	88.7%	73.6%
Receive certificate	-	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **33 percent** of **Kansas** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **similar** to the national average (**60 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Kansas**.

	KANSAS	U.S.
Received VR	33%	50%
Employed when they left VR	60%	58%

# KENTUCKY

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **2.5 percent** of **Kentucky** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Kentucky** is **4.6** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **3.8** years old in **Kentucky** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**3.7 years**  
is the average age when services begin in **Kentucky** compared to the national average of **4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Kentucky**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Kentucky** families of autistic children are paying **less** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

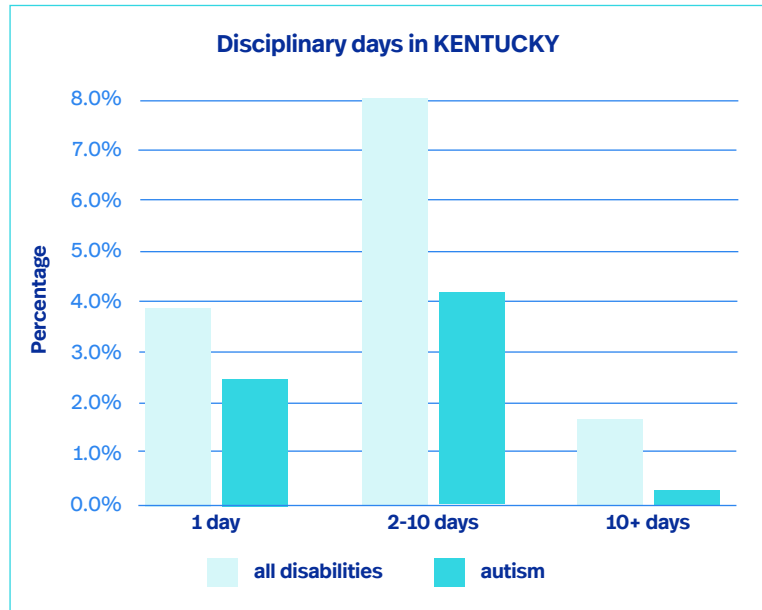
Service category	KENTUCKY	U.S.
Adaptive behavior	\$67.71	\$82.25
Developmental screening	\$134.36	\$165.95
Emergency department	\$1,329.29	\$1,397.22
Physical therapy	\$51.78	\$74.99
Psychiatry	\$205.76	\$253.40
Speech/language	\$120.51	\$174.80
Therapeutic/behavioral	\$144.86	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **8.3 percent** of students of special education students in **Kentucky** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Kentucky** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	KENTUCKY	U.S.
Receive diploma	71.2%	73.6%
Receive certificate	23.5%	19.3%

**Kentucky**, rates of graduating with a diploma

were **similar** to those in the U.S. Also, **Kentucky** had **lower** rates of high school students dropping out compared to the U.S. average (**3.6 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **35 percent** of **Kentucky** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the

	KENTUCKY	U.S.
Received VR	35%	50%
Employed when they left VR	53%	58%

national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**53 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Kentucky**.

# LOUISIANA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **2.2 percent** of **Louisiana** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Louisiana** is **5.4** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.7** years old in **Louisiana** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.9 years**  
is the average age when services begin in **Louisiana** compared to the national average of **4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Louisiana**, the average age of first intervention was **similar** to the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Louisiana** families of autistic children are paying **less** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

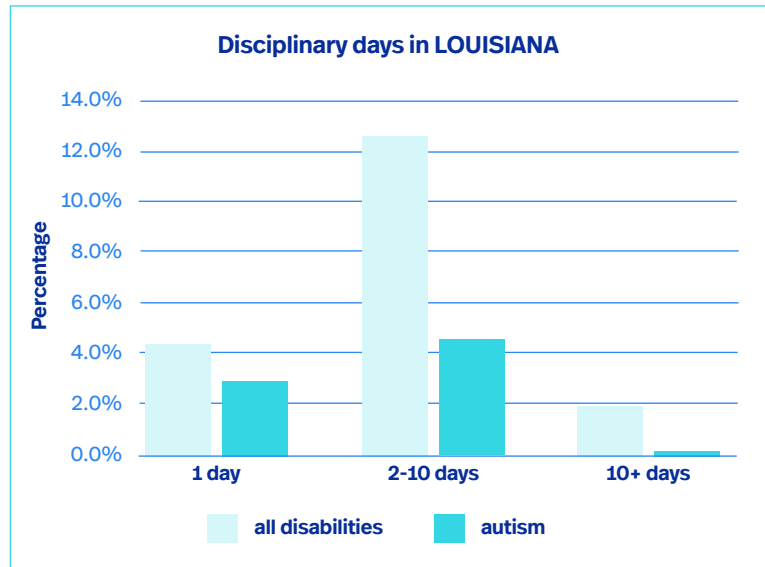
Service category	LOUISIANA	U.S.
Adaptive behavior	\$64.38	\$82.25
Developmental screening	\$127.76	\$165.95
Emergency department	\$939.76	\$1,397.22
Physical therapy	\$70.49	\$74.99
Psychiatry	\$179.81	\$253.40
Speech/language	\$145.74	\$174.80
Therapeutic/behavioral	\$137.74	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **7.6 percent** of students of special education students in **Louisiana** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Louisiana** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. This data was **unavailable** due to questionable data quality. It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **42 percent** of **Louisiana** autistic youth and young adults received vocational

	LOUISIANA	U.S.
Received VR	42%	50%
Employed when they left VR	62%	58%

rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**62 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Louisiana**.

# MAINE

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **3.6 percent** of **Maine** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Maine** is **5.9** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **7.4** years old in **Maine** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.9 years**  
is the average age when services begin in **Maine** compared to the national average of **4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Maine**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Maine** families of autistic children are paying **more** for medical services in **multiple service domains** compared to the **U.S. average**. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

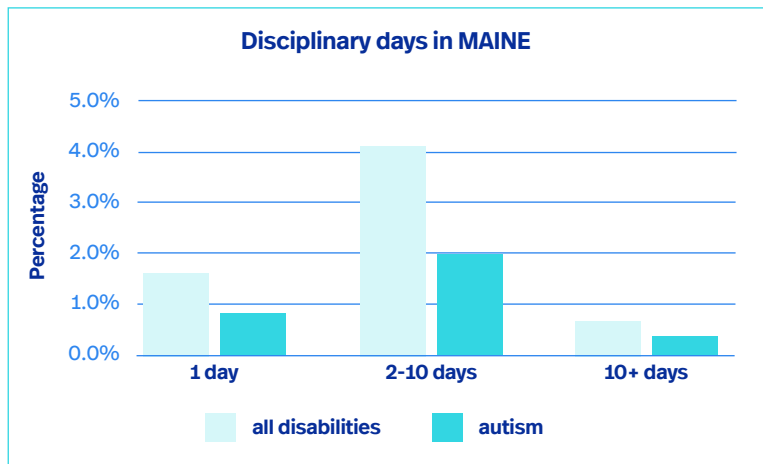
Service category	MAINE	U.S.
Adaptive behavior	\$89.28	\$82.25
Developmental screening	\$143.14	\$165.95
Emergency department	\$1,022.01	\$1,397.22
Physical therapy	\$84.69	\$74.99
Psychiatry	\$262.96	\$253.40
Speech/language	\$207.43	\$174.80
Therapeutic/behavioral	\$191.03	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **10.8 percent** of students of special education students in **Maine** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Maine** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Maine**,

rates of graduating with a diploma were **higher** than those in the U.S. Also, **Maine** had **similar** rates of high school students dropping out compared to the U.S. average (**8.7 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	MAINE	U.S.
Receive diploma	89.7%	73.6%
Receive certificate	-	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **62 percent** of **Maine** autistic youth and young adults received vocational rehabilitation

services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**48 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Maine**.

	MAINE	U.S.
Received VR	62%	50%
Employed when they left VR	48%	58%

# MARYLAND

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.8 percent** of **Maryland** parents reported that their child had autism. This is **similar** to the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Maryland** is **5.4** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic girls is **4.0** years old in **Maryland** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.8 years

is the average age when services begin in **Maryland** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Maryland**, the average age of first intervention was **similar** to the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Maryland** families of autistic children are paying **less** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	MARYLAND	U.S.
Adaptive behavior	\$71.35	\$82.25
Developmental screening	\$141.59	\$165.95
Emergency department	\$462.40	\$1,397.22
Physical therapy	\$52.19	\$74.99
Psychiatry	\$220.11	\$253.40
Speech/language	\$143.47	\$174.80
Therapeutic/behavioral	\$152.65	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **12.3 percent** of students of special education students in **Maryland** are receiving special education services for autism.

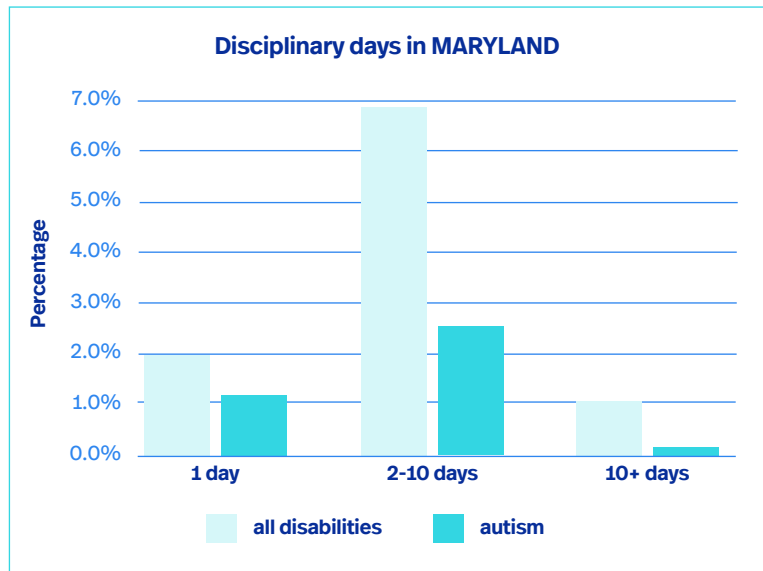
Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.





### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Maryland** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Maryland**,

	MARYLAND	U.S.
Receive diploma	61.6%	73.6%
Receive certificate	31.9%	19.3%

rates of graduating with a diploma were **lower** than those in the U.S. Also, **Maryland** had **lower** rates of high school students dropping out compared to the U.S. average (**4.4 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	MARYLAND	U.S.
Received VR	67%	50%
Employed when they left VR	70%	58%

**67 percent** of **Maryland** autistic youth and young adults received vocational

rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**70 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Maryland**.

# MASSACHUSETTS

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **4.1 percent** of **Massachusetts** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Massachusetts** is **5.3** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.6** years old in **Massachusetts** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.2 years**

is the average age when services begin in **Massachusetts** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Massachusetts**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Massachusetts** families of autistic children are paying **more** for medical services in **Physical therapy** and **Speech/language service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

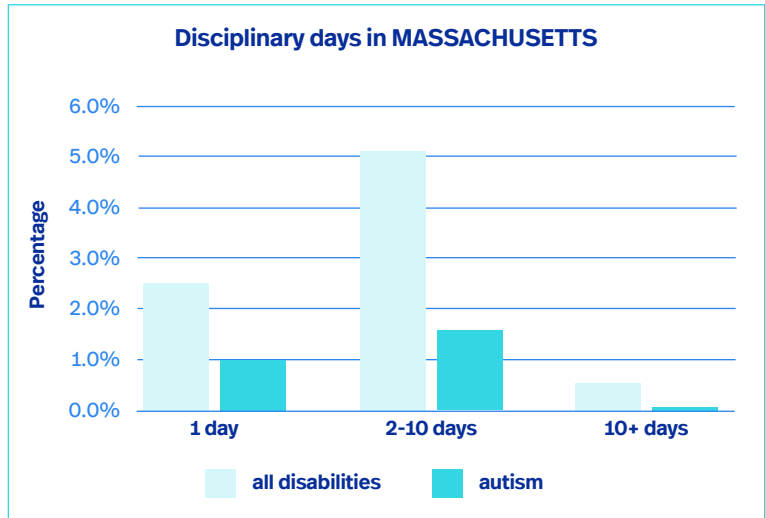
Service category	MASSACHUSETTS	U.S.
Adaptive behavior	\$53.05	\$82.25
Developmental screening	\$105.27	\$165.95
Emergency department	\$691.08	\$1,397.22
Physical therapy	\$77.90	\$74.99
Psychiatry	\$167.65	\$253.40
Speech/language	\$180.19	\$174.80
Therapeutic/behavioral	\$113.50	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **12.5 percent** of students of special education students in **Massachusetts** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Massachusetts** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	MASSACHUSETTS	U.S.
Receive diploma	68.7%	73.6%
Receive certificate	8.6%	19.3%

**Massachusetts**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Massachusetts** had **similar** rates of high school students dropping out compared to the U.S. average (**6.2 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **64 percent** of **Massachusetts** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**64 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Massachusetts**.

	MASSACHUSETTS	U.S.
Received VR	64%	50%
Employed when they left VR	64%	58%

# MICHIGAN

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.9 percent** of **Michigan** parents reported that their child had autism. This is the **same** as than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Michigan** is **5.4** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.1** years old in **Michigan** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.2 years

is the average age when services begin in **Michigan** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Michigan**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Michigan** families of autistic children are paying **more** for medical services in **Physical therapy** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	MICHIGAN	U.S.
Adaptive behavior	\$57.29	\$82.25
Developmental screening	\$121.59	\$165.95
Emergency department	\$1,043.83	\$1,397.22
Physical therapy	\$75.91	\$74.99
Psychiatry	\$182.75	\$253.40
Speech/language	\$169.05	\$174.80
Therapeutic/behavioral	\$122.56	\$175.44

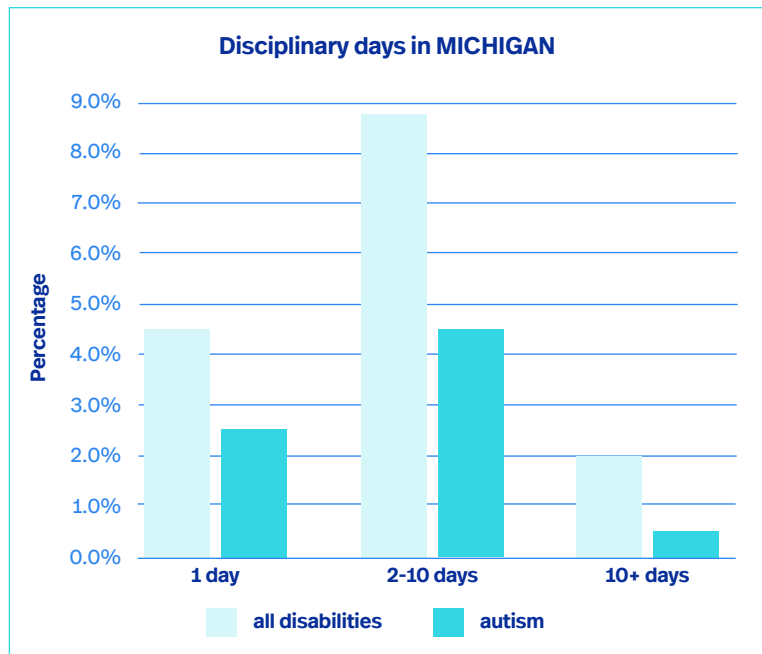
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **10.8 percent** of students of special education students in **Michigan** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Michigan** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupt the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Michigan**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Michigan** had **higher** rates of high school students dropping out compared to the U.S. average (**17.0 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	MICHIGAN	U.S.
Receive diploma	65.5%	73.6%
Receive certificate	17.0%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **69 percent** of **Michigan** autistic youth and young adults received vocational rehabilitation services. This is **higher**

	MICHIGAN	U.S.
Received VR	69%	50%
Employed when they left VR	52%	58%

than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**52 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Michigan**.

# MINNESOTA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.8 percent** of **Minnesota** parents reported that their child had autism. This is **similar** to the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Minnesota** is **4.9** years old. This is **similar** to the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **4.3** years old in **Minnesota** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.8 years

is the average age when services begin in **Minnesota** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Minnesota**, the average age of first intervention was **similar** to the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Minnesota** families of autistic children are paying **more** for medical services in **Physical therapy** and **Speech/language domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

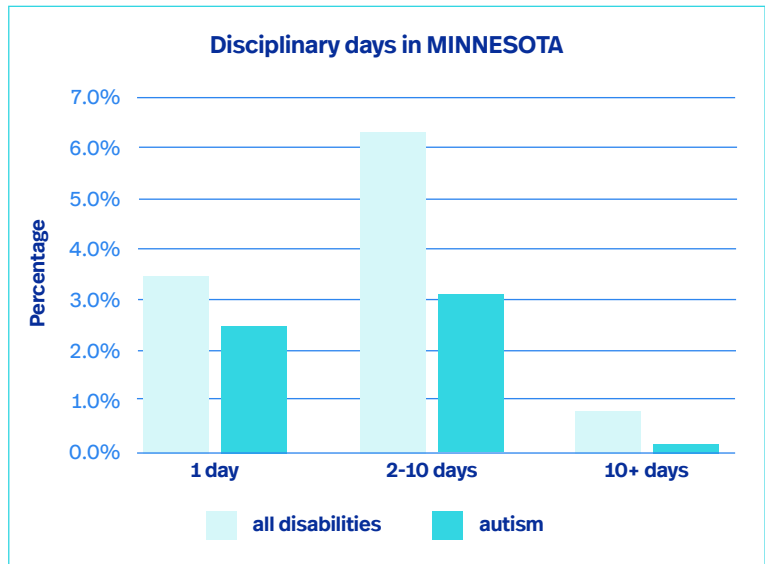
Service category	MINNESOTA	U.S.
Adaptive behavior	<b>\$70.95</b>	\$82.25
Developmental screening	<b>\$140.80</b>	\$165.95
Emergency department	<b>\$756.46</b>	\$1,397.22
Physical therapy	<b>\$85.98</b>	\$74.99
Psychiatry	<b>\$212.90</b>	\$253.40
Speech/language	<b>\$205.55</b>	\$174.80
Therapeutic/behavioral	<b>\$151.79</b>	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **15.3 percent** of students of special education students in **Minnesota** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Minnesota** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	MINNESOTA	U.S.
Receive diploma	95.3%	73.6%
Receive certificate	-	19.3%

**Minnesota**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Minnesota** had **lower** rates of high school students dropping out compared to the U.S. average (**3.5 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	MINNESOTA	U.S.
Received VR	69%	50%
Employed when they left VR	67%	58%

**69 percent** of **Minnesota** autistic youth and young adults received vocational

rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**67 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Minnesota**.

# MISSISSIPPI

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **2.5 percent** of **Mississippi** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Mississippi** is **6.1** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.2** years old in **Mississippi** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**5.5 years**  
is the average age when services begin in **Mississippi** compared to the national average of **4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Mississippi**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Mississippi** families of autistic children are paying **less** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	MISSISSIPPI	U.S.
Adaptive behavior	\$72.59	\$82.25
Developmental screening	\$149.48	\$165.95
Emergency department	\$1,139.74	\$1,397.22
Physical therapy	\$70.40	\$74.99
Psychiatry	\$228.26	\$253.40
Speech/language	\$146.52	\$174.80
Therapeutic/behavioral	\$150.33	\$175.44

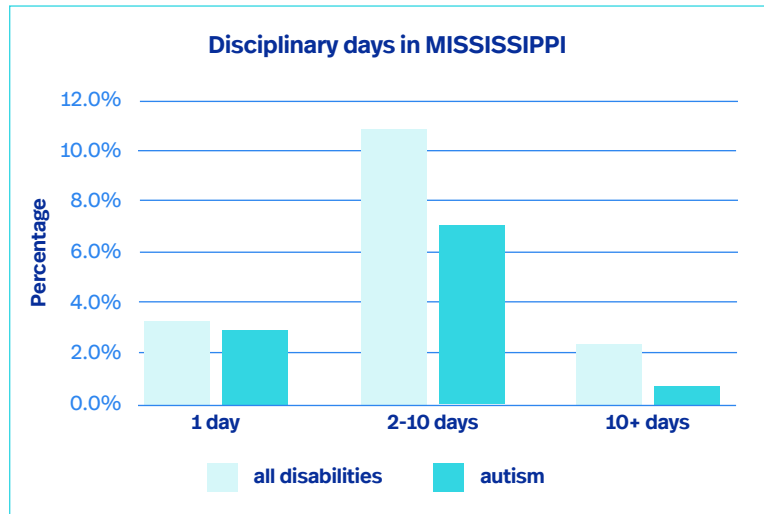
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **8.5 percent** of students of special education students in **Mississippi** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Mississippi** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	MISSISSIPPI	U.S.
Receive diploma	50.4%	73.6%
Receive certificate	44.5%	19.3%

**Mississippi**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Mississippi** had **lower** rates of high school students dropping out compared to the U.S. average (**4.4 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	MISSISSIPPI	U.S.
Received VR	71%	50%
Employed when they left VR	36%	58%

**71 percent** of **Mississippi** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**36 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Mississippi**.

# MISSOURI

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.4 percent** of **Missouri** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Missouri** is **5.2** years old. This is **similar** to the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.0** years old in **Missouri** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 5.1 years

is the average age when services begin in **Missouri** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Missouri**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Missouri** families of autistic children are paying **less** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

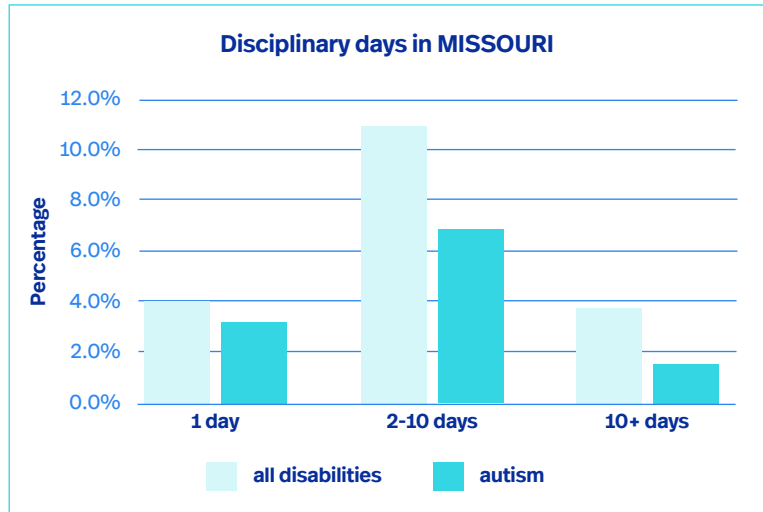
Service category	MISSOURI	U.S.
Adaptive behavior	\$66.18	\$82.25
Developmental screening	\$131.32	\$165.95
Emergency department	\$1,138.15	\$1,397.22
Physical therapy	\$61.30	\$74.99
Psychiatry	\$186.91	\$253.40
Speech/language	\$133.88	\$174.80
Therapeutic/behavioral	\$141.58	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **11.2 percent** of students of special education students in **Missouri** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Missouri** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Missouri**,

rates of graduating with a diploma were **higher** than those in the U.S. Also, **Missouri** had **lower** rates of high school students dropping out compared to the U.S. average (**2.8 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	MISSOURI	U.S.
Receive diploma	81.7%	73.6%
Receive certificate	15.0%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **48 percent** of **Missouri** autistic youth and young adults received vocational

rehabilitation services. This is **similar** to the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**67 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Missouri**.

	MISSOURI	U.S.
Received VR	48%	50%
Employed when they left VR	67%	58%

# MONTANA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.4 percent** of **Montana** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Montana** is **5.9** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **7.1** years old in **Montana** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 5.9 years

is the average age when services begin in **Montana** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Montana**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Montana** families of autistic children are paying **more** for medical services in **physical therapy** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

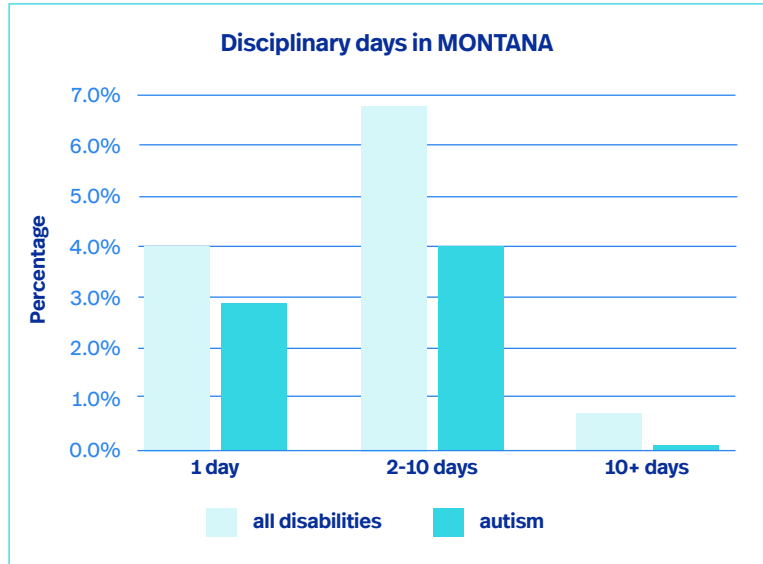
Service category	MONTANA	U.S.
Adaptive behavior	\$45.65	\$82.25
Developmental screening	\$90.59	\$165.95
Emergency department	\$684.46	\$1,397.22
Physical therapy	\$75.36	\$74.99
Psychiatry	\$138.99	\$253.40
Speech/language	\$167.01	\$174.80
Therapeutic/behavioral	\$97.67	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **5.4 percent** of students of special education students in **Montana** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Montana** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Montana**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Montana** had **higher** rates of high school students dropping out compared to the U.S. average (**13.6 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	MONTANA	U.S.
Receive diploma	86.4%	73.6%
Receive certificate	-	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **12 percent** of **Montana** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **similar** to the national average (**56 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Montana**.

	MONTANA	U.S.
Received VR	12%	50%
Employed when they left VR	56%	58%

# NEBRASKA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **2.6 percent** of **Nebraska** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Nebraska** is **5.4** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **4.9** years old in **Nebraska** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.9 years**  
is the average age when services begin in **Nebraska** compared to the national average of **4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Nebraska**, the average age of first intervention was **similar** to the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Nebraska** families of autistic children are paying **more** for medical services in the **Emergency department** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

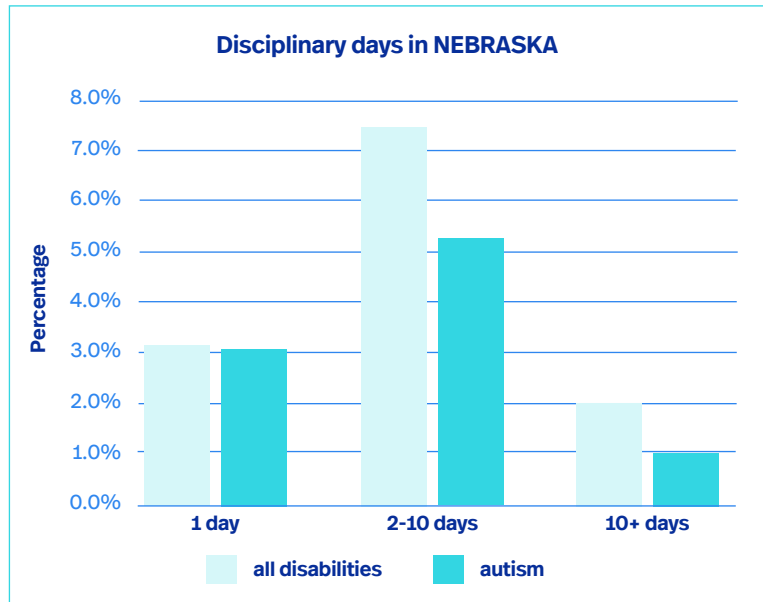
Service category	NEBRASKA	U.S.
Adaptive behavior	\$64.58	\$82.25
Developmental screening	\$128.16	\$165.95
Emergency department	\$1,510.56	\$1,397.22
Physical therapy	\$55.79	\$74.99
Psychiatry	\$192.07	\$253.40
Speech/language	\$108.66	\$174.80
Therapeutic/behavioral	\$138.17	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **9.0 percent** of students of special education students in **Nebraska** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Nebraska** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Nebraska**,

	NEBRASKA	U.S.
Receive diploma	78.3%	73.6%
Receive certificate	15.4%	19.3%

rates of graduating with a diploma were **higher** than those in the U.S. Also, **Nebraska** had **lower** rates of high school students dropping out compared to the U.S. average (**3.8 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **39 percent** of **Nebraska** autistic youth and young adults received vocational

	NEBRASKA	U.S.
Received VR	39%	50%
Employed when they left VR	76%	58%

rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**76 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Nebraska**.

# NEVADA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.9 percent** of **Nevada** parents reported that their child had autism. This is the **same** as the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Nevada** is **4.6** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.6** years old in **Nevada** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.3 years

is the average age when services begin in **Nevada** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Nevada**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Nevada** families of autistic children are paying **more** for medical services in the **Physical therapy** and **Speech/language service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	NEVADA	U.S.
Adaptive behavior	\$67.21	\$82.25
Developmental screening	\$133.37	\$165.95
Emergency department	\$688.28	\$1,397.22
Physical therapy	\$102.47	\$74.99
Psychiatry	\$184.90	\$253.40
Speech/language	\$225.71	\$174.80
Therapeutic/behavioral	\$143.79	\$175.44

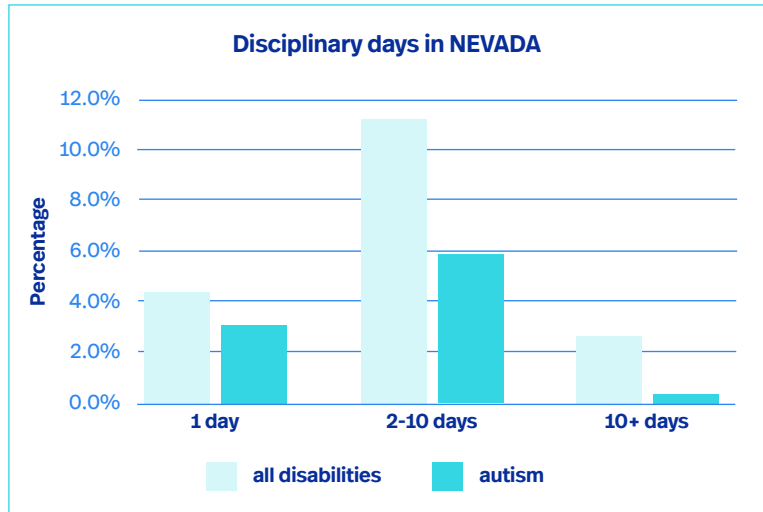
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **13.7 percent** of students of special education students in **Nevada** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Nevada** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Nevada**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Nevada** had the **same** rate of high school students dropping out compared to the U.S. average (**8.1 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	NEVADA	U.S.
Receive diploma	81.7%	73.6%
Receive certificate	5.8%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **22 percent** of **Nevada** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**66 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Nevada**.

	NEVADA	U.S.
Received VR	26%	50%
Employed when they left VR	66%	58%

# NEW HAMPSHIRE

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **3.1 percent** of **New Hampshire** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **New Hampshire** is **5.3** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **7.0** years old in **New Hampshire** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.7 years

is the average age when services begin in **New Hampshire** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **New Hampshire**, the average age of first intervention was the **same** as than the U.S. average. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **New Hampshire** families of autistic children are paying **more** for medical services in **multiple domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

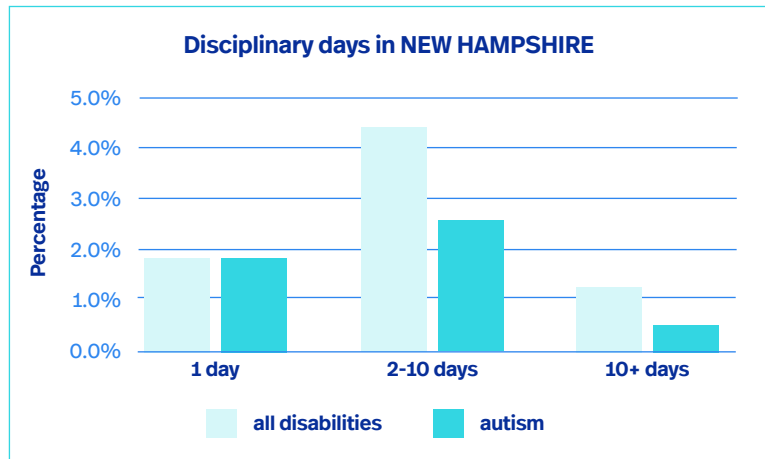
Service category	NEW HAMPSHIRE	U.S.
Adaptive behavior	\$85.67	\$82.25
Developmental screening	\$170.01	\$165.95
Emergency department	\$1,025.47	\$1,397.22
Physical therapy	\$89.27	\$74.99
Psychiatry	\$281.59	\$253.40
Speech/language	\$149.50	\$174.80
Therapeutic/behavioral	\$183.80	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **10.8 percent** of students of special education students in **New Hampshire** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **New Hampshire** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **New**

	NEW HAMPSHIRE	U.S.
Receive diploma	74.1%	73.6%
Receive certificate	15.7%	19.3%

**Hampshire**, rates of graduating with a diploma were **similar** to those in the U.S. Also, **New Hampshire** had **lower** rates of high school students dropping out compared to the U.S. average (**2.7 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **46 percent** of **New Hampshire** autistic youth and young adults received vocational rehabilitation services. This is **lower** was than the national average of **50 percent**. The percentage who had a job when they left VR was also **lower** than the national average (**54 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **New Hampshire**.

	NEW HAMPSHIRE	U.S.
Received VR	46%	50%
Employed when they left VR	54%	58%

# NEW JERSEY

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **3.4 percent** of **New Jersey** parents reported that their child had autism. This is higher than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **New Jersey** is **4.2** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **4.3** years old in **New Jersey** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.0 years

is the average age when services begin in **New Jersey** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **New Jersey**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **New Jersey** families of autistic children are paying **more** for medical services in **multiple service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

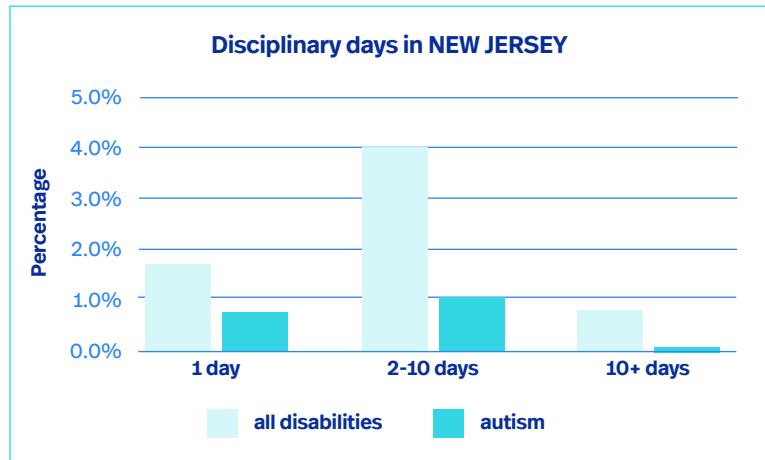
Service category	NEW JERSEY	U.S.
Adaptive behavior	\$85.67	\$82.25
Developmental screening	\$170.01	\$165.95
Emergency department	\$1,025.47	\$1,397.22
Physical therapy	\$89.27	\$74.99
Psychiatry	\$281.59	\$253.40
Speech/language	\$149.50	\$174.80
Therapeutic/behavioral	\$183.30	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **10.1 percent** of students of special education students in **New Jersey** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **New Jersey** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **New Jersey**,

	NEW JERSEY	U.S.
Receive diploma	94.0%	73.6%
Receive certificate	-	19.3%

rates of graduating with a diploma were **higher** than those in the U.S. Also, **New Jersey** had **lower** rates of high school students dropping out compared to the U.S. average (**2.8 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **10 percent** of **New Jersey** autistic youth and young adults received vocational

	NEW JERSEY	U.S.
Received VR	10%	50%
Employed when they left VR	66%	58%

rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**66 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **New Jersey**.

# NEW MEXICO

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.2 percent** of **New Mexico** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **New Mexico** is **5.5** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **3.4** years old in **New Mexico** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.5 years**

is the average age when services begin in **New Mexico** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **New Mexico**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **New Mexico** families of autistic children are paying **more** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

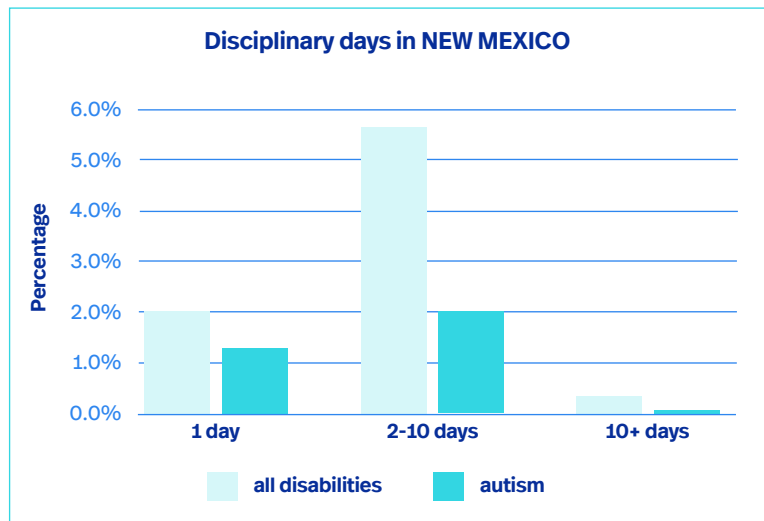
Service category	NEW MEXICO	U.S.
Adaptive behavior	\$145.33	\$82.25
Developmental screening	\$288.41	\$165.95
Emergency department	\$2,318.63	\$1,397.22
Physical therapy	\$80.21	\$74.99
Psychiatry	\$428.04	\$253.40
Speech/language	\$249.29	\$174.80
Therapeutic/behavioral	\$310.95	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **7.0 percent** of students of special education students in **New Mexico** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **New Mexico** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	NEW MEXICO	U.S.
Receive diploma	85.0%	73.6%
Receive certificate	-	19.3%

**New Mexico**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **New Mexico** had **higher** rates of high school students dropping out compared to the U.S. average (**10.6 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	NEW MEXICO	U.S.
Received VR	49%	50%
Employed when they left VR	42%	58%

**49 percent** of **New Mexico** autistic youth and young adults received vocational rehabilitation services. This is **similar** to the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**42 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **New Mexico**.

# NEW YORK

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.6 percent** of **New York** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **New York** is **4.5** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.6** years old in **New York** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.3 years

is the average age when services begin in **New York** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **New York**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **New York** families of autistic children are paying **less** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	NEW YORK	U.S.
Adaptive behavior	\$66.87	\$82.25
Developmental screening	\$130.92	\$165.95
Emergency department	\$875.59	\$1,397.22
Physical therapy	\$73.27	\$74.99
Psychiatry	\$149.48	\$253.40
Speech/language	\$173.09	\$174.80
Therapeutic/behavioral	\$143.06	\$175.44

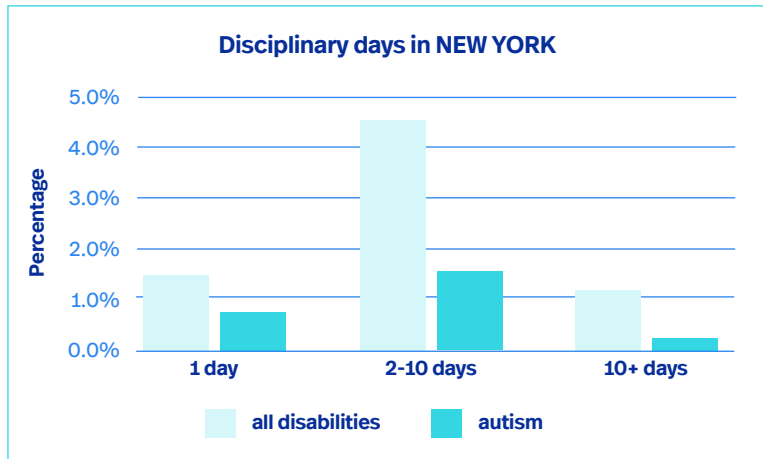
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **9.5 percent** of students of special education students in **New York** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **New York** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **New York**,

	NEW YORK	U.S.
Receive diploma	49.7%	73.6%
Receive certificate	42.0%	19.3%

rates of graduating with a diploma were **lower** than those in the U.S. Also, **New York** had **similar** rates of high school students dropping out compared to the U.S. average (**6.4 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	NEW YORK	U.S.
Received VR	72%	50%
Employed when they left VR	61%	58%

**72 percent** of **New York** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**61 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **New York**.

# NORTH CAROLINA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.4 percent** of **North Carolina** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **North Carolina** is **5.3** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.9** years old in **North Carolina** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.7 years

is the average age when services begin in **North Carolina** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **North Carolina**, the average age of first intervention was the **same** as the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **North Carolina** families of autistic children are paying **more** for medical services in the **Emergency department** and **Psychiatry** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

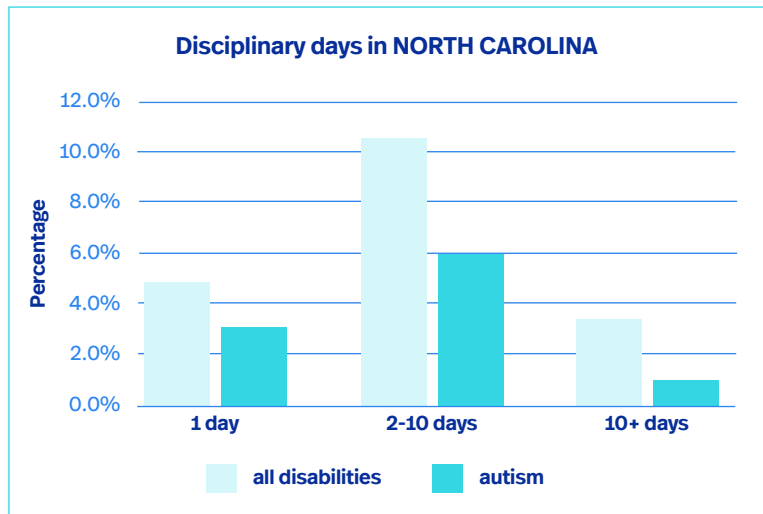
Service category	NORTH CAROLINA	U.S.
Adaptive behavior	\$78.91	\$82.25
Developmental screening	\$156.61	\$165.95
Emergency department	\$2,096.47	\$1,397.22
Physical therapy	\$74.67	\$74.99
Psychiatry	\$268.41	\$253.40
Speech/language	\$157.31	\$174.80
Therapeutic/behavioral	\$168.84	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **11.2 percent** of students of special education students in **North Carolina** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **North Carolina** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **North**

	NORTH CAROLINA	U.S.
Receive diploma	78.9%	73.6%
Receive certificate	13.4%	19.3%

**Carolina**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **North Carolina** had **lower** rates of high school students dropping out compared to the U.S. average (**4.7 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	NORTH CAROLINA	U.S.
Received VR	26%	50%
Employed when they left VR	67%	58%

**26 percent** of **North Carolina** autistic youth and young adults received vocational

rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**67 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **North Carolina**.

# NORTH DAKOTA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **1.3 percent** of **North Dakota** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **North Dakota** is **7.6** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.9** years old in **North Dakota** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**6.0 years**

is the average age when services begin in **North Dakota** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **North Dakota**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **North Dakota** families of autistic children are paying **more** for medical services in the **Speech/language service domain** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

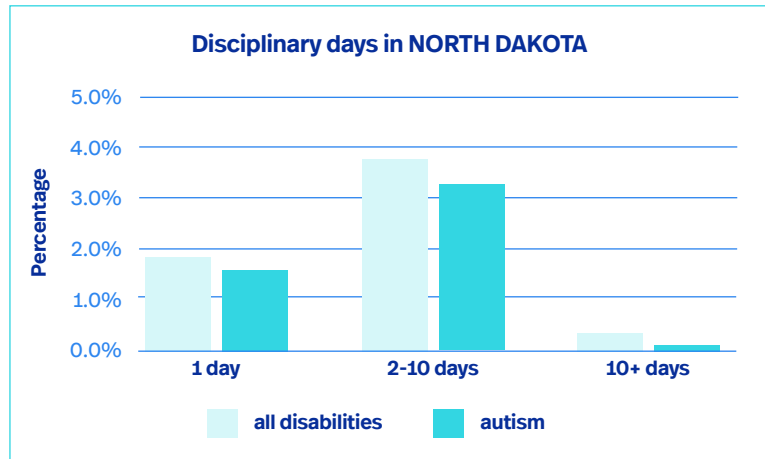
Service category	NORTH DAKOTA	U.S.
Adaptive behavior	\$80.82	\$82.25
Developmental screening	\$163.92	\$165.95
Emergency department	\$1,302.57	\$1,397.22
Physical therapy	\$64.22	\$74.99
Psychiatry	\$240.00	\$253.40
Speech/language	\$187.34	\$174.80
Therapeutic/behavioral	\$172.93	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **10.1 percent** of students of special education students in **North Dakota** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **North Dakota** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **North**

	NORTH DAKOTA	U.S.
Receive diploma	80.0%	73.6%
Receive certificate	-	19.3%

**Dakota**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **North Dakota** had **lower** rates of high school students dropping out compared to the U.S. average (**3.8 percent vs 8.1 percent**). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	NORTH DAKOTA	U.S.
Received VR	60%	50%
Employed when they left VR	70%	58%

**60 percent** of **North Dakota** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**70 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **North Dakota**.

# OHIO

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.6 percent** of **Ohio** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Ohio** is **6.2** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **7.3** years old in **Ohio** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**5.6 years**

is the average age when services begin in **Ohio** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Ohio**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Ohio** families of autistic children are paying **more** for medical services in **Physical therapy** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	OHIO	U.S.
Adaptive behavior	\$72.23	\$82.25
Developmental screening	\$111.25	\$165.95
Emergency department	\$1,274.43	\$1,397.22
Physical therapy	\$79.08	\$74.99
Psychiatry	\$219.40	\$253.40
Speech/language	\$157.87	\$174.80
Therapeutic/behavioral	\$141.89	\$175.44

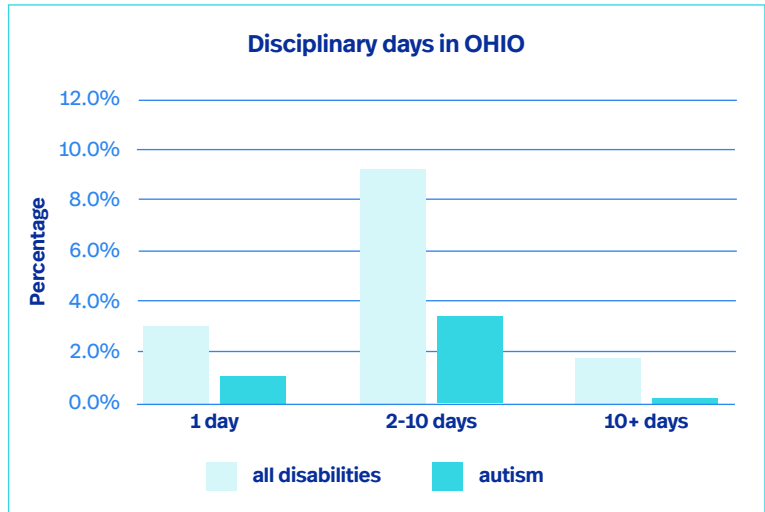
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **10.2 percent** of students of special education students in **Ohio** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Ohio** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Ohio**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Ohio** had **similar** rates of high school students dropping out compared to the U.S. average (**7.9 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	OHIO	U.S.
Receive diploma	50.3%	73.6%
Receive certificate	40.9%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **65 percent** of **Ohio** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**53 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Ohio**.

	OHIO	U.S.
Received VR	65%	50%
Employed when they left VR	53%	58%

# OKLAHOMA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **3.0 percent** of **Oklahoma** parents reported that their child had autism. This is **similar** to the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Oklahoma** is **5.0** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.7** years old in **Oklahoma** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**5.3 years**

is the average age when services begin in **Oklahoma** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Oklahoma**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Oklahoma** families of autistic children are paying **more** for medical services in **multiple service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	OKLAHOMA	U.S.
Adaptive behavior	<b>\$102.50</b>	\$82.25
Developmental screening	<b>\$202.21</b>	\$165.95
Emergency department	<b>\$1,270.31</b>	\$1,397.22
Physical therapy	<b>\$74.20</b>	\$74.99
Psychiatry	<b>\$275.82</b>	\$253.40
Speech/language	<b>\$126.23</b>	\$174.80
Therapeutic/behavioral	<b>\$219.30</b>	\$175.44

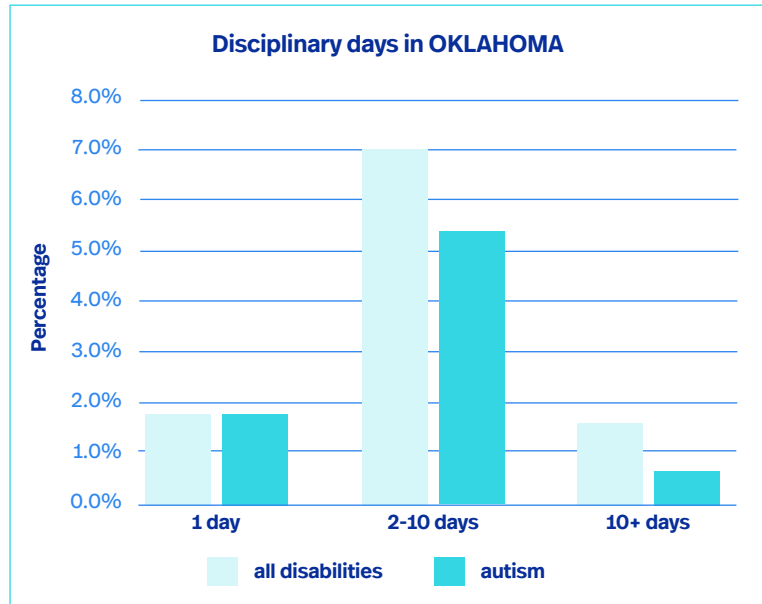
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **6.8 percent** of students of special education students in **Oklahoma** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Oklahoma** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	OKLAHOMA	U.S.
Receive diploma	92.1%	73.6%
Receive certificate	-	19.3%

**Oklahoma**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Oklahoma** had **similar** rates of high school students dropping out compared to the U.S. average (**7.2 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	OKLAHOMA	U.S.
Received VR	77%	50%
Employed when they left VR	52%	58%

**77 percent** of **Oklahoma** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**52 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Oklahoma**.

# OREGON

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **3.1 percent** of **Oregon** parents reported that their child had autism. This is **similar** to the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Oregon** is **4.8** years old. This is **similar** to the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.2** years old in **Oregon** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.2 years

is the average age when services begin in **Oregon** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Oregon**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Oregon** families of autistic children are paying **more** for medical services in **Physical therapy** and **Speech/language service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	OREGON	U.S.
Adaptive behavior	\$71.61	\$82.25
Developmental screening	\$142.11	\$165.95
Emergency department	\$1,022.89	\$1,397.22
Physical therapy	\$100.81	\$74.99
Psychiatry	\$222.80	\$253.40
Speech/language	\$224.28	\$174.80
Therapeutic/behavioral	\$153.22	\$175.44

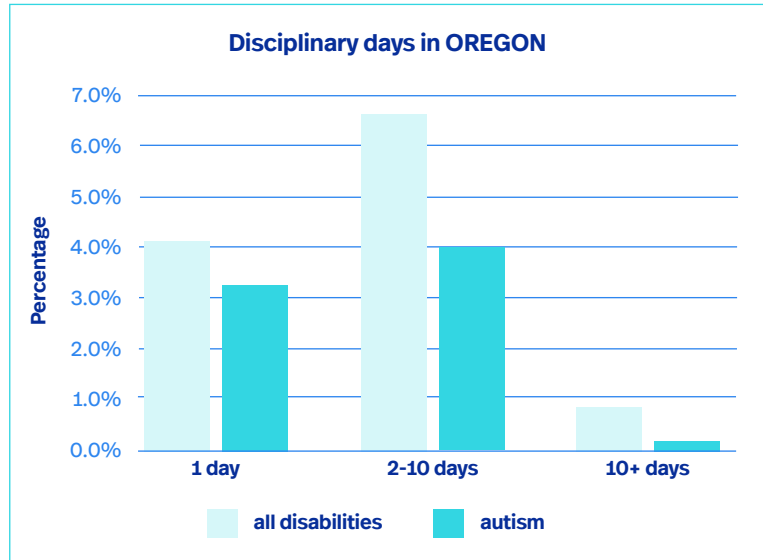
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the US average of 10 percent, **13.0 percent** of students of special education students in **Oregon** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Oregon** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Oregon**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Oregon** had **lower** rates of high school students dropping out compared to the U.S. average (**5.7 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	OREGON	U.S.
Receive diploma	66.8%	73.6%
Receive certificate	19.4%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **36 percent** of **Oregon** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**69 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Oregon**.

	OREGON	U.S.
Received VR	36%	50%
Employed when they left VR	69%	58%

# PENNSYLVANIA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **3.5 percent** of **Pennsylvania** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Pennsylvania** is **5.2** years old. This is **similar** to the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **7.4** years old in **Pennsylvania** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.1 years**

is the average age when services begin in **Pennsylvania** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Pennsylvania**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Pennsylvania** families of autistic children are paying **more** for medical services in **Adaptive behavior, Developmental screening, and Therapeutic/behavioral service domains** compared to the US average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

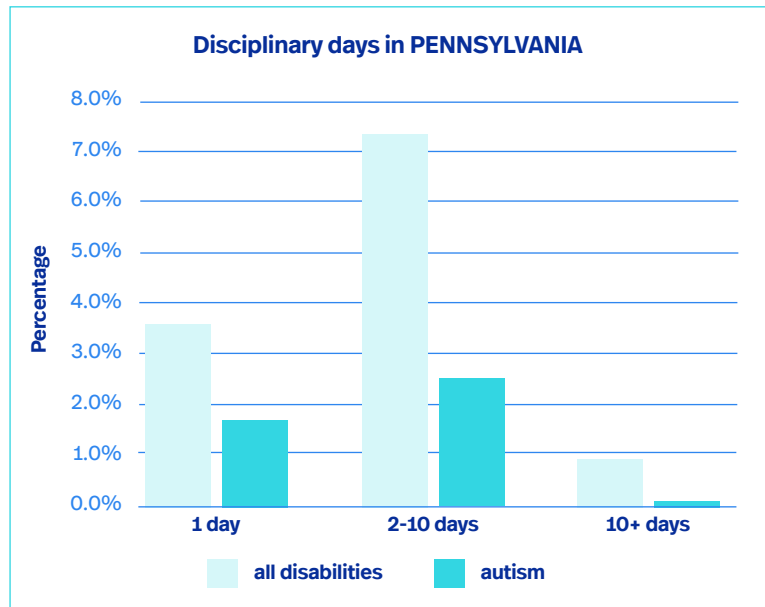
Service category	PENNSYLVANIA	U.S.
Adaptive behavior	<b>\$89.92</b>	\$82.25
Developmental screening	<b>\$183.41</b>	\$165.95
Emergency department	<b>\$1,232.26</b>	\$1,397.22
Physical therapy	<b>\$72.76</b>	\$74.99
Psychiatry	<b>\$250.67</b>	\$253.40
Speech/language	<b>\$142.53</b>	\$174.80
Therapeutic/behavioral	<b>\$197.74</b>	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **11.6 percent** of students of special education students in **Pennsylvania** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Pennsylvania** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	PENNSYLVANIA	U.S.
Receive diploma	96.0%	73.6%
Receive certificate	-	19.3%

**Pennsylvania**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Pennsylvania** had **lower** rates of high school students dropping out compared to the U.S. average (**3.6 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	PENNSYLVANIA	U.S.
Received VR	42%	50%
Employed when they left VR	56%	58%

**42 percent** of **Pennsylvania** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **similar** to the national average (**56 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Pennsylvania**.

# RHODE ISLAND

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.7 percent** of **Rhode Island** parents reported that their child had autism. This is **similar** to the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Rhode Island** is **6.2** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.0** years old in **Rhode Island** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**3.8 years**

is the average age when services begin in **Rhode Island** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Rhode Island**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Rhode Island** families of autistic children are paying **more** for medical services in **Developmental screening, Emergency department, and Speech/language service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	RHODE ISLAND	U.S.
Adaptive behavior	<b>\$70.70</b>	\$82.25
Developmental screening	<b>\$288.79</b>	\$165.95
Emergency department	<b>\$1,550.53</b>	\$1,397.22
Physical therapy	<b>\$74.86</b>	\$74.99
Psychiatry	<b>\$183.06</b>	\$253.40
Speech/language	<b>\$190.33</b>	\$174.80
Therapeutic/behavioral	<b>\$151.27</b>	\$175.44

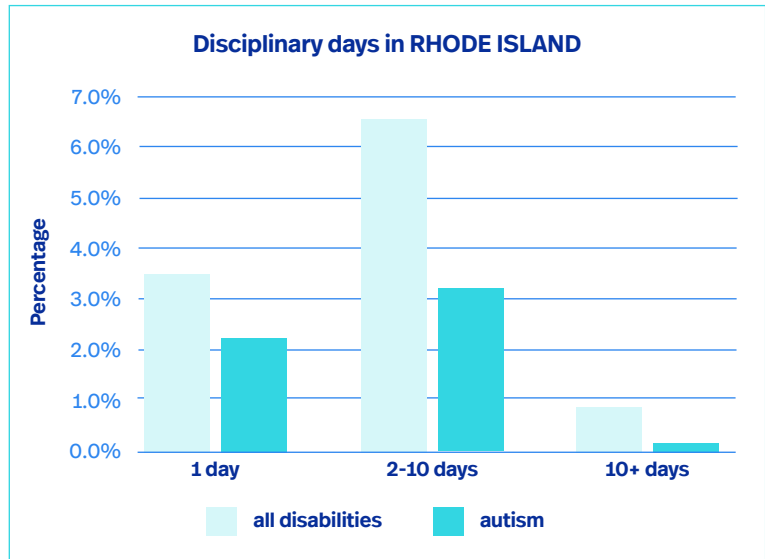
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **11.3 percent** of students of special education students in **Rhode Island** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Rhode Island** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Rhode**

	RHODE ISLAND	U.S.
Receive diploma	79.6%	73.6%
Receive certificate	2.7%	19.3%

**Island**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Rhode Island** had **lower** rates of high school students dropping out compared to the U.S. average (**0.7 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **51 percent** of **Rhode Island** autistic youth and young adults received vocational rehabilitation services. This is **similar** to the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**65 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Rhode Island**.

	RHODE ISLAND	U.S.
Received VR	51%	50%
Employed when they left VR	65%	58%

# SOUTH CAROLINA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.3 percent** of **South Carolina** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **South Carolina** is **4.6** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **4.9** years old in **South Carolina** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.7 years

is the average age when services begin in **South Carolina** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **South Carolina**, the average age of first intervention was the **same** as the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **South Carolina** families of autistic children are paying **more** for medical services in the **Emergency Department** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	SOUTH CAROLINA	U.S.
Adaptive behavior	\$68.99	\$82.25
Developmental screening	\$136.91	\$165.95
Emergency department	\$1,446.23	\$1,397.22
Physical therapy	\$60.67	\$74.99
Psychiatry	\$213.65	\$253.40
Speech/language	\$132.64	\$174.80
Therapeutic/behavioral	\$147.60	\$175.44

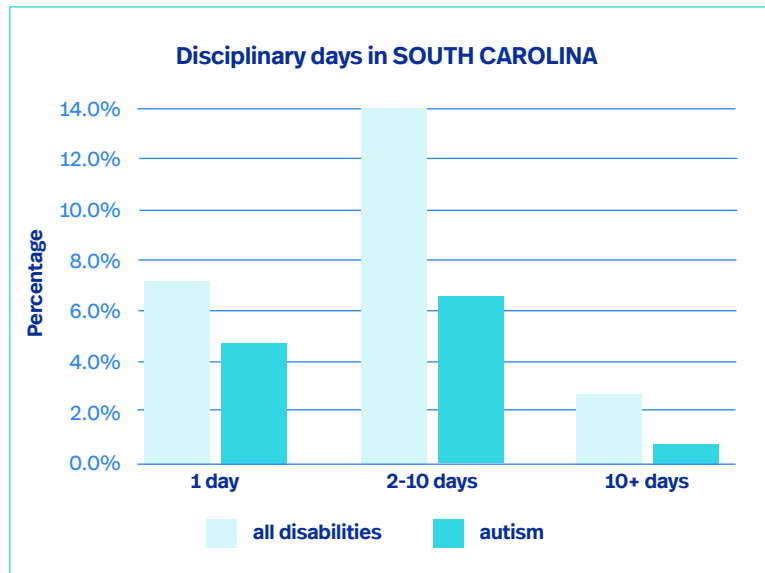
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **9.1 percent** of students of special education students in **South Carolina** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **South Carolina** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **South**

	SOUTH CAROLINA	U.S.
Receive diploma	44.5%	73.6%
Receive certificate	15.0%	19.3%

**Carolina**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **South Carolina** had **higher** rates of high school students dropping out compared to the U.S. average (**20.6 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	SOUTH CAROLINA	U.S.
Received VR	63%	50%
Employed when they left VR	51%	58%

**63 percent** of **South Carolina** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**51 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **South Carolina**.

# SOUTH DAKOTA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **1.9 percent** of **South Dakota** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **South Dakota** is **5.5** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.3** years old in **South Dakota** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.0 years

is the average age when services begin in **South Dakota** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **South Dakota**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **South Dakota** families of autistic children are paying **more** for medical services in **Physical therapy** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

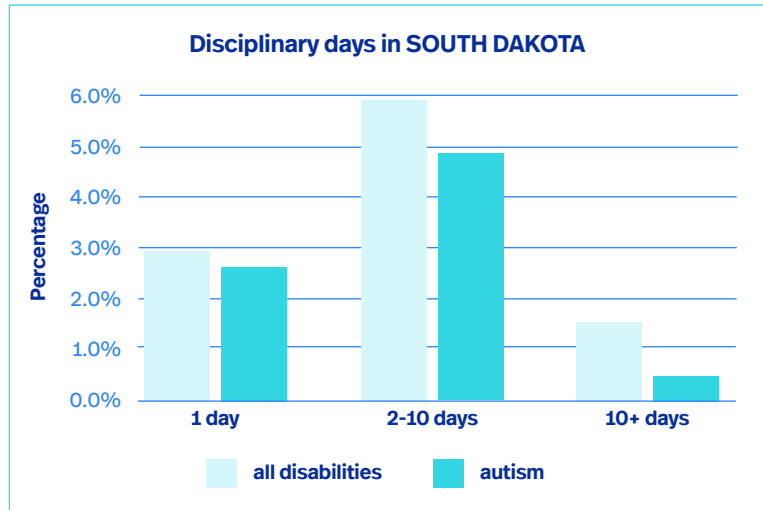
Service category	SOUTH DAKOTA	U.S.
Adaptive behavior	\$51.94	\$82.25
Developmental screening	\$113.21	\$165.95
Emergency department	\$750.13	\$1,397.22
Physical therapy	\$87.97	\$74.99
Psychiatry	\$194.70	\$253.40
Speech/language	\$193.80	\$174.80
Therapeutic/behavioral	\$122.06	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **7.6 percent** of students of special education students in **South Dakota** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **South Dakota** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **South**

	SOUTH DAKOTA	U.S.
Receive diploma	59%	73.6%
Receive certificate	74%	19.3%

**Dakota**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **South Dakota** had **higher** rates of high school students dropping out compared to the U.S. average (**11.1 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **59 percent** of **South Dakota** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**74 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **South Dakota**.

	SOUTH DAKOTA	U.S.
Received VR	59%	50%
Employed when they left VR	74%	58%

# TENNESSEE

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.7 percent** of **Tennessee** parents reported that their child had autism. This is **similar** to the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Tennessee** is **5.3** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.7** years old in **Tennessee** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.8 years

is the average age when services begin in **Tennessee** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Tennessee**, the average age of first intervention was **similar** to the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Tennessee** families of autistic children are paying **more** for medical services in **Adaptive behavior, Developmental screening, and Therapeutic/behavioral service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	TENNESSEE	U.S.
Adaptive behavior	\$86.28	\$82.25
Developmental screening	\$205.77	\$165.95
Emergency department	\$1,315.14	\$1,397.22
Physical therapy	\$60.69	\$74.99
Psychiatry	\$247.91	\$253.40
Speech/language	\$172.31	\$174.80
Therapeutic/behavioral	\$184.61	\$175.44

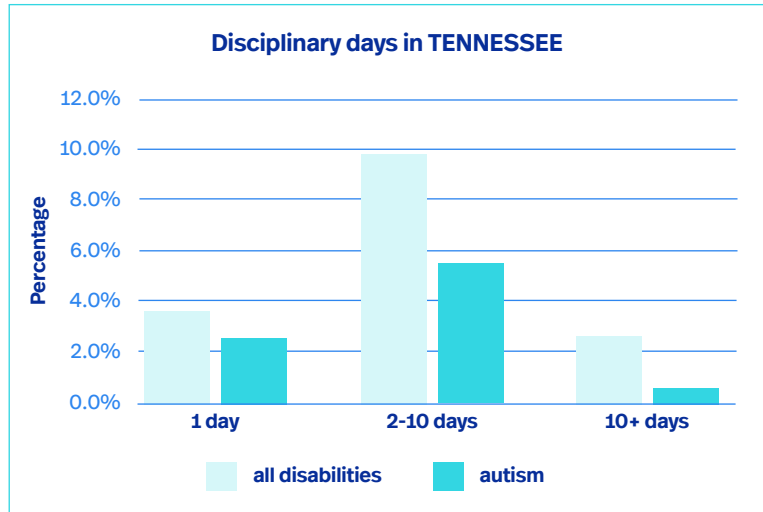
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **10.2 percent** of students of special education students in **Tennessee** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Tennessee** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	TENNESSEE	U.S.
Receive diploma	70.7%	73.6%
Receive certificate	21.7%	19.3%

**Tennessee**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Tennessee** had **lower** rates of high school students dropping out compared to the U.S. average (**3.1 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	TENNESSEE	U.S.
Received VR	42%	50%
Employed when they left VR	62%	58%

**42 percent** of **Tennessee** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**62 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Tennessee**.

# TEXAS

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.7 percent** of **Texas** parents reported that their child had autism. This is **similar** to the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Texas** is **6.4** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **6.7** years old in **Texas** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.9 years**

is the average age when services begin in **Texas** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Texas**, the average age of first intervention was **similar** to the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Texas** families of autistic children are paying **more** for medical services in **multiple service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

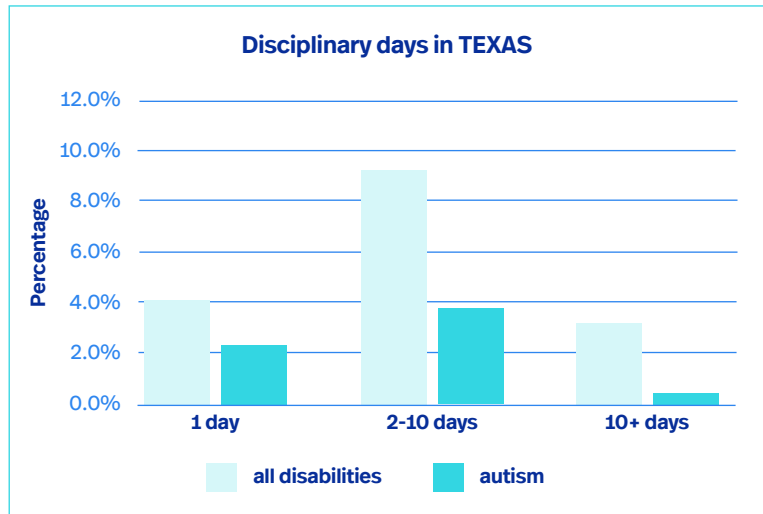
Service category	TEXAS	U.S.
Adaptive behavior	\$96.17	\$82.25
Developmental screening	\$183.77	\$165.95
Emergency department	\$1,809.13	\$1,397.22
Physical therapy	\$69.52	\$74.99
Psychiatry	\$310.57	\$253.40
Speech/language	\$117.37	\$174.80
Therapeutic/behavioral	\$207.49	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **13.5 percent** of students of special education students in **Texas** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Texas** special education students. We compared autistic students with students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Texas**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Texas** had **lower** rate of high school students dropping out compared to the U.S. average (**5.0 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	TEXAS	U.S.
Receive diploma	47.2%	73.6%
Receive certificate	47.2%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **43 percent** of **Texas** autistic youth and young adults received vocational

	TEXAS	U.S.
Received VR	43%	50%
Employed when they left VR	64%	58%

rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**64 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Texas**.

# UTAH

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **2.3 percent** of **Utah** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Utah** is **5.2** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **8.8** years old in **Utah** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.7 years**  
is the average age when services begin in **Utah** compared to the national average of **4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Utah**, the average age of first intervention was **similar** to the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Utah** families of autistic children are paying **less** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	UTAH	U.S.
Adaptive behavior	\$71.19	\$82.25
Developmental screening	\$141.28	\$165.95
Emergency department	\$1,369.86	\$1,397.22
Physical therapy	\$68.47	\$74.99
Psychiatry	\$243.51	\$253.40
Speech/language	\$162.71	\$174.80
Therapeutic/behavioral	\$152.31	\$175.44

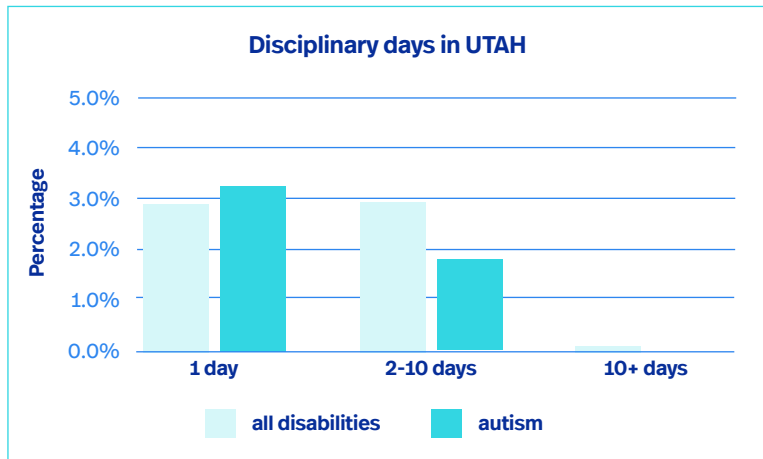
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **8.6 percent** of students of special education students in **Utah** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Utah** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Utah**, rates

	UTAH	U.S.
Receive diploma	72.2%	73.6%
Receive certificate	7.8%	19.3%

of graduating with a diploma were **similar** to those in the U.S. Also, **Utah** had **higher** rates of high school students dropping out compared to the U.S. average (**15.5 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **69 percent** of **Utah** autistic youth and young adults received vocational rehabilitation

	UTAH	U.S.
Received VR	69%	50%
Employed when they left VR	68%	58%

services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**68 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Utah**.

# VERMONT

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.1 percent** of **Vermont** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Vermont** is **4.2** years old. This is **lower** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.7** years old in **Vermont** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.2 years

is the average age when services begin in **Vermont** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Vermont**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Vermont** families of autistic children are paying **more** for medical services in the **Emergency department** and **Psychiatry service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	VERMONT	U.S.
Adaptive behavior	\$67.27	\$82.25
Developmental screening	\$133.50	\$165.95
Emergency department	\$1,443.83	\$1,397.22
Physical therapy	\$67.41	\$74.99
Psychiatry	\$272.43	\$253.40
Speech/language	\$167.91	\$174.80
Therapeutic/behavioral	\$143.93	\$175.44

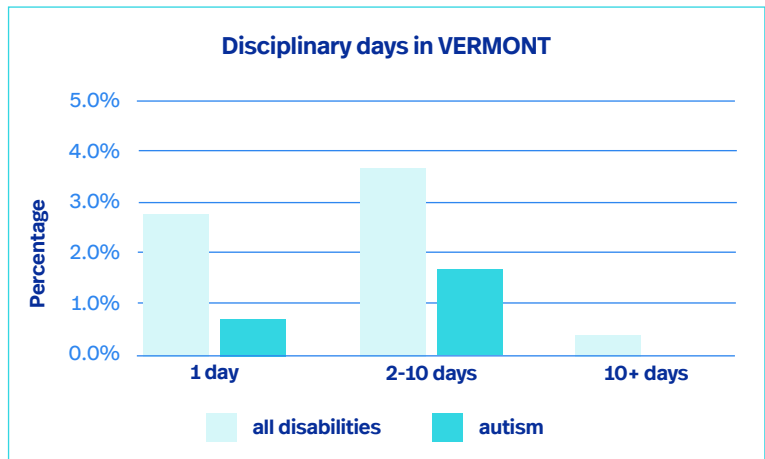
### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **8.2 percent** of students of special education students in **Vermont** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.



### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Vermont** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Vermont**,

	VERMONT	U.S.
Receive diploma	84.3%	73.6%
Receive certificate	-	19.3%

rates of graduating with a diploma were **higher** than those in the U.S. Also, **Vermont** had **similar** rates of high school students dropping out compared to the U.S. average (**8.6 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	VERMONT	U.S.
Received VR	39%	50%
Employed when they left VR	64%	58%

**39 percent** of **Vermont** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**64 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Vermont**.

# VIRGINIA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **3.7 percent** of **Virginia** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Virginia** is **5.3** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.1** years old in **Virginia** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.5 years

is the average age when services begin in **Virginia** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Virginia**, the average age of first intervention was **similar** to the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Virginia** families of autistic children are paying **more** for medical services in **Physical therapy** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

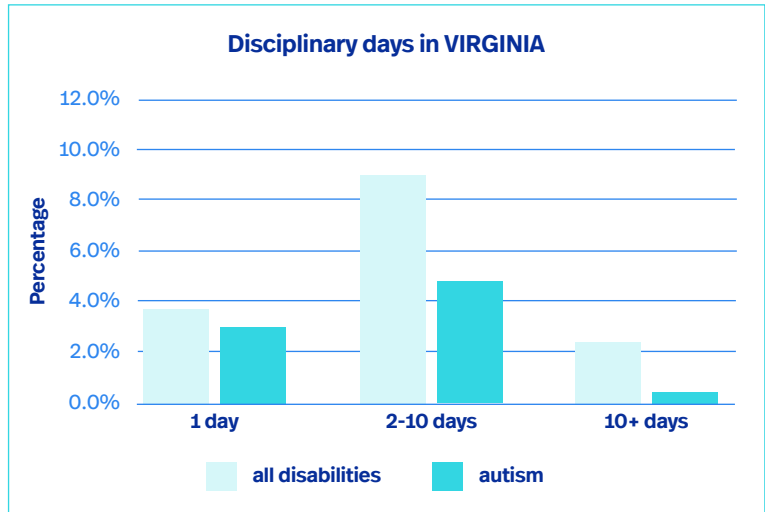
Service category	VIRGINIA	U.S.
Adaptive behavior	\$48.97	\$82.25
Developmental screening	\$97.18	\$165.95
Emergency department	\$978.96	\$1,397.22
Physical therapy	\$84.18	\$74.99
Psychiatry	\$139.51	\$253.40
Speech/language	\$120.67	\$174.80
Therapeutic/behavioral	\$104.77	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **13.7 percent** of students of special education students in **Virginia** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Virginia** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Virginia**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **Virginia** had **lower** rate of high school students dropping out compared to the U.S. average (**2.7 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	VIRGINIA	U.S.
Receive diploma	52.8%	73.6%
Receive certificate	44.3%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **64 percent** of **Virginia** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**65 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Virginia**.

	VIRGINIA	U.S.
Received VR	64%	50%
Employed when they left VR	65%	58%

# WASHINGTON

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children’s Health, **2.0 percent** of **Washington** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children’s Health, the average age of autism diagnosis in **Washington** is **4.9** years old. This is **similar** to the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.1** years old in **Washington** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**4.4 years**

is the average age when services begin in **Washington** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children’s Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Washington**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Washington** families of autistic children are paying **more** for medical services in the **Emergency department** and **Physical therapy** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

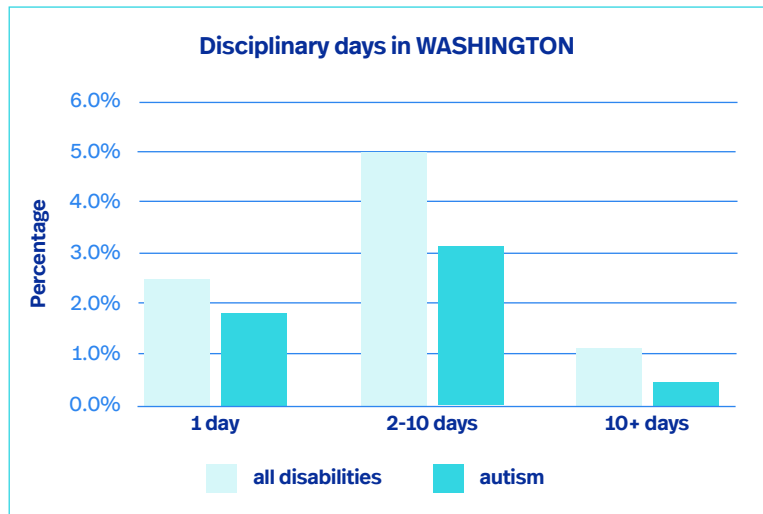
Service category	WASHINGTON	U.S.
Adaptive behavior	\$80.31	\$82.25
Developmental screening	\$159.39	\$165.95
Emergency department	\$1,528.85	\$1,397.22
Physical therapy	\$90.69	\$74.99
Psychiatry	\$221.87	\$253.40
Speech/language	\$173.29	\$174.80
Therapeutic/behavioral	\$171.84	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **11.5 percent** of students of special education students in **Washington** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **Washington** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	WASHINGTON	U.S.
Receive diploma	78.0%	73.6%
Receive certificate	-	19.3%

**Washington**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Washington** had **higher** rates of high school students dropping out compared to the U.S. average (**21.2 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

	WASHINGTON	U.S.
Received VR	32%	50%
Employed when they left VR	76%	58%

**32 percent** of **Washington** autistic youth and young adults received vocational rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**76 percent** vs **58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Washington**.

# WEST VIRGINIA

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.7 percent** of **West Virginia** parents reported that their child had autism. This is **similar** to the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **West Virginia** is **6.5** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **5.2** years old in **West Virginia** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

**7.2 years**

is the average age when services begin in **West Virginia** compared to the national average of

**4.7 years**

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **West Virginia**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **West Virginia** families of autistic children are paying more for medical services in physical therapy compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	WEST VIRGINIA	U.S.
Adaptive behavior	\$68.16	\$82.25
Developmental screening	\$115.99	\$165.95
Emergency department	\$966.80	\$1,397.22
Physical therapy	\$98.95	\$74.99
Psychiatry	\$212.89	\$253.40
Speech/language	\$170.50	\$174.80
Therapeutic/behavioral	\$131.72	\$175.44

### Special education services for autism

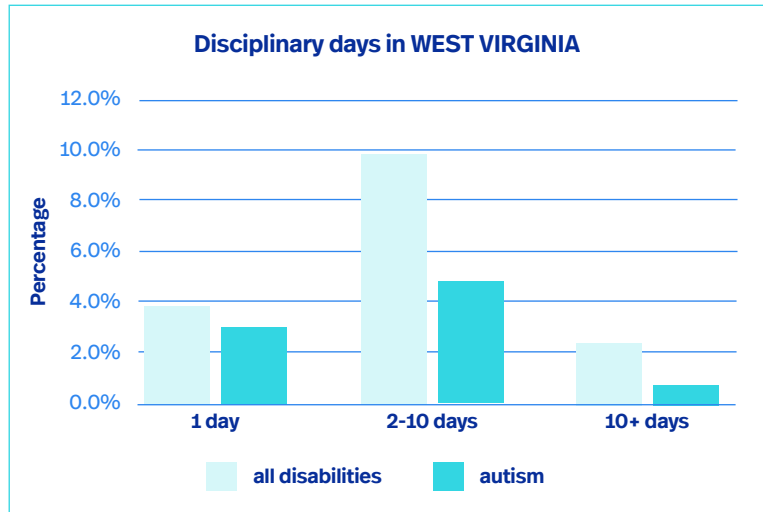
Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **6.5 percent** of students of special education students in **West Virginia** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.





### Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions, given to **West Virginia** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.



## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **West**

	WEST VIRGINIA	U.S.
Receive diploma	69.1%	73.6%
Receive certificate	25.7%	19.3%

**Virginia**, rates of graduating with a diploma were **lower** than those in the U.S. Also, **West Virginia** had **lower** rates of high school students dropping out compared to the U.S. average (**2.2 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016) **72 percent** of **West Virginia** autistic youth and young adults received vocational rehabilitation services. This is **higher** than the national average of **50 percent**. The percentage who had a job when they left VR was **lower** than the national average (**52 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **West Virginia**.

	WEST VIRGINIA	U.S.
Received VR	72%	50%
Employed when they left VR	52%	58%

# WISCONSIN

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **3.4 percent** of **Wisconsin** parents reported that their child had autism. This is **higher** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Wisconsin** is **5.0** years old. This is the **same** as the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **7.7** years old in **Wisconsin** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 5.1 years

is the average age when services begin in **Wisconsin** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Wisconsin**, the average age of first intervention was **higher** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Wisconsin** families of autistic children are paying **less** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	WISCONSIN	U.S.
Adaptive behavior	\$60.55	\$82.25
Developmental screening	\$120.16	\$165.95
Emergency department	\$718.54	\$1,397.22
Physical therapy	\$52.66	\$74.99
Psychiatry	\$168.52	\$253.40
Speech/language	\$126.42	\$174.80
Therapeutic/behavioral	\$129.56	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Quality estimates of students receiving special education services in **Wisconsin** are **not available**. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

## Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions. However, estimates were **not available** for **Wisconsin** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.

## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In

	WISCONSIN	U.S.
Receive diploma	89.1%	73.6%
Receive certificate	3.1%	19.3%

**Wisconsin**, rates of graduating with a diploma were **higher** than those in the U.S. Also, **Wisconsin** had **similar** rates of high school students dropping out compared to the U.S. average (**6.7 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

**42 percent** of **Wisconsin** autistic youth and young adults received vocational

	WISCONSIN	U.S.
Received VR	42%	50%
Employed when they left VR	70%	58%

rehabilitation services. This is **lower** than the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**70 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Wisconsin**.

# WYOMING

## Child Services

### Prevalence

Using 2016-2019 data from the National Survey of Children's Health, **2.5 percent** of **Wyoming** parents reported that their child had autism. This is **lower** than the national prevalence of **2.9 percent**. This measure is important to understand for program planning and resource allocation for Medicaid, the primary insurer for autistic children. It also can help with program planning for special education to make available the services and staff needed for autistic children.

### Age of diagnosis

Using 2016-2019 data from the National Survey of Children's Health, the average age of autism diagnosis in **Wyoming** is **6.1** years old. This is **higher** than the U.S. average of **5.0** years old. The average age of diagnosis for autistic **girls** is **4.7** years old in **Wyoming** compared to **5.6** years old for the U.S. The state average age at diagnosis may reflect accessibility and availability of trained professionals to make diagnoses. The differences between boys and girls in age of diagnosis can help to identify and conduct outreach to specific groups of people who may need additional help in getting an early diagnosis and getting connected to services.

## 4.1 years

is the average age when services begin in **Wyoming** compared to the national average of

## 4.7 years

### Age of services

Using 2016-2019 National Survey of Children's Health, parents reported on the average age of first formal plan for early intervention of special education services. In **Wyoming**, the average age of first intervention was **lower** than the **U.S. average**. The state average age of services reflects how soon autistic children are receiving needed supports. The earlier the age, the better the long-term outcomes for autistic people.

### Costs of common outpatient services

Using 2021 data from FAIR Health Inc., which includes private insurance claims, many **Wyoming** families of autistic children are paying **less** for medical services in **all service domains** compared to the U.S. average. It is also important to understand what families are paying out of pocket for these charges to speak to needs around insurance for autistic people.

Service category	WYOMING	U.S.
Adaptive behavior	\$55.66	\$82.25
Developmental screening	\$110.46	\$165.95
Emergency department	\$794.81	\$1,397.22
Physical therapy	\$59.77	\$74.99
Psychiatry	\$170.16	\$253.40
Speech/language	\$109.24	\$174.80
Therapeutic/behavioral	\$119.09	\$175.44

### Special education services for autism

Using data from the U.S. Department of Education, Part B Child Count Data 2019-2020 we calculated the percentage of students receiving special education services for autism. Compared to the U.S. average of 10 percent, **7.3 percent** of students of special education students in **Wyoming** are receiving special education services for autism. Understanding this information can help special education planning for appropriate staffing and curriculum to better meet the needs of autistic students. Demographic differences can help us plan for connecting autistic people to services they may need.

## Disciplinary actions given to autistic students

We used data from the U.S. Department of Education, Part B Child Count Data 2019-2020 to calculate the rate of disciplinary actions, like school suspensions and expulsions. **Data was unavailable** to calculate this rate among **Wyoming** special education students. We compared autistic students with to students with all disabilities. This indicator describes how schools manage autistic students' behavior. Suspensions and expulsions remove students from the classroom. These disciplinary actions also disrupts the child's routine.

## Transition Age Youth

### Likelihood to leave high school with a diploma

Using data from the U.S. Department of Education Part B Child Count Data 2018-2019, we calculated the percentage of autistic students graduating with a high school diploma or certificate. In **Wyoming**,

rates of graduating with a diploma were **lower** than those in the U.S. Also, **Wyoming** had **higher** rates of high school students dropping out compared to the U.S. average (**22.5 percent** vs 8.1 percent). It is important to understand if school supports for autistic people are appropriate in meeting their needs. These numbers may provide a glimpse into the effectiveness of supports for autistic students and the quality of the schools in the state.

	WYOMING	U.S.
Receive diploma	62.5%	73.6%
Receive certificate	10.0%	19.3%

## Adult Services

### Percentage of autistic youth and young adults receiving vocational rehabilitation (VR) services in high school & percentage who had a job when they left VR services

Using data from the U.S. Department of Education, Rehabilitation Services Administration (RSA-911, 2014-2016)

**48 percent** of **Wyoming** autistic youth and young adults received vocational

rehabilitation services. This is **similar** to the national average of **50 percent**. The percentage who had a job when they left VR was **higher** than the national average (**65 percent vs 58 percent**). These numbers give us an idea of how many autistic youth and young adults are receiving VR services as well as how well the effectiveness and quality of VR services in **Wyoming**.

	WYOMING	U.S.
Received VR	48%	50%
Employed when they left VR	65%	58%

# Appendix

PLATFORM OVERVIEW  
DATA SYSTEMS &  
USE CASE EXAMPLES



Autism by the Numbers

# Platform Overview

## Data Science Advisory Committee

The DSAC is comprised of autistic individuals and members with expertise on the following data fields: education, healthcare, employment, transition to adulthood, aging, and public health. With guidance from the DSAC, in the next three to five years, Autism Speaks will be able to make meaningful inroads on multiple topical areas. The growth of Autism by the Numbers will be dependent on the data that are available and their limitations.

### Identifying topics

The DSAC will meet regularly to identify topics to continue tracking, what new topics to evaluate, and which ones to sunset. They will use a variety of methods to explore what topics are best to track longitudinally to generate state estimates (such as performing a Delphi study or a series of topical focus groups).

## Overview of measures used

### Child services

*In the Child Services section of the Autism by the Numbers Dashboard, we provide data of importance to families of autistic children. We describe measures about diagnostic practices, early intervention and cost of services to help us understand the landscape of autism in each state and across the U.S.*

#### How common is autism?

This measure tells us about the prevalence of autism in each U.S. state. This is calculated as the number of children ages 3-17 with a current ASD diagnosis (as reported by parents) divided by the number of all children ages 3-17 in that state. This measure is important to understand for program planning and resource allocation for special education and Medicaid to make available the services needed for autistic children.

#### How early does diagnosis happen?

It's important to know how early autism diagnoses are being made. Formal autism diagnoses can help connect families to needed services. We know starting services early in life helps children to prepare for success in school and later in their lives. For the early diagnosis measure, parents reported the age their autistic child was diagnosed, and the average (the sum of all the responses divided by the number of responses) was reported by state.

#### How early do first formal services begin?

To determine when first formal services began, we used two questions from the NSCH. The first question was, "Has this child ever had a special education or early intervention plan? Children who receive these services often have an individualized family service plan or IEP." If parents said yes, they were then asked, "If yes, how old was this child at the time for the first plan?"

#### What are the costs of common services related to autism? How is the cost of healthcare for children with autism changing over time?

Autistic people may have multiple co-occurring physical and mental health conditions. Managing these conditions may require seeing multiple providers and being prescribed medication. This can result in high healthcare costs for autistic individuals and their families. We calculated the costs of common services. We took the median, or the middle number, of charges from private insurance claims. This was done for different service domains (speech/language, psychiatry) and by where services were received (telehealth, outpatient). Then, we compared these costs across time, between 2016 and 2021, and between autistic children with no other diagnoses, an epilepsy diagnosis, an intellectual disability diagnosis, and another developmental delay diagnosis (4 groups total).

*We also highlight educational measures for autistic children. We specifically focus on the special education system, as many autistic children receive services through special education.*

#### **How often do students receive special education for autism?**

The U.S. Department of Education counts how many students across the country ages 6-21 are receiving special education services. They also document what special need qualifies children for special education services. Data was available from 2019-2020. We calculated the percentage of all special education students ages 6-21 who qualified for special education services because of autism for each state. To do this, we divided the number of special education students receiving services for autism by the number of all special education students. Understanding how this percentage changes over time is also important. This can inform special education planning for appropriate staffing and curriculum to better meet the needs of autistic students.

#### **How often do schools use disciplinary actions with special education students who have autism?**

Disciplinary actions like in-school or out-of-school suspension and expulsion are used to manage students' behavior. This is usually done by removing students from the classroom. This disrupts the child's routine and is an indicator for how classrooms are managing autistic students. It may also indicate whether classrooms have sufficient supports for autistic students. We calculated the percentage of autistic special education students who had 1 day, between 2 and 10 days, or more than 10 days of disciplinary action. This is calculated as the number of special education students with autism who received a disciplinary action divided by the total number of special education students with autism. We compare this to the percentage of all special education students who received disciplinary action.

### **Transition-age youth**

*The Autism by the Numbers Dashboard provides two key measures around the transition to adulthood. Both of these measures help us to understand how well autistic adolescents are being prepared to have success as adults.*

#### **How often do high school students receive Vocational Rehabilitation services?**

VR can help autistic students get and keep jobs. This may help make the transition to adulthood easier for autistic youth and young adults. Using data from the U.S. Department of Education Rehabilitation Services Administration, we provide data on the percentage of autistic youth who started VR services in high school. This is calculated as the number of autistic people ages 14-21 who began VR services divided by the total number of autistic people ages 14-21 in that state.

#### **How often do students (receiving special education for autism) leave high school with a diploma?**

We wanted to understand differences in the percentage of students leaving high school with a diploma or certificate. We also report the percentage who drop out of high school. This might indicate the quality of schools or the effectiveness of the policies and supports they have for autistic students. This indicator was calculated as the number of autistic students leaving high school with a diploma divided by the total number exiting high school (for the diploma example).

### **Adult services**

#### **How often do autistic adults become employed after receiving VR services?**

When people leave VR services with employment, they are better able to financially support themselves or others. Employment can be linked to other benefits in adulthood, such as overall life satisfaction. We calculated the percentage of autistic youth and young adults who were employed after leaving VR services. This is calculated as the number of autistic people ages 14-21 who were employed after leaving VR services divided by the total number of autistic people ages 14-21 who use VR services. Notably, we do not include segregated work (facility-based employment, sometimes called "sheltered work," that only employs people with disabilities) in our numerator as the data source does not count this as "successful employment."



## Policy environment

*In this section of the Autism by the Numbers Dashboard, we explore policies impacting autistic people.*

### Which states have autism-specific Medicaid waivers?

Medicaid waivers provide groups of people, commonly people with intellectual and developmental disabilities (IDD) and other diagnoses, with more services and supports than they usually get through Medicaid, like in-home supports, community supports, and employment services.<sup>17</sup> There are some states that provide Medicaid waivers specifically designed for autistic individuals. In this Dashboard, we display whether a state has an autism-specific waiver. We also include whether the waiver covers just children, just adults, or autistic people across the lifespan.

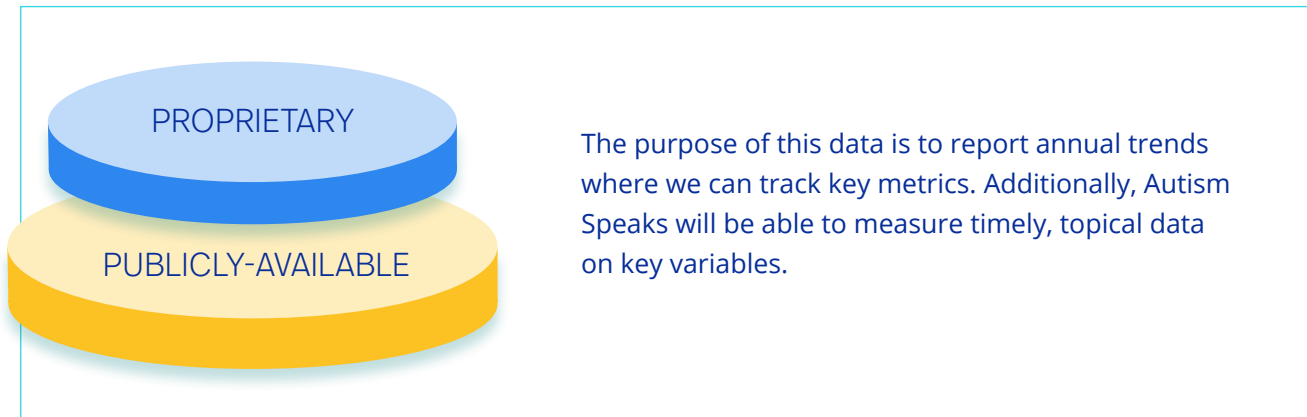
### Which states have legislation that regulates behavior analysts who provide applied behavior analysis (ABA)?

Some states have legislation around licensure requirements to practice as an applied behavior analyst. This can be beneficial for ensuring that providers meet standards and qualifications for competencies set forth by the state-licensure board. In this dashboard, we include whether a state has legislation regulating applied behavior analysts who provide ABA.

## Data systems used

Autism by the Numbers is designed with two levels of data: publicly-available data and proprietary data.

Autism by the Numbers levels of data



## Overview of publicly available data

### a) National Survey of Children's Health

The NSCH is an annual survey (beginning in 2016, periodic surveys were conducted prior to 2016). It is conducted in all 50 states and D.C. The survey is designed by the Maternal and Child Health Bureau at the Health Resources and Services Administration in partnership with the Census Bureau. It is representative of the U.S. population of non-institutionalized children ages 0-17.<sup>18</sup>

Among other topics, the survey asks parents to report on their child's physical and emotional health as well as factors that may be related to the well-being of their child. For the Autism by the Numbers Dashboard, we combined survey years 2016 through 2019. This data was used to measure autism prevalence, age of autism diagnosis, and age of first intervention.

**b) United States Department of Education**

The U.S. Department of Education is a governmental agency that collects data from schools across America. They count the number of students receiving special education. They also document why people in special education are qualified to receive it – like an autism diagnosis. The number of students in special education receiving disciplinary actions, usually suspensions, is also collected. They collect this data by the number of disciplinary days received (1, 2-10, or 10+).<sup>19</sup>

The U.S. Department of Education also collects data from the Rehabilitation Services Administration (RSA-911). The Rehabilitation Services Administration assists states in providing VR services. Vocational Rehabilitation services prepare autistic people and people with other disabilities for employment after high school. For the Autism by the Numbers Dashboard, we used their Case Service Report (RSA-911) from 2014-2016 which included the number of autistic people ages 14-21 receiving VR services in each state. They also report how many received successful employment after receiving VR services.<sup>20</sup>

**c) Data from 1915(c) Medicaid Waiver Applications**

Data was gathered from publicly available Medicaid waiver applications. The waiver applications are submitted by states to the Centers for Medicare & Medicaid Services and made available through the CMS website. In the Autism by the Numbers Dashboard, we highlight their data around which states have autism-specific Medicaid waivers and whether these waivers cover children or adults only, or autistic individuals across the lifespan.<sup>17</sup>

## Overview of proprietary data

**a) FAIR Health Inc.**

FAIR Health Inc. is a nonprofit organization that collects data from private insurance claims. They share their claims data with users with the goal of promoting evidence-based decision making within the healthcare system. For the Autism by the Numbers Dashboard, private insurance claims from 70 different insurers across the country were available. We used this data to understand healthcare costs for autistic children and how those costs have changed over time.<sup>21</sup>

## Existing autism data systems and reports

### Autism Data Visualization Tool

The CDC has a series of interactive graphs representing the prevalence of autism using different data sources. Anyone can use this tool to compare prevalence estimates and personal characteristics of autistic people, like race and ethnicity, at the national, state, and community level. For example, someone could compare the prevalence of autism among girls and boys in their state.

The data for the Autism Data Visualization Tool comes from four sources:

- 1) the Autism and Developmental Disabilities Monitoring (ADDM) Network, which includes 11 U.S. sites
- 2) the Special Education Child Count from the U.S. Department of Education
- 3) the NSCH; and
- 4) Medicaid claims

Each data source has a different way of counting the number of autistic children. These include parent-reported survey data (NSCH), administrative data (ADDM, Special Education Child Count, Medicaid), and health records (ADDM). These data sources are used to estimate prevalence and users of the Autism Data Visualization Tool can compare prevalence across the different data sources.

Each of these datasets could be undercounting autism prevalence. It is important to have many sources of information for decision making. For example, Medicaid claims only capture children receiving services that were paid for by Medicaid during any given year. Not all autistic children are insured by Medicaid. The ADDM network identifies autistic children if they have an ASD diagnosis, an autism special educational classification, or an ASD billing code from a community health or education service provider. National surveys often rely on parent report and do not confirm ASD diagnosis from health professionals<sup>12</sup>.

### National Autism Indicators Reports

The National Autism Indicators Reports (NAIR) detail indicators across the life course and life domains for autistic people. The goal is to present accessible indicators and statistics that can be used to inform policy and program change. To build a more complete picture of indicators across the life course and domains, the reports compile several sources of data.

NAIR have used national surveys, including the NSCH and the Medical Expenditure Panel Survey, to examine child and household indicators. All-payer hospital databases, including the National Inpatient Sample and the National Emergency Department Sample, examine inpatient and emergency hospitalizations in all ages. Medicaid claims examine medical diagnoses and services for autistic children and adults enrolled in Medicaid. Local medical records, including patient records for research from Kaiser Permanente Northern California have helped to round out the picture. Other data sources used for indicators come from administrative data on program participation, including VR, surveys of people receiving state developmental disability services, and longitudinal surveys of autistic youth enrolled in special education. The combination of many data sources helps to build a picture of characteristics, services, and outcomes across the life course, as there are not available sources of national data that examine all of these domains. Table 1 includes some key findings from NAIR.<sup>9,13-16</sup>

## Key findings from NAIR reports

NAIR Topic	Data Source(s)	Indicators Included	Key Findings
High school students on the autism spectrum	<i>National Longitudinal Transition Study-2012 (NLTS-2012)</i> <i>National Survey of Children's Health 2016</i>	Social Security Income (SSI) benefits Involvement in Individualized Education Plan (IEP) or 504 planning Prevalence of co-occurring mental health conditions	<ul style="list-style-type: none"> <li>Teens with ASD received SSI benefits at lower rates than teens with an intellectual disability (ID)</li> <li>1 in 4 teens with ASD did not participate in IEP transition planning</li> <li>76% of teens with ASD were diagnosed with ADHD, anxiety, and/or depression</li> </ul>
Children on the autism spectrum and family financial hardship	<i>NSCH (2016 and 2017)</i>	Residence in low-income household (defined as 200% of the federal poverty level) Level of service need Safety net program use	<ul style="list-style-type: none"> <li>Children with autism were more likely to live in low-income households (56%) compared to children with other special healthcare needs (47%)</li> <li>Children with ASD had poorer health and needed more services compared to children with other special healthcare needs</li> <li>Families of children who had public health insurance reported lower out-of-pocket expenditures compared to families with private insurance</li> </ul>
Health and healthcare	<i>NSCH Medical Expenditure Panel Survey</i> <i>National Inpatient Sample</i> <i>Kaiser Permanente Northern California</i>	Physical and mental health conditions Frequency of healthcare visits and mental health treatment Concerns around healthcare coverage	<ul style="list-style-type: none"> <li>Obesity, anxiety, and epilepsy were more common in transition age autistic youth than in other transition age youth</li> <li>Compared with non-Hispanic children, Hispanic children had less healthcare visits in general and were less likely to receive mental health treatment</li> <li>1 in 5 parents of children with ASD had concerns about maintaining health insurance for their autistic child and avoided changing jobs. This was 5 times the rate of parents of children with no special healthcare needs</li> </ul>
Family perspectives on services and supports	<i>Adult Family Survey 2018-2019 (autistic adult was living at home)</i> <i>Family/Guardian Survey 2018-2019 (autistic adult living outside the home)</i>	Paid daytime activities Residence location outside of the home Transportation services provided	<ul style="list-style-type: none"> <li>Among autistic adults living at home, 1 in 3 family members reported that their loved one had any paid daytime activities</li> <li>Among autistic adults living outside the home, nearly 70% were in a group home or agency-operated apartment</li> <li>Among autistic adults living outside the home, 94% of families reported their loved one received transportation services</li> </ul>
The intersection of autism, health, poverty, and racial inequity	<i>NSCH (2017-2020)</i>	Differences in health Differences in healthcare use Differences in health insurance coverage and expenditures	<ul style="list-style-type: none"> <li>Regardless of income, a greater percentage of Black, Indigenous, and People of Color (BIPOC) autistic children had poorer overall health compared to white autistic children</li> <li>Compared to caregivers of non-autistic children, caregivers of autistic children were 4 times as likely to report unmet healthcare needs</li> <li>A similarly high proportion of all autistic children, regardless of race, had some type of health insurance coverage</li> </ul>

## Use Case Examples

A use case describes how a user may interact with a data system. These use cases are examples provided by the Autism Speaks Autism Response Team (ART). ART is specially trained to connect people with autism, their families and caretakers to information, tools and resources. The Autism by the Numbers Dashboard will be capable of describing newer use cases as they arise annually.

### ART Case 1: Early Childhood

#### a) Case Scenario

A young mother contacted ART by phone. After a 12-minute interaction, the ART associate learned that the young mother believes her 3-year-old daughter may be autistic. She shared they are Black and have faced challenges with discrimination in the healthcare and school system with her older son. She is interested in relocating to a more urban center where she can find community and access culturally competent healthcare, diagnostic services, and education. She discloses she has a sister living in New Jersey and is wondering about programs and services in that state before making the decision to relocate.

#### b) Current ART Actions

**Step 1** - Opening our database and navigating to the N.J. folders to search for early intervention resources and state-specific programs. That search might include: programs, Waiver contacts, Department of Education contacts, Parent Training and Information centers, Parent Support groups, Protection and Advocacy resources, Birth to 3 or other early intervention provider contact numbers, etc.

**Step 2** - Opening a search in Psychology Today to attempt to find N.J. based diagnosticians who list both autism evaluation and cultural competence in serving the black community in their profile.

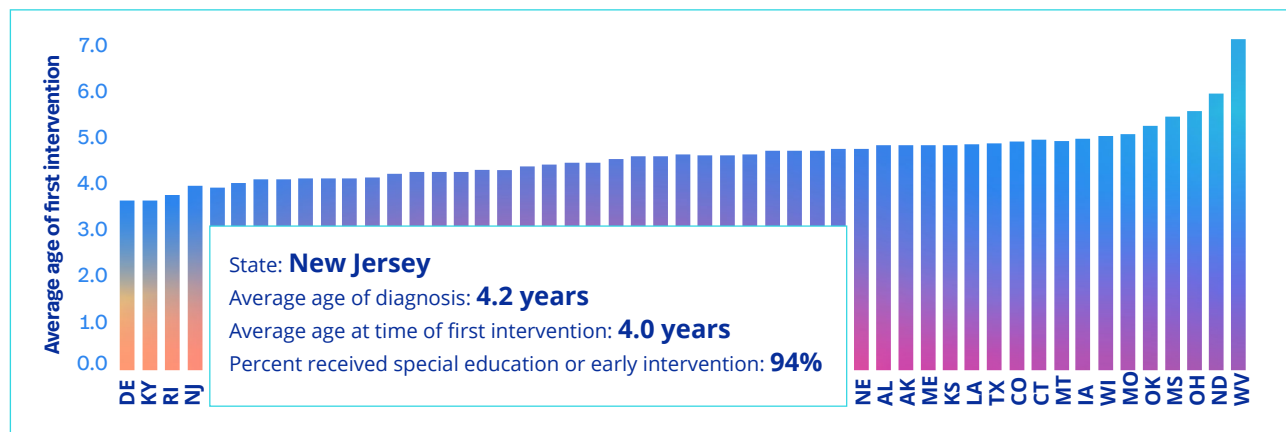
**Step 3** - Opening our database to retrieve national and local information for groups like The Color of Autism and other autism resources designed to support the Black community.

**Step 4** - Using *My Autism Guide* or the *Autism Speaks Resource Guide* to conduct a geographic search for diagnostic, healthcare, and autism education providers in N.J. Using Google to fill in missing blanks: CDC reports, State-to-State score cards for autism supports, etc.

#### c) Data Dashboard Screenshots

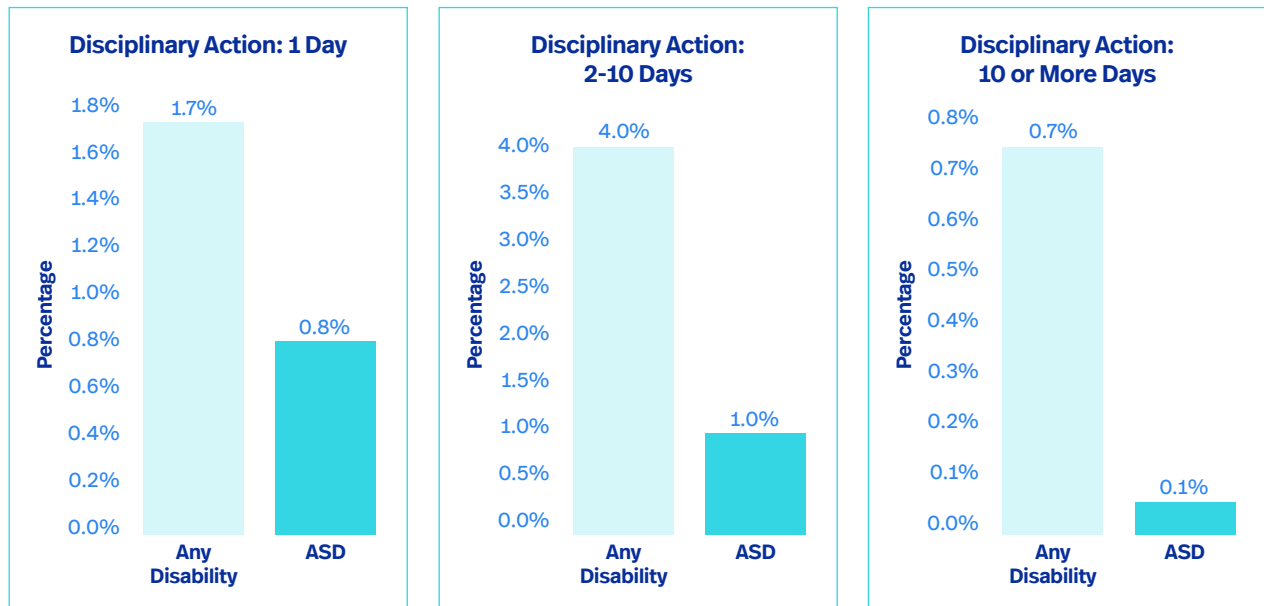
Upon looking at the Autism by the Numbers data for New Jersey, the ART associate would find that a state like New Jersey may have greater provider capacity to diagnose autism at an earlier age compared to the rest of the U.S. The average age of first intervention is 4.0 years compared 4.7 years for the rest of the U.S. This will help children access needed services and interventions prior to starting school. Earlier intervention can help prepare children for success in school and beyond.

FIGURE 5: Age of diagnosis by state, specifically for New Jersey



When exploring the potential of education discrimination, the ART representative may look at disciplinary action days as provided in the Autism by the Numbers dashboard. From the graph below, it appears N.J. does not use disciplinary actions for autistic children as much as they do children with other disabilities.

FIGURE 6: New Jersey rate of disciplinary action by disability and ASD status



## ART Case 2: School Age

### a) Case Scenario

A Spanish-speaking caller from Nevada uses the ART chat feature to share her frustrations with the school system in her state. She has heard from other online parent group members that Arizona and California are much better states for special education, autism support, and Spanish-speaking resources. She wants to know what Autism Speaks recommends as she contemplates moving to a state with better schools for her high school age daughter.

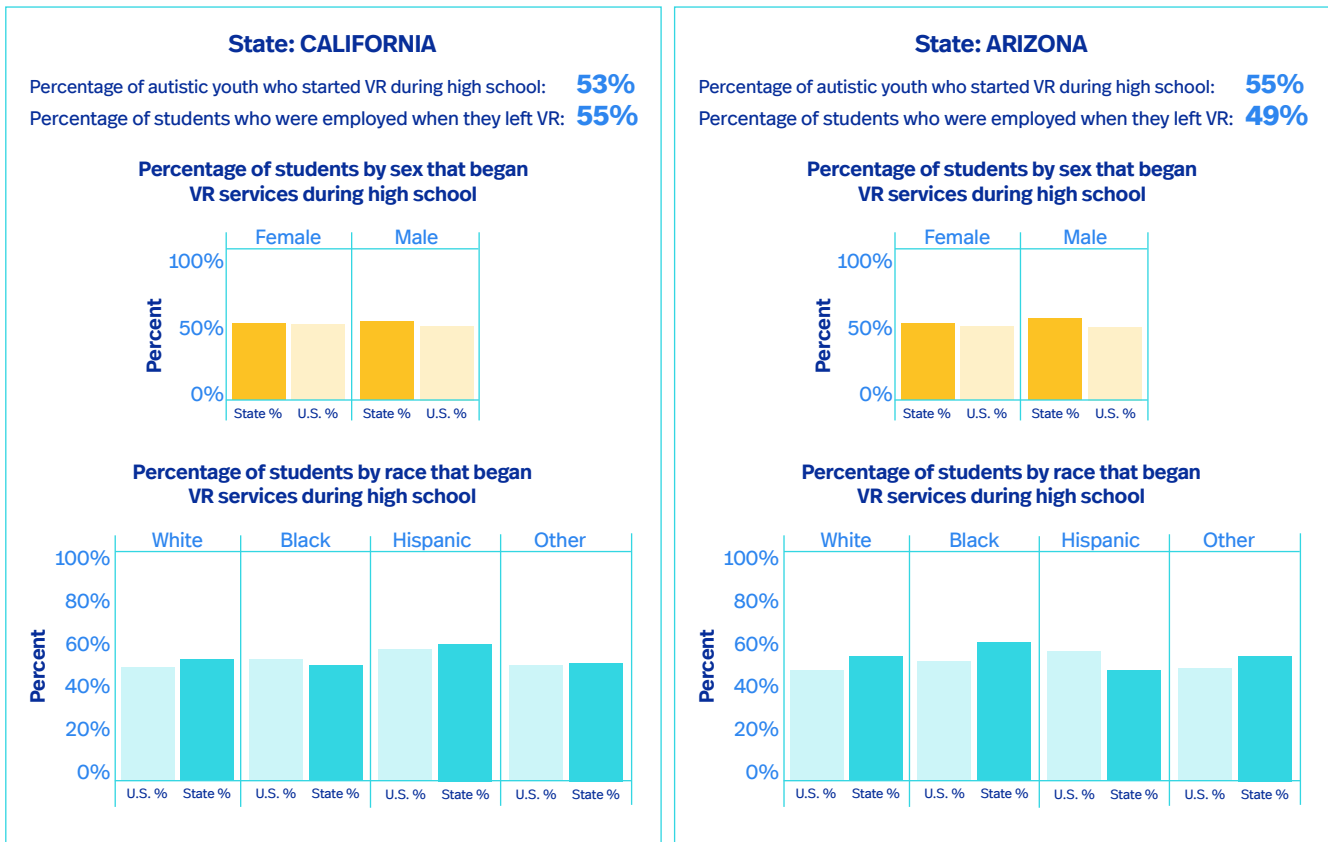
### b) Current ART Actions

- Step 1** - Letting the parent know we do not make specific recommendations but can share a variety of resources to explore.
- Step 2** - Opening our database and navigating to the C.A. and A.Z. folders to search for: University Centers for Excellence in Developmental Disabilities and Leadership Education in Neurodevelopmental and Related Disabilities programs, Department of Education contacts, Parent Training and Information centers, Parent Support groups, Protection and Advocacy resources, private school and homeschool contact information, etc.
- Step 3** - Using a combination of the ART database, My Autism Guide, and/or the Autism Speaks Resource Guide to conduct a geo search for parent support groups and therapeutic services in each state.
- Step 4** - Using Google to fill in missing blanks: State-to-State score cards for autism education, general websites, or articles etc.

**c) Data Dashboard Screenshots**

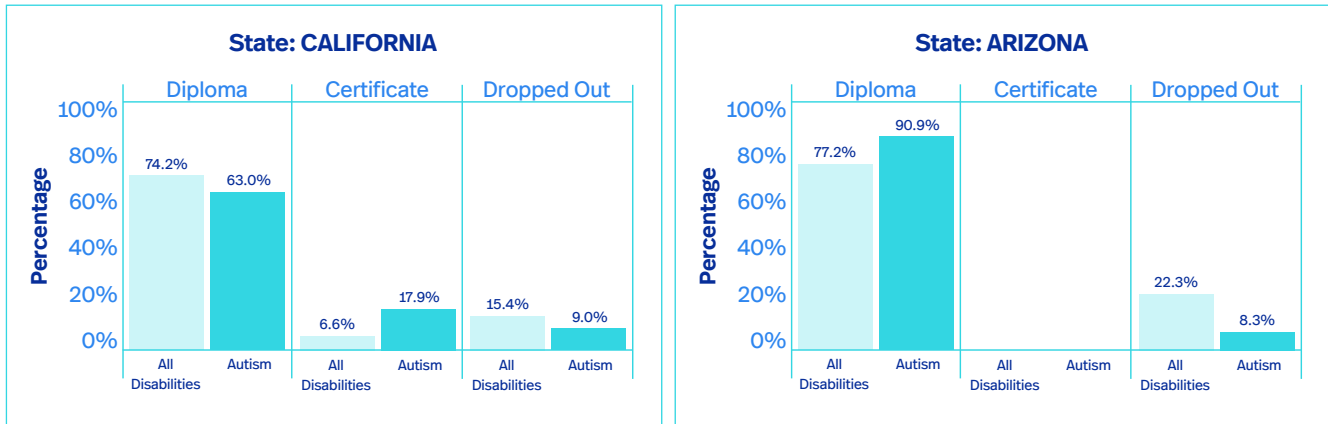
Using the Autism by the Numbers Dashboard, ART can compare the VR services between the states of interest. From the Dashboard we learn a few things. First, autistic youth across all races and ethnicities start VR at similar rates in Arizona and California. Second, the rates of autistic youth starting VR in high school are also similar between males and females in each of these states. Third, the rates of autistic Hispanic/Latinx individuals starting VR services in high school is higher in California than in Arizona. Fourth, autistic individuals in California in general have higher rates of employment when they leave VR at a greater percentage than in Arizona.

FIGURE 7: Comparing percentage of VR services use for California and Arizona



Additionally, we will be able to compare graduation rates among autistic students. The first graph shows that most of the autistic students receiving special education services in California graduate with a diploma (63.0 percent). This is lower than other students with disabilities receiving special education services in California (74.3 percent). Whereas in Arizona, more autistic students with special education services graduate with a diploma (90.9 percent) compared with students with other disabilities (77.2 percent). The rates of autistic students dropping out is similar in California and Arizona.

FIGURE 8: Comparing graduation rates by disability and ASD status for California and Arizona



### ART Case 3: Transition to Adulthood

#### d) Case Scenario

A grandparent emails the ART team saying, “My daughter is up for a promotion at work and has the option to relocate to Dallas or Orlando. They have a 14-year-old autistic son and are hoping to make a decision that sets him up for the best future possible. He wants to get a job as a freelance artist after leaving high school.” Which state would Autism Speaks recommend they move to?

**Step 1** - Opening our database and navigating to the T.X. and F.L. folders to search for:

UCEDD/LEND programs, Department of Education contacts, VR numbers, DD-Waiver office contacts, Parent Training and Information centers, Parent Support groups, Autism-friendly college programs, financial planning services, and additional employment/hiring resources.

**Step 2** - Using **PROMISE-informed** approach to search for Work Exploration Programs in each state/district of interest.

**Step 3** - Using a combination of the ART database, My Autism Guide, and/or the Autism Speaks Resource Guide to conduct a geo search for work readiness programs, art classes, peer programs, etc. in each state.

**Step 4** - Using Google to fill in missing blanks: State-to-State score cards for autism supports, general websites, or articles etc.

#### e) Data Dashboard Screenshots

Because in this scenario, the grandparent is speculating that their grandson is moving to Florida or Texas and may go to college in that state. We would then be able to compare the outcomes related to employment after getting these services. Looking at this outcome, regardless of race, autistic males who received VR services were more likely to be employed in Texas compared to Florida.





# Special Topics

TRANSITION AND  
AGING



Autism by the Numbers

## The transition from school to work for autistic youth

**Ankita Patnaik, Ph.D., *Principal Researcher and Economist, Mathematica***

**Paul Shattuck, MSSW, Ph.D., *Senior Fellow at Mathematica***

The transition from adolescence to adulthood can be an exciting but challenging time in the lives of young people on the autism spectrum. In this special topic report, we summarize what research tells us about the transition experiences and outcomes for young autistic people and the existing evidence on what strategies and programs can support their transition from school to work, before discussing gaps in our knowledge base and the types of information we need in order to make progress on this topic.

Like other youth with disabilities, many autistic youth rely on supports and services through the special education system, which they lose access to when they leave school. When special education services end, many do not qualify for adult services or may encounter barriers finding and qualifying for needed supports. In addition, youth with disabilities with very low family incomes often rely on Supplemental Security Income as a critical source of financial support (*Davies, Rupp, and Wittenburg 2009; Meyer and Wu 2018*) and which typically makes them eligible for healthcare through Medicaid. When these youth turn 18 years old, their eligibility for SSI is re-assessed using adult criteria and many lose access to these crucial supports. Families often refer to a dramatic decline in access to services during the transition to adulthood.

In addition to these general transition challenges faced by young people with disabilities, autistic youth can face a mix of additional challenges. It is estimated that about 3 in 10 autistic youth also have an intellectual disability (*Fodstad et al. 2020*) and a similar share are non-speaking or have complex communication needs (*Tager-Flusberg and Kasari 2013*). Autistic youth also have high rates of co-occurring medical and mental health conditions. For example, attention-deficit/hyperactivity disorder (ADHD), which can make it challenging for young adults to concentrate on school and work, is estimated to affect half of children on the spectrum (*Murray 2010*). Nearly 8 in 10 autistic youth have one or more mental health conditions such as depression and anxiety (*Kerns et al. 2020*). Further, young adults on the autism spectrum are at elevated risk for socioeconomic disadvantage: about 30 percent of children with autism live in very low-income households (below the federal poverty level), compared with 25 percent of children with other special healthcare needs (*Anderson et al. 2020*). Finally, due to the nature of autism, autistic youth often need various kinds of support from multiple providers and across different systems of care, and they can face increasing difficulty meeting their complex service needs as they transition to adult service systems (*Foster and Gifford 2005; Shattuck et al. 2011*).

These challenges result in disproportionately worse transition outcomes for autistic youth: young adults with autism have the lowest employment rates among young people with disabilities (*Cameto 2003; Newman et al. 2011; Newman et al. 2010; Sanford et al. 2011*). After leaving high school, youth on the autism spectrum tend to experience lower participation rates in vocational or technical education, employment, and postsecondary education in 2- or 4-year programs, even compared to young adults with other disabilities for as long as 7 years after high school (*Shattuck et al. 2012a*). More than two-thirds of youth on the spectrum do not transition into employment or postsecondary education in the first 2 years after leaving high school, and more than 42 percent were disconnected from work or school between 2 and 4 years after leaving high school (*Roux et al. 2015*). Among youth with no school or work after high school, about 1 in 4 also are not enrolled in any kind of support services. A large share of youth on the spectrum remain unemployed, underemployed, or in low-wage jobs throughout adulthood (*Cimera and Cowan 2009; Henninger and Taylor 2013; Schall et al. 2014; Shattuck et al. 2011, 2012b*). Furthermore, although there has been limited research

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*(Kerns et al. 2020)*



on this subject, there is some evidence of large inequities within the autistic population. Among young adults on the spectrum ages 21-25 who are no longer in high school, there are significant racial disparities in the share that ever had a job for pay since leaving high school, which is 37 percent among Blacks, 34 percent among Hispanics and 66 percent among non-Hispanic whites (Roux et al. 2015).

Although there are many number of programs that aim to support the transition from school to work for young people with autism, there have been few rigorous evaluations of their effectiveness (Fong et al. 2022; Wissel et al. 2022; Shenk et al. 2022). Broader research on youth with disabilities suggests two factors that can support the employment of youth with disabilities. The most powerful predictor of postsecondary employment is whether youth have work experience (for example, a paid job, volunteer activity or an internship with substantial time commitment and responsibilities) during high school (Carter et al. 2012; Simonson and Neubert 2012; Sevak et al. 2021; Patnaik et al. 2022). However, autistic high school students have lower rates of participation in work experiences and fewer hours worked per week, compared to other students (Roux et al. 2020). Vocational Rehabilitation agencies offer many services that can support the transition from school to work. About 60 percent of youth and autistic adults who use VR services leave VR with employment (defined as holding a job - with or without supports - in an integrated workplace for at least 90 days) (Roux et al. 2016), and autistic youth who received VR services during high school had much higher odds of successful employment at VR exit compared to those who entered VR after exiting high school (Roux et al. 2021). However, while use of VR-funded job-related services (job search, job placement, and on-the-job supports) is associated with better postsecondary employment outcomes, high school students on the spectrum enrolled in VR used such services at lower rates compared to age-matched youth who were not in high school and postsecondary youth who had recently exited high school.

Department of Labor's Office of Disability and Employment Policy (ODEP) has recently funded important research that will help build the evidence base around effective strategies for supporting the employment of young autistic people. With a pioneering investment of nearly \$3 million, ODEP has partnered with Mathematica on the Research Support Services for Employment of Young Adults on the Autism Spectrum (REYAAS) project, which will identify barriers to and catalysts for improving employment outcomes and career development for young adults on the spectrum. Through project activities that are focused on knowledge development, identification of promising services and practices, solicitation of input from autistic young adults, collection of new data, and new analyses, the REYAAS project will deliver actionable findings to inform policy and practice on this topic.

The REYAAS project comes at an important time when more and better data and evidence are needed to inform policy and practice for improving employment outcomes for young autistic adults. The most recent federal Autism Collaboration, Accountability, Research, Education and Support (CARES) Act of 2019 emphasized that funding should increase for research on factors associated with better young adult outcomes, but unfortunately such research is stymied by data limitations. Although several data sources capture some information on the employment of young adults on the autism spectrum, none contain large, representative samples of autistic young adults or detailed and recent information on their employment experiences (Musse et al. 2022). As a result, many of the studies on this topic to date have relied on small, non-representative samples and yielded findings that are insightful but that cannot be relied upon for crafting public policy. The absence of high-quality and nationally representative data has limited our understanding of even basic questions such as:

*"What is the national employment rate among young adults with autism?"*

*"To what extent do employment rates differ for autistic young adults with varying levels of support needs?"*

*"What are the barriers to employment identified by autistic young adults who are interested in paid work?"*

*"What racial disparities exist in the transition experiences and outcomes of autistic youth and what factors contribute to them?"*

Answering these questions is important for understanding the scope and nature of the employment challenges that young autistic people face during the transition from school to work, which is a necessary first step before developing strategies to support them.

In addition, although numerous government supports exist for young adults with disabilities, we have a limited understanding of how these public programs and policies shape the employment journeys of young autistic adults. The evidence base around existing services remains small (*Shattuck et al. 2020*). For example, we do not have robust, representative statistics on the share of autistic young adults who are connected to programs that have been found to support youth employment such as Job Corps—nor on the effectiveness of such programs for young autistic adults in particular. As another example, although the 2014 Workforce Innovation and Opportunity Act increased funding and the range of service types for high school students with disabilities, there is no rigorous evidence on the extent to which it succeeded in improving their employment outcomes. We also have a limited understanding of how some public policies, such as the earnings eligibility requirements for Supplemental Security Income and Medicaid, influence the incentives or ability of young people with autism to seek employment. More rigorous policy-focused research is needed in order to provide insights on how youth with autism engage with existing services, the effectiveness of existing programs and policies, and ideas for how to improve them.

## The pressing need to understand aging and autism

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An estimated 5.4 million autistic adults are aging through adulthood,<sup>27</sup> but little is known about their service needs. National data have confirmed a pattern of increasing prevalence of autism in older adults<sup>28</sup>, however, the clinical profiles or care needs of autistic individuals in middle to late adulthood remain understudied.<sup>29,30</sup> Identifying the characteristics of older adults on the spectrum is a key step toward understanding how to put in place a system of care that may meet their needs. Currently, estimated costs of medical care for autistic adults are roughly twice those of children,<sup>31</sup> in part because we spend most of lives in adulthood.<sup>31-33</sup> Lifetime costs of care for autistic individuals are high<sup>31,33</sup> and exceed the costs of care for other conditions, such as stroke and hypertension, by nearly seven-fold.<sup>34</sup> Ensuring a high quality and efficient system of care for adults is a clinical and financial priority.

The limited evidence base focused on autistic adults has yielded alarming initial findings about their health and mental healthcare outcomes. Studies focusing on adults under the age of 40 have identified significantly higher rates of chronic and acute health conditions such as immune disorders, gastrointestinal disorders, sleep disorders, obesity, hyperlipidemia, hypertension, and diabetes; and major psychiatric disorders including depression, anxiety, bipolar disorder, obsessive compulsive disorder, and schizophrenia and psychotic disorders, compared to control groups without autism diagnoses.<sup>35-38</sup> Elevated rates of co-occurring general medical disorders appear to continue into later adulthood,<sup>39-42</sup> and preliminary research has noted that older autistic adults have significantly higher rates of depression and epilepsy compared to the general population,<sup>39</sup> but it is less clear how overall rates of co-occurring psychiatric disorders change across middle to later adulthood.<sup>39</sup> One quarter of autistic adults over age 55 in a Swedish registry study had an inpatient psychiatric stay during the study years, and 84 percent were prescribed an antipsychotic medication, despite only 12 percent having a diagnosed psychotic disorder.<sup>40</sup>

Autistic adults have been found to have higher risk of early-onset dementia (including Alzheimer's Disease),<sup>43</sup> and of Parkinson's Disease and parkinsonism,<sup>43-45, 46</sup> compared to their peers without an autism diagnosis.<sup>47,48</sup> A small study of 37 autistic adults (49 years and older) in Australia found that almost one-third of the study sample could be clinically diagnosed as having parkinsonism, with higher rates noted even among those not taking atypical neuroleptics.<sup>45</sup> A study using Medicare data found six times higher odds of Parkinson's Disease in autistic adults over age 65,<sup>46</sup> and researchers have noted that many of the health and mental health conditions commonly co-occurring in autistic adults (e.g., cardiovascular disease, epilepsy, depression, metabolic disorders) are also risk factors for neurocognitive disorders.<sup>43,46,49</sup>

It is unknown whether elevated rates of health and mental health conditions are associated with early emergence of needed services and supports for neurological conditions in older autistic adults, or whether the presence of multiple co-occurring disorders (with or without needed services and supports) might contribute to later identification of neurological decline in autistic adults versus non-autistic adults. Research is needed to understand these linkages and identify how they inform unmet or evolving needs for preventive care. Autistic adults across the spectrum may also need access to assessments that work for them to detect these conditions as early as possible to support the identification of health complications and to advance the system of care to meet their needs.<sup>50</sup>

## Centering the Voices of Autistic Adults: The Top Priority

Supporting the improvement of quality of life for older autistic adults will require increased understanding of how they experience both their health and the systems in place to support their healthcare needs. The best way to accomplish this is to prioritize partnerships with autistic adults with a diverse range of characteristics, including those in need of communication supports, and the co-occurring healthcare and accommodation needs that must be blended into the services they receive. Like many adults and older adults, the initial information that research has generated indicates that autism does not occur in a vacuum and that an effective system to identify healthcare needs and address them will be poised to support individuals as they navigate multiple, concurrent needs simultaneously. To do so, a comprehensive system of supports will need to include not only access to care providers supporting specific healthcare needs, but also resources to navigate different types of providers and coordinate information across providers. Approaches to effectively prioritize how systems-level change can move forward will only be successful if autistic adult perspectives, experiences, and preferences are front and center at all steps. Further, learning from autistic adults must move beyond inclusive practices, whereby autistic adults are consulted or advise on projects, and into partnership models where autistic voices are omnipresent in informing research, policy, and practice.

Alarming, there are currently no clinical practice guidelines, care standards, or position statements that focus on autistic adults from American medical organizations, and engagement with care providers suggests that they may be unaware of and underprepared to serve the autistic population,<sup>51</sup> despite the fact that they will increasingly encounter them.<sup>52-54</sup> There is a unique opportunity as information about autistic adults is uncovered through research to begin to translate research findings into meaningful practice guidelines and care standards.

However, this process will only be successful if autistic voices are at the core of research that generates findings and in the translation of those findings into “bedside” practice. The need to change historical approaches and move forward in this new way is heightened by the initial warning signs that autistic adults are disproportionately at risk for health and mental health conditions,<sup>35,55</sup> conditions associated with functional decline,<sup>56</sup> unmet service and support needs,<sup>52</sup> and limited understanding of the needs of caregivers and care partners.<sup>57</sup>

Previous research efforts have included autistic adult voices in efforts to help drive system-level reform. Data from surveys of Medicaid and Medicare enrollees with autism or other developmental disabilities have been used to identify opportunities for improving access to long-term services and supports,<sup>58</sup> satisfaction with Medicaid coverage,<sup>59</sup> and community participation.<sup>60</sup> Research that has linked stakeholder surveys to other data sources, including clinical data and reimbursement practices, has yielded new insights into barriers to and facilitators of quality health services.<sup>61-63</sup> Qualitative research has been successfully conducted with autistic adult Medicaid enrollees in one state, regarding satisfaction with services accessed through waiver programs, which facilitate access to care among individuals with specific diagnoses or who meet specific clinical criteria.<sup>64</sup> Interviews and other qualitative research methods such as focus groups with autistic adults have also been used to explore health and mental health status, concerns about health, challenges to improving access to services, and to generate associated recommendations,<sup>65-67</sup> including the need for age-appropriate supports tailored to the needs of autistic adults, support staff and professionals well-trained in issues associated with autism, and strengths-based models. This research is valuable and efforts to include autistic adults are warranted, but they do not push far enough to center autistic voices across the lifespan and the life course in ways that would yield actionable change. Most of this existing research has been focused on early and middle adulthood and on individuals capable of participating in interviews and focus groups, such that older adults with varying support needs and who may have a diverse array of access issues are not included or driving priorities for these research processes.

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## Systems Change Fueled by Large Data Approaches

Although service and support needs associated with autism persist into adulthood in most cases,<sup>35,68-77</sup> 94 percent of published autism research is focused on young children and adolescents. Primarily, the emerging research focused on autistic adults has been limited to small sample sizes,<sup>39</sup> older data,<sup>43,78</sup> or non-standard methods for identifying individuals for inclusion in research samples,<sup>46</sup> which can limit the degree to which research findings are representative of or applicable to the autistic population as a whole. Fortunately, large, national systems that provide access to services and supports for autistic adults are key sources of broad and representative data to identify opportunities for system change. The combined costs of healthcare delivered to autistic adults via Medicaid and Medicare exceed \$10.5 billion annually,<sup>79</sup> and costs for autistic adult Medicaid enrollees are projected to continue increasing in coming years.<sup>80,81</sup> Thus, there are state and federal incentives to seek input from autistic adults in order to most effectively use the data from these systems to optimize care delivery and content.<sup>82</sup> Despite high rates of spending across public health insurance programs, autistic adults experience health inequities including lower rates of preventive screenings that, if improved, could yield both cost savings and improved health outcomes.<sup>83</sup> They also experience higher rates of unmet care needs that exacerbate crises and reduce quality of life,<sup>84</sup> higher levels of emergency department care and hospitalizations for preventable conditions, and higher overall healthcare costs,<sup>78,83,85</sup> compared to adults without an autism diagnosis. This emerging evidence adds to concerns about unidentified and unmet service needs,<sup>58,83</sup> and early mortality,<sup>86-89</sup> amid elevated rates of acute and chronic health and mental health conditions and increased rates of suicidality among older autistic adults.<sup>35,47</sup>

The combined costs of healthcare delivered to autistic adults via Medicaid and Medicare exceed

**\$10.5 billion**

annually.

The insights and evidence that data from large systems, including insurers, can catalyze is crucial for an uptick in systems-level change to improve outcomes among autistic adults. In addition to adulthood being a period of increased risk for health and mental health diagnoses across populations, lacking data from key insurers such as Medicaid and Medicare limits opportunities to understand and address risk for poorer healthcare transitions as autistic adults age, similar to the transition cliff observed among autistic adolescents aging into young adulthood (when many young people lose access to insurance and healthcare services after exiting the education system).<sup>90-93</sup> Calls for research over the past decade from federal<sup>94</sup> and international entities,<sup>95,96</sup> and from a working group on aging and autism,<sup>97</sup> have underscored the heterogeneity and emergence of co-occurring health and mental health conditions in later adulthood; the need to identify and link to necessary interventions, services and supports; and the need to generate strategies for preventing early mortality.<sup>98</sup>

Large sample sizes are needed to observe the emergence and trajectory of complex combinations of psychiatric and medical issues among autistic adults that have been found to contribute to poor health,<sup>99</sup> and higher rates of outpatient, mental health, and pharmacological care<sup>83,85,100</sup> and unmet healthcare needs,<sup>84</sup> compared to general population peers. These issues are coupled with barriers to healthcare access and use related to communication and sensory issues.<sup>101</sup> Higher prevalence of antipsychotic and antidepressant use are positively correlated with age, with use of prescribed medication likely to continue over time.<sup>102</sup> Furthermore, poor health outcomes and use of emergency department care have been observed to worsen with age,<sup>42,103</sup> particularly among those with co-occurring intellectual disability (ID).<sup>104,105</sup> Among autistic Medicaid and Medicare beneficiaries, middle-aged and older adults with co-occurring ID were more likely to have epilepsy, osteoporosis, and gastrointestinal conditions; those without co-occurring ID were more likely to have depression, anxiety, attention deficit hyperactivity disorder (ADHD) and psychotic disorders.<sup>37,106,107</sup> As a whole, these findings indicate a need for improved preventive and general medical care, outpatient mental health services, and increased access to medical specialists to appropriately monitor polypharmacy. These needs could be addressed via sweeping changes to Medicaid and Medicare driven by autistic people with lived experiences of these health conditions and support needs, paired with large data sources.





In addition, gaps in access to services among autistic individuals have been observed across several racial and ethnic groups.<sup>108,109</sup> Despite the need to understand this better, researchers focused on autism have struggled to engage diverse groups,<sup>110-113</sup> and there is a little research on how these inequities impact or are impacted by health conditions.<sup>114</sup> Public health research not focused on autism has yielded an array of new strategies to use large data sources to understand social determinants of health, including assessment of important variables such as socioeconomic position, healthcare literacy, and geographic location, but these factors often do not fully explain variation in observed outcomes, and there is increasing attention to the role of structural racism in healthcare.<sup>115,116</sup> In addition, generational impacts of systemic racism (e.g., in housing policy) have put in place continuing cycles of poverty that are increasingly concentrated in Black, Indigenous, and People of Color (BIPOC) communities.<sup>117-119</sup> Poverty is an identified risk factor for several lifestyle factors such as poor nutrition, sedentary lifestyle, and lack of exercise, which may increase risk for chronic health conditions.<sup>35</sup> Research with autistic adults also suggests that women are more vulnerable to co-occurring health disorders and poor healthcare access than their male counterparts.<sup>83,84,120-122</sup>

### Medicare and Medicaid as Key Data Sources

Public health insurance (Medicaid and Medicare) plays an essential role in identifying steps forward for supporting autistic adults. Medicaid is a safety net insurer that offers health coverage to adults with disabilities and low-income adults, particularly those who are unemployed or under-employed and do not have access to employer-provided health insurance coverage. The Affordable Care Act (ACA) increased access to Medicaid among individuals in low-income households by implementing a standard minimum poverty threshold for eligibility and granting new coverage to childless adults for the first time.<sup>123,124</sup> Given racial/ethnic disparities in poverty, recent demographic breakdowns of Medicaid enrollees emphasize the program's importance in marginalized and diverse communities; nearly 60 percent of enrollees are BIPOC,<sup>125</sup> despite U.S. Census data describing the nation's population as almost 40 percent BIPOC.<sup>126</sup> Medicaid also offers a robust array of home and community-based services (HCBS) programs that offer widened eligibility criteria for Medicaid-funded long-term care services, and it is the largest payer of behavioral health services in the U.S.<sup>127</sup> In contrast, Medicare is an entitlement program that provides insurance coverage for 94 percent of persons over the age of 65 (and younger individuals who meet limited disability criteria).<sup>128</sup> Individuals can also be "dually eligible" for both programs due to a combination of age, disability status, and income.

Both Medicaid and Medicare collect detailed data on beneficiary eligibility and demographic information and keep detailed records of healthcare utilization across settings (e.g., outpatient care, inpatient care, outpatient prescription drugs). These records, known as "claims," include information on diagnosis, type of visit or service, healthcare provider, setting, and payment (cost). This makes it possible to explore answers to a wide variety of research questions. For example, it is possible to examine how many autistic adults have received recommended screening tests for their age group, or to determine how many autistic adults with a diagnosis of cognitive impairment had a visit with a neurologist in the year following that diagnosis. Combining data across both public systems could maximize the ability to identify health outcomes in diverse, older populations and can identify opportunities to address health disparities.

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Data from healthcare systems, including Medicaid and Medicare, have been powerful drivers of change toward system improvements, especially for understudied groups. Claims data have been used to generate population-level estimates to inform healthcare delivery across diverse clinical outcomes<sup>129</sup> and metrics, including service utilization,<sup>78,130,131</sup> prescription medication usage,<sup>132-134</sup> hospital time-to-remission risk,<sup>135-137</sup> and rates and risk of mortality.<sup>138-140</sup> As just one recent example, Medicare claims-based studies that examined the financial burden of out-of-pocket costs for expensive, often lifesaving specialty drugs eventually led to the introduction of annual limits on out-of-pocket expenses for outpatient drugs as part of 2022's Inflation Reduction Act. A series of research studies have confirmed that it is possible to identify autistic individuals in claims data with good accuracy.<sup>141-144</sup> Other claims-based measures have also been shown to be accurate when compared to other sources of information, such as clinical diagnosis or patient self-report. For example, identifying people who smoke based on claims data shows good agreement with self-report of smoking status.<sup>145,146,147</sup>

Field-leading research using claims data from Medicaid and Medicare has generated information to support system of care improvements for children on the autism spectrum such as generating national estimates of the age of diagnosis, healthcare service use and spending,<sup>148</sup> and the impact of community-based services to offset the use of acute, emergency care.<sup>149</sup> Claims data research focused on transition-age youth has documented the national increase in the number of autistic youth aging into adulthood in the Medicaid system,<sup>150</sup> patterns in Medicaid disenrollment and re-enrollment among autistic transition-age youth,<sup>151,152</sup> Medicaid services for autistic adults,<sup>58,153,154</sup> and decreases in the use of evidence-based services among the same group as they age.<sup>93,155</sup>

Linkages to other data sources including the Area Health Resource Files (AHRF),<sup>148,149,156</sup> which includes county-level information on healthcare utilization, health professions and facilities, and environmental and sociodemographic topics in the U.S., are promising pathways to explore a myriad of research questions related to autism and aging. Recently, a subset of Medicaid and Medicare data (the Medicare-Medicaid Linked Enrollee Analytic Data Source, MMLEADS) followed a cohort of autistic adults to examine racial disparities in insurance eligibility and healthcare spending.<sup>79</sup> Research using Medicaid claims has documented the prevalence and incidence of dementia among autistic individuals,<sup>43</sup> and examined risk factors for severe COVID-19 infection in autistic adults.<sup>156</sup> As noted, there remains a need for the development of partnerships with autistic adults to help understand claims-based findings. For example, if rates of recommended cancer screenings are found to be lower among autistic adults compared to peers without autism, partners can help researchers understand if these differences are likely due to lower rates of referral (i.e., doctors are not recommending the screenings), low patient engagement (e.g., gaps in understanding the benefits of screening or low motivation to complete it), access barriers (e.g., insufficient accommodations for sensory sensitivity), or cost barriers (e.g., difficulty affording copays, parking fees, or other expenses).

Incorporating the firsthand experiences of autistic adults in navigating these systems is also an invaluable way to unpack data priorities, such as deciding which conditions or healthcare issues are of greatest interest and importance for the community. Additional support to researchers to implement these partnerships is needed in the area of structuring data for ready translation and the use of innovative techniques, such as data visualization, to more effectively communicate research findings and engage autistic adults and policymakers alike.

## The Promise of Future Research on Autism and Aging

Medicaid and Medicare are the largest healthcare insurers in the U.S., covering both health and mental health services and including economically disadvantaged individuals and diverse racial and ethnic groups who disproportionately experience poorer healthcare outcomes.<sup>123,154,157,158</sup> Innovative linkage of these data to the experiences of autistic adults offers an unparalleled window into opportunities for change to the health and healthcare of older autistic adults in the U.S. Wide and deep engagement with autistic older adults is needed to see systems through their eyes, to move toward progress.

Research on autism and aging has been called for by leading federal entities, including the Interagency Autism Coordinating Committee's (IACC's) action item for substantial research in service areas that lead to improved adult outcomes,<sup>159,160</sup> including the need to identify risk factors for adverse outcomes in older adults and to understand the progression of co-occurring conditions over time.<sup>160</sup> Using data from healthcare systems and large insurers can address this need for research<sup>161-163</sup> and provide robust opportunities for translational research to advance systems of care and expediently improve outcomes of those who use them. The National Institutes of Health-Wide Strategic Plan's cross-cutting theme of addressing public health challenges across the lifespan by examining population-level outcomes and ensuring translation to system opportunities further underscores the need for this work with an emphasis on utilizing data from large system sources.<sup>164</sup> Producing public health impact is possible by directly informing service delivery for older autistic adults within the most critical vehicles for their healthcare coverage—Medicaid and Medicare.<sup>123,154,157,158</sup>

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Autism by the Numbers

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