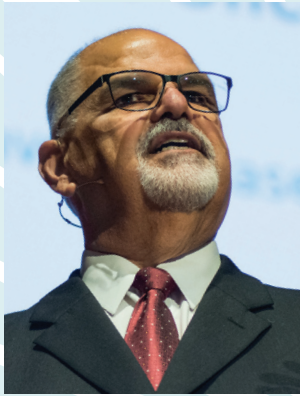




SECOND ANNUAL
DISABILITY
SUMMIT

2017 SUMMARY OF FINDINGS





Dear DisAbility Community,

Welcome to the Thompson Policy Institute on Disability and Autism's 2nd Annual DisAbility Summit.

In this Summary Report we present brief research reports and provide a glimpse into our action and policy activities during the year. The TPI network incorporates a Research-to-Action-to-Policy process, designed to investigate problems and frame solutions that help to alleviate barriers to a quality life for people with disabilities.

The pursuit of happiness is a fundamental right for all people. We seek happiness, a quality life, in different ways, however, having friends, obtaining a quality education and a fulfilling job, and living in the community with proper supports, is a core goal for all of us. For many people with disabilities, much progress has been made, but there is a long way to go to meet these modest goals we all share.

The TPI does not claim to fully understand the meaning of happiness nor what quality of life means for each person. What is unequivocal in our mission, however, is to determine what rules, regulations, laws and practices impede the pursuit of happiness for people with disabilities. Physical harm, low expectations, limited possibilities, exclusion, unauthentic work, and practices that lead to a life of loneliness and unmet potential, become barriers to quality life and hinder an authentic pursuit of happiness.

Early intervention, optimal support services, inclusive education, quality health care, a meaningful transition to work and community living, interwoven with a presumption of competence, can create the foundation for a quality and full adult life. As such, the work of the TPI is to propose real-world solutions to these barriers and disseminate those ideas, policies and practices to those who have influence over the lives of people with disabilities. These "influencers" include individuals with disabilities, their families, policy-makers, care-givers, professionals and even the general public who control the perception of disability and ability.

Connected to a team of nearly 40 researchers and support staff around the world, the Thompson Policy Institute is committed to fully understanding, and developing solutions to, the barriers to a quality life for people with disabilities.

Sincerely,

A handwritten signature in black ink, appearing to read "Don Cardinal". The signature is fluid and cursive, with a large loop at the end.

Don Cardinal

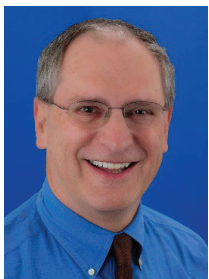
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EXCELLENCE IN DISABILITY AWARDS

DR. JOE DONNELLY



A dedicated expert in pediatric neurology, Dr. Donnelly has special clinical interest in providing support to families and caring for children with autism and other developmental disorders.

He is a Clinical Professor of Pediatrics at UC Irvine, and serves as Medical Director of The Center for Autism & Neurodevelopmental Disorders.

Dr. Donnelly is board certified in pediatrics, and neurology with special qualification in child neurology. He graduated from Harvard, received his medical degree at Georgetown University, and completed his pediatric and neurology training at Boston City Hospital.

LINDA O'NEAL



Linda earned her Bachelor's Degree in Psychology from the University of Southern California and her Master's Degree in Special Education from California State University Los Angeles. She has worked in the education

field for 38 years and has experience teaching in grades K-12 as a General Education Teacher, Special Education Teacher and Transition Specialist. In addition, Linda has been a part-time faculty member at Chapman University for the past 25 years. She also writes and implements local, state and federal grants with a focus on career development for youth and young adults with a wide range of disabilities.

Linda is currently a Consultant for San Diego State University Interwork Institute and the Regional Center of Orange County. Additionally, she is also the Southern Coastal Regional Manager for the California PROMISE Initiative. This program is one of six national demonstration programs that provides innovative transition, employment and support services for Supplemental Security Income recipients ages 14-16 with a goal of adult self-sufficiency.

DR. RICHARD ROSENBERG



Richard received his Ph.D. from the University of Wisconsin, Madison in Behavioral Disabilities and Educational Administration. He has had over 30 years of teaching and administrative experience as well as being a

faculty member at California State University, Los Angeles. Richard is the Lead Vocational Coordinator for Whittier Union High School District's Career Connection. Richard was identified as the WUHSD Teacher of the Year for the 2009-2010 school year. Richard's special education administrative position coordinates vocational and career support for all students with special education needs for six high schools and two continuation schools and provides technical assistance for adult agency providers, supported employment and supported living services.

He is currently a Regional Manager for CaPROMISE (Promoting the Readiness of Minors in Supplemental Security Income), a 5 year federal research project supporting 14-16 year old SSI recipients and their families in becoming self-sufficient. Richard has worked for a number of years with Interagency Systems Change grants linking Education, Rehabilitation and Developmental Disabilities services at local, state and national levels.





Stephen Hinkle is an international speaker on disability who has spoken in 24 states plus Australia, speaking for over 16 years. Stephen has experience as a person with autism, a former special education student, and as a professional with a masters degree in disability policy.

Learn more at Stephen-hinkle.com

KEYNOTE ADDRESS

Stephen Hinkle: “Stephen’s Story of Growing up with Autism”

Stephen Hinkle has been speaking around the country for over 13 years in the fields of Autism, Inclusive Education, and Disability Policy. Stephen obtained a Master’s degree in Special Education with emphasis in Disability Policy Studies from Northern Arizona University in 2011. He graduated with a Bachelor’s degree in Computer Science in 2007 from San Diego State University. Stephen has previously worked in the Information Technology field specializing in technical support and distance learning.

Stephen graduated from high school in 1997 with a standard diploma and was mostly in regular classes since 4th grade. When Stephen was diagnosed with Autism, his parents were told by a psychiatrist to institutionalize him. He was never institutionalized and was raised as a normal child with special needs. Stephen is very talented in the field of technology and has been able to program a computer since he was four years old.

During Stephen’s life, it has been an uphill battle to advocate the public education system to meet his needs which was a challenge for his parents. Stephen spends his time training teachers and parents to help people with special needs succeed. He also works to help school systems, advocacy organizations, and others adopt better policies and methods to improve the success rates of people with special needs and reduce the culture of poverty and loneliness that many with special needs experience growing up.

Today, Stephen makes his home in San Diego, CA. In past years, he has lived in Flagstaff, AZ, El Paso, TX, Alamogordo, NM, Mesa, AZ, Indianapolis, IN, Virginia Beach, VA, and Dallas, TX. He has one brother, Scott.

“Stephen Hinkle is a fantastic presenter! He is knowledgeable, entertaining, provocative, and gracious.. Stephen’s experiences as a student with a disability combined with his advanced course work in education and disability studies make him exceptionally qualified to present.”

— Dr. Richard A. Villa President, Bayridge Consortium, Inc.



RESEARCH TO LOCAL ACTION

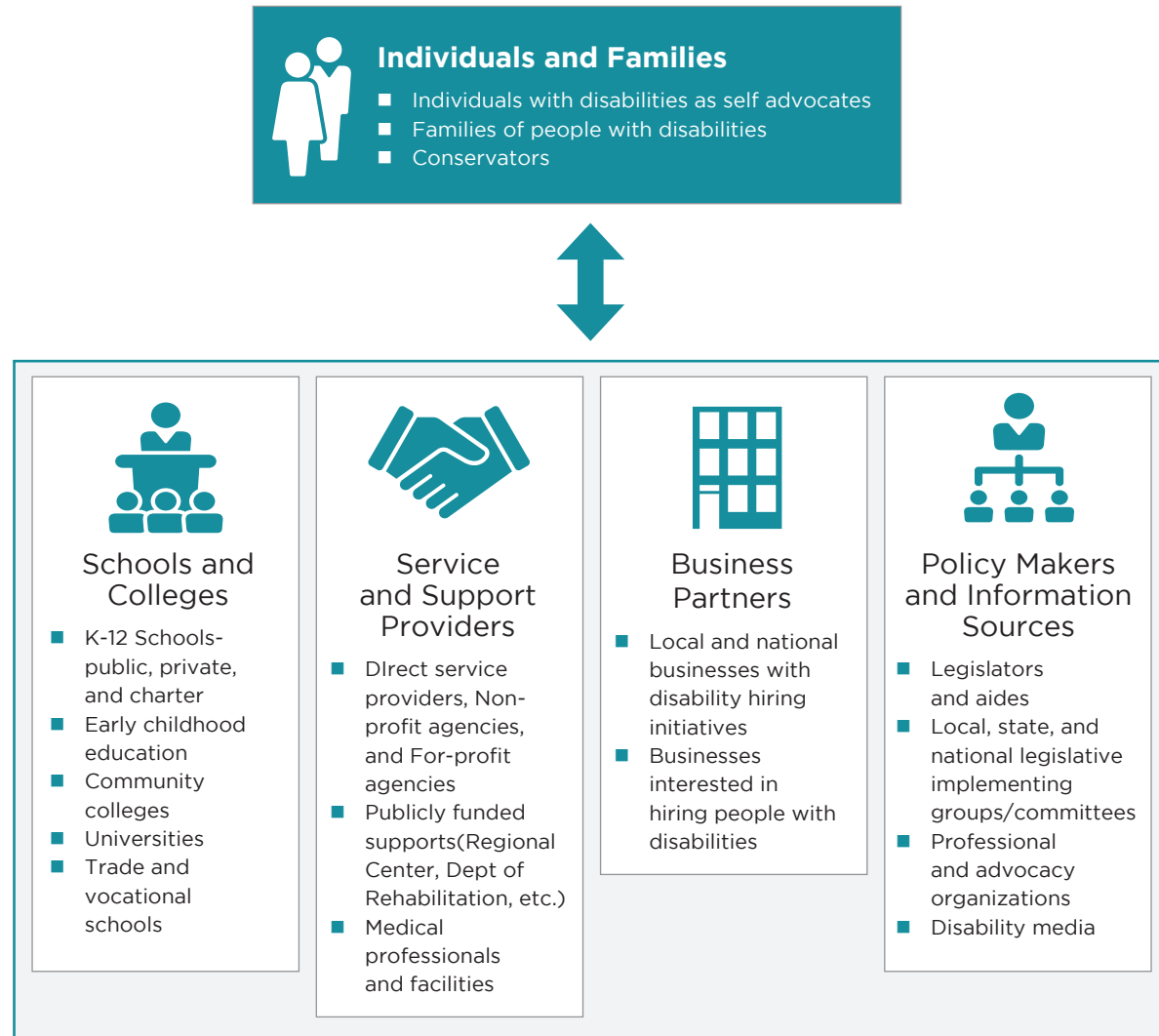
The Orange County Transition Initiative (OCTI) *By Amy-Jane Griffiths, PhD, NCSP*

INTRODUCTION

The transition to increased independence for youth and young adults with disabilities can be a rewarding, yet challenging time. Their successes and challenges are related to the work and contributions of a variety of individuals involved in the transition efforts. These people or groups are referred to as “stakeholders”.

These stakeholders are instrumental in the process and it is important that we understand the perspectives of all involved.

Recent research conducted by investigators at the Thompson Policy Institute identified particular issues that may impact the transition outcomes for youth with disabilities (Griffiths, Giannantonio, Hurley-Hanson, & Cardinal, 2016).



RESEARCH NEEDS

To promote the enhanced understanding of the transition process and how specific strategies and interventions contribute to positive outcomes, more research is needed, including the following:

- The career pathways and trajectories of youth with disabilities, as well as the experiences and needs of employers as they hire, retain and promote, individuals with disabilities.
- Understanding what and how intervention strategies work to prevent disconnection, and related transition difficulties, as well as promote the acquisition of skills needed to lead meaningful adult lives.
- Learning about the impact of co-occurring disorders, particularly mental health issues and how to effectively intervene.
- Understanding the risks and safety issues associated with transitioning to greater levels of independence and self-sufficiency.
- Identifying effective community collaboration practices that promote improved performance outcomes for youth and young adults with disabilities, including: education, employment and post-secondary education/training.

COMMUNITY AND POLICY CHANGES

In addition to the aforementioned research needs, it became clear that there is a need to make changes at the community and policy level to support positive outcomes for these youth.

First and foremost, changes need to be addressed in how all stakeholders (e.g. individuals with disabilities, parents, school professionals, medical professionals, adult agencies, etc.) work together in support of the individual's transition goals. Intentional **collaboration and communication** across these groups is crucial to the success of our youth, yet there is limited sharing of interventions, outcomes, data, and expertise across stakeholders.

Second, hands-on **education and training** are important components to any successful transition plan. This training and education occurs across multiple settings (e.g. home, school, work, post-secondary education) and by various team members. It has become clear that we need programs and policies that will shape how we train various individuals involved in the process. Our programs need to developmentally build upon one another and share a consistent message. It is imperative that all involved parties create effective and efficient training programs that work with one another to allow for a streamlined and effective approach.

Further, as we work with individuals to be more successful in the **employment or career environment**, we need to help create and develop jobs that will be a match for the employee, while significantly benefiting the employer's workforce development efforts. The goal of each stakeholder is to support the individual

in obtaining and maintaining a job that allows the individual to be successful and provide a meaningful contribution to their community.

Finally, as we are addressing all of these areas, we need to make sure the information that is developed is easily accessible to key stakeholders including the individual with a disability, parents, employers, schools, and agencies.

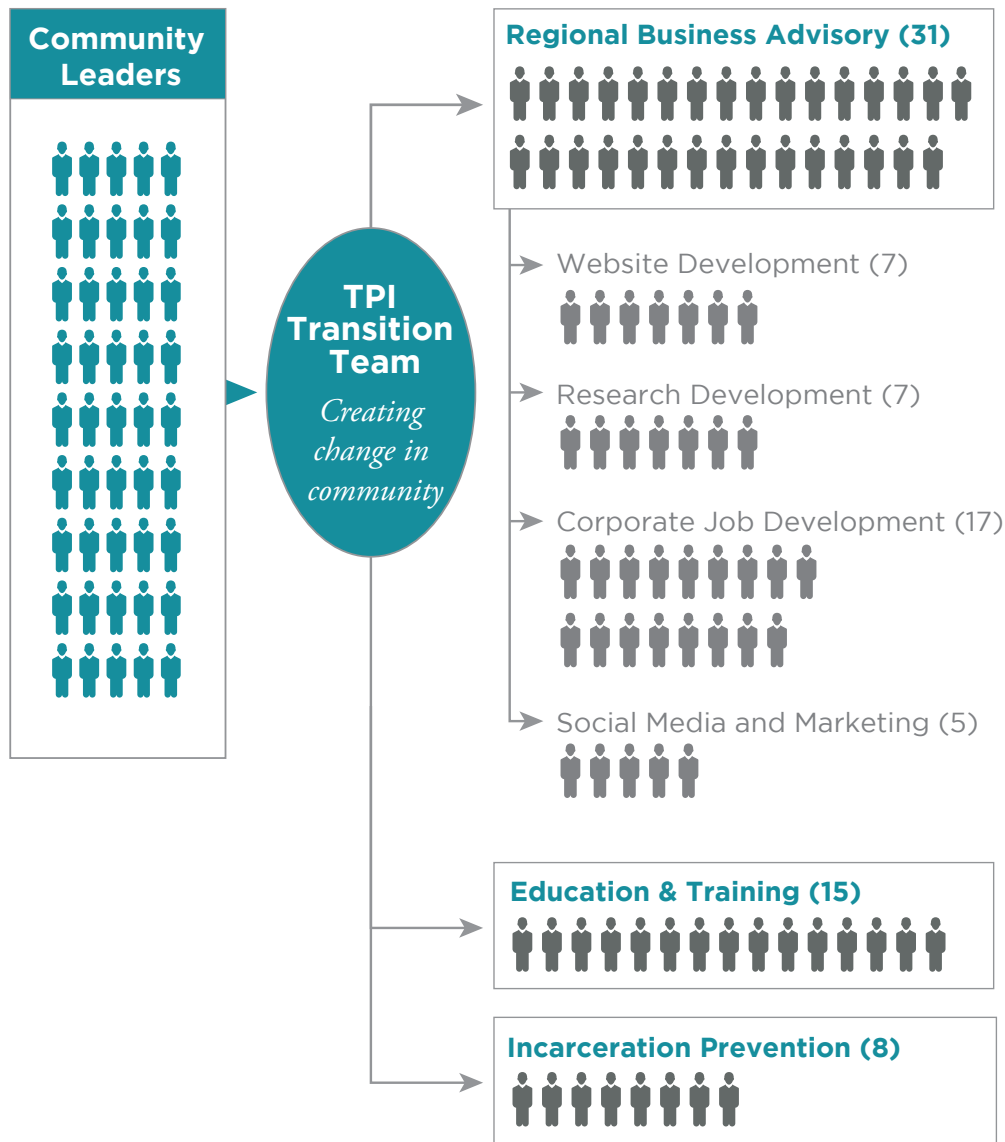
TPI, with the help of our community partners, have created a group that is beginning to address these issues with hands-on solutions. This group was originally focused on Orange County, but due to the larger community need, we have expanded to begin working with professionals all over Southern California. As legislative and organizational policy & practice needs are identified, efforts will be made to promote changes at the local, state and federal levels. It is our hope that once we create an effective model for change locally, the model can be replicated at national and international levels.

THE TRANSITION INITIATIVE

Our Vision

The Transition Initiative strives to improve transition outcomes (e.g. employment, housing, independent living, post-secondary education and social emotional) for people with disabilities; supporting these individuals in leading happy, healthy, and fulfilling lives. We will accomplish these goals by creating a network of transition organizations and programs that effectively communicate, collaborate, and share data to enhance services and ultimately outcomes for people with disabilities both locally and nationwide.





The initiative is made up of a leadership group, as well as sub-committees that are tasked with addressing specific areas of transition. We currently have three active sub-committees designed to address: work force/employment gaps and needs (Business Advisory Committee); improved knowledge base of transition intervention in our community (Education and Training Committee); and prevention and issues related to the incarceration of youth/young adults with disabilities (Incarceration Action Committee).

Our goals

The leadership group will:

1. Guide and inform sub-committees
2. Assist with long range planning for the larger group and the sub-committees including offering: resources, services, finances, and leadership.
3. Provide a functional network, allowing experts to collaborate and communicate their experiences to help each other “do their job better” and create a community of practice.

Within these broad goals, we have a number of measurable goals that we are addressing throughout the year including:

- Developing a system for **sharing data** across agencies. This data dashboard will provide a short report on the “state of transition” in Orange County (and eventually surrounding areas) using already existing data.
- **Measuring and tracking perceived collaboration** in the group following each meeting, with a goal of improving how the network is developed and run.
- **Guiding the subcommittees** in developing measurable goals and meeting those goals by the end of the year. These may include issues related to job development, training, and tracking of key outcomes across agencies.



- **Researching unanswered questions related to transition issues.** This currently includes a survey created to understand the experiences and needs of employers who are currently employing or who may employ young adults with Autism Spectrum Disorders.
- **Identifying, organizing, and packaging disability related information** for easy access by a variety of stakeholders. This will involve the creation of a website where various stakeholders can access information regarding disability services and resources.

POLICY IN ACTION

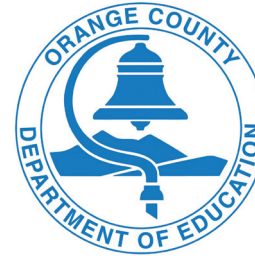
Policy is typically designed to create action while providing guidelines for groups to follow. Collaboration across stakeholders can be particularly difficult as these providers are generally funded by different groups, have varying structures, and at times different goals. In recent years, policy and practice have begun to outline the need for cross-collaboration, however, there are limited guidelines on how groups can and should work together effectively.

It is clear that laws, rules and regulations, by themselves, aren't going to produce the effect we need. It seems that there is a need for groups to come together and bridge the gap between policy and practice. The transition initiative plans to do this by bringing key groups together and starting to orchestrate action through them – where ultimately they own the process and the associated outcomes.

REFERENCE:

Griffiths, A.J., Giannantonio, C.M., Hurley-Hanson, A.E., & Cardinal, D. (2016). Autism in the Workplace: Assessing the transition needs of young adults with Autism Spectrum Disorder. *Journal of Business and Management.*

TPI PARTNERSHIPS



EXPLORING THE VARIABILITY IN ACCESS TO GENERAL EDUCATION FOR STUDENTS WITH INTELLECTUAL DISABILITY AND AUTISM

BACKGROUND

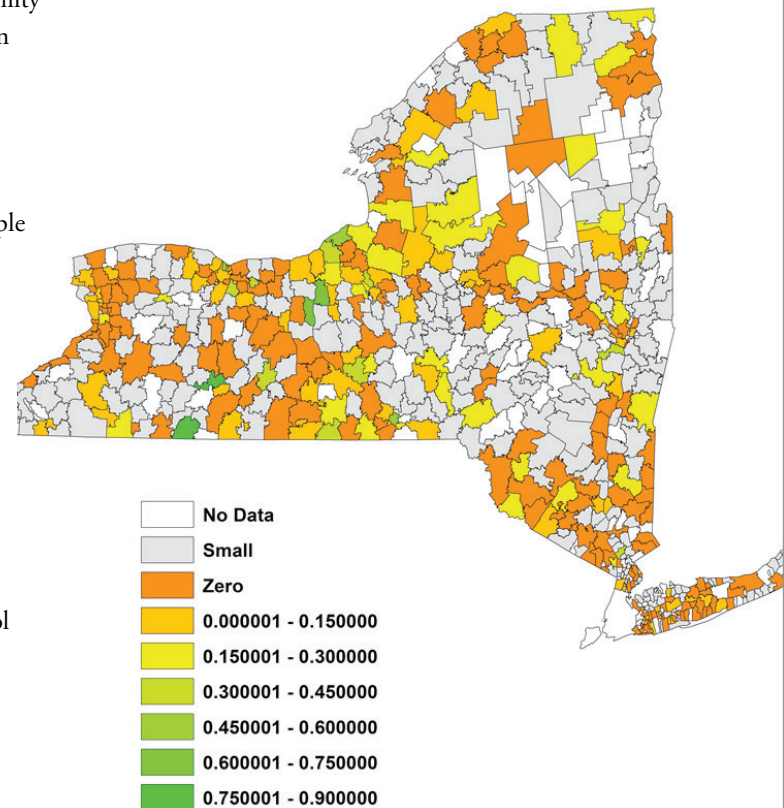
Despite the overwhelming body of research suggesting that students with intellectual disability and autism benefit from access to general education contexts, these students continue to be educated primarily in separate settings (U.S. Department of Education, 2014). This access to general education placements varies widely among and within states. For example, in California, approximately 6% of students with intellectual disability spend 80% or more of the day in a general education classroom. This is in sharp contrast to Iowa, where approximately 64% of students with intellectual disability spend 80% of the day or more in general education classrooms (U.S. Department of Education, 2014).

The Individuals with Disabilities Education Improvement Act (2004) articulated the principle of *least restrictive environment* (LRE), stating that students with disabilities should be included with their nondisabled peers in the general education classroom “to the maximum extent appropriate,” and that they should be removed from the regular education environment only when this education, even with “the use of supplementary aids and services[,] cannot be achieved satisfactorily” (20 U.S.C. 1412 §612 [a][5][A]). It is this principle of the Act that created a presumption of inclusion; however, it did not create formal right to inclusion, nor did it institute mandates. Thus, states and

ESSENTIAL RESEARCH QUESTIONS

- Why is there so much variability in access to general education contexts for students with disabilities, particularly for students with “significant” disabilities (e.g., intellectual disability, autism, and multiple disabilities)?
- What factors are associated with access to general education contexts for students with significant disabilities?
- What is the relationship between access to general education contexts and outcomes such as high school graduation rates?
- How do California public schools and New York State public schools compare in relation to trends in access to general education for students with disabilities?

Figure 1. Percentage of students with intellectual disability who spend 80% or more of the day in general education by district.



districts are left to interpret the LRE principle as they see fit. This has resulted in significant differences in access to general education curriculum and contexts among states and districts (Kurth, Morningstar, & Kozleski, 2014). Few studies have explored trends associated with this variability in access (Brock & Schaefer, 2015; Kurth, 2015).

DATA SOURCES AND DATA ANALYSES

Our data sources included district-level placement and demographic data, survey data from 218 district-level special education administrators, and in-depth interviews of 12 district-level special education administrators. Data analyses included geographic spatial analysis, correlational analysis, partial-model regression, and iterative qualitative techniques.

FUTURE RESEARCH

Our team is currently expanding this research to the 1,025 school districts in California to explore trends in placement of students with autism and intellectual disability and the perspectives of district-level special education administrators. We also intend to continue our research in New York State by examining trends in placement of various disability categories and the association between placement and outcomes (e.g., graduation rates).

RESULTS

In our New York study, mapping analysis showed a pattern of districts ($n = 18$) with higher percentages of inclusion (> 30.1%) being spatially concentrated in the central and western regions of the state. The variability in placement across districts, and the lack of identifiable trends across districts, presents particular concerns in terms of policy and practice. The results of this research suggest that although all school districts in New York State are required to follow the same federal and state regulations associated with LRE, there is significant variability in the interpretation and implementation of policy.

Comparison Between Non-Inclusive and Inclusive Districts in New York State

Variables where there IS a significant difference between Non-Inclusive and Inclusive Districts ($p < .05$)

Median Family Income (\$)
Per Pupil Expenditure Special Education (\$)
Percent Students Receiving Free Lunch
Percent of Students with Intellectual Disability
Percent Black Students
Per Pupil Expenditure General Education (\$)

Variables where there IS NOT a significant difference between Non-Inclusive and Inclusive Districts ($p > .05$)

Percent Hispanic Students
Number of Students in the District
Percent Students with Limited English Proficiency
Percent Asian/Pacific Islander Students
Percent American Indian Students
Percent White Students
Percent of Students with Disability (SWD)

Note. $N = 304$. * $p < .05$. ** $p < .01$.

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INCREASE IN RATE OF AUTISM LIKELY A FACTOR OF DEFINITION:

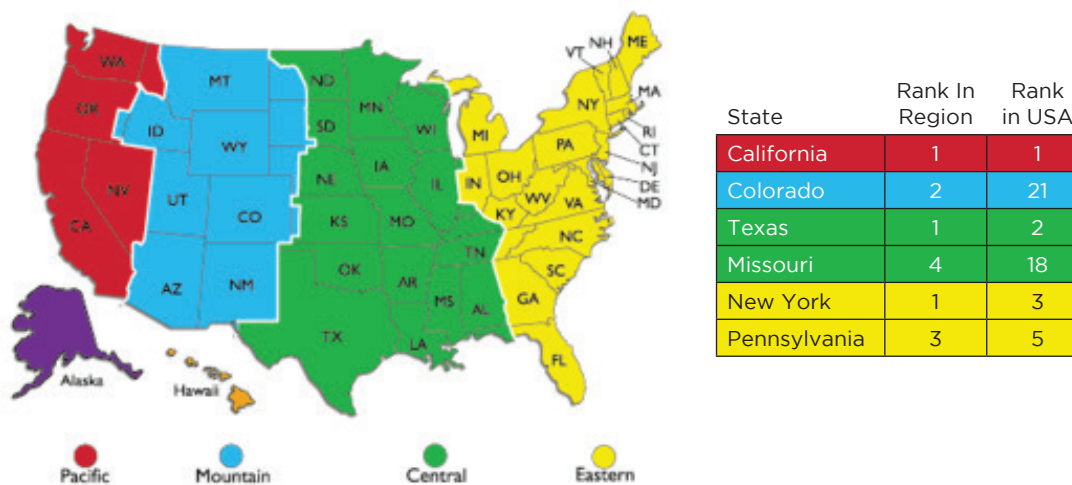
A Multi-State Analysis of Autism Prevalence in U.S. Schools, Initial Report. By *Donald Cardinal and Julie Fraumeni-McBride*

In our initial query to the larger disability community several areas of interest arose. One of the overwhelming themes was a desire to better understand the recent and rapid increase in the rate of autism. As such, this topic became one of our first investigations. Our review of literature was mixed and offered few conclusive answers. In fact, it was easy to see why so many families and professionals were in a quandary.

The general public and many professional sources appear to often mix two very different notions—specifically, the cause of autism and the cause of the increased rate of autism. While research on the biological cause of *autism spectrum disorder* (ASD) and associated risk factors continue to be, by far, the most studied areas of autism (Office of Autism Research Coordination [OARC], 2012), we still know very little about what actually causes autism (Centers for Disease Control and Prevention [CDC], 2012). Studies related to the genetic landscape of ASD offer significant insight into associated factors to ASD (Huquet, 2013), but again, they shed little light on why the rate of autism has increased so dramatically.

According to the CDC (2012), whether increases in ASD prevalence are partly attributable to a true increase in the risk of developing ASD symptoms or solely to changes in community awareness and identification patterns is not known. The results of this current study are less ambiguous. For children and youth ages 6 to 22 years of age in the United States, our findings strongly indicate that the latter is most likely the case. That is, for this group, the radical

Figure 1. Study six-state sample represents one-third of all US special education students. (State sampling by population centers in the United States, US Census, 2010)



increase of autism over the recent 16-year period is heavily influenced by identification patterns. We refer to these patterns as *diagnostic migration*.

Our first research effort was aimed at Orange County, CA and the state of California. While we presented these results at our first Disability Summit in 2016, it became clear that we needed a more compelling picture—a national study. Below are the initial results of a national analysis of autism prevalence. We believe the results are compelling, with significant policy implications at local, state and national levels.

RESEARCH QUESTIONS

- To what degree can the increased prevalence in ASD, over the most recent 16-year period for school-aged children and youth, be accounted for by identification patterns alone?
- If the increased prevalence in ASD for this group can be significantly explained by a change in identification patterns, what policy implications arise?



METHOD

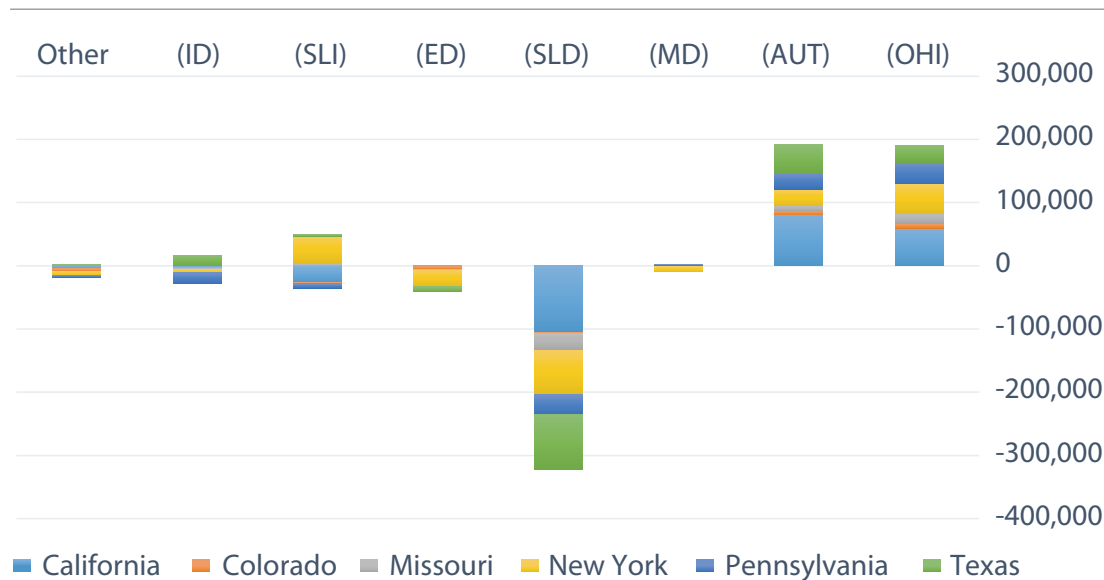
The authors gathered eligibility (diagnostic¹) data from six states, as well as composite national data from the National Center for Education Statistics (NCES) over a 16-year period (2000 to 2015). Over 22 million individual data points were gathered. In 2015 alone, this study included the individual eligibility criteria for 2,111,451 children and youth, representing one-third of all special education students in the U.S. in that year. We were able to statistically combine these data across our multi-state sample since federal

eligibility regulations mandate reporting of these data across the same 13 disability categories². See Figure 1 for the six states in the study along with their relative population rankings in the U.S. and within their respective geographical regions. The individual states were selected primarily for their size and significance in their regions. This sampling technique was used to increase the probability that regional differences could be detected, as would not be the case when looking at composite national data alone.

We analyzed these data using trend analysis and linear multiple regression techniques that will be included in the more detailed and peer-reviewed version of this study. For the purpose of this summary report, we present the results using visual graphs that we believe make a compelling argument (see Figures 2, 3, and 4 in the Analysis of Results and Conclusions below).

Figure 2. Difference between expected and actual designation by disability category and state.

Gap scores* per disability category: 2000–2015



Disability Categories

- Intellectual DisabilityID
- Speech or Language ImpairmentSLI
- Emotional DisturbanceED
- Other Health ImpairmentOHI
- Specific Learning DisabilitySLD
- Multiple DisabilityMD
- AutismAUT
- Other (includes, Traumatic Brain Injury, Hard of Hearing, Visual Impairment, Deaf-Blind, Orthopedic Impairment)

* Gap scores represent the difference between the expected and actual population in each disability category. Expected population is determined by multiplying the enrollment in each category in the year 2000 by the growth rate in each state's special education population from 2000-2015.



Figure 3. Increase in autism rate from 2000-2015 by state and percent of all special education.

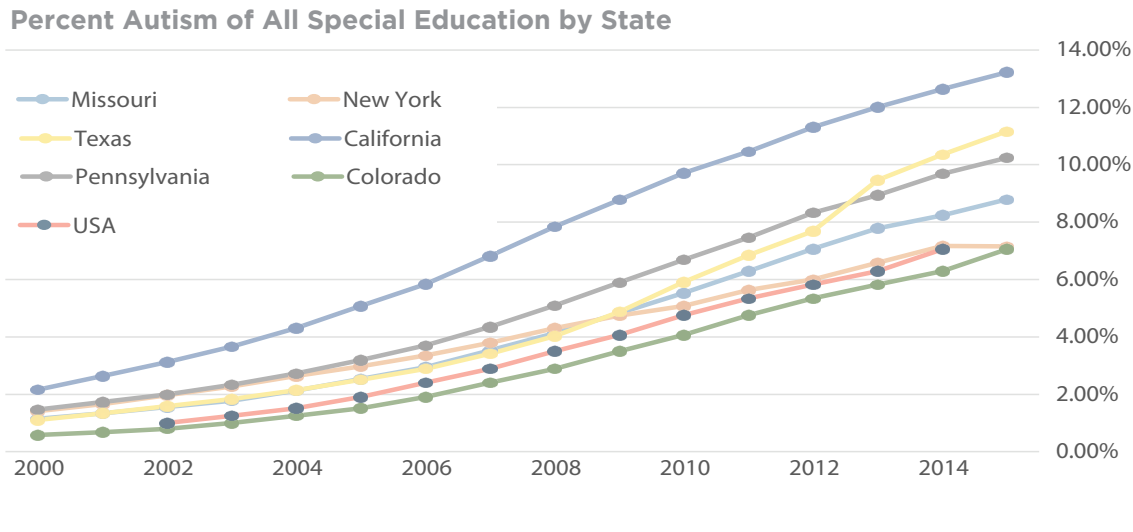
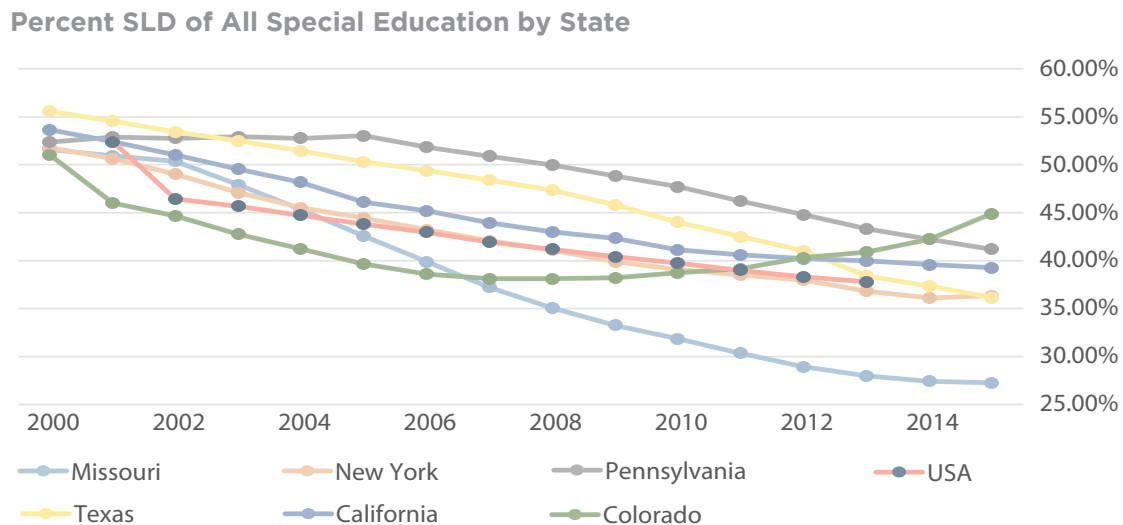


Figure 4. Decrease in specific learning disability (SLD) rate from 2000-2015 by state and percent of all special education.



ANALYSIS OF RESULTS AND CONCLUSIONS

The rate of autism prevalence in U.S. schools has increased dramatically over the recent 16-year period (2000-2015) as can be seen in Figure 3. Across our six-state sample, autism has increased by 684% over the 16-year period, or 43% per year on average. However, the growth in all special education has remained relatively the same as the general population growth, about one-half of one percent each year (.5%). Of the six states in our sample, some had declining enrollment, as much as -.8% per year, while others experienced growth as high as 1.7% per year, not nearly enough to explain the growth in autism. Clearly, the serious increase in the rate of autism across the county cannot be explained by more students entering the system. Something else is causing the rate of autism to increase.

In search of a data-supported cause for the unexplained increase in autism in school-aged children, we analyzed the prevalence patterns of all 13 federal disability categories across our six state sample. Figure 3 shows the increased rate of autism by state over a 16-year period. While the intensity of the prevalence rates vary, the patterns of increase are highly similar. In all states, the rate of autism has increased dramatically. Figure 4 provides our first possible explanation of how one category can increase so dramatically while the total number of children in special education remains generally stable. Comparing Figures 3 and 4 offers a glaring comparison across the nation. While autism has increased, there has been a steady and corresponding

decrease in the number of children with the eligibility of *specific learning disability* (SLD).

Figure 2 shows a more complex picture of what is happening in our diagnostic patterns. The migration from SLD to autism is only one of the important migration effects occurring. Figure 2 was developed by mathematically determining how many children would be assigned to each disability category if they grew at the same proportions as they had before our base year (2000). In other words, we grew each category based on each state's change in total special education population growth rate. This became the "expected" number of children in each category. We then compared that expected rate to the actual rate. Figure 2 shows the difference between the expected rate (if no outside influence took place) and the actual rate. The resulting patterns emerged clearly. Generally, 10 of the 13 disability categories performed as they were mathematically expected to perform. Three categories did not—autism and *other health impaired* (OHI) severely increased far beyond their expected levels, while SLD was seriously lower than expected.

This is overwhelming evidence—that rather than the hypothesis that a new or energized disability is entering the special education landscape, autism, a very different explanation is entering the equation.

Specifically, the increase in autism is explained by an exchange effect, or as we have labeled it, diagnostic migration.

We are not suggesting that children previously labeled with SLD are being reassigned with the label of autism; rather, as new children enter the system with learning characteristic and behaviors that we previously assessed as SLD, these characteristics are now being seen as consistent with autism, or even with OHI.

While this initial summary has focused on the three dominant categories looking at all six states in a single analysis, there are very interesting effects in individual states in other eligibility categories like *intellectual disability* (ID) and *speech and language impairment* (SLI). Each state has its own unique micro-patterns, but when taken together, diagnostic migration seems to be the most compelling explanation for the rate of increase in autism of school-aged children to date. Why these patterns exist and how state and national policies impact these migrations is worthy of future study.

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Footnotes

- 1 While the term diagnosis is used interchangeably in this summary report, public school identification of disability categories are in the form of eligibility decisions. Eligibility and diagnostic criteria are nearly identical; however, eligibility criteria include the assumption that the identified condition interferes with the educational process and thus requires appropriate services.
- 2 Colorado did not report other health impaired (OHI) eligibility criteria until 2012, which may have had an impact on two important areas of analysis for this current study—autism and SLD.

Find updates on our website: www.chapman.edu/tpi



**THOMPSON POLICY INSTITUTE ON DISABILITY AND AUTISM (TPI)
CENTER FOR RESEARCH ON ABILITY AND DISABILITY (C4RAD)**

RESEARCH → ACTION → POLICY

- Transition to Work
- Disability Prevalence
- School & Community Inclusion
- Ethnicity within Disability
- Community Living
- Learning Strategies

- Family & School Together (FAST)
- Educational Assessment
- Education & Training
- OC Transition Initiative
- Technical Assistance Network

- TPI Annual Report (recommended actions)
- Annual Disability Summit
- Social Media
- Ethnicity within Disability
- Decision-maker Policy Sessions

THE CYCLE CONTINUES

TPI IN ACTION - FAMILY AND SCHOOLS TOGETHER (FAST)

FAST is housed at The Center for Autism and Neurodevelopmental Disorders (CAND) in Santa Ana and is comprised of three separate programs.

FAST: CONSULTATION

FAST Consultation offers a multi-tiered level of support to families, with our overall goal being to provide education and resources to families in order to give them the skills they need to work collaboratively with their child's school team. Our tiered system of supports targets families with different levels of needs requiring different levels of services.

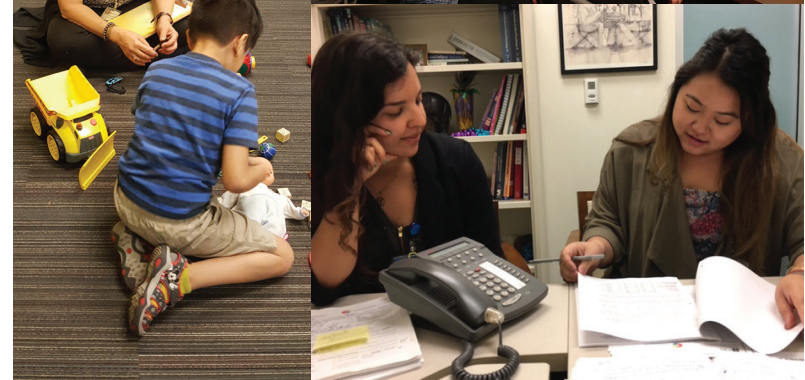
FAST: EDUCATIONAL ASSESSMENT

FAST now offers direct assessment to CAND families. As part of the Educational Assessment Team at The Center for Autism & Neurodevelopmental Disorders, a team of Chapman University graduate students and professionals provide cognitive, academic, social-emotional and behavioral evaluations. Working with a team of neurologists, developmental behavioral pediatricians, clinical psychologists, and service providers we have provided assessment data as part of 97 multi-disciplinary diagnostic evaluations for autism and other neurodevelopmental disorders.

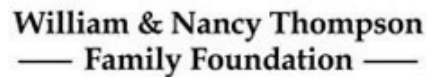
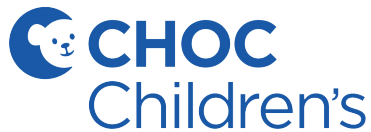
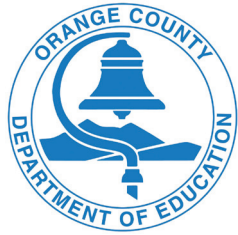
FAST: EDUCATION AND TRAINING

In partnership with The Center for Autism & Neurodevelopmental Disorders we offer high quality education and training opportunities for families, caregivers, and professionals living and working with children with autism and other neurodevelopmental disorders.

We recognize the vital role schools play in a child's life and strive to work collaboratively with schools in supporting optimal outcomes for our families. Our Success in Special Education Series is centered on helping families understand Special Education and become active and knowledgeable IEP team members. In the past 16 months, over 100 families have attended our English, Spanish, and Vietnamese language workshops. We also provide professional development opportunities, as well as ongoing consultation services for professionals in the surrounding school districts.



SPONSORS AND COMMUNITY PARTNERS



FUTURE RESEARCH

The TPI Network is dedicated to providing current and original findings to best inform individuals and groups responsible for making decisions to improve the quality of life of people with disabilities. This includes people with disabilities and their families, schools, agency leaders, and lawmakers. Our list of work to complete is comprehensive, but below are three projects that are currently in development.

COMMUNITY LIVING:

Quality living spaces with proper supports for people with disabilities have been in short supply for many years. While many highly successful programs have been developed, there simply are not enough opportunities available to accommodate the rapid increase in need. TPI is engaging in research to better understand this complex issue and to provide fresh and insightful data that will support decision makers in developing creative outcomes for the future of quality community living, not only for the few, but for all who want to live a full life in the community.

LEARNING STRATEGIES:

One of the most common questions we are asked by both families and professionals is: What are the most effective learning strategies? Age of the learner, required accommodations, what to learn, where to learn, and many other conditions impact that answer. The TPI will begin a process to assess various learning strategies (also called best practices or interventions) to provide unbiased and evidenced-based responses to these important questions.

TRANSITION SERVICES:

Schools and adult agencies have a responsibility to collaborate in the movement from school to adult life. This handshake of services should be purposeful and strategic. Procedures, rules, and regulations need to be coordinated, which is no easy task given that each entity has their own set of procedures and laws that govern their behavior. The TPI will work toward supporting these efforts across schools and agencies and provide a single source for information for all to share.

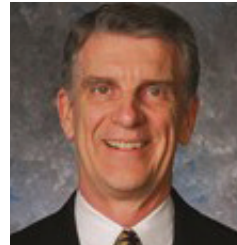


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The goal of the Thompson Policy Institute (TPI) on Disability and Autism is to impact policy by reducing barriers to the full access to learning, living, and working, and the pursuit of a complete and quality life. To accomplish this goal, the TPI assesses, researches, and acts on the critical issues facing people with disabilities, their families and those individuals and agencies that share these same values. TPI outcomes are shared regularly throughout the year and summarized annually at the DisAbility Summit at Chapman University.

SAVE THE DATE

3RD ANNUAL

DISABILITY SUMMIT

MAY 1, 2018

For updates on this year's studies visit: www.chapman.edu/disability-summit