

Transitional Services for Youth and Young Adults with
Autism Spectrum Disorder

APPENDICES

Appendix A: Summary of CSDE Special Education Parent Surveys

Summary of CSDE Special Education Parent Surveys

Overview

In 2004-2005, the Connecticut State Department of Education disseminated the first annual statewide Special Education Parent Survey. The survey was a collaborative effort between the CSDE and the CT Parent Advisory Work Group. The intent of the survey was to find out what parents thought of the state's special education programs.

Shortly after the survey was developed, the U.S. Department of Education, Office of Special Education Programs (OSEP) required every state to evaluate its efforts to implement the requirements of the Individuals with Disabilities Education Act (IDEA). The evaluation included assessments on 20 indicators, including Indicator 8, which pertained to school encouragement of parent involvement for parents with children in special education. The earlier survey was subsequently adjusted to make sure that Indicator 8 was addressed.

Current Analysis

The current analysis is based on the three most recent years of data available (2010-2011, 2011-2012, and 2012-2013). Parents of children aged 3 through 21 receiving special education services were sent surveys with 40 questions that fell into six topic areas:

1. satisfaction with child's special education program;
2. participation in developing and implementing child's program;
3. child's participation;
4. transition planning for preschools and secondary students;
5. parent training and support; and
6. child's skills.

Table A-1 shows the survey response rates for each of the three years included in this analysis. Response rates ranged from 17.9 percent to 21.3 percent for the three years. Because this survey is primarily used for federal reporting on Indicator 8, only data from respondents who answered question 12 ("In my child's school, administrators and teachers encourage parent involvement in order to improve services and results for children with disabilities.") were included in the data provided by CSDE. Rather than 5,058 parent surveys, PRI staff received 4,844 parent survey responses, approximately 96 percent of returned surveys for the three year period.

School Year	# Surveys Distributed	# School Districts	# Surveys Returned	Response Rate
2010-2011	9,251	29	1,870	20.2%
2011-2012	6,143	21	1,097	17.9%
2012-2013	9,811	29	2,091	21.3%
Total	25,205	79	5,058	20.1%

Source: CSDE.

A total of 782 surveys were from parents who identified their child’s primary disability as autism. Table A-2 shows the other primary disabilities reported by parents on the survey.

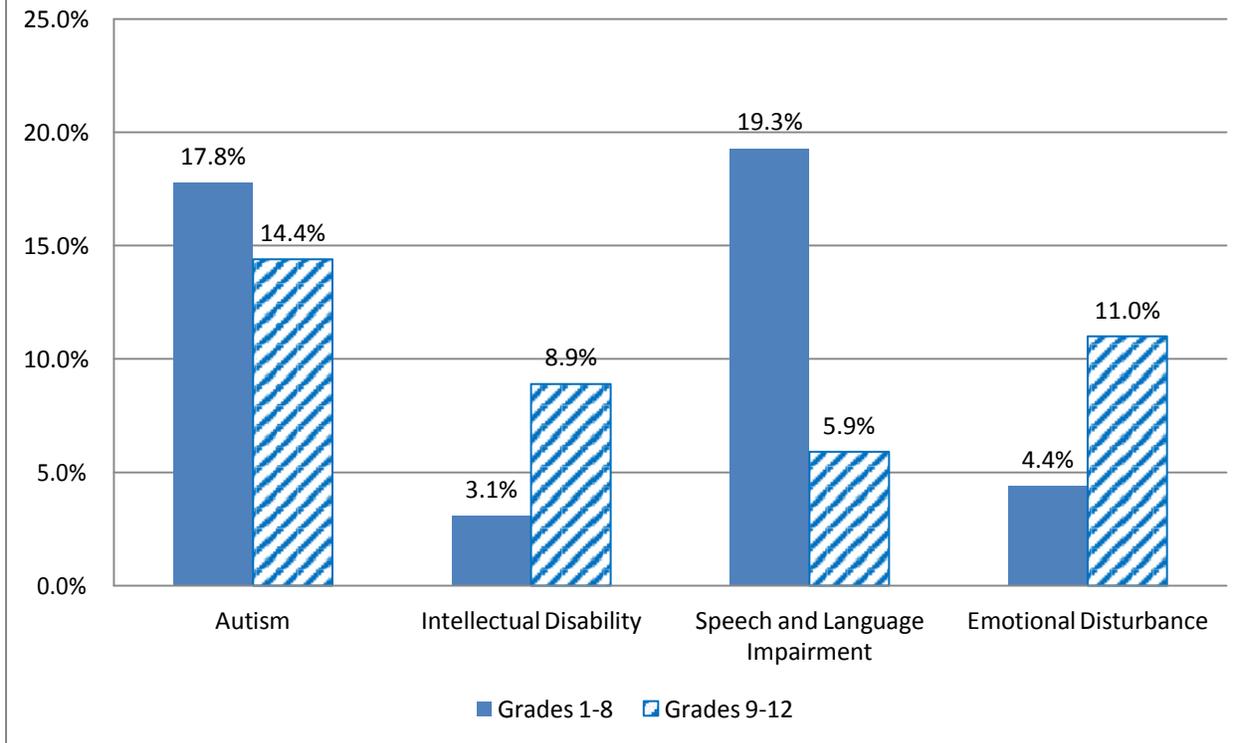
Primary Disability	Number of Children	Percent of Children
Autism	782	16%
Learning Disability	1,256	26%
Speech Language Impairment	754	16%
ADD/ADHD	584	12%
Other Health Impairment	376	8%
Developmental Delay (0-3)	276	6%
Emotional Disturbance	288	6%
Multiple Disabilities	235	5%
Intellectual Disability	226	5%
Other ^a	67	1%
Total	4,844	101%*

^a Includes hearing, visual, or orthopedic impairment, deaf blindness, and traumatic brain injury.
* Totals may not add up to 100% due to rounding.
Source: CSDE.

Compared with parents of children in first through eighth grade, parents of children in high school were more likely to have sons or daughters with intellectual disabilities and emotional disturbances (Figure A-1)¹. The slightly higher percent of autism in grades 1-8 may reflect the increasing prevalence of ASD.

¹ Excludes birth-three, preschool, and kindergarteners.

Figure A-1. Comparison of Disability Type by Grade: 2010-2013



Using a six-point scale, parents were asked to rate their agreement with 40 statements. The rating scale was as follows:

- 1=strongly disagree;
- 2=moderately disagree;
- 3=slightly disagree;
- 4=slightly agree;
- 5=moderate agree; and
- 6=strongly agree.

Combining the three years of parent responses, Table A-3 shows the statements with the strongest agreement and strongest disagreement by parents of high school age children. Parents expressed greatest agreement with their children having opportunities to participate in school-sponsored activities, understanding what is discussed at meetings to develop IEPs, and encouragement of children to attend and participate in PPT meetings.

Parents were more likely to disagree that they are involved in a support network for parents of students with disabilities, have attended parent training or information sessions regarding needs of parents and of children with disabilities, and had opportunities for parent training or information sessions regarding special education provided by their child's school district.

Table A-3. Survey Statements with the Strongest Agreement and Disagreement from Parents of High School Age Children: 2010-2013				
Statements with Strongest Agreement				
Survey Item	Strongly Agree	Moderately/Slightly Agree	Moderately/Slightly Disagree	Strongly Disagree
Q24) My child has the opportunity to participate in school-sponsored activities such as field trips, assemblies and social events (dances, sports events).	82%	14%	2%	2%
Q14) I understand what is discussed at meetings to develop my child's IEP.	66%	30%	3%	1%
Q32) The school district actively encourages my child to attend and participate in PPT meetings.	68%	23%	4%	5%
Statements with Strongest Disagreement				
Q36) I am involved in a support network for parents of students with disabilities available through my school district or other sources.	15%	17%	13%	55%
Q35) In the past year, I have attended parent training or information sessions (provided by my district, other districts or agencies) that addressed the needs of parents and of children with disabilities.	21%	18%	12%	49%
Q37) There are opportunities for parent training or information sessions regarding special education provided by my child's school district.	22%	29%	13%	35%
Source: CSDE.				

Comparison of parent responses by child's grade. The following section shows differences in responses across each of the six survey topic areas for parents of children in grades 1-8 vs. grades 9-12.

Satisfaction with child's program. In 10 of 11 statements related to satisfaction with child's program, parents of high school students rated the statements more negatively than parents of children in grades 1-8 receiving special education services. In particular, the statements with the largest average differences are shown in Table A-4. Figure A-2 through Figure A-5 show the percent of parents of students in grades 1-8 vs. grades 9-12 that strongly or moderately agreed with the statements.

Table A-4. Satisfaction with Child's Program by Parents of Students in High School vs. Grades 1-8 Receiving Special Education Services: 2010-2013		
Survey Item	Average Differences by Grade	
	Grades 1-8	Grades 9-12
	1-6 rating scale, where: 1=strongly disagree 6=strongly agree	
Q10. General education teachers make accommodations and modifications as indicated on my child's IEP	5.04	4.70
Q11. General education and special education teachers work together to assure that my child's IEP is being implemented	5.10	4.79
Q4. My child has been sent home from school due to behavioral difficulties (not considered suspension)	1.95	2.27
Q7. All special education services identified in my child's IEP have been provided	5.08	4.82

Source: CSDE and PRI staff analysis.

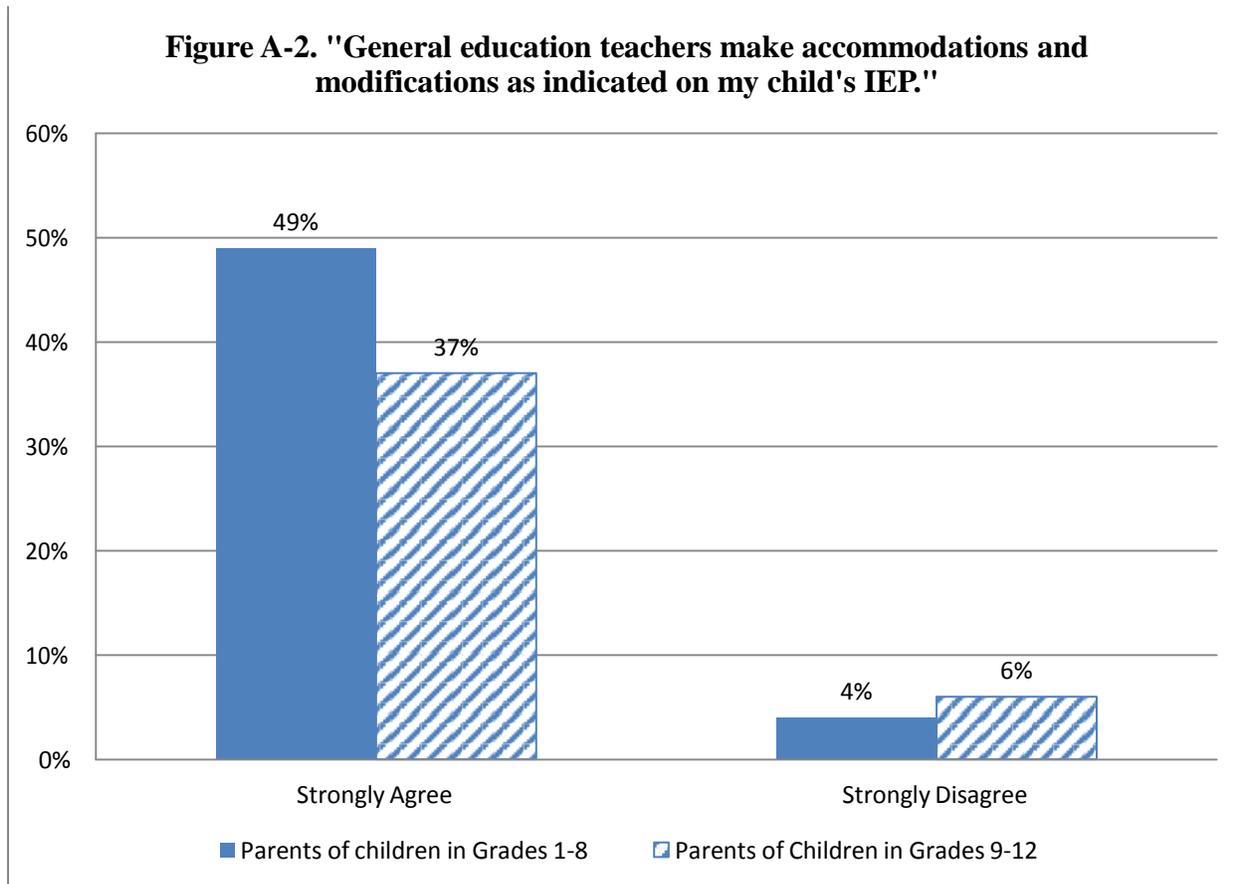


Figure A-3. "General education and special education teachers work together to assure that my child's IEP is being implemented."

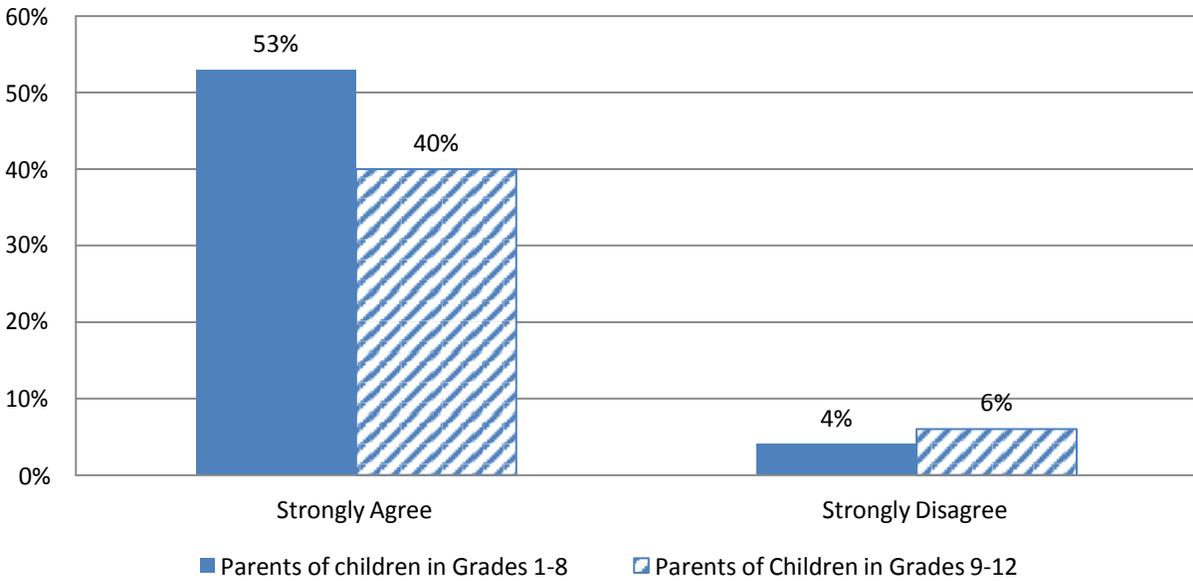


Figure A-4. "My child has been sent home from school due to behavioral difficulties (not considered suspension)."

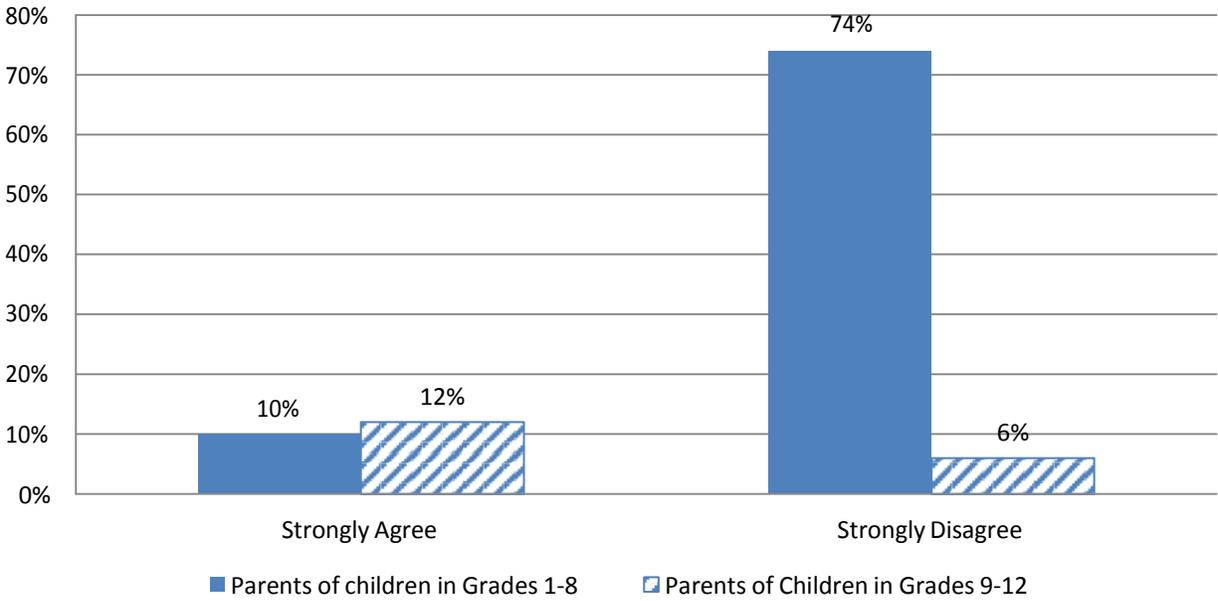
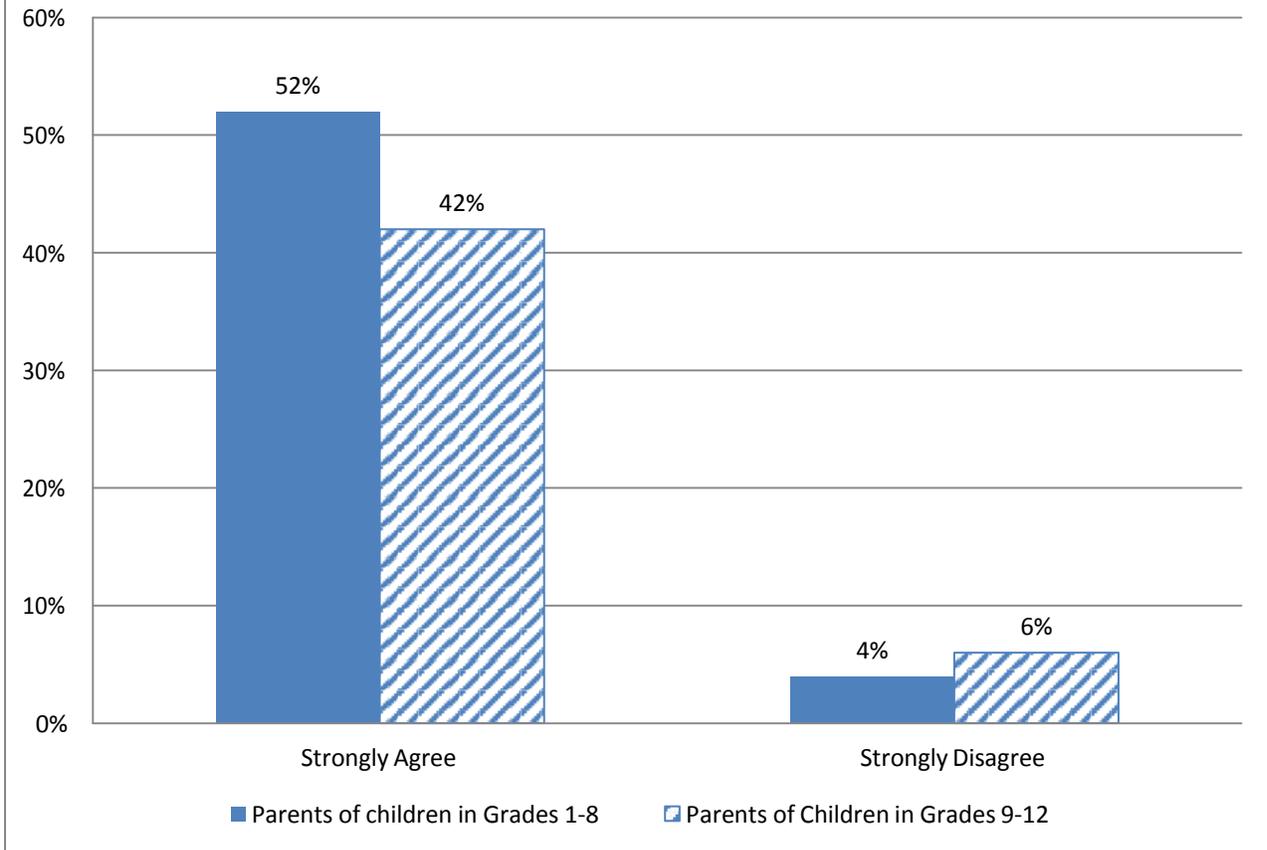


Figure A-5. "All special education services identified in my child's IEP have been provided."



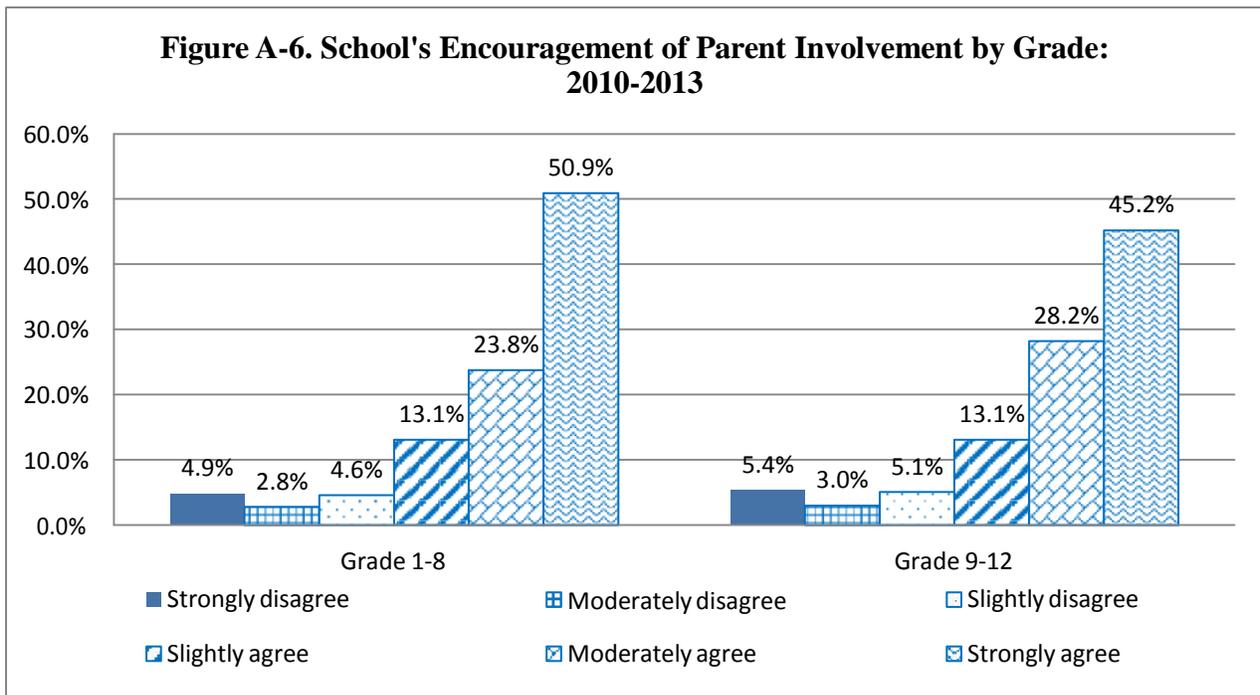
Participation in developing/implementing child's program. Of the 12 statements related to participation in developing and implementing the child's program, six had statistically significant differences in ratings (Table A-5). Parents of high school students rated the statements more negatively than parents of children in grades 1-8 receiving special education services in all six instances. Slight differences in the question used to report on Indicator 8 (Q12: "In my child's school, administrators and teachers encourage parent involvement in order to improve services and results for children with disabilities."), for example, are shown in Figure A-6.

Table A-5. Ratings of Participation in Developing/Implementing Child’s Program by Parents of Students in High School vs. Grades 1-8 Receiving Special Education Services: 2010-2013

Survey Item	Average Differences by Grade	
	Grades 1-8	Grades 9-12
	1-6 rating scale, where: 1=strongly disagree 6=strongly agree	
Q12: (“In my child’s school, administrators and teachers encourage parent involvement in order to improve services and results for children with disabilities.”)	5.01	4.91
Q15) “My concerns and recommendations are documented in the development of my child’s IEP	5.19	5.10
Q18) “At my child’s PPT, the school district proposed programs and services to meet my child’s individual needs.”	4.97	4.87
Q19) “When we implement my child’s IEP, I am encouraged to be an equal partner with my child’s teachers and other service providers.”	5.09	4.97
Q20) “I have received a copy of my child’s IEP within 5 school days after the PPT.”	5.42	5.35
Q23) “The school district proposed the regular classroom for my child as the first placement option.”	5.35	5.07

Source: CSDE and PRI staff analysis.

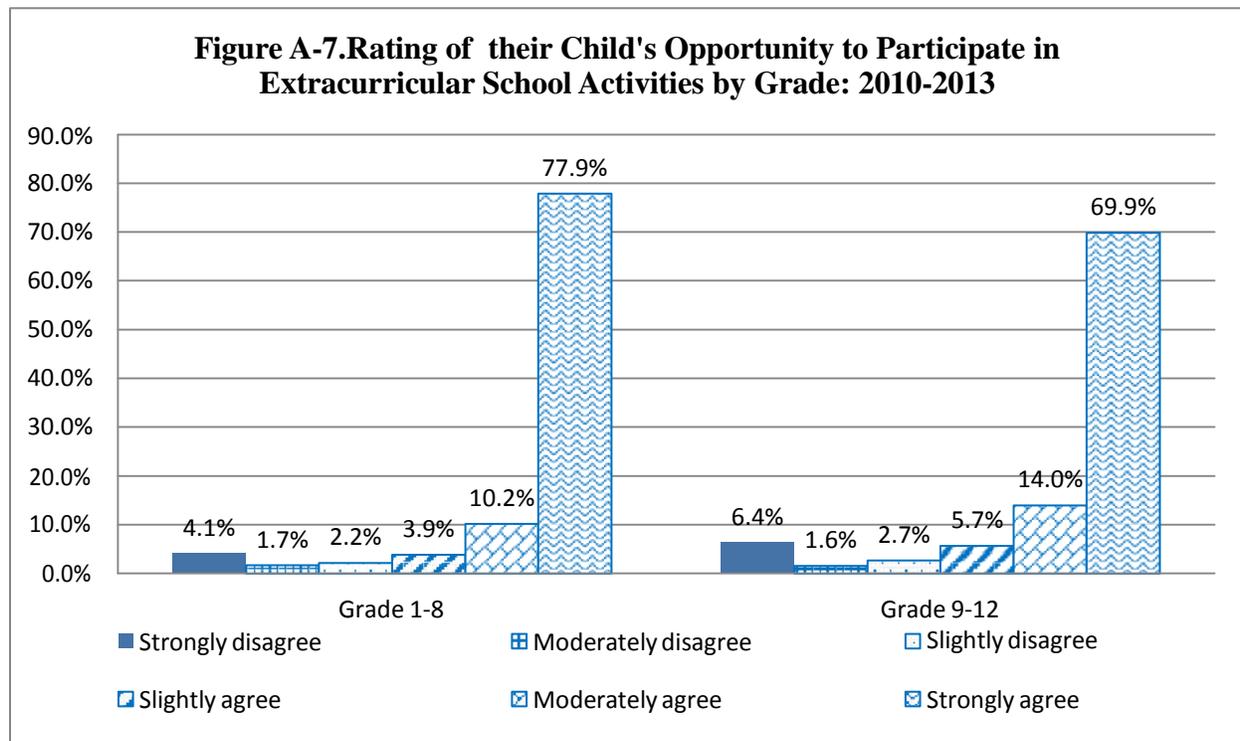
Figure A-6. School's Encouragement of Parent Involvement by Grade: 2010-2013



Child's participation. Of the four statements related to child's participation, two had statistically significant differences, both with more negative responses given by the parents of high school students (Table A-6). Figure A-7 shows the ratings for Q25, for example.

Table A-6. Ratings of Participation in Developing/Implementing Child's Program by Parents of Students in High School vs. Grades 1-8 Receiving Special Education Services: 2010-2013		
Survey Item	Average Differences by Grade	
	Grades 1-8	Grades 9-12
	1-6 rating scale, where: 1=strongly disagree 6=strongly agree	
Q24) "My child has the opportunity to participate in school-sponsored activities such as field trips, assemblies and social events (dances, sports events)."	5.72	5.56
Q25) "My child has the opportunity to participate in extracurricular school activities such as sports or clubs with children without disabilities."	5.48	5.28

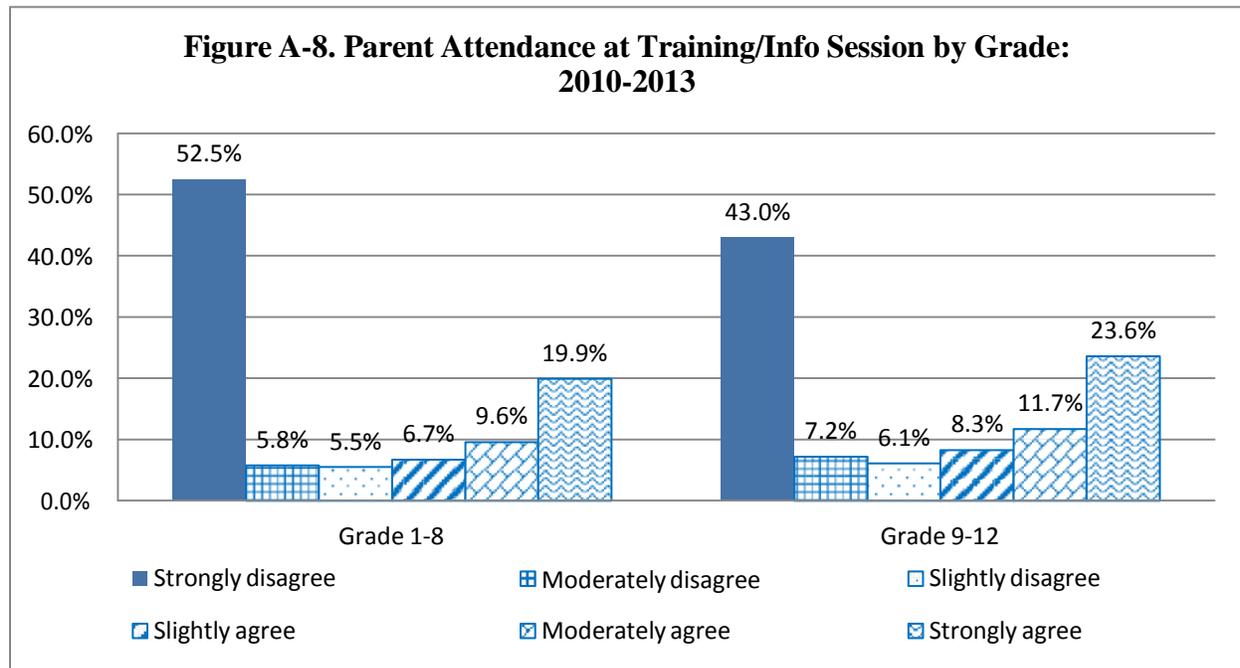
Source: CSDE and PRI staff analysis.



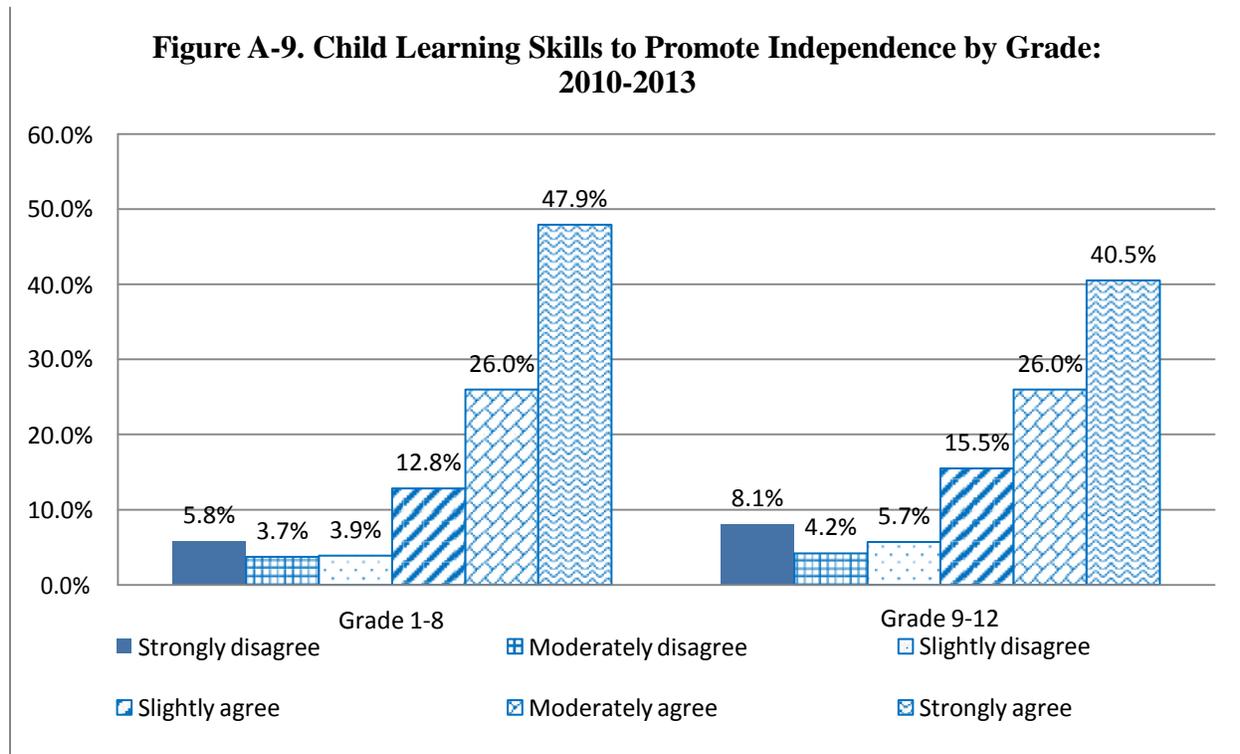
Parent training and support. Of the four statements related to parent training and support, two had statistically significant differences; however, in this case, the high school parents rated the statements more positively than the parents of children in grades 1-8 (Table A-7). The largest difference was found regarding attendance at parent training or information sessions (Figure A-8).

Table A-7. Ratings of Parent Training and Support by Parents of Students in High School vs. Grades 1-8 Receiving Special Education Services: 2010-2013		
Survey Item	Average Differences by Grade	
	Grades 1-8	Grades 9-12
	1-6 rating scale, where: 1=strongly disagree 6=strongly agree	
Q35) In the past year, I have attended parent training or information sessions (provided by my district, other districts or agencies) that addressed the needs of parents and of children with disabilities.	2.75	3.09
Q36) I am involved in a support network for parents of students with disabilities available through my school district or other sources.	2.45	2.65

Source: CSDE and PRI staff analysis.



Child's skills. The last two statements of the survey pertain to the child's skills. Question 39 states: "My child is learning skills that will enable him/her to be as independent as possible." The parents of children in grades 1-8 were more likely to agree more strongly with this statement than are the parents of children in grades 9-12 (Figure A-9). (No difference was found for Q40: "My child is learning skills that will lead to a high school diploma, further education, or a job.")



Comparison of parent responses by type of child's disability. There were several questions where parents of high school children with ASD responded differently than those with other disabilities (Table A-8). Parents of high school students with ASD were more likely to say they had opportunities to regularly speak with their child's teachers, and to be involved in a support network.

Parents of high school students with ASD were less likely to say their children had the opportunity to participate in extracurricular school activities, and with the necessary supports for such participation less likely to be provided. Percent of parents who strongly agreed or strongly disagreed with the statements is shown in Figure A-10 through Figure A-13.

Table A-8. Survey Responses for Parents of High School Students With ASD vs. Other Disabilities: 2010-2013		
Survey Item	Disability Type	
	ASD	Other disability
	1-6 rating scale, where: 1=strongly disagree 6=strongly agree	
Q2. I have the opportunity to talk to my child's teachers on a regular basis to discuss my questions and concerns	5.35	5.10
Q.25 My child has the opportunity to participate in extracurricular school activities such as sports or clubs with children without disabilities.	4.75	5.37
Q.27 My child's school provides supports, such as extra staff, that are necessary for my child to participate in extracurricular school activities (for example, clubs and sports)	3.95	4.47
Q.36 I am involved in a support network for parents of students with disabilities available through my school district or other sources	3.03	2.54

Source: CSDE and PRI staff analysis.

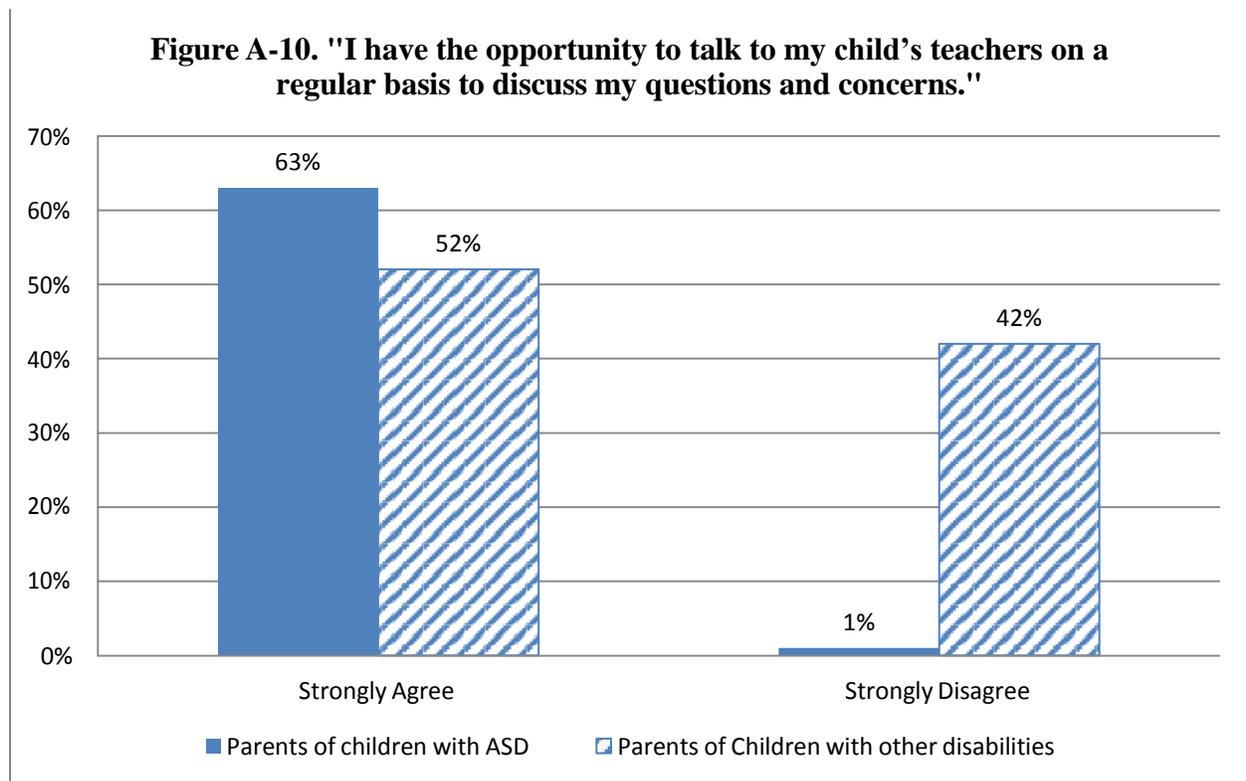


Figure A-11. "My child has the opportunity to participate in extracurricular school activities such as sports or clubs with children without disabilities."

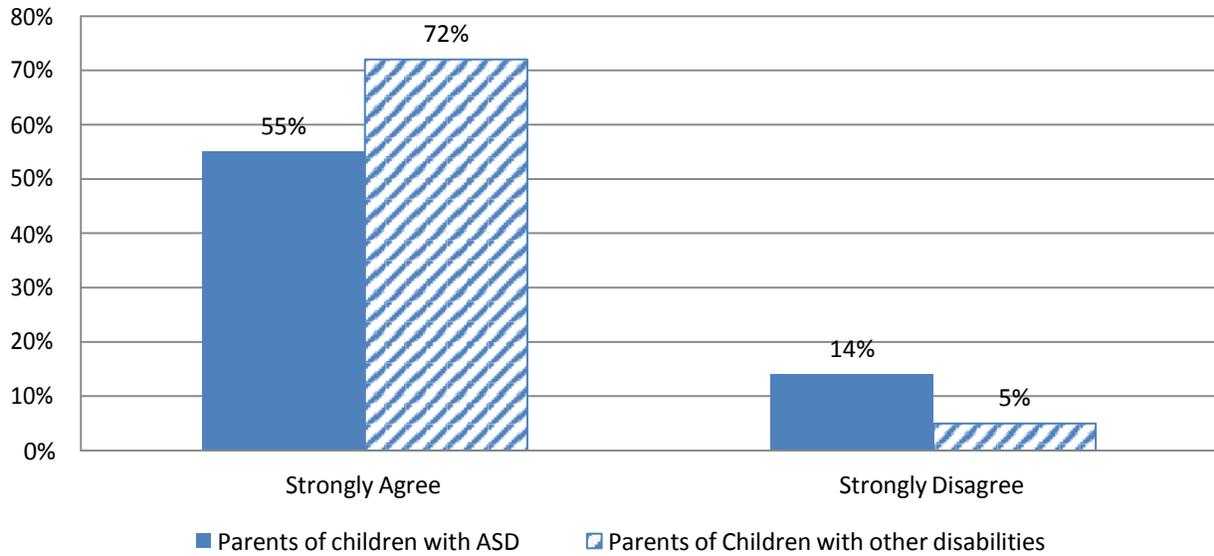


Figure A-12. "My child's school provides supports, such as extra staff, that are necessary for my child to participate in extracurricular school activities (for example, clubs and sports)."

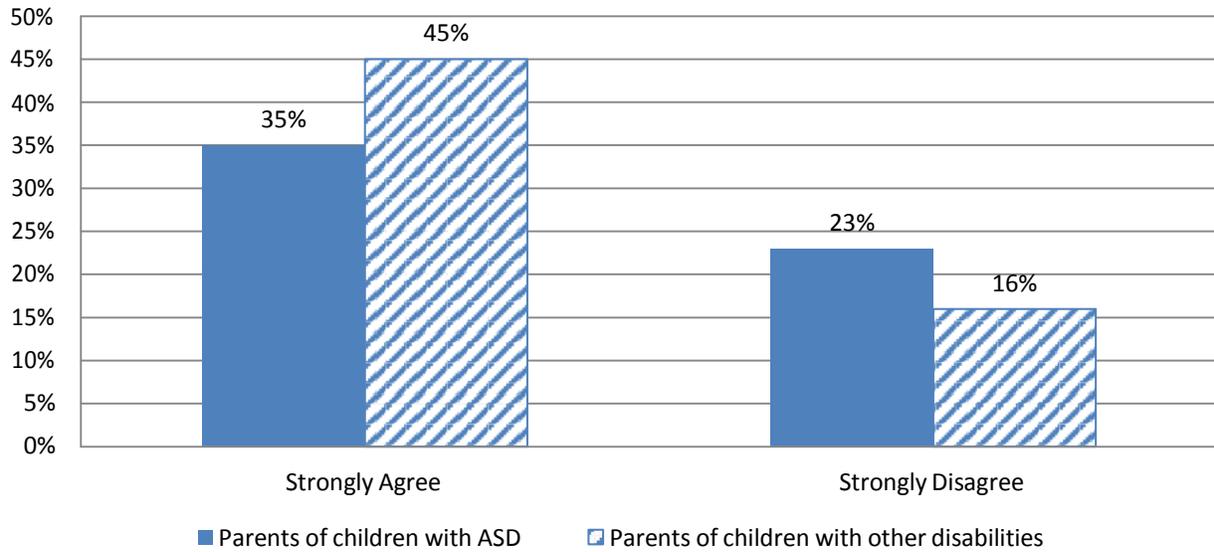
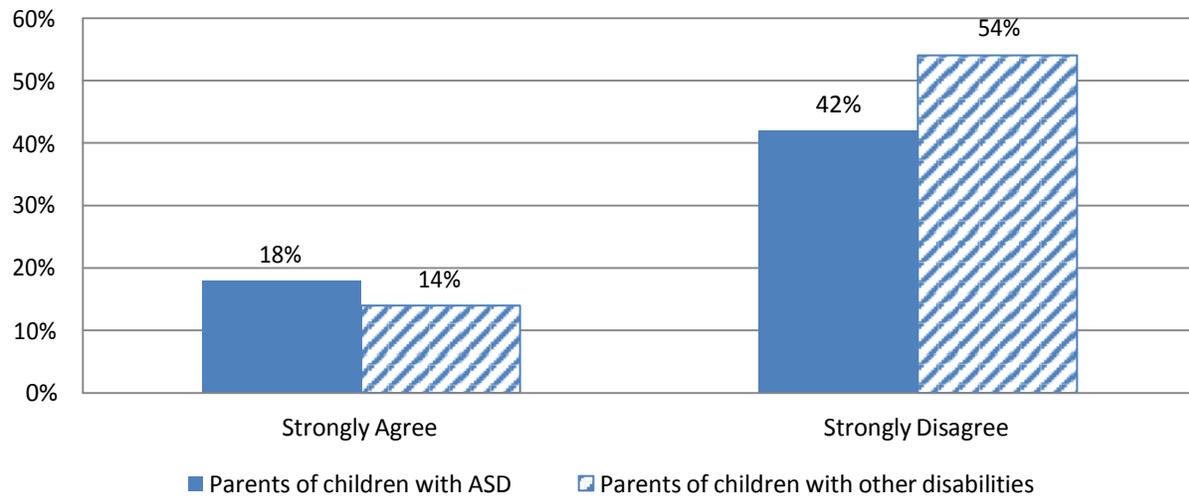


Figure A-13. "I am involved in a support network for parents of students with disabilities available through my school district or other sources."



Summary

To find out what parents thought of the state's special education programs, and to fulfill a requirement to evaluate efforts to implement the federal Individuals with Disabilities Education Act, parents of children aged 3 through 21 receiving special education services were sent surveys by the Connecticut State Department of Education (CSDE). The current analysis is based on the three most recent years of data available (2010-2011, 2011-2012, and 2012-2013).

Parents of high school age students expressed greatest *agreement* with their children having opportunities to participate in school-sponsored activities, understanding what is discussed at meetings to develop IEPs, and encouragement of children to attend and participate in PPT meetings.

Parents of high school age children were more likely to *disagree* that they are involved in a support network for parents of students with disabilities, have attended parent training or information session regarding needs of parents and of children with disabilities, and had opportunities for parent training or information sessions regarding special education provided by their child's school district.

Overall, parents of high school students receiving special education services rated the survey statements more negatively than parents of children in grades 1-8 receiving special education services. Compared with parents of high school students, for example, parents of children in grades 1-8 were more likely to strongly agree with the Indicator 8 statement: "In my child's school, administrators and teachers encourage parent involvement in order to improve services and results for children with disabilities." (50.9 percent vs. 45.2 percent). Also, parents of high school students were less likely to strongly agree with the statement, "My child is learning skills that will enable him/her to be as independent as possible." (40.5 percent vs. 47.9 percent).

On the other hand, parents of high school students were more likely to attend parent training or information sessions. Parents of children in grades 1-8 were more likely to strongly disagree with the statement, "In the past year, I have attended parent training or information sessions (provided by my district, other districts or agencies) that addressed the needs of parents of children with disabilities." (52.5 percent vs. 43.0 percent).

In comparing parents of high school students with ASD vs. other disabilities, parents of students with ASD were:

- more likely to agree they have the opportunity to talk to the child's teachers on a regular basis;
- more likely to agree they are involved in a support network;
- less likely to agree their child had the opportunity to participate in extracurricular school activities; and
- less likely to agree the school provides supports necessary for their child to participate in extracurricular school activities.

Appendix B: Summary of CSDE Post-School Outcomes Surveys

Summary of CSDE Post-School Outcomes Surveys

Overview

As required by IDEA, each state must have a State Performance Plan (SPP) that is used to assess efforts to meet requirements of the Act. The SPP requires each state to report annually to the U.S. Department of Education Office of Special Education Programs (OSEP) on 20 indicators. Indicator 14 assesses outcomes for youth one year after exiting high school. The Connecticut State Department of Education (CSDE) mails a survey to all students who received special education services one year after they exited high school due to the student having:

- graduated with a standard diploma;
- obtained a Certificate of Completion;
- reached maximum age of eligibility for special education services; or
- dropped out of school.

In more recent years, the survey has also been available online. The survey contains 12 items that ask about:

- enrollment in any postsecondary education;
- employment;
- receipt of services from agencies;
- level of satisfaction with life since exiting high school; and
- suggestions for high school students currently in transition.

Current Analysis

The following analysis is based on the most recent three years of exit survey data available at the time of the data request to CSDE. Since surveys are sent one year after the student has exited, the data contains the responses from individuals who exited high school during the: 2009-2010 school year, 2010-2011 school year, and 2011-2012 school year. For the students who exited in the 2011-2012 school year, for example, their surveys were mailed July 2013 (with follow up mailings in September and October 2013).

Table B-1 shows the survey response rates for each of the three years included in this analysis. Of note is the large number of surveys that are returned non-deliverable. Excluding the non-deliverable surveys from the total number of surveys delivered, response rates ranged from 13.6 percent to 19 percent. Given the limited response rate, the findings may not be representative of all the exiting students who received special education services, and must be interpreted with caution.

School Year Exited	# Surveys Distributed	# Surveys Returned	Response Rate including non-deliverables	Response Rate Excluding non-deliverables
2009-2010	5,251	825	15.7%	19.0% (906)
2010-2011	4,918	611	12.4%	14.8% (780)
2011-2012	4,603	537	11.7%	13.6% (642)
Total	14,772	1,973	13.3%	15.8% (2,328)

Source: CSDE.

A total of 180 surveys from the combined three years were from individuals identified as having a primary disability of autism. Table B-2 shows the other primary disabilities for those returning the exit survey.

Primary Disability	Number of Respondents	Percent of Respondents
Autism	180	9%
Learning Disability	735	37%
Emotional Disturbance	219	11%
ADD/ADHD	192	10%
Other Health Impairment	201	10%
Speech Language Impairment	130	7%
Intellectual Disability	135	7%
Multiple Disabilities	121	6%
Other ^a	60	3%
Total	1,973	100%

^a Includes hearing, visual, or orthopedic impairment, deaf blindness, and traumatic brain injury.

Source: CSDE.

In a previous analysis comparing the survey respondents to the total population of exiters of special education,¹ the University of Connecticut researchers found a pattern of slight underrepresentation of certain groups. For example, the 2012 survey respondents were less likely to be:

- minority exiters (17.0 percent lower than all exiters);
- exiters who dropped out of school (6.2 percent lower than all exiters);
- exiters with emotional disabilities (7.2 percent lower than all exiters); and
- exiters with learning disabilities (6.2 percent lower than all exiters).

¹ Connecticut Post-School Outcomes Survey 2012: 2011 School Year Exiters of Special Education Services Final Report December 2012, University of Connecticut Department of Educational Psychology, under contract with Connecticut Department of Education Bureau of Special Education.

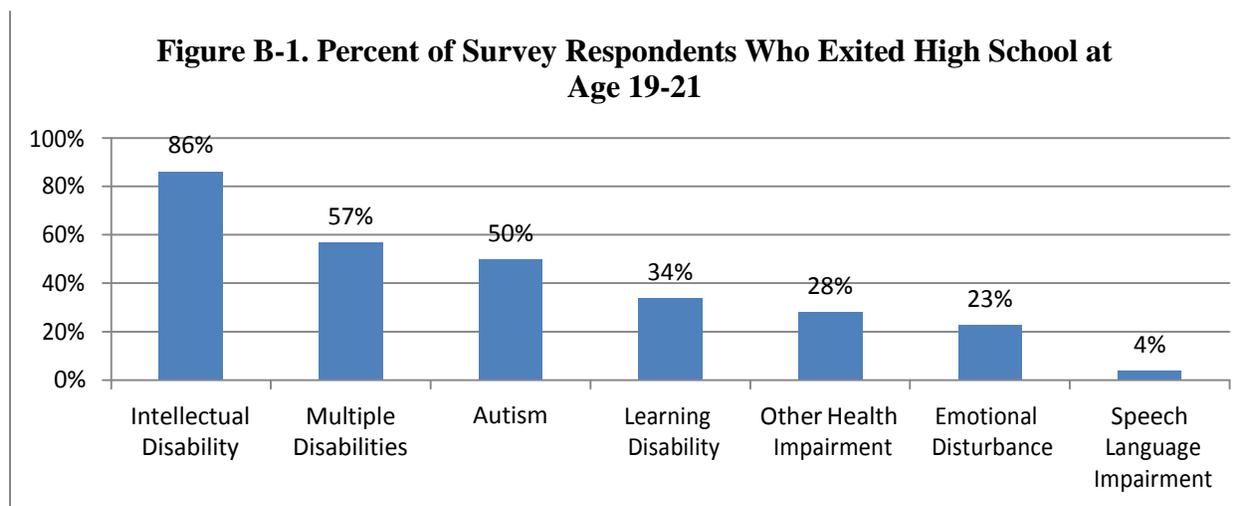
The researchers also found exiters with autism to be somewhat more likely to respond to the survey.

Table B-3 shows the average age at which students with disabilities exited high school. With the exception of individuals with intellectual disabilities or multiple disabilities, survey respondents with autism had the oldest average age at time of exiting high school. Half the survey respondents with autism exited high school at age 19-21 (vs. 86 percent of individuals with intellectual disabilities) (Figure B-1).

Primary Disability	Average Age Exited High School	Number of Responders
Intellectual Disability	19.8	135
Multiple Disabilities	19.3	121
Autism	18.4	180
Other ^a	17.8	60
Other Health Impairment	17.6	201
Speech Language Impairment	17.6	130
Emotional Disturbance	17.4	219
Learning Disability	17.2	735
ADD/ADHD	17.2	192
Total	17.7	1,973

^a Includes hearing, visual, or orthopedic impairment, deaf blindness, and traumatic brain injury.

Source: CSDE.

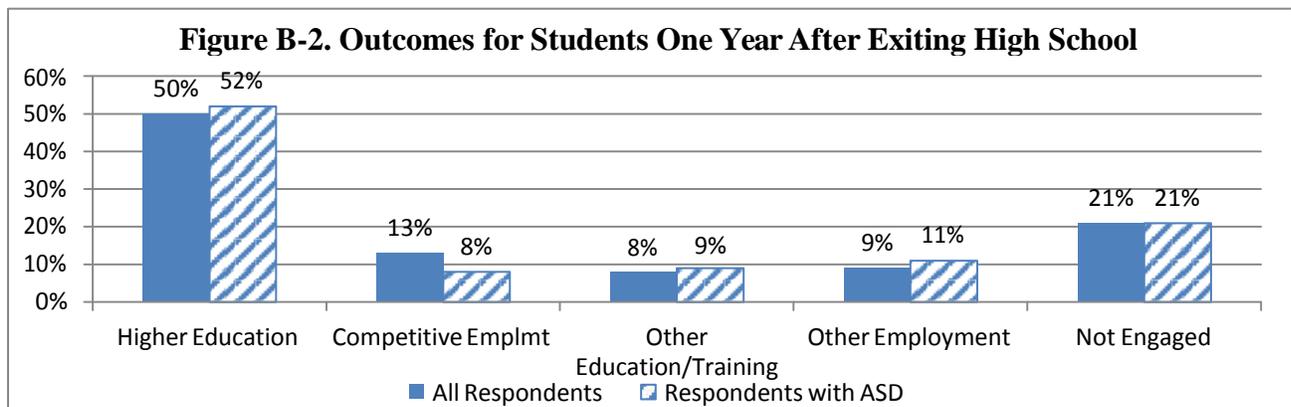


Way in which they exited high school

- Nine in ten survey respondents graduated with standard high school diplomas;
- Five percent of survey respondents exited high school because they had reached the maximum age of 21
 - Of the 96 who had reached maximum age, 24 had multiple disabilities (20 percent of all survey respondents with multiple disabilities), 23 had an intellectual disability (17 percent of all survey respondents with an intellectual disability), and 20 had autism (11 percent of all survey respondents with autism);
- Four percent of survey respondents had dropped out of high school
 - Of the 80 survey respondents who had dropped out of high school, 34 were categorized as having learning disabilities (5 percent of all survey respondents with learning disabilities) and 25 as having emotional disturbances (11 percent of all survey respondents with emotional disturbances); and
- One percent (17 individuals) of survey respondents exited with a Certificate of Completion
 - Of the 17, the more frequent primary disabilities were: Intellectual Disability (5), Emotional Disturbance (4) and Multiple Disabilities (4).

The previously referenced analysis comparing survey respondents to the total population of exiters of special education noted an overrepresentation of those who had graduated with a standard high school diploma (88 percent of respondents vs. 78 percent of the total exiters) and an underrepresentation of those who had dropped out of high school (2 percent of respondents vs. 8 percent of total exiters).

Outcomes for students one year after exiting high school. The CSDE Post-School Outcomes Survey asks respondents the following question: “In the 12 months after leaving high school, have you enrolled in any type of school, job training, or education program for at least one complete term (including a quarter, semester, inter-sessions, summer or online)?” Subsequent questions ask the respondent to identify the type of school attended, and length and type of employment and wages (if applicable). Figure B-2 shows the outcomes for all respondents compared with respondents with ASD.



For all respondents, regardless of disability, approximately half reported attendance at a two- or four-year college and one in five was not engaged in a school or work related activity. Compared with all respondents, those with ASD were less likely to be competitively employed.

Higher education. Of the 977 respondents enrolled in higher education, 75 percent (737 respondents) were enrolled full-time and 25 percent part-time (240 respondents). Within the 93 respondents with ASD enrolled in higher education, 70 percent (65 respondents) were enrolled full-time and 30 percent (28 respondents) were enrolled part-time.

Of the respondents enrolled in higher education, those with ASD were more likely to report attending a four year college (65 percent) compared with 55 percent of all respondents. The vast majority of respondents attending four year colleges attended full-time (93 percent of all respondents, 90 percent of respondents with ASD).

However, of the respondents enrolled in two-year colleges, approximately half (53 percent) attended full-time; in contrast, just 33 percent of the respondents with ASD enrolled in two-year colleges attended full-time.

Competitive employment. The State Performance Plan defines competitive employment as youth who have worked for pay at or above the minimum wage in a setting with others who are nondisabled, for at least 20 hours a week, for at least 90 days at any time in the year since exiting high school. This includes military employment.²

Of the 255 respondents categorized as competitively employed, 132 (52 percent) worked full-time and 123 (48 percent) worked part-time. Three-quarters (77 percent) were being paid above minimum wage.

Respondents with ASD did not differ statistically from all other survey respondents; however, there was a trend for respondents with ASD who were competitively employed to be working part-time (71 percent) compared with the overall figure (48 percent) for all survey respondents.

Table B-4 shows responses to being asked to select the best description of their most recent job. Responses for those with ASD were similar to all respondents, with 12 of the 14 reporting working for an employer. Although the numbers are small, none of the individuals with ASD reported being in the military or in a family business.

² The Rehabilitation Act/Department of Rehabilitation Services does not require a minimum number of hours to be worked as part of its definition of “competitive employment.”

Description	Number of Respondents	Percent of Respondents
For an employer	196	77%
In supported employment (paid work with wage support to the employer)	19	7%
In family business	16	6%
In the military	16	6%
Self-employed	8	3%
Total	255	99%*
*Percents do not total to 100% due to rounding. Source: CSDE.		

Examples of the types of jobs respondents were employed in included donut shop, construction, electronics apprentice, and landscaping.

Other education/training. In addition to higher education, 150 respondents were enrolled in some other education or training program such as: vocational, technical or trade school; short-term education or job training program; adult education; or postgraduate or college prep program. Examples of other education and training included fashion design program, floral design school, computer program technology, and transition/life skills residential program.

Other employment. Besides competitive employment, 174 respondents were working in a setting that did not fully meet the requirements for competitive employment, including earnings below minimum wage (53 percent), work for fewer than 20 hours per week (78 percent), and/or work in a non-integrated setting such as sheltered workshop (25 percent). Examples of other employment included work program in a residential facility, summer youth employment program, and farm work.

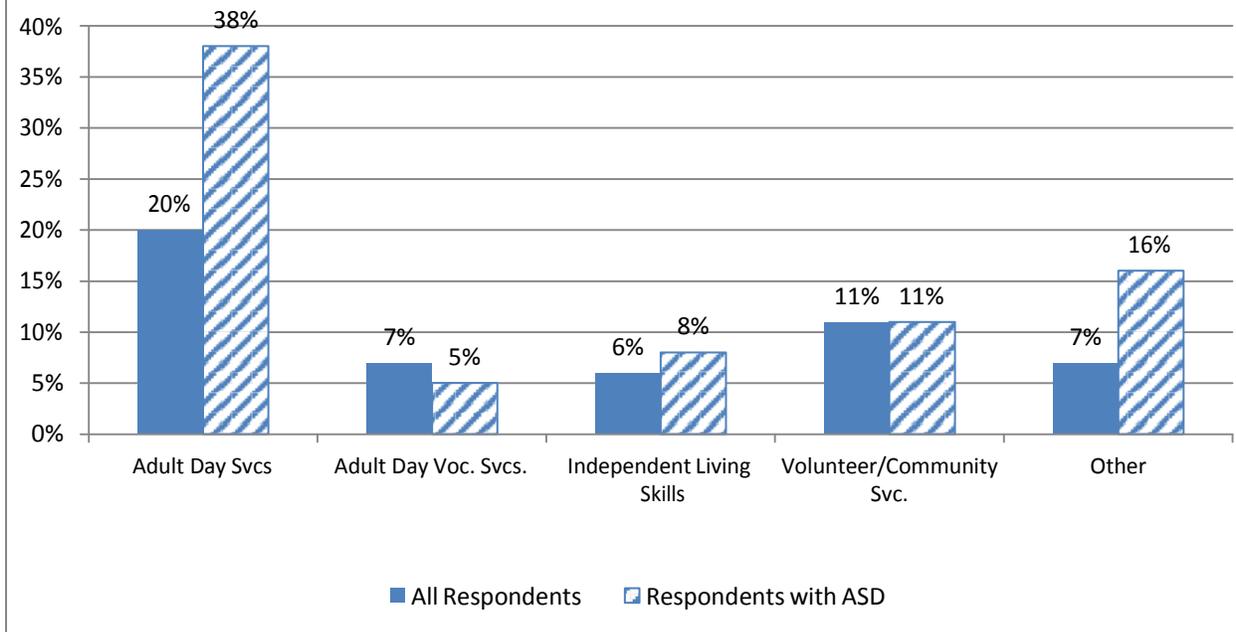
Not engaged. For the 417 respondents not engaged in education or employment, 173 (41 percent) were participating in at least one of the following other activities:

- adult day service programs;
- adult day vocational programs;
- independent living skills programs; and
- volunteer work or community service.

Of the 37 respondents with ASD who said they were not engaged in education or employment, a higher percent (59 percent) reported participating in at least one of the above other activities. Figure B-3 shows participation in the other activities for all respondents and for those with just ASD. Those with ASD are more likely to attend Adult Day Services and “other” activities. Examples of “other” activities include:

- CT Job Works;
- game night at community group every two Saturdays;
- presently in a three month mental health residence;
- just being a mom; and
- substance abuse treatment.

Figure B-3. Participation in Other Activities



Use of agencies since exiting high school. Over half—58 percent--reported not using any agency services since exiting high school. One third of respondents (33 percent) said they did not use the agency services listed because services were not necessary. An additional 13 percent who did not use any agency services said they did not know any of the services were available.

Table B-5 shows the agency services 42 percent of the respondents said they had used since exiting high school. The third column shows the 62 percent of respondents with ASD who said they had used agency services since exiting high school. Respondents with ASD were relatively more likely to have said they used services (62 percent vs. 42 percent of all respondents), especially services provided by DDS, SSA, and BRS.

Table B-5. Agency Services Used Since Exiting High School

Agency	Percent of All Respondents (N=1,973)	Percent of Respondents with ASD (N=180)
DDS	13%	23%
DSS	13%	18%
BRS	12%	19%
SSA	12%	22%
Disability services at their college	13%	16%
DMHAS	2%	3%
DOL	1%	1%
DPH	1%	1%
Total	42%	62%

Source: CSDE.

Skills taught to respondents by their high schools. Table B-6 shows the skills respondents said were taught to them by their high schools. Social skills were taught to 57 percent of all respondents, and 55 percent of respondents with ASD. Overall, half of respondents (51 percent) said self-advocacy was taught to them by their high schools; however, a smaller percent of those with ASD (43 percent) said their high schools had taught them this skill. On the other hand, those with ASD were more likely to have said their high schools had taught them independent living skills (38 percent vs. 32 percent of all respondents) and work experience (38 percent vs. 33 percent of all respondents). Money management skills were least likely to have been reported as taught to respondents by their high schools. Just 10 percent said their high schools had taught them none of the skills listed in Table B-6.

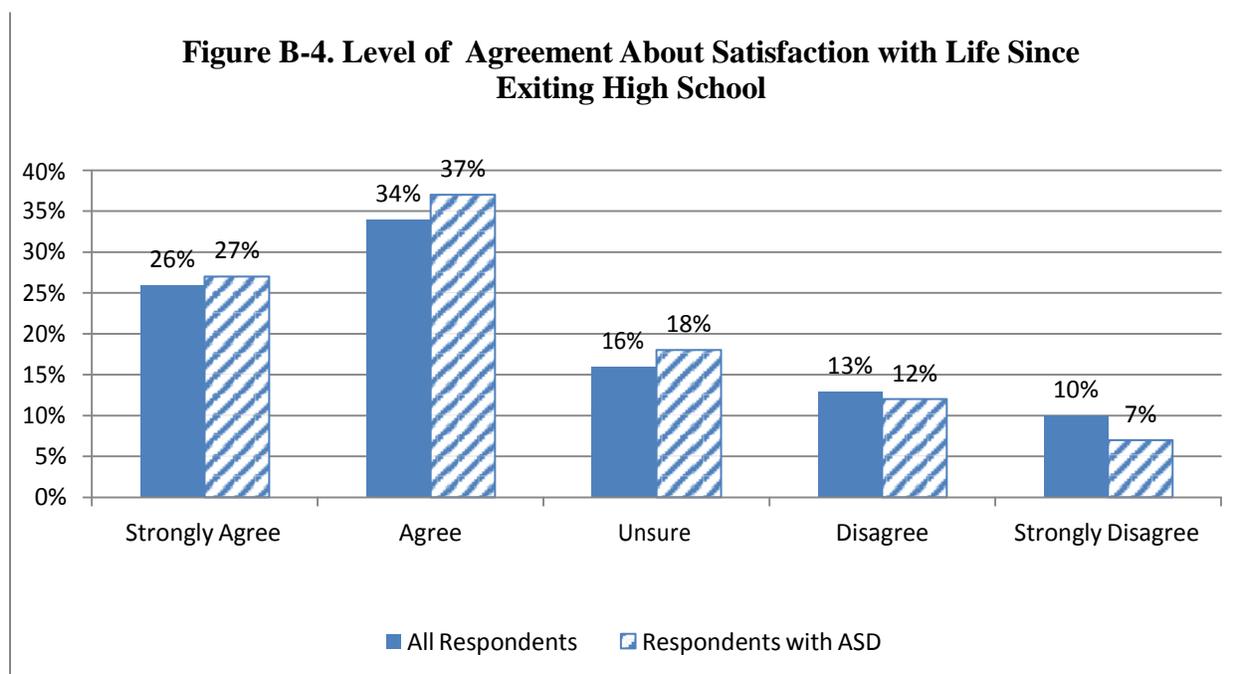
Table B-6. Skills Taught to Respondents by their High Schools

Agency	Percent of All Respondents (N=1,973)	Percent of Respondents with ASD (N=180)
Social Skills (getting along with others)	57%	55%
Self-Advocacy (ability to know why you need and ask for it)	51%	43%
Independent Living Skills (running a household, using transportation, taking care of your health and hygiene, managing your money)	32%	38%
Technology Skills (ability to use computers or other assistive tools)	46%	45%
Time Management/Organizational Skills	45%	44%
Money Management Skills	26%	28%
Study Skills/Learning Strategies	50%	48%
Work Experience	33%	38%
None	10%	10%

Source: CSDE.

Level of satisfaction with life since exiting high school. Using a five-point rating scale (from “Strongly Agree” to “Strongly Disagree”), respondents were asked to indicate their agreement with the statement, “I am satisfied with my life since leaving high school.”

Figure B-4 shows the ratings by all respondents and for respondents with ASD. The majority of respondents (60 percent) “Strongly Agree” or “Agree” that they are satisfied with their lives since leaving high school. A similar proportion of respondents with ASD (64 percent) “Strongly Agree” or “Agree” with the statement, and fewer “Disagree” or “Strongly Disagree” with the statement (19 percent vs. 23 percent of all respondents).

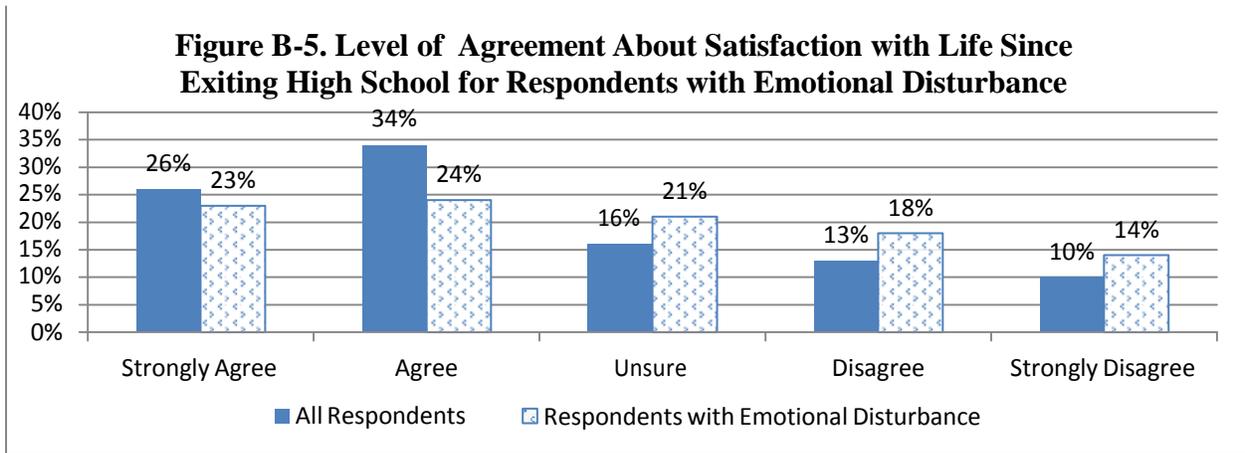


Characteristics or Experiences Associated with Satisfaction with life since exiting high school. Combining ratings of satisfaction with life since exiting high school with other information obtained from the survey, this section describes analyses conducted to answer the following four questions:

- 1) Is the type of disability associated with satisfaction with life since exiting high school?
- 2) Is outcome for students one year after exiting high school associated with satisfaction with life since exiting high school?
- 3) Is use of agencies since exiting high school associated with satisfaction with life since exiting high school?
- 4) Are the skills taught to respondents by their high schools associated with satisfaction with life since exiting high school?

1) Is type of disability associated with satisfaction with life since exiting high school?

- There were few differences in satisfaction by type of disability
- Respondents with a disability of emotional disturbance, however, were least satisfied with life since exiting high school (Figure B-5)
 - Less than half (47 percent) “strongly agree” or “agree” they are satisfied with life since leaving high school



2) Is outcome for students one year after exiting high school associated with satisfaction with life since exiting high school?

- Students who had enrolled in higher education were associated with the greatest level of satisfaction with life since exiting high school
- Students who were not engaged in education/training or employment were associated with the lowest level of satisfaction with life since exiting high school (Figure B-6)

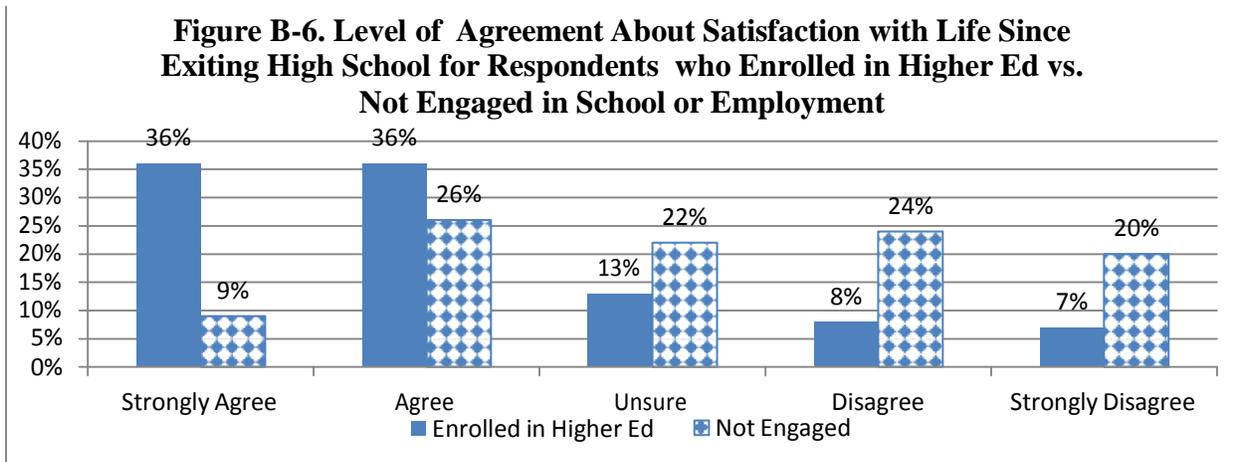


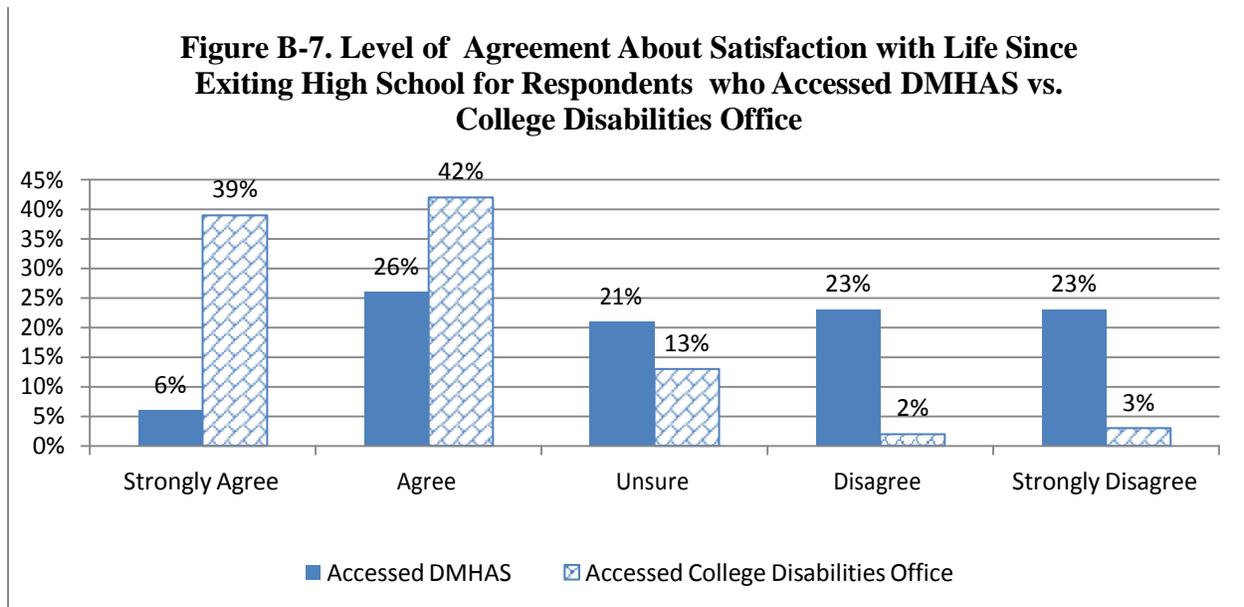
Table B-7 shows level of agreement for each of the five outcome categories.

Outcome Category	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Higher Ed	36%	36%	13%	8%	7%
Competitively Employed	31%	32%	15%	14%	7%
Some Other Postsecondary Education or Training Program	24%	35%	20%	10%	10%
Some Other Employment	12%	39%	22%	16%	11%
Not Engaged	9%	26%	22%	24%	20%
Total*	26%	34%	16%	13%	10%

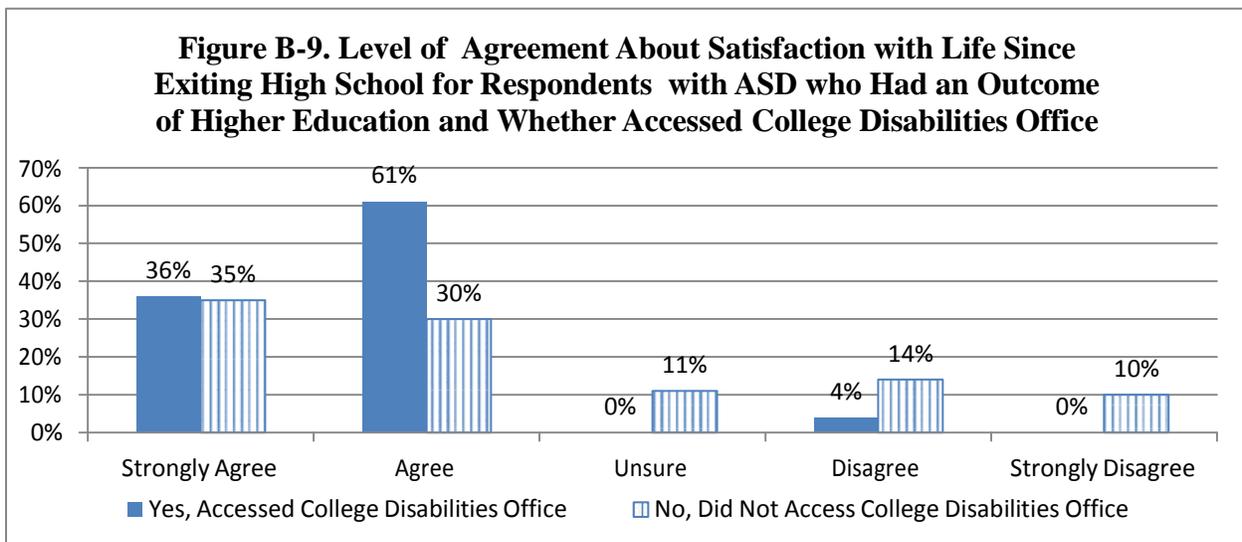
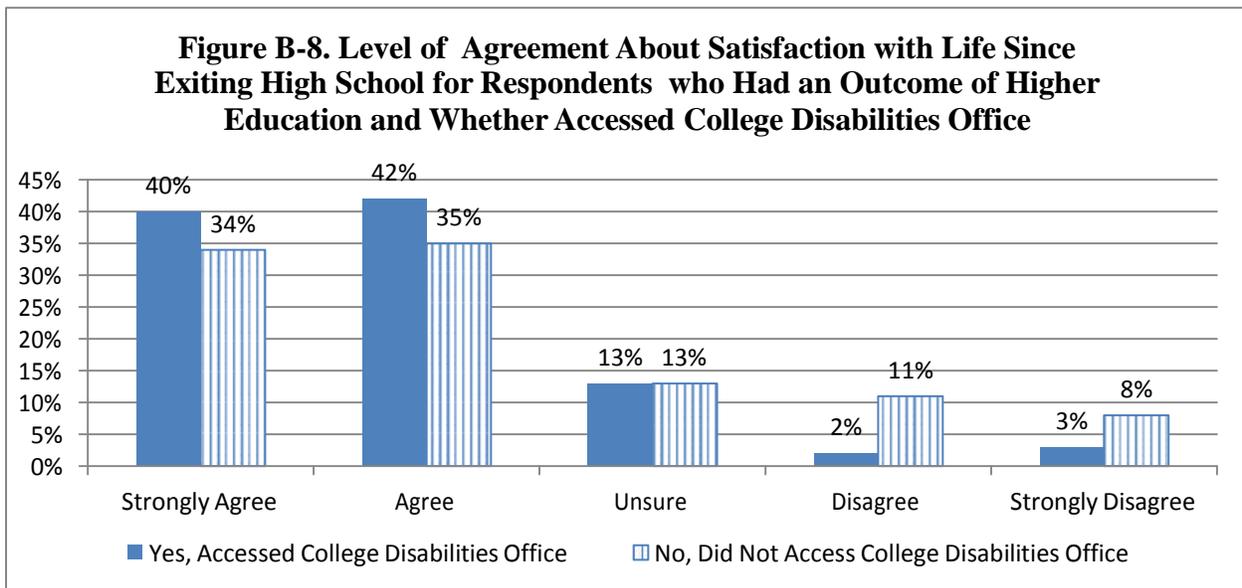
*Percents do not total to 100% due to rounding.
Source: CSDE.

3) Is use of agencies since exiting high school associated with satisfaction with life since exiting high school?

- Use of agencies since exiting high school tends to be associated with lower satisfaction with life, especially for those using the DMHAS agency (which would be the individuals with emotional disturbances, who have less satisfaction with life since exiting high school (Figure B-7))
- Use of disability services at their college was associated with greater satisfaction with life since exiting high school (which would be the individuals with outcomes of higher education, who are more satisfied with life since exiting high school) (Figure B-7)

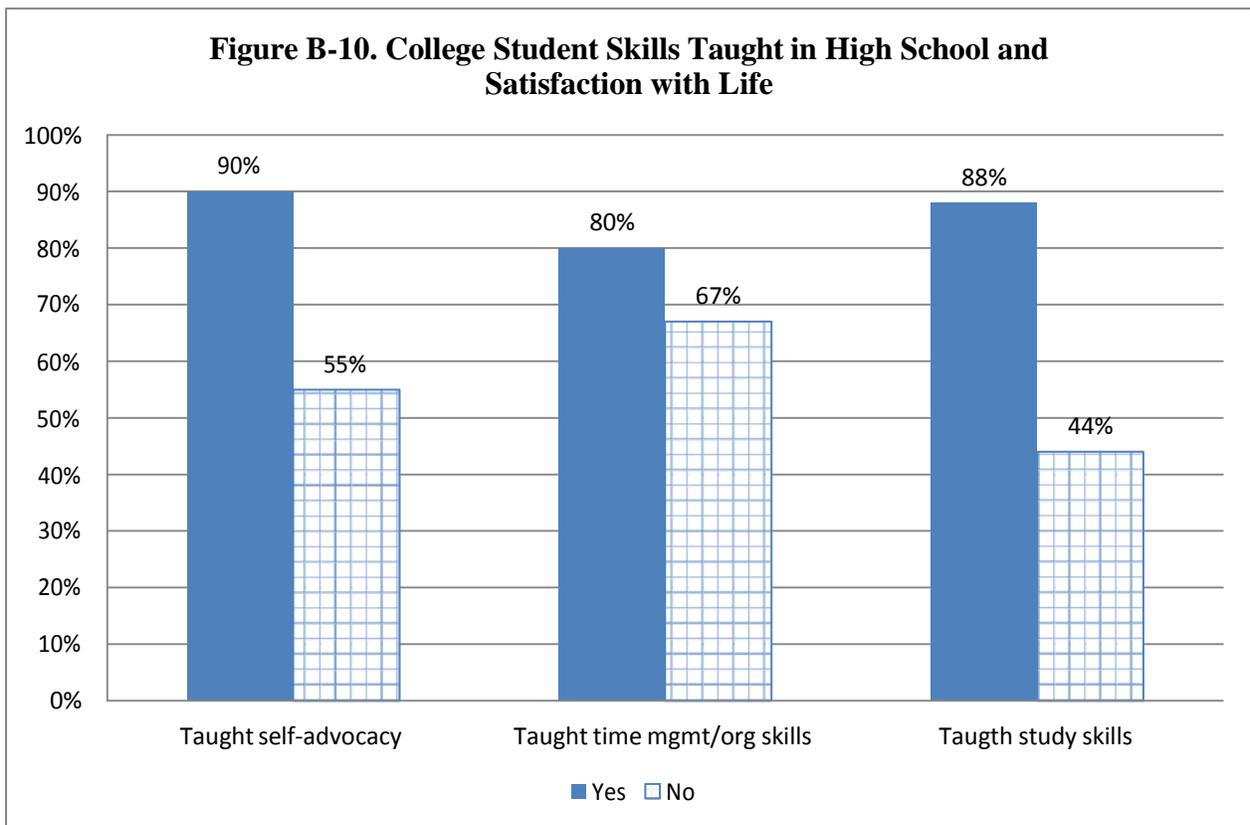


- Examining only those students with an outcome of higher education, students who accessed their college disabilities office were more satisfied with life since exiting high school than college students who did not access their college disabilities office (Figure B-8).
- The same pattern held for students with ASD who had an outcome of higher education (Figure B-9).



4) Are the skills taught to respondents by their high schools associated with satisfaction with life since exiting high school?

- Students taught the following skills in high school were associated with higher levels of satisfaction with life after high school:
 - Social skills
 - Self-advocacy
 - Technical skills
 - Time management/organizational skills
 - Study skills
- Students taught independent living skills or money management skills in high school were unrelated to level of satisfaction with life after high school
- For those with an outcome of higher education, students taught the following skills in high school were associated with higher levels of satisfaction with life after high school (Figure B-10):
 - self-advocacy;
 - time management/organizational skills; and
 - study skills.



Other analyses

Are the skills taught to respondents by their high school associated with certain outcomes? Table B-8 shows which skills were reportedly taught by the respondent's high school, depending on the outcome category. According to the survey respondents:

- Social skills was the most often taught skill;
- Money management skills were seldom taught, regardless of outcome category;
- Self-advocacy skills were inconsistently taught, but were most often taught to students who went on to higher education or some other employment;
- Independent living skills were not often taught, although nearly half who went into some other employment received training in this skill;
- Study skills were most often taught to students who went on to higher education
 - Less than half who went on to some other postsecondary education or training program reported receiving study skills (43 percent); and
- Work experience in high school most likely occurred for students who went on to some other employment post-high school (56 percent)
 - Less than half who went on to competitive employment post-high school reported receiving work experience during high school (46 percent).

Table B-8. Skills Taught in High School for Outcome Categories								
Outcome Category	Skill							
	Social Skills	Self-Advocacy	Independent Living Skills	Technology Skills	Time Mgmt/Org. Skills	Money Management Skills	Study Skills	Work Experience
Higher Ed	56%	60%	27%	49%	58%	23%	65%	26%
Competitively Employed	55%	46%	37%	51%	40%	33%	42%	46%
Some Other Postsecondary Education or Training Program	53%	43%	29%	41%	39%	21%	43%	33%
Some Other Employment	73%	50%	48%	45%	33%	32%	31%	56%
Not Engaged	58%	35%	35%	39%	24%	26%	30%	31%

Source: CSDE and PRI staff analysis.

Expansion of the competitive employment definition. As noted earlier, the State Performance Plan defines competitive employment as youth who have worked for pay at or above the minimum wage in a setting with others who are nondisabled, for a period of 20 hours a week. The Rehabilitation Act, under which the Department of Rehabilitation Services Bureau of Rehabilitation Services is funded, does not require a minimum number of hours worked in its definition of competitive employment.

Also, the State Performance Plan indicator allows only one outcome per student. So, for example, if a student is both attending college and working in a competitive employment setting, according to the rules, the higher education category will be selected.

Table B-9 shows the respondents who are working in competitive employment, including those in college, and those working less than 20 hours per week. With this expanded definition, competitive employment is found for 41 percent of the survey respondents, a figure more than triple the reported 13 percent competitively employed. A similar pattern is found for respondents with ASD.

Table B-9. Expanded Definition of Competitive Employment				
	All Respondents (N=1,973)		Respondents with ASD (n=180)	
	Number	Percent	Number	Percent
Considered competitively employed by CSDE				
Considered by CSDE to have an outcome of competitive employment	255	13%	14	8%
Considered competitively employed by CSDE, but categorized as higher education due to their enrollment in a 2- or 4-year college	280		19	
Subtotal	535	27%	33	18%
Considered competitively employed by BRS				
Working less than 20 hours per week	272		21	
Total (of 1,973)	807	41%	54	30%
Source: CSDE and PRI staff analysis.				

Summary

Given the limited response rate, the findings may not be representative of all the exiting students who received special education services, and must be interpreted with caution.

With the exception of individuals with intellectual disabilities or multiple disabilities, survey respondents with autism had the oldest average age at time of exiting high school.

For all respondents, regardless of disability, the outcomes one year after exiting high school were as follows:

- half (50 percent) reported attendance at a two- or four-year college;
- 13 percent were in competitive employment;
- 8 percent were in other education or training;
- 9 percent were in noncompetitive employment (as defined by OSEP); and
- one in five (21 percent) was not engaged in a school or work related activity.

A similar pattern was found for respondents with ASD, although, compared with all respondents, those with ASD were less likely to be competitively employed.

Of the respondents enrolled in higher education, those with ASD were more likely to report attending a four year college (65 percent) compared with 55 percent of all respondents. The vast majority of respondents attending four year colleges attended full-time (93 percent of all respondents, 90 percent of respondents with ASD).

However, of the respondents enrolled in two-year colleges, approximately half (53 percent) attended full-time; in contrast, just 33 percent of the respondents with ASD enrolled in two-year colleges attended full-time.

Respondents with ASD who were competitively employed did not differ statistically from all other survey respondents; however, there was a trend for respondents with ASD who were competitively employed to be working part-time (71 percent) compared with the overall figure (48 percent) for all survey respondents.

Over half of all respondents reported not using any agency services since exiting high school, although respondents with ASD were relatively more likely to have said they used services (62 percent vs. 42 percent of all respondents), especially services provided by DDS, SSA, and BRS.

Overall, the most frequent skills respondents said were taught to them by their high schools were social skills (57 percent) and self-advocacy skills (51 percent). A smaller percent of those with ASD (43 percent) said their high schools had taught them self-advocacy skills. On the other hand, those with ASD were more likely to have said their high schools had taught them independent living skills (38 percent vs. 32 percent of all respondents) and work experience (38 percent vs. 33 percent of all respondents).

The majority of respondents (60 percent of all respondents and 64 percent of respondents with ASD) “Strongly Agree” or “Agree” that they are satisfied with their lives since leaving high school.

In examining possible associations with satisfaction with life since exiting high school and respondent characteristics or experiences, it was found that:

- There are few differences in satisfaction by type of disability, except for respondents with a disability of emotional disturbance expressing the least satisfaction
- Students enrolled in higher education were associated with the greatest level of satisfaction, and students not engaged in education/training or employment were associated with the least satisfaction
- Use of agencies since exiting high school tends to be associated with lower satisfaction, especially for those using the DMHAS agency (which would be the individuals with emotional disturbances, who have less satisfaction with life since exiting high school)
- Examining only those students with an outcome of higher education, students who accessed their college disabilities office were more satisfied than college students who did not access their college disabilities office; the same pattern held for students with ASD who had an outcome of higher education
- Self-advocacy skills were inconsistently taught, but were most often taught to students who went on to higher education or some other employment
- Study skills were most often taught to students who went on to higher education
 - Less than half who went on to some other postsecondary education or training program reported receiving study skills (43 percent)
- Work experience in high school most likely occurred for students who went on to some other employment post-high school (56 percent)
 - Less than half who went on to competitive employment post-high school reported receiving work experience during high school (46 percent).

As noted earlier, the State Performance Plan defines competitive employment as youth who have worked for pay at or above the minimum wage in a setting with others who are nondisabled, for at least 20 hours a week. The Rehabilitation Act, under which the Department of Rehabilitation Services Bureau of Rehabilitation Services is funded, does not require a minimum number of hours worked in its definition of competitive employment.

Also, the State Performance Plan indicator allows only one outcome per student. So, for example, if a student is both attending college and working in a competitive employment setting, according to the rules, the higher education category will be selected.

When the expanded definition of competitive employment is used (including those competitively employed and in college, and those working less than 20 hours per week), competitive employment is found for 41 percent of the survey respondents, a figure more than triple the reported 13 percent competitively employed. A similar pattern is found for respondents with ASD.

Note on Calculation of Outcome Categories. After discussion with the vendor contracted with by CSDE to administer and evaluate the exit survey results for Indicator 14, the following clarifications are made:

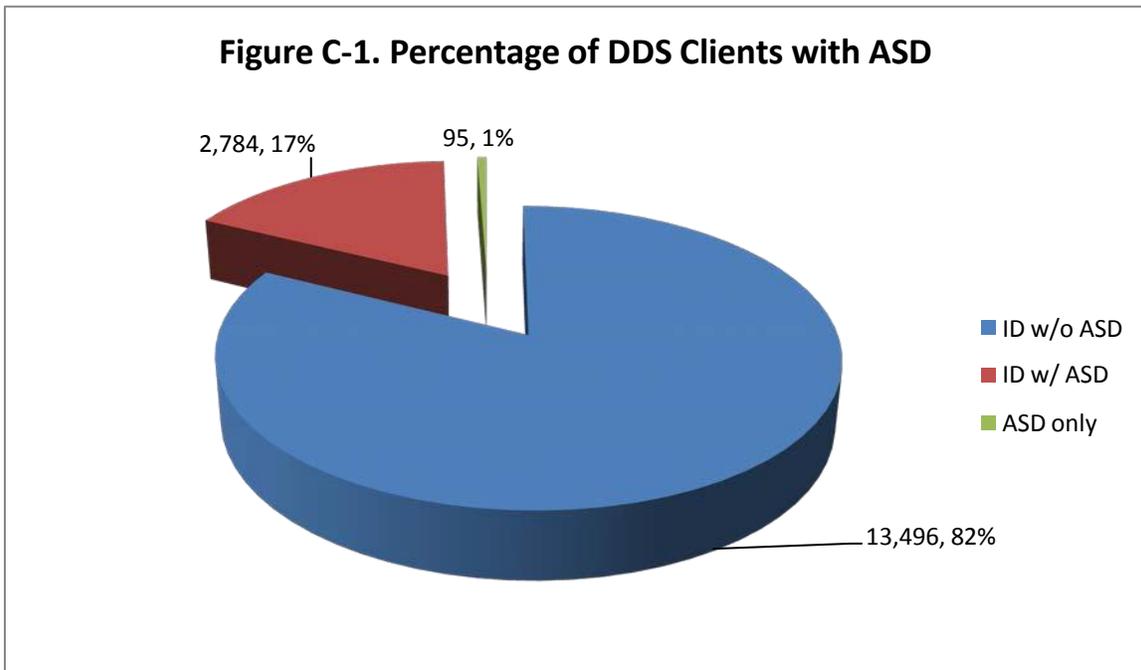
Calculation of Outcome Categories	
Category	Rules for Calculation of Category
1. Higher Education	<ul style="list-style-type: none"> Q1 (Response 3 OR 4) AND Q2 (Response 1 OR 2)
2. Competitively Employed	<ul style="list-style-type: none"> Q3 (Response 4 OR 5) AND Q4 (Response 2 OR 3) AND Q5 (Response 1 OR 2 OR 3 OR 4 OR 5) AND does not meet requirements for <u>Higher Education Category</u>
3. Some Other Postsecondary Education or Training Program	<ul style="list-style-type: none"> Q1 (Response 3 OR 4) AND Q2 (Response 3 OR 4 OR 5 OR 6 OR 7) AND does not meet requirements for <u>Higher Education</u> or <u>Competitively Employed</u> categories
4. Some Other Employment	<p>Any one of the following three conditions is met:</p> <ul style="list-style-type: none"> (Q3 (Response 3) OR Q4 (Response 1)) AND (Q5 (Response 1 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8)) Q3 (Response 4 OR 5) AND Q4 (Response 1) Q3 (Response 3) AND Q4 (Response 1 OR 2 OR 3) <p>AND does not meet requirements for <u>Higher Education</u>, <u>Competitively Employed</u>, or <u>Some Other Postsecondary Education or Training Program</u> categories</p>
5. Not Engaged in 1-4 Above	<ul style="list-style-type: none"> None of the above conditions are met for: <u>Higher Education</u>, <u>Competitively Employed</u>, <u>Some Other Postsecondary Education or Training Program</u>, or <u>Some Other Employment</u>
<p>Q1: “Since leaving high school, have you enrolled in any type of school for at least one term?” (R3=Yes, part-time student; R4=Yes, full-time student)</p> <p>Q2: “What type of school did you attend?” (R1=4-year college; R2=2-year college) (R3=vo-tech/trade school; R4=Adult Ed; R5=Postgraduate/college prep; R6=short-term ed/job training; R7=other)</p> <p>Q3: “Since leaving high school, have you been employed for at least 3 months?” (R4=Yes, part-time (average 20-34 hrs per week); R5=Full-time (average 35 hrs or more, per week)) (R3=Yes, part-time (less than an average of 20 hrs per week))</p> <p>Q4: “How much did you earn at your most recent job?” (R2=Minimum wage; R3=Above minimum wage) (R1=Below minimum wage)</p> <p>Q5: “Please select the best description of your most recent job” (R1=For an employer; R2=Military; R3=Self-employed; R4=In family’s business; R5=In supported employment) (R6=In sheltered employment; R7=Employed while in jail/prison; R8=Other)</p>	

Appendix C: DDS Data Summary

DDS Data Summary

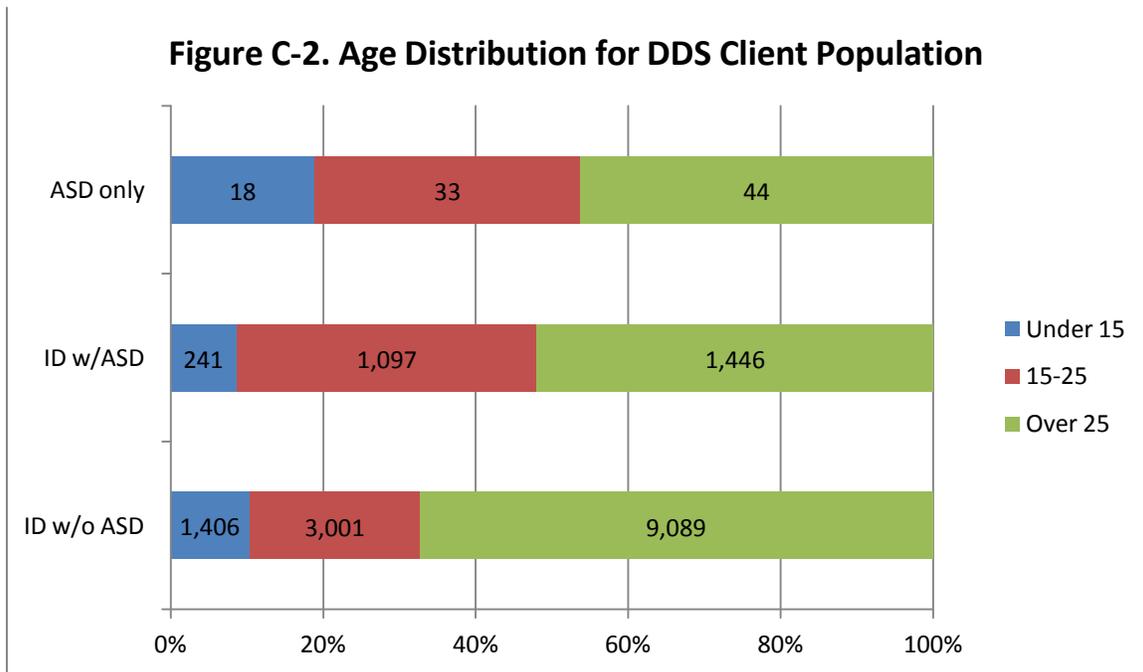
Upon request, DDS provided PRI committee staff with a dataset of demographic and programmatic information (as of October 9, 2014) for all clients with an ASD diagnosis including those with intellectual disabilities (ID) served through the agency’s main programs and those with ‘ASD only’ diagnosis without ID served through the department’s Division of Autism. Based on this information, PRI committee staff was able to examine and report on different aspects of the DDS client population with ASD.

DDS clients with ASD. Figure C-1 illustrates that of the 16,375 clients in DDS database, there were 13,496 (82%) who have an intellectual disability without a diagnosis of ASD. There are 2,879 individuals who have an identified ASD diagnosis. Of these, 2,784 (17%) have both an intellectual disability and a diagnosis of ASD (ID/AD) while 95 (1%) individuals have a diagnosis of ‘ASD only’ and are receiving waiver services through the Division of Autism.¹

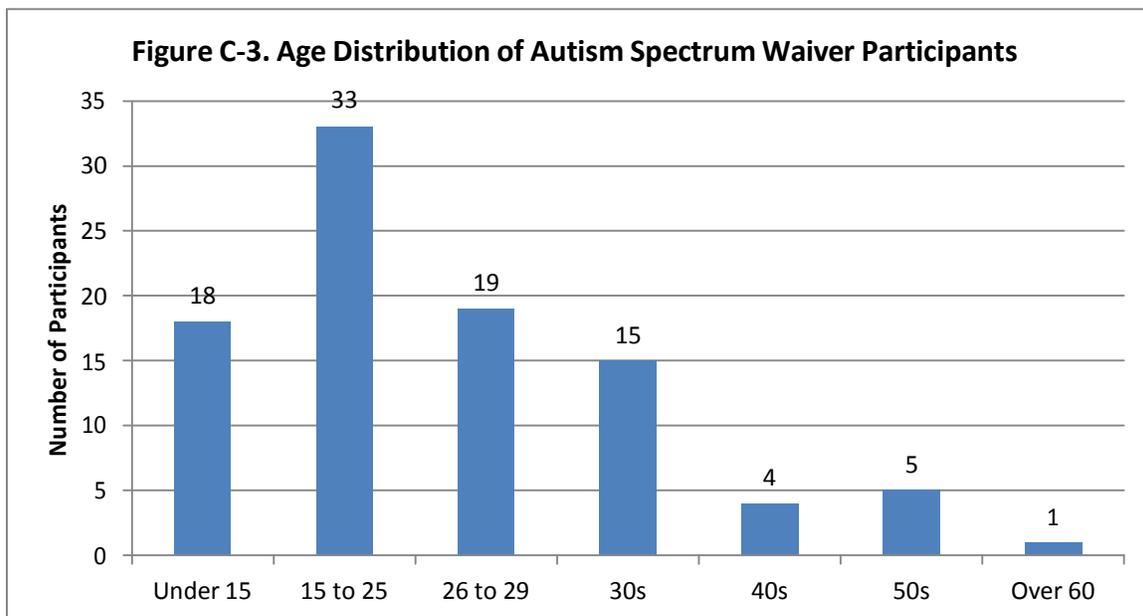


¹ As of November 21, 2014, there are an additional 31 individuals receiving case management services from the Division of Autism. These are primarily young children anticipating enrollment in the new ASD waiver for children under the age of three or individuals waiting for Medicaid eligibility.

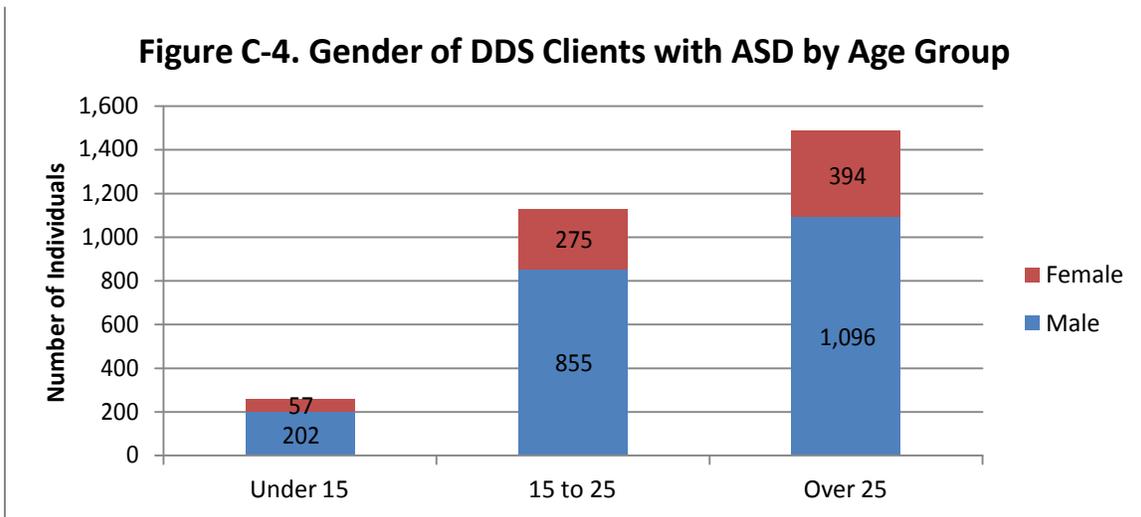
Age of DDS Clients. The age range distribution for the DDS population is seen in Figure C-2. The ‘ASD only’ group has a younger population ratio. However, the population having ID with ASD has the largest percentage of transition aged youth and young adults (aged 15 to 25).



Age of Autism Spectrum Waiver participants. Figure C-3 provides a closer look at the age distribution of the Autism Spectrum Waiver participants showing that after age 25 the largest group being serviced is in their late 20s and 30s.

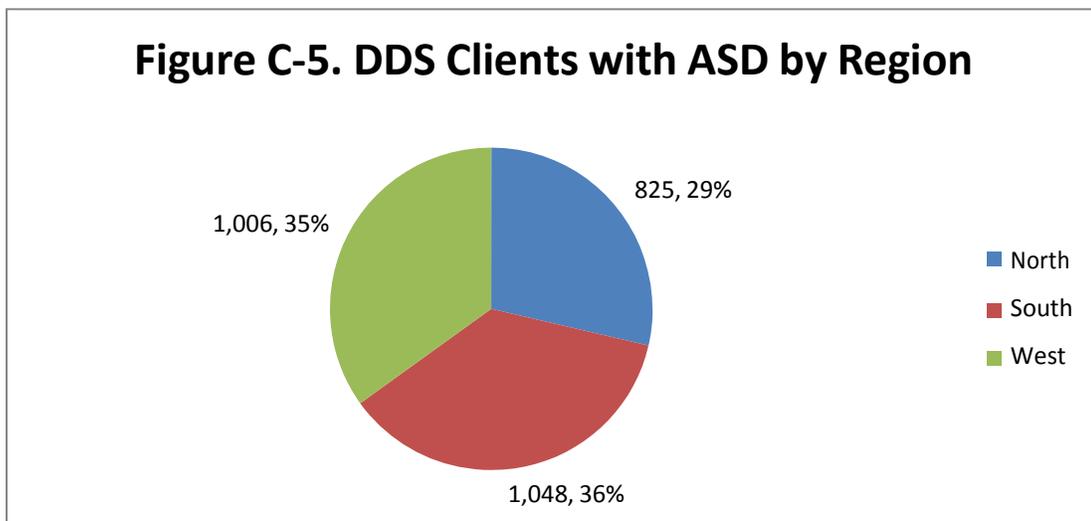


Gender. Consistent with the research literature, the DDS clients with ASD are predominately male across all age groups. Of the 2,879 clients with ASD, there are 2,153 men and 726 females (Figure C-4).



DDS Clients with ASD Diagnosis by Region

Figure C-5 demonstrates the regional distribution of DDS clients with ASD. As the chart illustrates, there is fairly equal distribution across all three regions.



Legal Status

Upon reaching the age of majority (18 years of age), parents no longer have legal rights over their child regardless of their disability. This can only be changed through guardianship or conservatorship. Connecticut practice is to establish guardianship in cases of intellectual disability. It is more common to allow conservatorship. Families may petition for guardianship

or conservatorship through probate court system if they feel the individual is incapable of making informed decisions on their own.

The age of majority impact several areas including access to an individual’s confidential health or school records, availability and limitation of private insurance, eligibility of certain state programs, and ability to independently make decisions (e.g., whether to remain in school).

Guardianship. Guardianship is established by a judicial court granting a person legal authority to make decisions on behalf of another deemed as incapacitated. The scope of authority (e.g., limited to medical care) is determined by the court.

According to the DDS data (Table C-1), about 40 percent of the overall DDS population has legal guardian. The ratio is higher for those with ASD where approximately 54 percent (or 1,563 individuals) of the 2,879 ASD population in DDS have a legal guardian. This is a larger percentage than individuals with intellectual disabilities without ASD (39%).

Table C-1. Legal Status of DDS Clients			
Legal Status	ID w/o ASD	ASD Diagnosis	Total
Has Legal Guardian	5,221 (39%)	1,563 (54%)	6,784 (41%)
No Legal Guardian	8,275	1,316	9,591
TOTAL	13,496	2,879	16,375
Source: PRI staff analysis			

When compared across the age ranges (Table C-2), 70 percent of the population over the age 25 had either full or partial guardianship. This may be due to the fact that many of the clients in the 15 to 25 age group would still be under their parent’s legal care until 18. Of the 472 individuals aged 18 to 21 years old with ASD, 191 had a legal guardian while 281 did not.

Table C-2. Legal Status of DDS Clients with ASD Diagnosis				
Legal Status	Under 15	15-25	Over 25	Total
Has Legal Guardian	7 (3%)	509 (45%)	1,047 (70%)	1,563 (54%)
No Legal Guardian	252	621	443	1,316
TOTAL	259	1,130	1,490	2,879
Source: PRI staff analysis				

Benefits Available to ASD Population

Not all families can afford to privately support an adult with significant behavioral and/or medical needs. Because individuals with ASD have a disability and usually have limited earned income, they typically qualify for the government benefits available to the general population with low incomes. These may include:

Supplemental Security Income (SSI). These are federal funds that are paid directly to the low-income recipients whose disability prevent them from gainful employment. As a cash benefit, SSI may be used for everything except medical care.² To receive SSI, individuals must have limited incomes, be disabled, and/or over age 65. The amount received depends on a number of factors including income earned or received from other sources. Eligibility for SSI typically makes recipients eligible for other public benefit programs.

Social Security Disability Insurance (SSDI). This is a federal cash assistance program for individuals who have worked and have a permanent or severe disability. The SSDI benefit is based on a worker's Social Security earnings. This benefit is also available to family members (e.g., spouse or child) upon the death of the beneficiary. One distinction between SSI and SSDI is that payments for SSDI may be higher since they are based on earning of the person's work history. If SSDI payments are low enough, a person may qualify for both SSI and SSDI.

Medicaid. Medicaid is a government-funded health insurance for individuals with low incomes and limited assets. To qualify for Medicaid, individuals must meet income and assets requirements and fit into specific categories of aged, blind, or disabled. Generally, individuals who qualify for SSI also qualify for Medicaid.³ This federal program provides funding for medically necessary services and is paid directly to the service provider. Connecticut has a 50 percent funding match for these services. Services covered may range from long-term services such institutional care to traditionally non-medical services like respite or case management. Each state establishes its own Medicaid state plan and sets own guidelines with federal approval.

Waiver services. Another way to cover other non-Medicaid state plan services is through waiver services. The federal government allows states to “waive” some Medicaid rules in order to serve individuals, who would otherwise need institutional care, to remain or be served in the community or own home. Typically, waivers are approved for a five-year period, capped at set dollar amounts, and limit the number of people enrolled. The provision of any new services would have to be through additional funding or if an individual passes away or for other reasons no longer needs funding.

The federal government reimburses Connecticut 50 percent of the cost of services and supports for people enrolled in the waiver. This allows states to fund a program that otherwise would be unaffordable. The reimbursement is received through an individual's Medicaid number; therefore, a person must be enrolled in Medicaid to participate. Connecticut has several Medicaid waiver programs. There are two waivers specific for the ASD population.

² Individuals eligible for SSI typically qualify for Medicaid.

³ Medicaid for Low-Income Adults (MLIA) may also be available to Connecticut residents aged 19 through 64, who do not receive federal Supplemental Security Income or Medicare and who are not pregnant.

Private health insurance. Connecticut has recently enacted ASD reform law that mandates coverage for certain autism-related services. In 2008, Connecticut enacted a health insurance mandate for the treatment of autism spectrum disorders that became effective in 2009. Under the law, individual and group health insurance policies that provide coverage for basic hospital expenses, basic and major medical-surgical expenses, and hospital or medical coverage must also provide coverage for the treatment of autism spectrum disorders. Treatment covered includes physical, occupational, and speech. Policies may not impose any limits on the number of visits to an autism services provider.

In 2009, the insurance mandates were expanded to cover both treatment and diagnosis of autism spectrum disorders. The treatment must be medically necessary ordered by a physician, psychologist or clinical social worker in accordance with a treatment plan. In addition to physical, occupational, and speech therapies, insurers must cover behavioral therapy and drugs prescribed specifically for the treatment of autism. Coverage for behavioral therapy may be limited yearly depending on the age of the patient. In July 2014, Connecticut Insurance Department’s Consumer Affairs Division clarified the insurance mandate.

Table C-3 provides a summary of benefits for clients with ASD noted in the database. As is expected the vast majority have Medicaid as it is a pre-requisite for most services. The older population over 25 is more likely to have SSI or SSDI. The same holds true for the population aged 18 to 21.

Table C-3. Benefit Summary of DDS Clients w/ ASD by Age Group				
Clients w/ASD	Under 15	15-25	Over 25	Total
Medicaid	202	967	1,409	2,578
SSDI	0	16	161	177
SSI	4	75	228	307
Private Health Insurance	6	46	86	138
Source: PRI staff analysis				

DDS Level of Need

DDS uses a level of need (LON) assessment to determine an individual’s need for services and allocation of funding. The LON assessment is conducted prior to the initial plan and updated annually or more often if necessary to address an individual’s significant life changes or to identify and document concerns or issues of a potential health and safety risk.

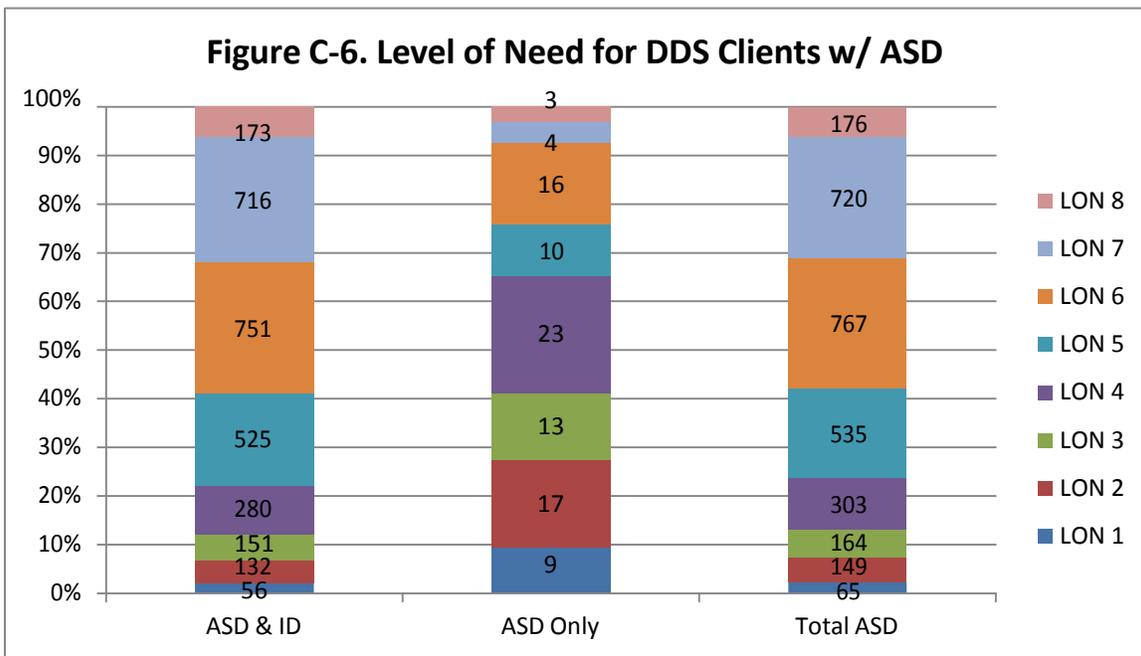
The LON does not take the place of other assessments and evaluations but rather be used to inform it. LON covers various topics such as health and medical; personal care and daily living activities; behavior; communication; social skill level; and primary caregiver support.

The LON tool results in composite scores on a scale of 1 to 8, shown in Table C-4. Scores range from 1, for individuals with a low level of need to 7, for individuals requiring intense hands on, 24-hour care. Level 8 is used for extremely complex individuals who require specialized level of care.

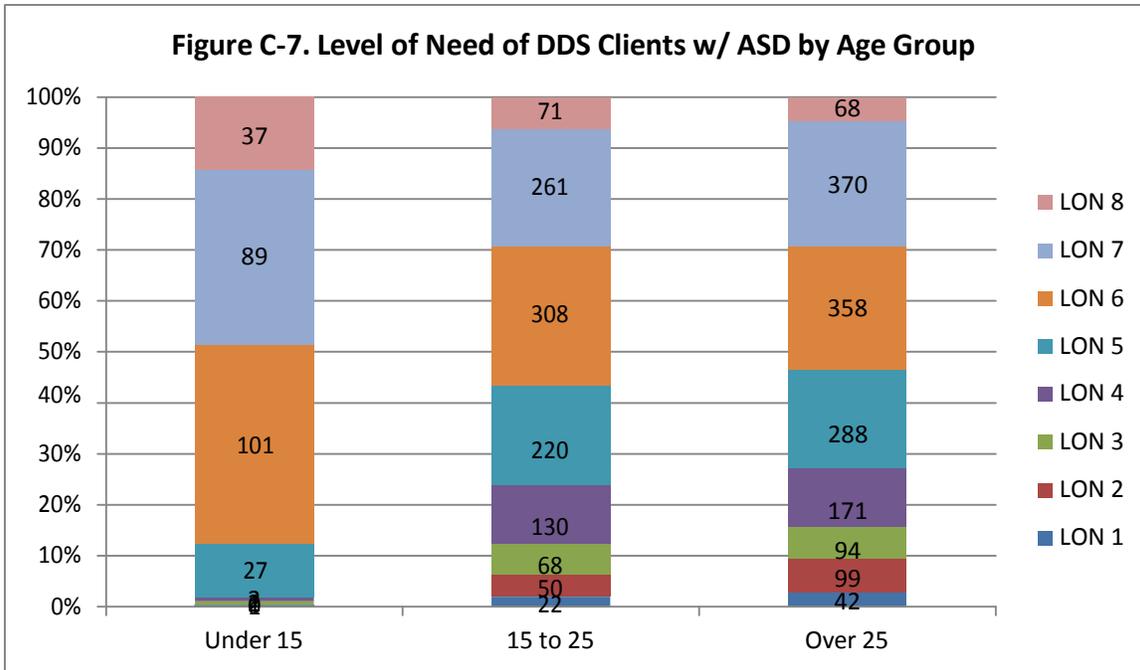
LON Score	Support Needed
1 or 2	Minimum level of support
3 or 4	Moderate level of support
5,6, or 7	Comprehensive level of support
8	Support needs requiring allocation based on individual support needs

Source: DDS

LON of ASD population. As Figure C-6 shows, the LON scores for the total ASD population at DDS are more concentrated in the higher need range (LON 6 and 7). The LONs for the ‘ASD only’ population, which is 95 individuals, are more evenly spread with the most individuals with a LON of 4.



LON by age group. An examination of LON scores for the ASD population by age group shows that the younger clients (under age 15) tend to have higher need LON scores. There is not much difference between the LONs of the transition age group (15 to 25) and the older adults (over 25). These findings hold true for the group aged 18 to 21.



Enrollment in DDS Waiver Services

Table C-4 lists the various waiver services servicing the ASD population at DDS. As discussed earlier, the majority of the ASD population at DDS has an intellectual disability and an ASD diagnosis. There are only 95 individuals with ‘ASD only’ receiving waiver services under the Autism Spectrum Waiver. (A comparison of the DDS waivers is provided on the next page.)

Table C-4. Enrollment in Waiver Programs by DDS Clients w/ ASD and Age Group

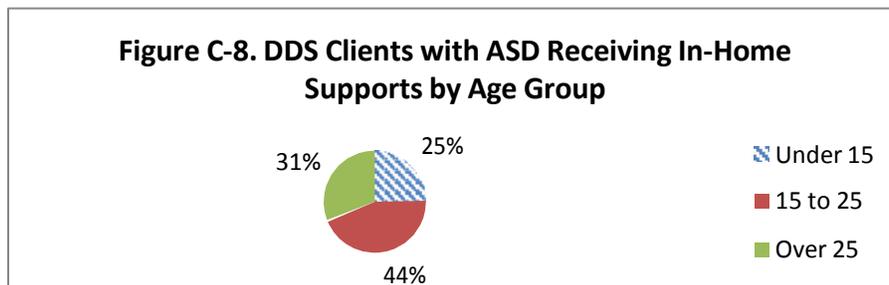
Waiver Type	Under 15	15-25	Over 25	TOTAL
Autism Spectrum Disorder (ASD only)	18	33	44	95
Employment and Day Services (EDS)	4	84	23	111
Home and Community-Based (HCB)	18	203	798	1,019
Individual and Family Support (IFS)	130	385	359	874
Katie Beckett (K)*	1	1	0	2
Money Follows the Person (MFP)*	0	0	2	2
*DSS Waivers				
Source: PRI staff analysis				

As the table shows, the majority of DDS clients with ID and co-occurring ASD are receiving Comprehensive waiver services. This is followed by participation in the Individual and Family Support waiver and the Employment and Day waiver. The waiver participation trend is the same for the 15 to 25 age group as well as those transition-aged (18 to 21) within the group.

Generalized Comparison of DDS Home and Community-Based Service Waivers				
Type of Support	ASD	IFS	COMP	EDS
Adult Companion/Community Mentor/Job Coach/Life Skills Coach	●	●	●	
Personal Emergency System (PERS)	●	●	●	
Individualized Home Support		●	●	
Respite	●	●	●	●
Live-in Caregiver/Companion	●	●	●	
Transportation	●	●	●	●
Healthcare Coordination		●		
Clinical Behavioral Support	●	●	●	●
Individual Goods/Services	●	●	●	●
Nutrition		●	●	
Interpreter	●	●	●	●
Independent Support Broker		●	●	●
Individual Supported Employment		●	●	●
Group Supported Employment		●	●	●
Day Support Options		●	●	●
Sheltered Employment		●	●	●
Adult Day Health Services				●
Individualized Day Supports		●	●	●
Specialized Equipment Supplies/Assistive Technology	●	●	●	●
Environmental Modifications		●	●	
Vehicle Modifications		●	●	
Family Training		●		
Community Living Arrangement			●	
Community Companion Home	●		●	
Assisted Living			●	

Source: PRI staff analysis

In-home supports. According to the DDS database (Figure C-8), there are 801 individuals with an ASD diagnosis receiving in-home supports. The largest number is found in the 15 to 25 age category with 119 of them being 18 to 21 years old.



Employment and Day Services

Table C-5 presents the DDS clients with ID/ASD who are participating the various types of employment and day services. As the table shows, the vast majority of individuals are in a day support program. These supports help participants to acquire, improve, and/or retain skills and abilities to prepare for work and/or community participation, or support meaningful socialization, leisure, and retirement activities. This may include independent functioning skills including but not limited to sensory-motor, cognition, personal grooming, hygiene, toileting, assistance in developing and maintaining friendships and skills to use in daily interactions; the development of work skills; opportunities to earn money; opportunities to participate in community activities.

Employment/Day Program	15-25	Over 25	Total
Day Support (DSH& DSO)	245	782	1,027
Competitive Employment	0	14	14
Group Supported Employment (GSE & GSH)	153	379	532
Individualized Day Non-vocational	38	78	116
Individualized Day Vocational	27	26	53
Local Education Agency (LEA)	552	3	555
Individual Supported Employment (SEI)	12	44	56
Sheltered Employment (SHH)	4	45	49
No Day Program (medical reason, refused, no program)	5	30	35
Residential School Day Program	10	5	15
DDS School (Early Connections)	2	0	2
Other Day	4	3	7
Source: PRI staff analysis			

For individuals aged 15 to 25, the most common day activity is being their local education agency followed by day support services. This is followed by group supported employment provided in a facility-based program that focuses on developing meaningful skills in the area of work, socialization and community participation. The vast majority of those aged 18 to 21 are in the local education agency. Very few of the individuals are competitively employed – all are over age 25.

Utilization of Autism Spectrum Waiver Services

PRI committee staff also examined the utilization of the Autism Spectrum Waiver services by the 95 participants identified in the DDS database. As Table C-6 shows, the highest utilization of services for all ages and by the 15 to 25 year olds is life skills coach, community mentor, and behavior management. The same trend is true for the 18 to 21 year olds. As mentioned previously, the DDS database only provides a snapshot of activity.

Waiver Service	Under 15	15-25	Over 25	TOTAL
Behavior Management	18	21	25	64
Community Mentor	16	28	27	71
Job Coach	0	7	18	25
Life Skills Coach	16	30	40	86
Social Skills Group	1	12	25	38
Transportation	0	0	8	8

Source: PRI Staff Analysis

The department routinely prepares a Management Information Report (MIR) that captures information over a period of time. The MIR data for activities for the Autism Spectrum Waiver participants for June 2013 and 2014 is presented below (Table C-7). However, it is important to note that this information reflects duplicated participants.

Waiver Service Description	June 2013*	June 2014*
Activity Fee	22	9
Behavior Management	59	68
Community Mentor	59	66
Self-Hire Community Mentor	11	16
Individual Goods and Services	36	54
Job Coach	35	24
Self-Hire Job Coach	2	3
Job Development/Career Counseling	1	0
Life Skills Coach	89	86
Self-Hire Life Skills Coach	13	15
Respite in Home per Day	2	4
Respite in Home per Hour	9	9
Respite Out of Home per Day	2	4
Respite Out of Home per Hour	6	7
Self-Hire Respite in Home Hour	0	2
Social Skills Groups	47	40
Special Driving Assessment	7	4
Transportation per mile	6	8
Transportation per Trip	0	1

*Duplicated count because consumers may receive more than one service
Source: DDS Management Information Reports

Wait List for Autism Spectrum Waiver

PRI committee staff also requested data on the individuals on the wait list for Autism Spectrum Waiver services. The division compiles limited information on the wait list. The results of the staff analysis (i.e., region and age distribution, processing times) are presented in below.

Table C-8. Wait List for Autism Spectrum Waiver by Region (as of November 2014)				
DDS Region	< Age 15	15-25 years	>Age 25	Total All Ages
North (57 towns in Greater Hartford, Tolland and Windham counties)	56	74	10	140
South (55 towns in New Haven, Middlesex, and New London counties)	63	64	30	157
West (57 town area of Cheshire, Stamford, Danbury, Bridgeport, Norwalk, Torrington, Waterbury)	58	69	10	137
Missing Region Info	22	3	2	27
Total	199	210	52	461
Source: PRI staff analysis				

As Table C-8 demonstrates, there is similar total number of applicants found in the group aged 15 to 25 years old (210) and in the younger age group (199). The number of wait list applicants over the age of 25 (52) is significantly lower. The fewer number of older applicants may be due to individuals already being “settled” in their support environment or aging in place and not seeking new services. In addition, younger individuals may likely have more opportunities to become aware of waiver services through schools, advocacy group, or family networks. Overall, DDS has received a fairly proportionate number of applications from the three DDS regions with the expected clusters in the major cities. The larger number of older applicants in the South region (New Haven area) might be reflective of the fact that the Autism Pilot Program began in the area and there may be more awareness of its existence in the region.

Processing times. A quick examination of the application processing times indicates about 30 percent are processed in less than a month. Approximately 38 percent of the applications are processed within three months with the remaining 32 percent of applications taking up to six months or longer. About seven percent of those took more than a year.

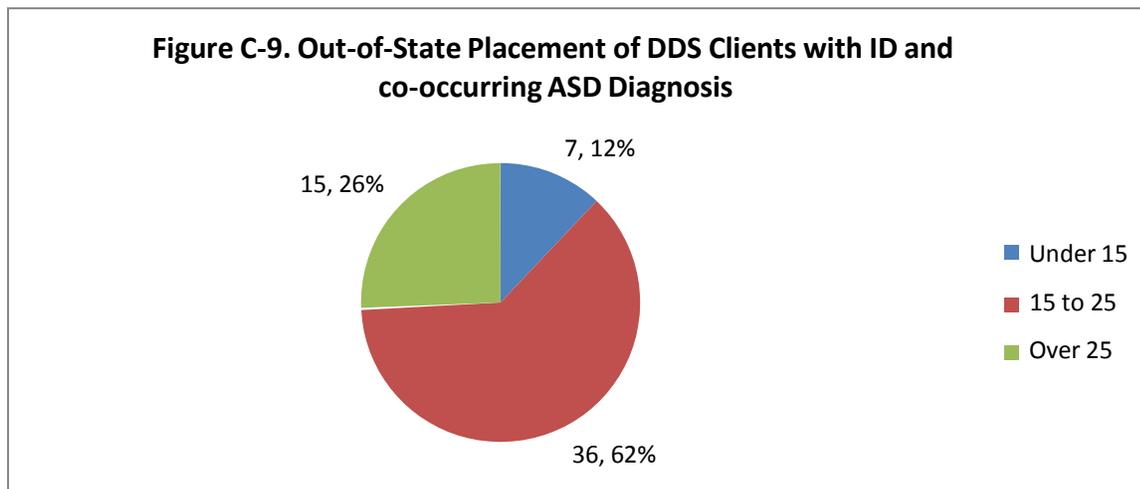
Type of Residence

The DDS database also provided information on the different living arrangements used by the clients with an ASD diagnosis. The results are summarized below. As the Table C-9 demonstrates, the vast majority of DDS clients of all ages with intellectual disabilities and a diagnosis of ASD reside in the family home. This is followed by residence in Community Living Arrangements, and continuous residential supports. The results are the same for individuals aged 15 to 25 and the sub-group aged 18 to 21.

Residence Type	Under 15	15-25	Over 25	Total
Family Home	241	843	451	1,535
Community Living Arrangement (CLA) Group Home	4	135	677	816
Continuous Residential Supports (CRS)	4	76	79	159
Independent Living/Own Home	0	23	103	126
Training School	0	0	76	76
Residential School (SCR)	8	44	11	63
Community Training Home (CTH)	1	6	43	50
Regional Center	0	1	34	35
Skilled Nursing Facility	0	0	9	9
Other (Hospital, MH facility)	1	1	5	4
TOTAL	259	1,129	1,488	2,876

Source: PRI Staff Analysis

Out-of-State placements. The vast majority of DDS clients are served in Connecticut. However, there are instances where the individual is served out-of-state. Currently, there are 58 clients with ID/ASD in nine other states including: California (1); Florida (6); Massachusetts (34); Maine (1); New Hampshire (8); New York (2); Pennsylvania (4); Rhode Island (1); and Vermont (1). Of the out-of-state individuals, 19 are 18-21 years old.



DDS Wait List for Residential Services

The following is information from the DDS dataset regarding wait list for residential services. As of October 2014, there were 669 individuals waiting for residential services. The age distribution of the list is presented in Table C-10.

More than 80 percent of the people on the wait list are individuals with ID and no ASD diagnosis. The wait list includes 124 individuals with a co-occurring ASD diagnosis (19%). Of those, 117 are a Priority One and seven are Emergency. Approximately 57 percent are over the

age 25 while 40 percent are in the 15 to 25 age group. Twelve of the individuals with ASD on the wait list are aged 18 to 21 (Emergency = 3 and Priority One = 9).

Table C-10. Wait List for DDS Residential Services								
N=669	ID w/out ASD				ID w/ ASD			
	Under 15	15-25	Over 25	TOTAL	Under 15	15-25	Over 25	TOTAL
Emergency	0	3	20	23	0	3	4	7
Priority 1	15	112	395	522	3	47	67	117
Total	15	115	415	545	3	50	71	124
Source: PRI Staff Analysis								

Aged Caregiver. According to the DDS database (Table C-11), 652 (23%) of the 2,879 individuals with ASD diagnosis have been identified as having a caregiver who is 70 or more years old. The majority are individuals who are over age 25. There are two individuals with ASD aged 18 to 21 who have caregivers aged 70 or older.

Table C-11. DDS Clients with Aged Caregiver (70 and older)				
	Under 15	15-25	Over 25	TOTAL
ID only	2	81	4,215	4,298
ID/ASD	0	29	623	652
Total	2	110	4,838	4,950
Source: PRI Staff Analysis				

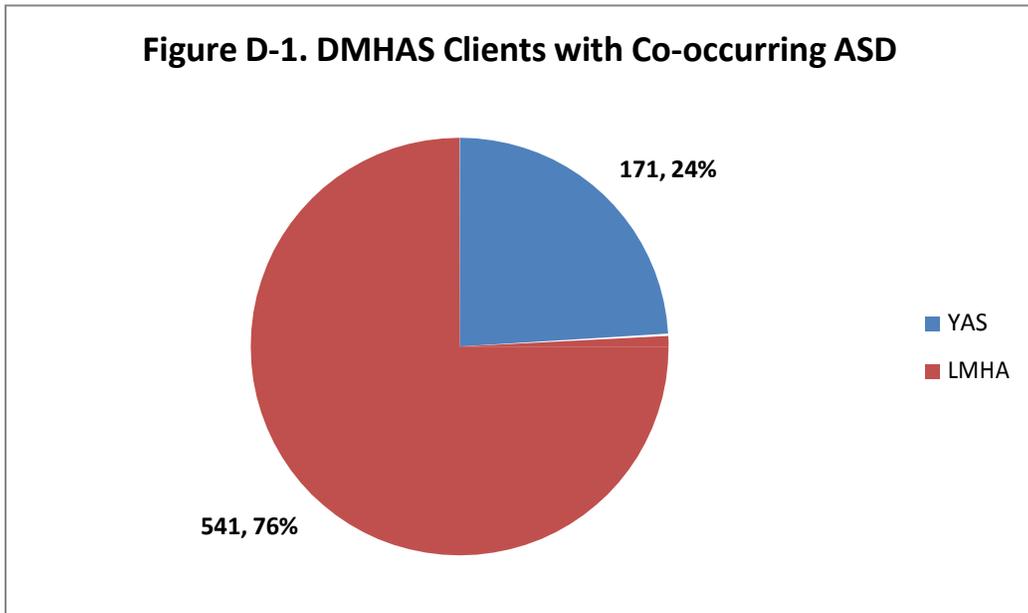
Appendix D: DMHAS Data Summary

DMHAS Data Summary

DMHAS' primary focus is mental health and addiction services. It serves individuals with ASD if it is a co-occurring diagnosis. DMHAS provided PRI committee staff with a client database that provides a point-in-time snapshot summary of the 712 DMHAS clients who were identified as have a co-occurring ASD diagnosis and receiving DMHAS funded services between July 1, 2013 and June 30, 2014.

Program services. Services may be provided either through the Young Adult Services (YAS) program (primarily former DCF-involved youth age 18 to 25)¹ or through local mental health authorities (LMHAs) in the community.

As Figure D-1 illustrates, 541 individuals with a co-occurring ASD diagnosis (76%) receive DMHAS services through LMHAs while 171 (24%) are in the YAS program. Together, the group represents less than one percent of the more than 107,900 DMHAS clients served last year. As noted above, the primary diagnosis for DMHAS clients will likely be mental health; the ASD diagnosis is usually a secondary or co-occurring diagnosis that may or may not be identified or captured in the database.



Gender. Consistent with the research literature and general trend with DMHAS clients, there is a significantly higher rate of men than women in the population with ASD (Table D-1).

¹ YAS offers comprehensive mental health and substance abuse treatment and support for clients who need a high level of care. Many of the YAS participants have no family support and rely on the state as their sole support. Many are identified and referred by DCF or have DCF involvement.

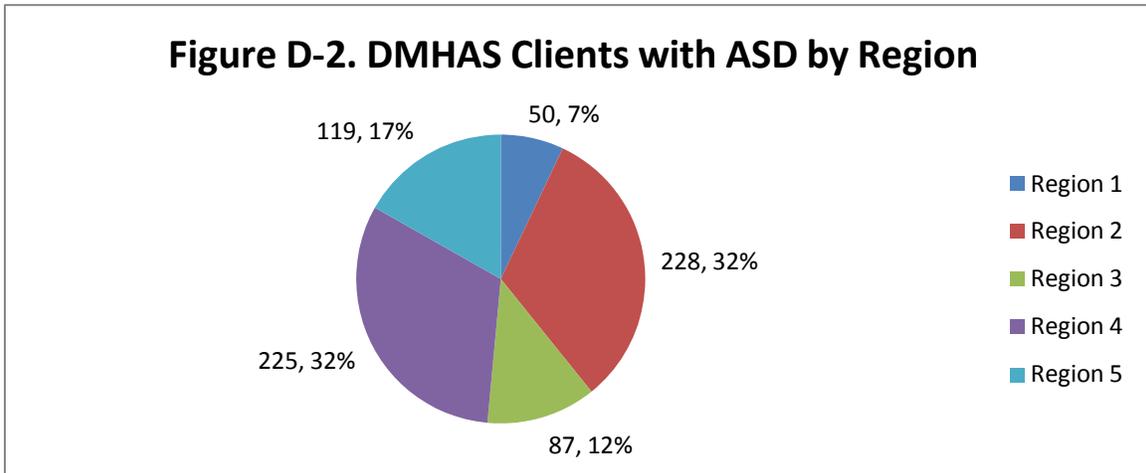
Table D-1. Gender of DMHAS Clients with Co-occurring ASD			
	YAS	LMHAs	TOTAL
Male	140	428	568
Female	31	112	143
Total	171	541	712
Source: PRI staff analysis			

Age. Individuals must be at least 18 years of age to be eligible for DMHAS services. Table D-1 breaks down the DMHAS population with ASD in each service group by age category. Most DMHAS clients including older adults are served through LMHAs. Participation in the YAS program is for individuals up to age 25, after which the client may become part of the general DMHAS adult population.

Table D-2. Age Distribution of DMHAS Clients with Co-occurring ASD			
Age Group	YAS	LMHAs	TOTAL
18 to 25	149	166	315
26 and over	22	375	397
TOTAL	171	541	712
Source: PRI staff analysis			

As the table shows, the YAS participants are primarily younger than 25 years old. However, a few individuals may be served in YAS for slightly longer. Focusing on the transition-aged young adults, DMHAS provides services for approximately 164 clients aged 18 to 21 almost equally through YAS (81 individuals) and LMHAs (83 individuals). According to the database information, the group with co-occurring ASD receiving services through LMHAs range in age from 18 to 73. Closer examination of the over 25 age group shows that a substantial number of individuals being served are in their 30s.

Residence by DMHAS region. Figure D-2 illustrates which DMHAS regions the individuals are residing in. The pie chart shows that Regions 2 (Middletown/New Haven) and 4 (Greater Hartford) have the largest number and percentage of DMHAS clients with ASD. Smaller numbers are seen in the other regions.



Source of First Referral to DMHAS

DMHAS clients may also be referred from several entities including families, self-referral, LEAs, hospitals, primary care providers, and other agencies. Presented below is the source of initial referral to DMHAS (i.e., who referred the individual to DMHAS services).

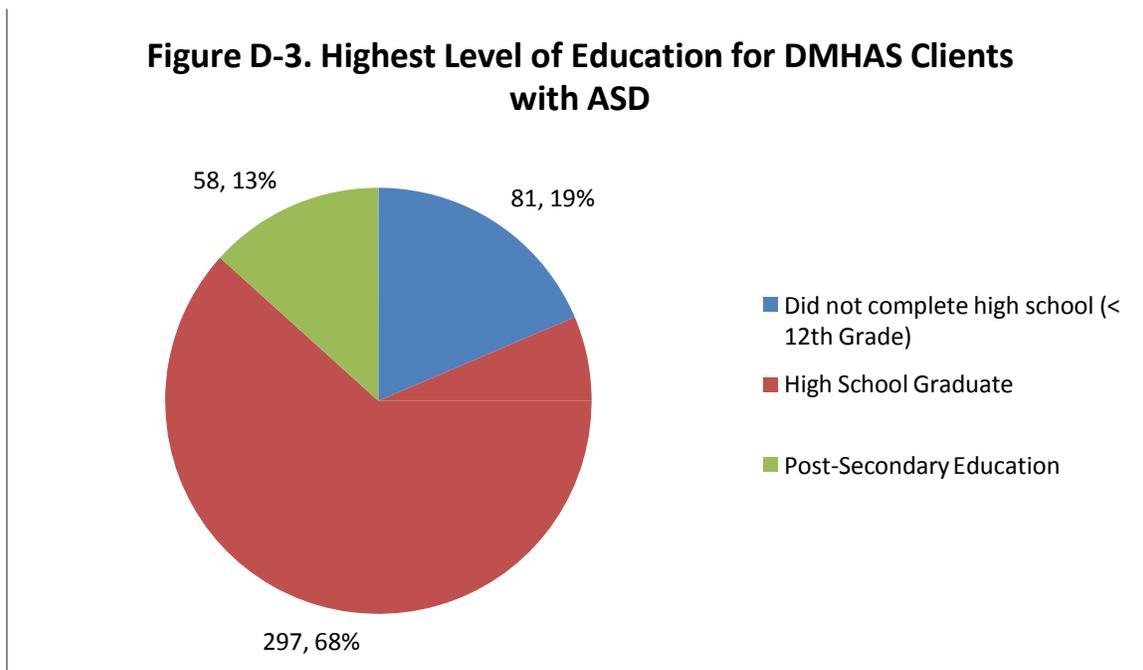
Table D-3. Source of First Referral for DMHAS Clients with ASD Diagnosis

First Referral Source	YAS	LMHAs	Total
Mental Health Provider	62	122	184
Self	23	134	157
Family/Friend	8	44	52
Department of Children Families	17	3	20
Medical Care Provider	4	23	27
Judicial/Law Enforcement (Court order, probation, parole, police)	1	17	18
Department of Developmental Services	1	3	4
Substance Abuse Service Provider	0	5	5
School	3	3	6
Other (community provider, shelter, employer)	84	24	108
Missing/Unknown	26	103	129
Source: PRI staff analysis			

As the table indicates, many of the individuals were referred by a mental health provider or self-referral. A number of referrals were also made miscellaneous sources such as community provider, shelter, or employer.

Education Level

Figure D-3 shows the highest level of education completed by individuals with ASD receiving DMHAS services. This information is missing or unknown in a large number of cases. As the chart demonstrates, the highest level of education completed by the majority of individuals was 12th grade. Approximately 19 percent of the individuals have not completed high school while about 13 percent have completed a post-secondary level of education.



Living Arrangements

A breakdown of residential placements for the DMHAS clients with co-occurring ASD by age group is presented in Table D-4. Overall, the residential settings most commonly used are private residences of family or friends, independent living, or a congregate group setting. However, age differences exist. Independent living is the most common living arrangement for older clients. Younger clients primarily reside with family or friends. The younger group also tends to be in congregate group setting more than the older individuals. There appears to be an equal number of individuals in supported or supervised housing. An examination of the transition-aged young adults (18 to 21) shows that most are residing in family or friend home but the second largest number are in congregate group setting.

Table D-4. Living Arrangements of DMHAS Clients with ASD by Age			
Residence Type	AGE		TOTAL
	18-25	Over 25	
Private residence (friend or relative owns the residence or lease)	101	73	174
Independent Living (Private residence client owns/holds lease)	35	95	130
Congregate (group setting, 24-hour supervision)	42	28	70
Supported/Supervised Housing (Private residence community provider owns or holds lease)	20	22	42
Private residence unspecified	3	21	24
Residential Care Home/Board and Care	12	9	21
Homeless (shelter)	9	4	13
Inpatient (Psychiatric/Substance Abuse/Medical)	2	8	10
Skilled Nursing/ICF/Nursing home	0	2	2
Other (correctional, respite)	9	8	17
Unknown or Missing Info	82	127	209
Total	315	397	712
Source: PRI staff analysis			

Employment

Information on the employment status of DMHAS clients with co-occurring ASD was also available and summarized in Table D-5. Approximately 30 percent of the 712 DMHAS clients with an ASD diagnosis are not in the labor force or unemployed. Seventeen percent are unemployed but have been looking in the past 30 days or on-lay-off. About 12 percent are competitively employed in mostly part-time positions. Four percent are paid but are in non-competitive work settings. Eight percent are students enrolled in school or job-training. The employment status of transition-aged individuals (18 to 21) follows similar trends.

Employment Status	18to25	Over 25	Total
Not in Labor Force	95	118	213 (30%)
Unemployed but looking in past 30 days or on lay-off	43	79	122 (17%)
Employed full-time in competitive employment	1	15	16 (2%)
Employed part-time in competitive employment	23	45	68 (10%)
Not in Labor Force: enrolled in school or job-training	42	15	57 (8%)
Paid but non-competitive work (integrated setting)	13	5	18 (2%)
Paid but non-competitive work (non-integrated setting)	9	4	13 (2%)
Other employment	11	3	14 (2%)
Unknown/missing	78	113	191 (27%)
TOTAL	315	397	712
Source: PRI staff analysis			

DMHAS Services

It is important to note again that this is not historic information; it is a point-in-time. As a snap shot, this information only represents the primary/first-coded services individuals received during the time period reviewed. It does not necessarily reflect whether an individual has received multiple services currently or in the past.

Table D-6 provides some information compiled from the DMAHS dataset regarding service utilization. As the table demonstrates, the majority of DMHAS clients with an ASD diagnosis receive outpatient services. This is followed by social rehabilitation and residential services. For the group aged 18 to 25, those categories are also the most common services. In addition, this younger group utilizes crisis services more than the older population.

Table D-6. Utilization of Services by DMHAS Clients with ASD by Age Group			
Service Type	18to25	Over 25	Total
Outpatient Services	126	186	312
Social Rehabilitation	54	122	176
Residential Services	60	44	104
Crisis Services	26	4	30
Employment Services	8	6	14
Intake	11	6	17
Inpatient Services	2	11	13
Community Support	5	6	11
Other (ACT, forensic community-based, prevention, case management, recovery support, consultation)	23	12	35
Source: PRI staff analysis			

Discharge Status of DMHAS Clients with ASD

DMHAS was also able to provide PRI committee staff with discharge information regarding clients with ASD. During the time period examined (7/1/13 to 6/30/14), there were 259 DMHAS clients with ASD discharged. The analysis below presents information on the reasons for discharge, employment status, and living arrangements at time of discharge.

Reasons for discharge. Table D-7 lists the various discharge reasons for the individuals with a co-occurring ASD diagnosis. Of the 259 clients discharged:

- 27% were discharged to another or new facility
- 20% completed the recovery plan
- Another 20% were discharged for miscellaneous reasons such as incarceration or released by court
- 18% the client discontinued treatment

Table D-7. Discharge Reasons for DMHAS Clients with ASD by Age Group			
Reason for Discharge	18-25	Over 25	Total
Discharge to another facility or new service	46	23	69 (27%)
Recovery Plan completed	26	27	53 (20%)
Client discontinued treatment	20	26	46 (18%)
Against medical advice/Left against advice	5	6	11 (4%)
Moved out of area	4	5	9 (3%)
Inpatient elsewhere	5	1	6 (2%)
Non-compliance	6	0	6 (2%)
Other (incarcerated, evaluation only, released by court)	30	23	53(20%)
Unknown or Missing info	3	3	6(2%)
Total	145	114	259
Source: PRI staff analysis			

Living Arrangement at Discharge

Table D-8 provides information on the living arrangements of DMHAS clients with ASD upon discharge. The living arrangement trends at time of discharge for DMHAS clients with ASD essentially follow the same living arrangements trends of individuals as active DMHAS clients.

Of the total 259 individuals with ASD discharged:

- 23% reside in family/friend’s home
- 15% are living independently
- 8 % are in a group home setting

These are the similar trends for the different age groups except there are somewhat more individuals over the age 25 who are living independently and additional younger individuals remaining with families or friends.

Table D-8. Living Arrangement of DMHAS Clients with ASD Upon Discharge			
Residence Type	18-25	Over 25	Total
Independent Living (Private residence client owns/holds lease)	20	18	38 (15%)
Private residence, friend/relative owns the residence or lease	33	27	60(23%)
Congregate (group setting, 24 hour supervision)	17	5	22 (8%)
Supported/Supervised Housing (Private residence community provider owns or holds lease)	7	2	9 (3%)
Inpatient (Psychiatric/Substance Abuse/Medical)	1	4	5 (2%)
Homeless (shelter)	3	3	6 (2%)
Residential Care Home/Board and Care	1	4	5(2%)
Other (correctional, SRO, ICF, unspecified private residence)	8	7	15 (5%)
Unknown or Missing Info	55	44	99 (38%)
Total	145	114	259
Source: PRI staff analysis			

Employment at Discharge

The employment status of DMHAS clients with ASD upon discharge is presented in Table D-9. Again, the trends regarding employment status for individuals with ASD do not change significantly upon discharge. Similar to the trend in employment status when they were active DMHAS clients, individuals upon discharge:

- 30% unemployed
- 14% unemployed but looking for a job
- 11% are competitively employed mostly in part-time positions
- 5% are enrolled in educational/vocational program

Table D-9. Employment Status of DMHAS Clients with ASD Upon Discharge			
Employment at Discharge N=259	18 to 25	Over 25	Total
Not in Labor Force	45	33	78 (30%)
Unemployed but looking in past 30 days or on lay-off	17	19	36 (14%)
Employed full-time in competitive employment	1	6	7 (3%)
Employed part-time in competitive employment	8	12	20 (8%)
Not in Labor Force: enrolled in school or job-training	11	2	13 (5%)
Paid but non-competitive work (integrated setting)	3	1	4 (1%)
Paid but non-competitive work (non-integrated setting)	3	0	3 (1%)
Other	5	1	6 (2%)
Unknown or Missing info	52	40	92 (35%)
Total	145	114	259
Source: PRI staff analysis			

Appendix E: Summary of BRS Case Closure Data

Summary of BRS Case Closure Data

Overview

The Connecticut Department of Rehabilitation Services Bureau of Rehabilitation Services (BRS) provides assistance to individuals with significant disabilities who want to find or keep employment. There is no financial means test for BRS services. A person with a physical and/or mental impairment that is a substantial barrier to employment, and who could benefit from vocational rehabilitation services to ultimately become competitively employed, is eligible for services. Among the individuals served, are those with ASD.

Current Analysis

The bureau provided PRI staff with required federal reports (RSA 911) from their case management system. The information provided is required annually of all states by the U.S. Department of Education, Office of Special Education and Rehabilitation Services (OSERS) Rehabilitation Services Administration (RSA), and contains information on cases that had been closed by BRS.¹

The following analysis is based on BRS cases that closed in the three federal fiscal years from 2011-2013. Information was collected in the following areas:

1. demographics (including age and impairment);
2. employment status at application and closure; and
3. services received.

Presence of ASD and other types of impairments are captured under the causes or sources of primary and secondary disabilities. Causes or sources of primary impairments are shown in Table E-1 for cases that closed in FFY 2011-2013.

FFY	Total	# with ASD	# with Depressive/ Other Mood Disorders	# with Physical Disorders/ Conditions	# with Specific Learning Disabilities	# with Intellectual Disability	# with Schizophrenia/ other Psychotic Disorders
2011	3,347	134	535	373	211	193	198
2012	3,733	177	633	347	276	218	231
2013	4,046	194	724	431	214	215	205
Total	11,126	505	1,892	1,151	701	626	634

Source: BRS and PRI staff analysis.

¹ The Office of Special Education Programs (OSEP), which administers IDEA, is also under OSERS.

For the remainder of the analyses, presence of ASD is identified if it is identified as the source of either a primary or secondary disability.

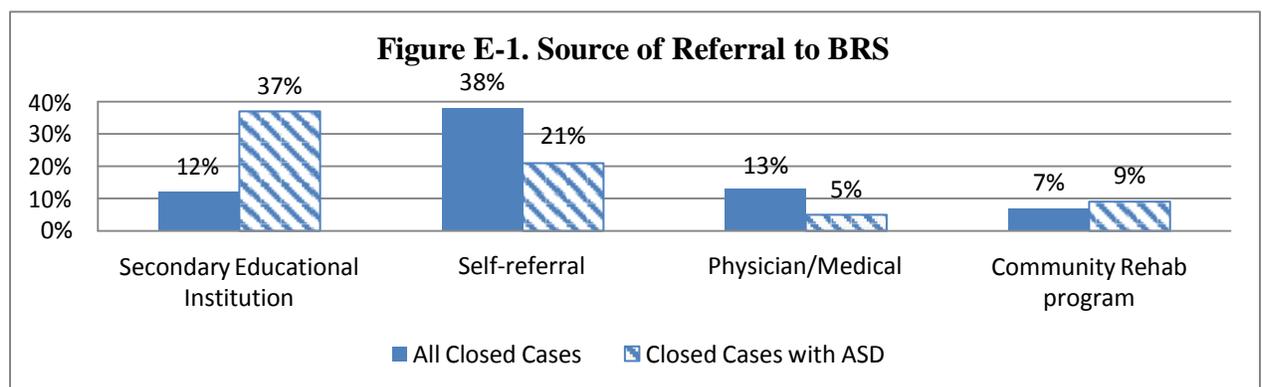
Table E-2 shows the cases closed in FFY 2011-2013 by age of consumer at application. The age of 563 closed cases where ASD was a primary or secondary impairment are also shown. Individuals with ASD are younger than the closed cases overall, and 84 percent come to BRS with an Individualized Education Program (IEP).

Overall, 62 of the 11,126 cases had closed a previous time (< 1 percent). Of the 563 cases that closed with a primary or secondary impairment of ASD, all but four cases were closing for the first time.²

	All Closed Cases		Cases with ASD*	
	Number	Percent	Number	Percent
15-25	3,449	31%	468	83%
26-35	1,559	14%	40	7%
36-45	1,849	17%	23	4%
46-55	2,386	21%	25	4%
56+	1,879	17%	7	1%
Total	11,122***	100%	563	99%**

*ASD as primary or secondary impairment
 **Percent may not total to 100% due to rounding.
 *** This information was missing for four of the cases.
 Source: BRS and PRI staff analysis.

Figure E-1 shows the source of referral to BRS for all closed cases, and for closed cases with a primary or secondary impairment of ASD. Compared with all closed cases, individuals with ASD were three times as likely to have been referred to BRS from a secondary educational institution.



² The four cases had previously received services from BRS and were closing for the second time.

In FFY 2013, information was collected on client living arrangements. Table E-3 shows the great majority of clients were living in private residences.

Living Arrangement	All Closed Cases		*	
	Number	Percent	Number	Percent
Private Residence	3,487	93%	201	94%
Community residence/Group home	90	2%	12	(
Homeless/Shelter	65	2%	0	(
Halfway House	49	1%	0	(
Substance Abuse Treatment Center	21	1%	0	(
Other	49	1%	0	(
Total	3,761**	100%	213	100%

*ASD as primary or secondary impairment
 ** Information on living arrangements was missing for 285 cases.
 Source: BRS and PRI staff analysis.

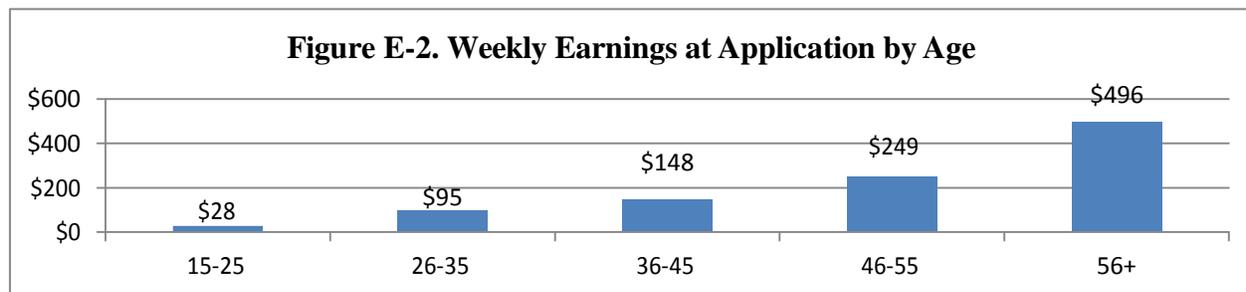
Employment information at intake

Employment status at application. There are four categories of employment that are captured when the consumer provides information to BRS at time of application:

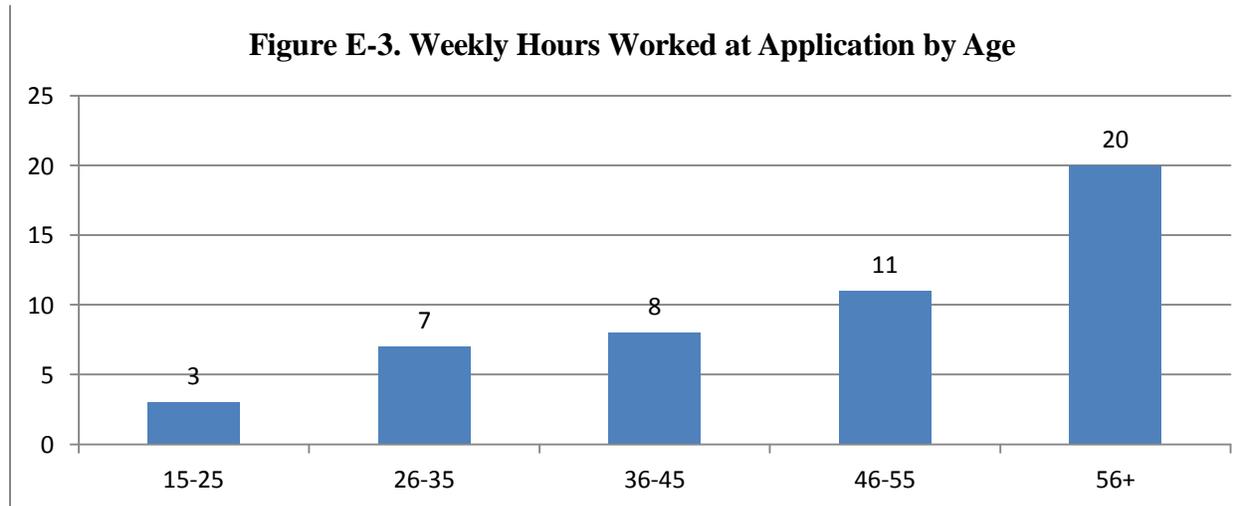
- employed without supports in integrated setting;
- self-employed (except Business Enterprise Programs);
- state agency-managed Business Enterprise Program (BEP); and
- employment with supports in integrated setting.

Approximately 30 percent overall indicated current employment at time of application in one of these categories, most often employment without supports in an integrated setting. Many of these individuals come to BRS in need of some type of job retention support. Of the individuals with ASD, 17 percent indicated they were employed at time of application.

Weekly earnings at application for all consumers. As the age of the applicant increased, so did the average weekly earnings at application (Figure E-2).



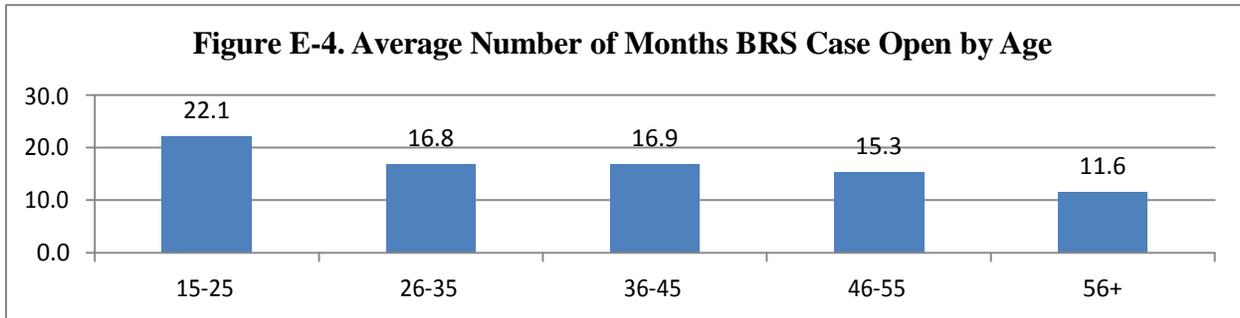
As would be anticipated, the increasing age and average weekly earnings was associated with increasing hours worked per week (Figure E-3).



Primary source of income at application. Reflecting the younger age of BRS consumers with ASD, these individuals were more likely to have family (and friends) as the primary source of income at time of application (Table E-4).

Table E-4. Primary Source of Income at Application				
Living Arrangement	All Closed Cases			
	Number	Percent	Number	Percent
Family and Friends	3,842	35%	376	67%
Personal Income	2,609	24%	41	'
Public Support (SSI, SSDI, TANF, etc.)	4,110	37%	138	25%
All other sources (e.g., private disability insurance and private charities)	445	4%	7	;
Total	11,006	100%	562	101%**
*ASD as primary or secondary impairment				
**Percents may not total to 100% due to rounding.				
Source: BRS and PRI staff analysis.				

BRS services received. The average number of months from date of application for services to closure date was 17 months, with a median of 11 months—that is, half the cases remained open for 11 months. Three-quarters of closed cases remained open for 22 months or less, with 12 percent open for three years or more. The average number of months a case was open by age of consumer is shown in Figure E-4. The youngest age group (15-25 years old) had their cases open for an average of 22 months, significantly longer than any of the other age groups.



Consistent with the finding that individuals served with ASD tended to be younger than other groups of individuals with disabilities, the average number of months their cases remained open was higher than for other disability groups served by BRS (Table E-5).

Table E-5. Average Number of Months BRS Cases Open by Disability Type

Disability Type	# of Months BRS Case Was Open
ASD	25.2
Intellectual Disability	20.6
Specific Learning Disability	18.8
Depressive and Mood Disorders	17.1
Schizophrenia and other Psychotic Disorders	16.3
Physical Disorders/Conditions	15.1
Total	17.3

Source: BRS and PRI staff analysis.

Approximately 12 percent of all cases exited BRS during the application process (n=1,303). The reasons for this occurrence are shown in Table E-6. Over half (59 percent) refused services, were uncooperative, or were unable to be contacted. Approximately three in 10 (29 percent) were found ineligible for BRS services because they did not need VR services. Less than one percent exited BRS during the application process because they were deemed to have a disability too significant to benefit from vocational rehabilitation services.

Table E-6. Most Frequent Reasons for Exiting BRS During the Application Process

Reason	Number (Percent)
Refused services or further services	402 (31%)
Unable to locate or contact	269 (21%)
Failure to cooperate	91 (7%)
Ineligible—no disabling condition	141 (11%)
Ineligible—no impediment to employment	151 (12%)
Ineligible—does not require VR services	84 (6%)
Transferred to another agency	43 (3%)
Disability too significant to benefit from VR services	6 (<1%)
Other	116 (9%)
Total	1,303 (100%)

Source: BRS.

Table E-7 shows the average number of months a case remained open for each of the types of closure. As would be expected, those cases where the individual exited during the application process, were open an average of three months, the shortest period of time. The cases open the longest period of time on average, were for those who exited BRS without employment, but after receiving services.

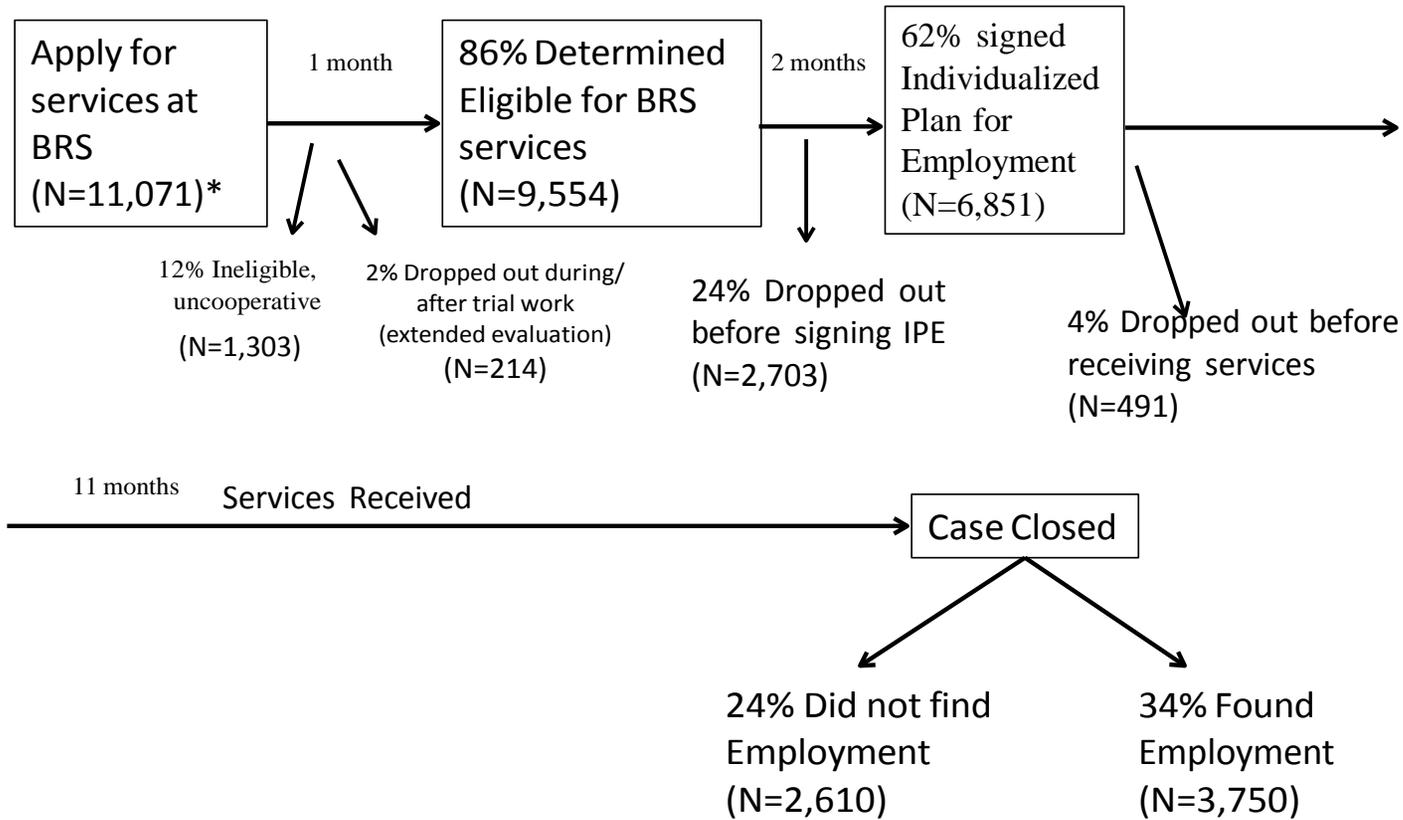
Table E-7. Average Number of Months BRS Case Open by Type of Closure	
Type of Closure	Avg Number of Months Case Open
Exited as an applicant	3.4
Exited during or after a trial work experience/extended evaluation	10.6
Exited with an employment outcome	18.7
Exited without an employment outcome, after receiving services	29.5
Exited without an employment outcome, after a signed IPE, but before receiving services	16.9
Exited from an order of selection waiting list	16.3
Exited without an employment outcome, after eligibility, but before an IPE was signed	10.7
TOTAL	17.3
Source: BRS and PRI staff analysis.	

Figure E-5 provides a timeline for the process, from application to closure for all applicants. Table E-8 shows the median number of months for all cases compared with individuals with ASD. With the exception of the time needed from application to eligibility determination, more time was taken for individuals with ASD in each of the phases of BRS service.

In comparison to all BRS cases, just three percent of those with ASD exited BRS during the application process, and a larger percent of all BRS applicants with ASD exited with an employment outcome (41 percent vs. 34 percent).

Table E-8. Timeframes for All BRS Closures vs. Closures for Individuals with ASD		
Phase of BRS Application to Closure	Median # of Months	
	All Cases	Individuals with ASD
Application to Eligibility Determination	1	1
Eligibility Determination to signed Individualized Plan for Employment (IPE)	2	6
Signed IPE to Case Closure	11	23
Source: BRS data and PRI staff analysis.		

Figure E-5. Median Number of Months for BRS Process From Application to Closure



* Excludes 53 closures from an order of selection waiting list and 2 missing cases.

Services provided by BRS. Table E-9 shows the percent of the 11,126 closed cases that received certain BRS services. All individuals received vocational rehabilitation counseling and guidance, defined as vocational counseling and guidance necessary for an individual to become employed. Counseling ranged from medical and vocational to family areas.

Assessment services pertained to activities needed to determine eligibility for vocational rehabilitation (VR) services and the types of services to be included in the individualized plan for employment (IPE). Trial work experiences and extended evaluations were also included under assessment services. Three-quarters of BRS clients with ASD received assessment services.

Diagnosis and treatment of impairment services were somewhat less likely for BRS clients with ASD. These services included diagnosis and treatment for mental and emotional disorders, physical or occupational therapy, and prosthetic devices.

Job placement assistance (i.e., referral to a specific job resulting in an interview, regardless of interview outcome), was more likely to be received by BRS consumers with ASD. Job readiness training (e.g., appropriate work behaviors and appearance) was also more likely to be received by BRS consumers with ASD. Also more likely to be received by BRS consumers with ASD was job search assistance, which included resume preparation assistance, interview skills and contacts with potential employers on behalf of the consumer.

On the job supports were provided nearly three times more often for individuals with ASD. These services were provided to individuals who had been placed in a job and were used to stabilize the placement and promote job retention. Examples of on the job supports included job coaching and follow-up services to retain the employment.

Service	All Cases	'ASD Only'
Counseling	100%	100%
Assessment	61%	74%
Diagnosis/Treatment	35%	21%
Info and Referral (for services from other agencies)	27%	24%
Job Placement Assistance	20%	33%
Job Readiness Training	12%	21%
On the Job Supports Short-Term (e.g., job coaches and follow-up services)	12%	35%
Job Search Assistance	9%	13%
Rehabilitation Technology (e.g., selection and provision of assistive technology devices)	7%	<1%
Transportation (including training in use of public transportation)	7%	6%
OJT in specific job skills by prospective employer	4%	7%
Occupational/Vocational Training	3%	7%
Source: BRS and PRI staff analysis.		

Table E-10 shows the percent of closed cases by disability that received some of the more frequently offered services. BRS consumers with intellectual disabilities and BRS consumers with ASD had a similar pattern of receipt of services.

Service	Total	ASD	Depressive/ Other Mood Disorders	Physical Disorders/ Conditions	Specific Learning Disabilities	Intellectual Disability	Schizophrenia/ other Psychotic Disorders
Assessment	61%	74%	59%	67%	60%	72%	60%
Job Readiness	12%	21%	14%	5%	16%	17%	12%
Job Placement	20%	33%	23%	11%	25%	33%	26%
Job Search	9%	13%	11%	4%	11%	14%	10%

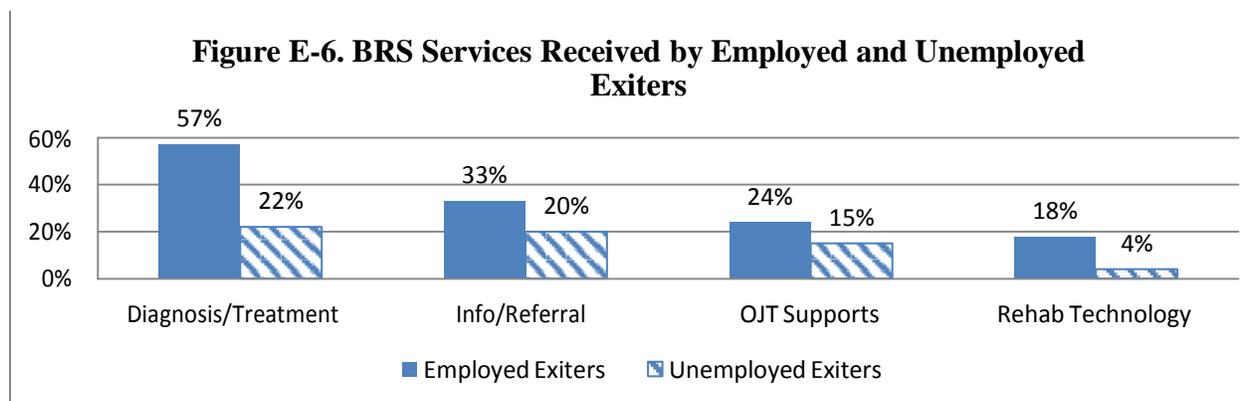
Source: BRS and PRI staff analysis.

Characteristics and experiences associated with employment exit outcome. As was shown in Figure E-5, there were 6,360 cases that closed in FFY 2011-2013 after receiving services. Of these cases, 3,750 exited with employment (referred to as “employed exiters”) and 2,610 exited without employment (referred to as “unemployed exiters”). This analysis identifies differences in characteristics and experiences for the two groups.

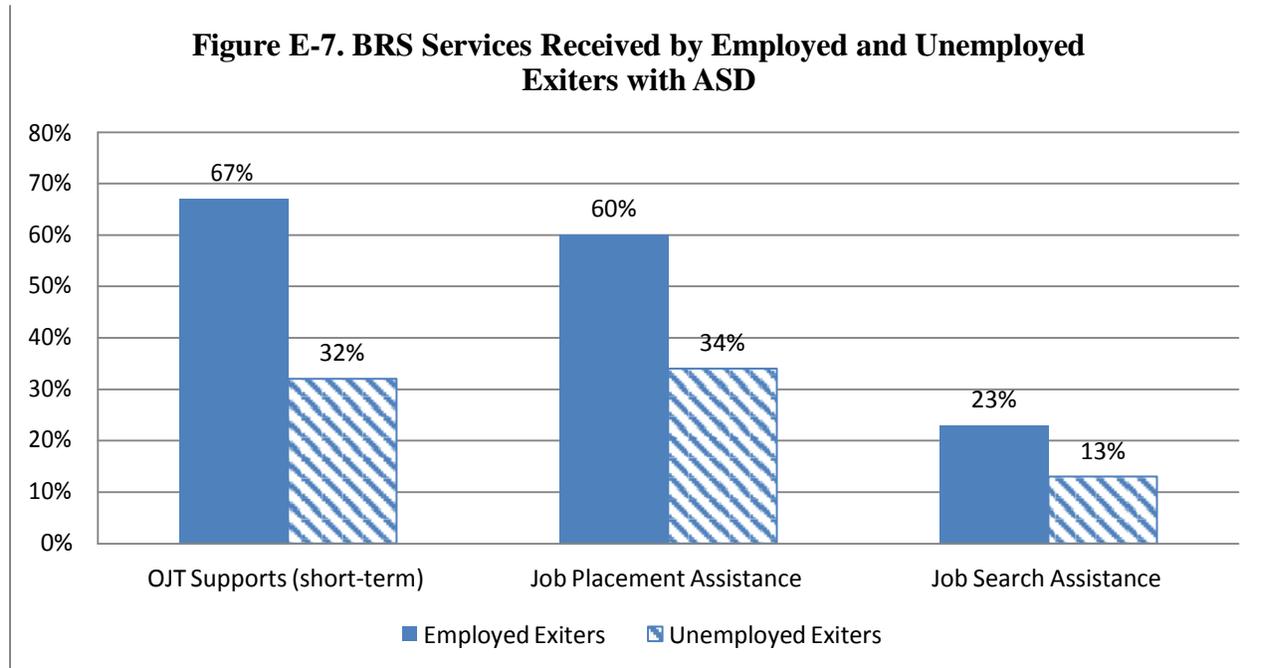
Employed exiters received more services during their time with BRS. A median of four services was received by the 3,750 who exited with employment and a median of three services by the 2,610 who exited without employment. The same finding occurred for consumers with ASD.

Employed exiters were MORE likely to have received certain services during their time with BRS. Figure E-6 shows the differences in services received by those who exited with employment compared with those who exited without employment. Of the more frequently received services, employed exiters were more likely to have received:

- diagnosis and treatment of impairments;
- information and referral;
- on the job supports (short-term); and
- rehabilitation technology.



Employed exiters with ASD were more likely to have received certain services during their time with BRS. Employed exiters with ASD were more likely to have received on the job supports (short-term), job placement assistance, and job search assistance compared with unemployed exiters with ASD (Figure E-7).



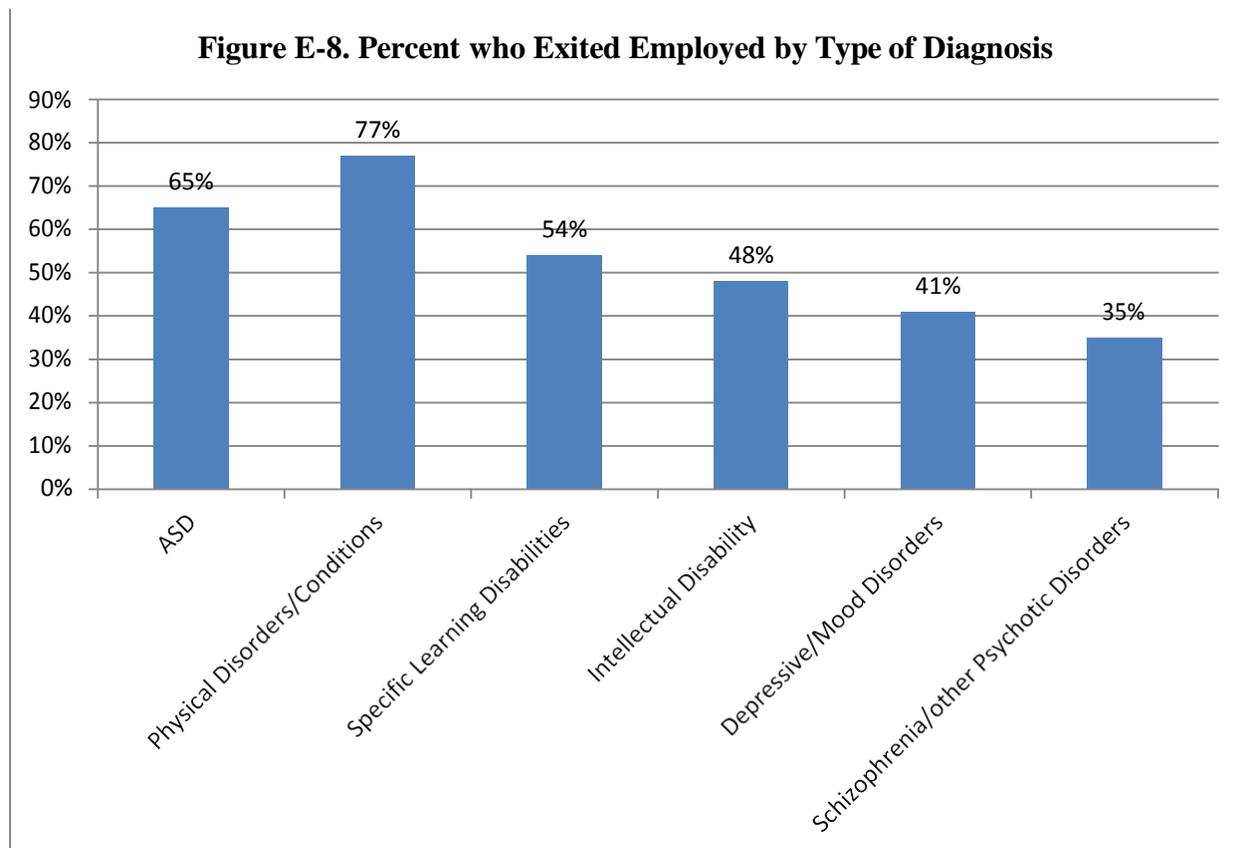
In a few instances, employed exiters were LESS likely to have received certain services during their time with BRS. In a few instances, receipt of certain BRS services was more often associated with unemployed exiters:

- transportation services were somewhat more likely to be provided to unemployed exiters (12 percent vs. 8 percent of employed exiters); and
- job readiness training was also somewhat more likely to be provided to unemployed exiters (19 percent vs. 15 percent of employed exiters).

On average, employed exiters had their cases open for a shorter period of time. In comparing the time from application to closure, those who exited unemployed had their cases open for a longer period of time (29.54 months vs. 18.71 months for the employed exiters). There were several phases of BRS service where there was a longer time for those who exited unemployed. Once consumers were found eligible for BRS services, the time to develop the individualized plan for employment took longer for those who ultimately exited unemployed (4.66 months vs. 2.95 months). Also, once the IPE was signed, those who exited unemployed had a longer service period of time (23.68 months vs. 14.26 months).

On the other hand, the time taken from application to eligibility determination was slightly shorter for those who exited unemployed (1.16 months vs. 1.46 months). For consumers with ASD, there was no difference in length of time cases were open for those who were employed or unemployed at the time their cases closed.

The percent of employed exiters varied by type of diagnosis. Figure E-8 shows the percent who exited employed by the type of diagnosis. With the exception of consumers with physical disorders or conditions, those with ASD had a relatively higher percent exiting with an outcome of employment. Approximately two-thirds of consumers with ASD (65 percent) who received BRS services exited with an outcome of employment.



Referrals from medical personnel and self-referrals had the highest percent of employed exiters after receiving BRS services. Over two-thirds (70 percent) of referrals that came from physicians or other medical personnel/institutions and received BRS services exited with employment. Similarly, 65 percent self-referrals exited BRS services with employment. For consumers with ASD, there was no difference in referral source and employment outcome.

The higher the education level, the greater likelihood of exiting employed after receiving BRS services. Table E-11 shows the increase in exiters who left employed after receiving BRS services as their education level increased. For consumers with ASD, there was no difference in

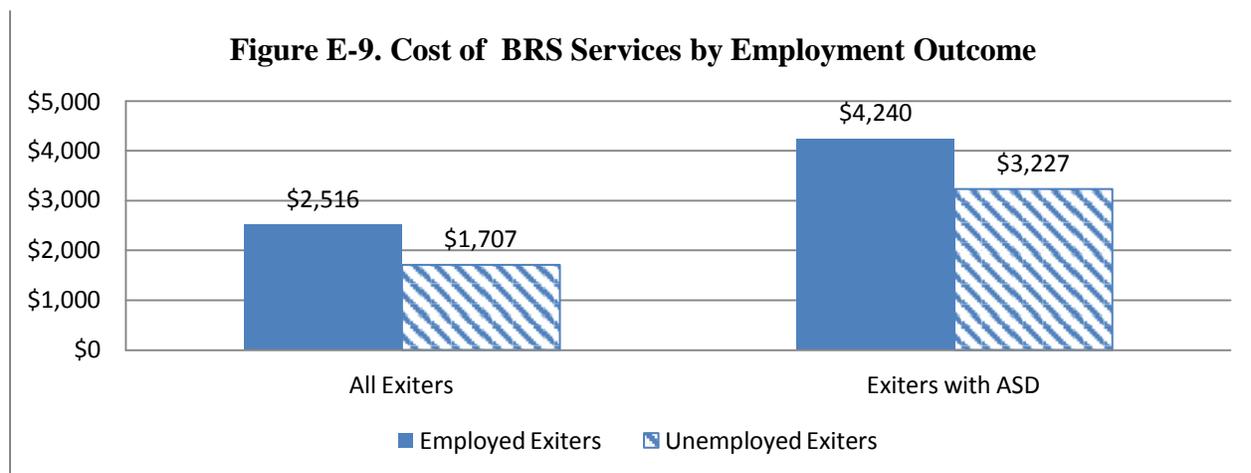
education level and employment outcome, three-quarters of whom were high school (40 percent) or non-high school (35 percent) graduates.

Education Level	Percent Exited Employed
Less than High School Graduate (n=1,450)	47%
High School Graduate/GED (n=2,588)	58%
Some Postsecondary Education, no degree (n=692)	60%
Associate degree or vocational/technical certificate (n=5,299)	66%
Bachelor's degree (n=740)	70%
Master's degree (n=361)	80%
Total (N=6,360)	59%

Source: BRS and PRI staff analysis.

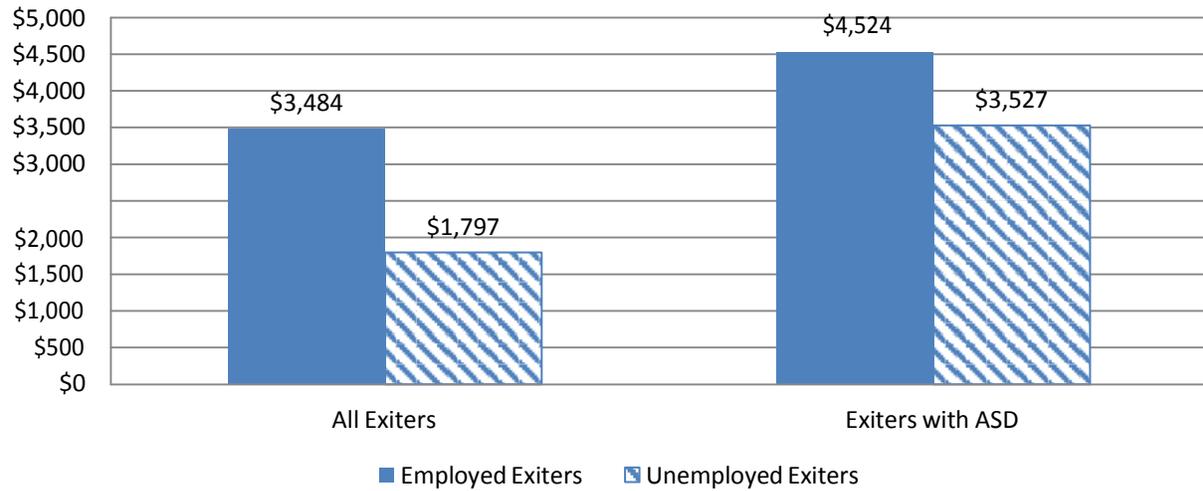
More money was spent by BRS to purchase services for consumers who exited employed (after receiving BRS services). Figure E-9 shows the greater cost to BRS for employed exiters and for employed exiters with ASD:

- For all exiters who received BRS services, the median costs were 47 percent higher for employed exiters
- For exiters with ASD who received BRS services, the median costs were 31 percent higher for employed exiters
- Median costs for exiters with ASD who received BRS services were greater, regardless of outcome



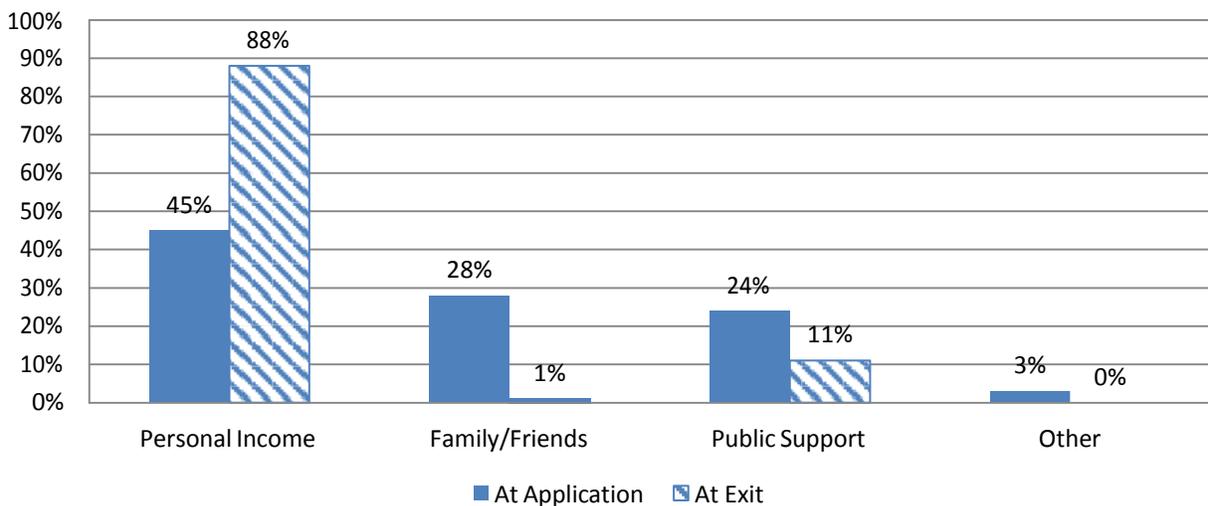
As noted earlier, some consumers applied to BRS in need of some type of job retention support. Removing these consumers who were already employed at the time of application, Figure E-10 shows somewhat high median costs.

**Figure E-10. Cost of BRS Services by Employment Outcome
(for individuals not competitively employed at time of application)**



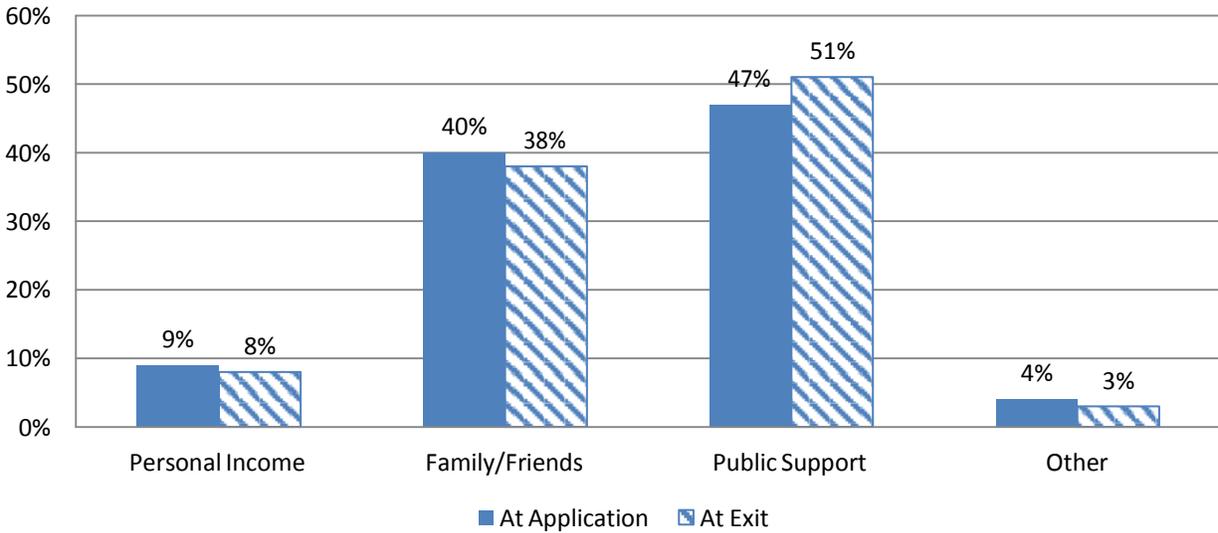
Employed exiters had become more financially self-sufficient after receiving BRS services. Figure E-11 shows the increase in personal income as the primary source of support for employed exiters. In contrast, very little change occurred in primary source of support from application to closure for unemployed exiters who received BRS services (Figure E-12).³

Figure E-11. Change in Primary Source of Support for Employed Exiters



³ “Other” sources of support include private disability insurance and private charities.

Figure E-12. Change in Primary Source of Support for Unemployed Exiters



Figures I-13 and I-14 show the same pattern for consumers with ASD who exited with and without employment after receiving BRS services.

Figure E-13. Change in Primary Source of Support for Employed Exiters with ASD

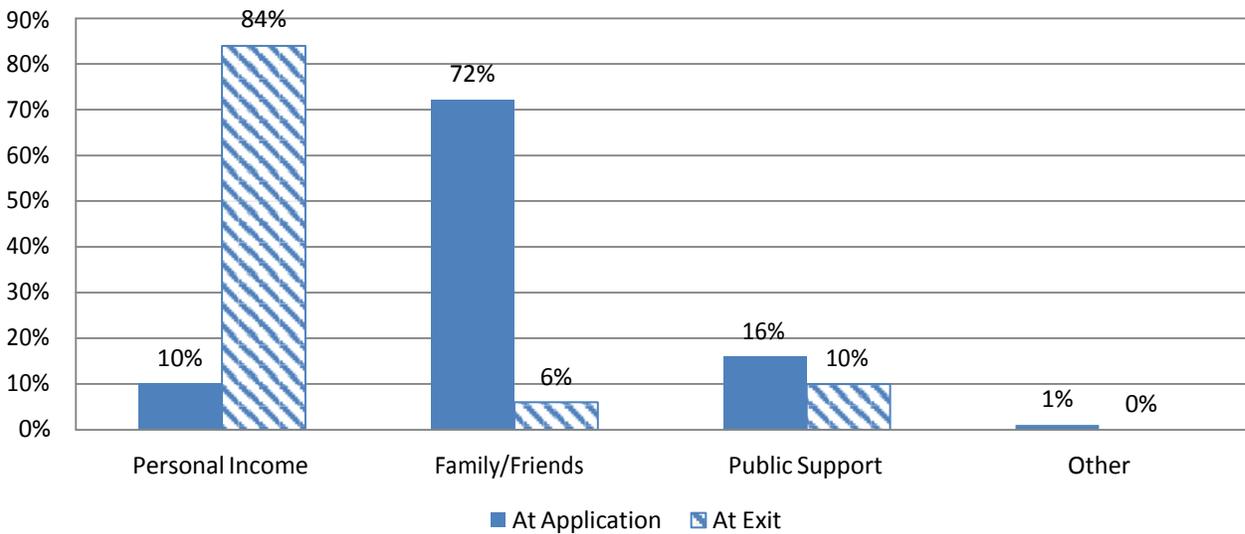
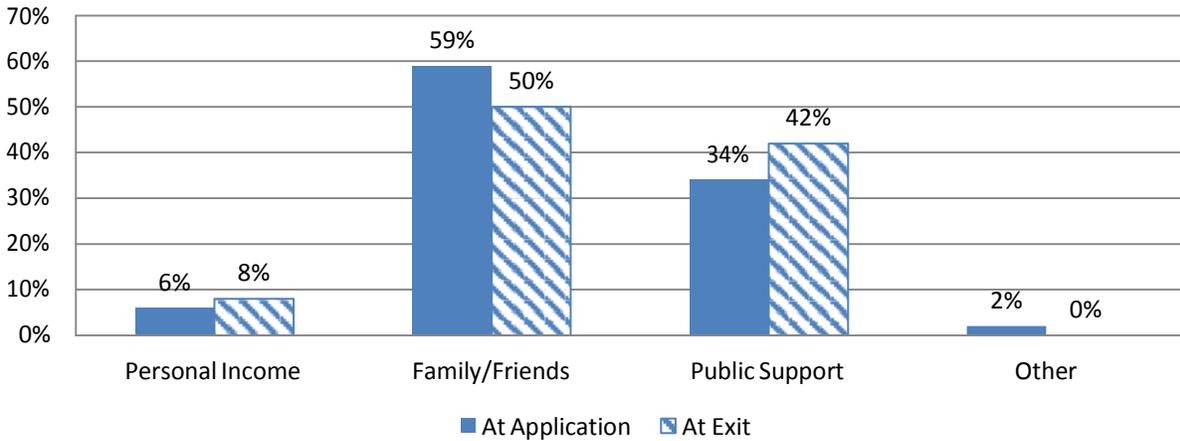
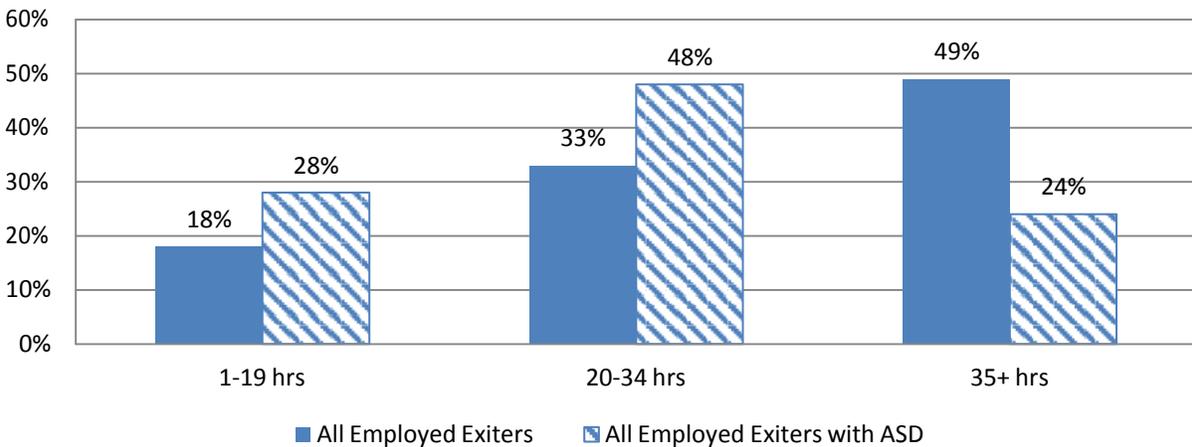


Figure E-14. Change in Primary Source of Support for Unemployed Exiters with ASD



Employed exiters with ASD worked fewer hours than employed exiters without ASD. Figure E-15 shows the number of hours worked in competitive employment. Nearly half of all employed exiters worked full time (at least 35 hours per week); however, just one-quarter of employed exiters with ASD worked full time. Employed exiters with other types of disabilities that were also less likely to work full time were those with intellectual disabilities (18 percent) and schizophrenia/other psychotic disorders (15 percent).

Figure E-15. Number of Hours Worked for Employed Exiters



Employed exiters with ASD were more likely to have employment with supports in an integrated setting compared with all BRS employed exiters (24 percent vs. 8 percent of all employed exiters). The remaining 76 percent of employed exiters with ASD were categorized as having employment without supports in an integrated setting (vs. 91 percent of all employed exiters).

Summary

The Department of Rehabilitation Services Bureau of Rehabilitation Services provided PRI staff with case management information collected on cases that closed during FFY 2011-2013. Of the 11,126 cases that closed, 563 had a primary or secondary impairment of ASD.

Compared with all closed cases, individuals with ASD were three times as likely to have been referred to BRS from a secondary educational institution. The youngest age group (15-25 years old) had their cases open for an average of 22 months, significantly longer than any of the other age groups. As the individuals served by BRS with ASD tended to be younger than other groups of individuals with disabilities, not surprisingly, the average number of months their cases remained open was higher than for other disability groups served by BRS (25 months vs. 17 months).

In comparison to 12 percent of all BRS cases, just three percent of those with ASD exited during the application process. Also, a larger percent of all BRS applicants with ASD exited with an employment outcome (41 percent vs. 34 percent of all exiters). Counseling and assessment services were the most frequently provided services by BRS. Individuals with ASD were more likely to receive job readiness training and on the job supports (short-term) from BRS.

There were several characteristics or experiences associated with an outcome of employment after receipt of services from BRS for consumers with ASD:

1. Employed exiters with ASD received more services during their time with BRS than unemployed exiters with ASD
2. Employed exiters with ASD were more likely to have received on the job supports (short-term), job placement assistance, and job search assistance compared with unemployed exiters with ASD
3. Two-thirds of consumers with ASD who remained at BRS through receipt of services, exited with employment, a figure relatively higher than some with other diagnoses, such as intellectual disability
4. More money was spent by BRS to purchase services for consumers who exited employed
 - a. For exiters with ASD, the median costs were 31 percent higher than for unemployed exiters with ASD
 - b. Median costs for exiters with ASD were greater, regardless of outcome
5. Employed exiters had become more financially self-sufficient after receiving BRS services
 - a. For consumers with ASD who exited employed, 84 percent reported personal income as their primary source of support (as contrasted with 10 percent at application)
6. Employed exiters with ASD worked fewer hours than all employed exiters combined, and were also more likely to have employment with supported

Appendix F: List of 20 Indicators on State Performance Plan

Indicator 1: Percent of youth with IEPs graduating from high school with a regular diploma.

Indicator 2: Percent of youth with IEPs dropping out of high school.

Indicator 3: Participation and performance of children with IEPs on statewide assessments:

- A. Percent of the districts with a disability subgroup that meets the State's minimum "n" size that meet the State's AYP targets for the disability subgroup.
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement standards.

Indicator 4: Rates of suspension and expulsion:

- A. Percent of districts identified by the State as having a significant discrepancy in the rates of suspensions and expulsions of children with disabilities for greater than 10 days in a school year; and
- B. Percent of districts identified by the State as having a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year of children with disabilities by race and ethnicity.

Indicator 5: Percent of children with IEPs aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

Indicator 6: Percent of children aged 3 through 5 with IEPs attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and
- B. Separate special education class, separate school or residential facility.

Indicator 7: Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

Indicator 8: Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

Indicator 9: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

Indicator 10: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

Indicator 11: Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

Indicator 12: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

Indicator 13: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the Planning and Placement Team (PPT) meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the PPT meeting with the prior consent of the parent or student who has reached the age of majority.

Indicator 14: Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

Indicator 15: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

Indicator 16: Complaint Timelines

Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint, or because the parent (or individual or organization) and the public agency agree to extend the time to engage in mediation or other alternative means of dispute resolution, if available in the State.

Indicator 17: Due Process Timelines

Percent of adjudicated due process hearing requests that were adjudicated within the 45-day timeline or a timeline that is properly extended by the hearing officer at the request of either party or in the case of an expedited hearing, within the required timelines.

Indicator 18: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

Indicator 19: Percent of mediations held that resulted in mediation agreements.

Indicator 20: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

Appendix G

Summary of Recent Legislative Changes Related to ASD and/or Transitional Services for Secondary School Students

Appendix G. Summary of Recent Legislative Changes Related to ASD and/or Transitional Services for Secondary School Students		
Year	Name of Act	Changes Relevant to Study Population
2006 (P.A. 06-188)	AAC Social Services and Public Health Budget Implementation Provisions	<ul style="list-style-type: none"> • Section 37 required DDS (was DMR in 2006) to establish a pilot program to provide services for up to 50 people with autism spectrum disorder (and who are ineligible for DMR services due to IQs > 70) • Participants from New Haven and Middlesex counties only
2007 (P.A. 07-4)	AA Implementing the Provisions of the Budget Concerning General Government	<ul style="list-style-type: none"> • Creates the DDS Division of Autism Spectrum Services (was DMR in 2007) • Services may include creation of: <ul style="list-style-type: none"> ○ Autism-specific early intervention program for children at risk of, or diagnosed with, ASD, who previously were placed in DDS's Birth-to-Three program ○ Support services for 3-21 year olds, including education, recreation, life and skill coaching, vocational, and transitional services ○ Adult services, including those defined by the ASD pilot program, and related services DDS deems necessary—includes life skills, job coaching, social skills groups, behavior management, speech and OT, and postsecondary education supports • Requires DDS to adopt regulations to define autism, and establish eligibility standards and criteria • Requires study of feasibility of amending the state Medicaid plan or obtaining a federal waiver to implement Medicaid-financed home and community-based services for adults with ASD who are not mentally retarded
2008 (S.A. 08-5)	AAC the Teaching of Children with Autism and Other Developmental Disabilities	<ul style="list-style-type: none"> • Study group charged with defining autism and other developmental disabilities • Purpose to develop recommendations for a comprehensive statewide plan to incorporate methods of teaching children with autism and other developmental disabilities

2008 (P.A. 08- 63)	AAC Expansion of the Pilot Program for Persons with ASD	<ul style="list-style-type: none"> Expanded the pilot from 50 to 75 participants Expands to include eligible adults living throughout Connecticut
2008 (P.A. 08- 132)	AA Requiring Insurance Coverage for Autism Spectrum Disorder Therapies	<ul style="list-style-type: none"> Beginning January 1, 2009, requires coverage of ASD treatments, including physical, speech and OT Applies to health insurance policies that cover basic hospital, medical-surgical, or major medical expenses; also HMO contracts covering hospital and medical expense; and hospital or medical service contracts Excludes self-insured plans (due to federal preemption)
2008 (P.A. 08- 169)	AAC Authorization of State Grant Commitments for School Building Projects, Changes to the Statutes Relating to School Construction, Regional School Districts and Magnet Schools and the Development of a Plan for the Teaching of Children with Autism	<ul style="list-style-type: none"> Sec. 31 of the Act requires CSDE, DHE, DDS, and SCSU to develop recommendations for incorporating ways of teaching children with autism or other developmental disabilities in: <ul style="list-style-type: none"> Teacher prep programs Requirements for beginning teacher certification In-service training for active teachers Training programs for school paras, related service professionals, early childhood certificate holders, school administrators, and parents Define autism and developmental disabilities for purposes of the recommendations, consulting with SERC, RESCs
2009 (SS P.A. 09-1)	AAC Educator Certification and Professional Development and Other Education Issues	<ul style="list-style-type: none"> Requires the attorney general to report to the Education Committee by January 1, 2010 on recommendations arising from his investigation of behavioral analysis services provided to children with autism spectrum disorder Done in consultation with CSDE and HE Report to include findings based on the investigation and recommend statutory changes and an appropriate in-state certifying entity for behavioral analysis services
2009 (P.A. 09- 115)	AAC Health Insurance Coverage for ASD	<ul style="list-style-type: none"> Broadens coverage for ASD under group health insurance policies Requires inclusion of coverage for behavioral therapy (ABA) up to age 14; also covers certain prescriptions and psychiatric/psychological services

2010 (P.A. 10- 175)	AAC Special Education	<ul style="list-style-type: none"> Beginning July 1, 2012, requires students with ASD whose IEP specifies applied behavioral analysis, to use licensed or certified behavior analysts to provide such services (based on recommendations from AG report of P.A. 09-1)
2011 (P.A. 11-4)	AAC the Department of Developmental Services Division of Autism Spectrum Disorder Services	<ul style="list-style-type: none"> Created the DDS Division of Autism Spectrum Services
2011 (P.A. 11-6)	AAC the Budget for the Biennium Ending June 30, 2013	<ul style="list-style-type: none"> Section 27 required a study of issues related to the needs of persons with ASD, including the feasibility of a Center for Autism and Developmental Disabilities
2011 (P.A. 11- 16)	AAC Revisions to Statutes Relating to the Department of Developmental Services Including the Utilization of Respectful Language When Referring to Persons with Intellectual Disability	<ul style="list-style-type: none"> Makes statutory changes from “autistic persons” to “persons diagnosed with autism spectrum disorder”
2011 (P.A. 11- 44)	AAC the Bureau of Rehabilitative Services and Implementation of Provisions of the Budget Concerning Human Services and Public Health	<ul style="list-style-type: none"> Sec. 147-148 Birth to Three Services for Children with ASD Makes changes to the requirements for individual and group health insurance policies that provide coverage for birth-to-three services provided as part of an individualized family service plan Prohibits policies from imposing co-insurance, copayments, deductibles, or other out-of-pocket expenses unless they are high-deductible policies
2011 (P.A. 11- 135)	AAC Implementation Dates for Secondary School Reform, Exceptions to the School Governance Council Requirement and the Inclusion of Continuous Employment in a Cooperative Arrangement as Part of the Definition of Teacher Tenure	<ul style="list-style-type: none"> Section 2 requires districts to create an annual Student Success Plan beginning in grade 6 The SSP must include the student’s career and academic choices in 6th through 12th grades

2011 (P.A. 11-228)	AAC Misrepresentation as a Board Certified Behavior Analyst	<ul style="list-style-type: none"> • Makes it a crime to represent oneself as BCBA unless certified by the Behavior Analyst Certification Board • Must either have the certification or be licensed by DPH or certified by CSDE
2012 (S.A. 12-9)	AAC Workforce Development	<ul style="list-style-type: none"> • OWC, in collaboration with CSDE and BOR, to study model programs concerning the preemployment training and employment of young adults with ASD and other DD • Report due by January 1, 2013
2012 (P.A. 12-44)	AAC Insurance Coverage for the Birth-To-Three Program	<ul style="list-style-type: none"> • This act changes requirements for individual and group health insurance policies that provide coverage for medically necessary early intervention (birth-to-three) services as part of an individualized family service plan • For children with autism, group health insurance policies must cover at least \$50,000 per child annually, up to \$150,000 per child over three years
2012 (P.A. 12-173)	AAC Individualized Education Programs and Other Issues Relating to Special Education	<ul style="list-style-type: none"> • Section 1 requires the school district to provide parents with any CSDE information and resources relating to IEPs as soon as a student is identified as requiring special education
2013 (P.A. 13-20)	AAC Various Revisions to the Department of Developmental Services' Statutes	<ul style="list-style-type: none"> • Creates an Autism Spectrum Advisory Council (ASDAC), effective July 1, 2013 • Council advises the DDS commissioner on all matters relating to autism, including: <ul style="list-style-type: none"> ○ services provided by DDS Division of Autism Spectrum Services ○ Implementing the recommendations of the autism feasibility study (per P.A. 11-6)
2013 (P.A. 13-84)	AAC Health Insurance Coverage for Autism Spectrum Disorders	<ul style="list-style-type: none"> • Requires certain health insurance policies to at least maintain current levels of benefits for insureds who were diagnosed with ASD before the 5th edition of DSM was released
2014 (P.A. 14-143)	AAC Advisory and Planning Councils for State Developmental Services Regions, a Change in Terminology and the Autism Spectrum Disorder Advisory Council	<ul style="list-style-type: none"> • Increase DDS Council on Developmental Services size from 13 to 15 members • One new member is person with ASD and a current/past recipient of services from DDS Division of Autism Spectrum Services • Increases ASDAC from 23 to 24 members • New member is a physician who treats or diagnoses individuals with ASD

Appendix H

Appendix H: Comments from PRI Transition Coordinator question: “In your opinion, what, if anything, can be done differently to help students with ASD transition from high school?”	
2+ with similar comments	Comment
	Secondary Education Changes/Professional Development
2	<ul style="list-style-type: none"> • professional development for teachers in the area of transition for ASD students including how to address socialization and behavioral training, what postsecondary transition services are available
	<ul style="list-style-type: none"> • earlier identification and intervention
3	<ul style="list-style-type: none"> • Goals need to be realistic, less school-like, and focus more on real life, and meeting the needs to help them to transition to life after high school
4	<ul style="list-style-type: none"> • More focus on transition/life skills and vocational opportunities
	<ul style="list-style-type: none"> • Focus on transition for student who will be not be attending college
2	<ul style="list-style-type: none"> • More vocational exploratory courses
3	<ul style="list-style-type: none"> • More 18-21 transition programs available; they play a critical role in the student’s ability to go on to a community college, hold an entry level job, attend vocational institution, etc.
	<ul style="list-style-type: none"> • Require training for all teachers and service providers to understand all levels of ASD
	<ul style="list-style-type: none"> • Staff training to work with students with higher ASD needs
	<ul style="list-style-type: none"> • Start transition planning earlier, in middle school
2	<ul style="list-style-type: none"> • Job coach or vocational mentor
	<ul style="list-style-type: none"> • More inclusion of students with ASD
	More Adult Services Provided by State Agencies
	<ul style="list-style-type: none"> • need for residential/day programs
	<ul style="list-style-type: none"> • need subsidized supported living
	<ul style="list-style-type: none"> • need more group homes and supported living in Fairfield County
3	<ul style="list-style-type: none"> • need more programs, especially those designed with ASD individuals in mind
3	<ul style="list-style-type: none"> • need more DDS services for ASD individuals
	<ul style="list-style-type: none"> • adult agency personnel need more training to work with ASD population
	<ul style="list-style-type: none"> • more individualized services to meet the diverse needs of the ASD population
2	<ul style="list-style-type: none"> • better postsecondary services that can start when the student is in high school, to bridge the programs seamlessly
	<ul style="list-style-type: none"> • DDS and BRS need to provide assistance to more students with ASD
	<ul style="list-style-type: none"> • Need DDS or BRS to fund in home and community training to include after school hours
	<ul style="list-style-type: none"> • Need respite services for families

2+ with similar comments	Comment
	<ul style="list-style-type: none"> Increase access and availability of vocational services for adults with moderate to severe ASD
5	<ul style="list-style-type: none"> More funding so agencies can provide more services (“We build a bridge and there is not one on the other side [as students transition to adult life]”)
	<ul style="list-style-type: none"> More funding for BRS to assist in the transition process
3	<ul style="list-style-type: none"> Fully fund ASD waiver at DDS
2	<ul style="list-style-type: none"> More involvement/outreach from adult agencies during a student’s high school years
3	<ul style="list-style-type: none"> More access to transportation, especially for employment
	<ul style="list-style-type: none"> Need more long-term supports from BRS
	<ul style="list-style-type: none"> Mental health support for students with both ASD and emotional disturbance
	<ul style="list-style-type: none"> Need job coaching
	<ul style="list-style-type: none"> Need adult agencies to come to the table to help inform families about what should be done
Student Skill Development	
2	<ul style="list-style-type: none"> teaching skills of independence is extremely important
	<ul style="list-style-type: none"> open a community classroom to meet the transition needs of students (i.e., opportunity to take college courses, social skills training, recreation, soft skills training in real community setting)
3	<ul style="list-style-type: none"> begin social skills training in elementary school work on social skills one skill at a time
3	<ul style="list-style-type: none"> develop understanding with the student about their diagnosis; will help them to prepare to advocate for themselves
	<ul style="list-style-type: none"> Some students with ASD would benefit from more emphasis on social integration (working with a group, etc.) rather than academics in a class
	<ul style="list-style-type: none"> Make mandatory a social skills/anxiety survival class for every ASD student every year (could be their health credit)
	<ul style="list-style-type: none"> Offer after school support groups for ASD kids
	<ul style="list-style-type: none"> Begin the process earlier, with more emphasis on age appropriate social skills instruction with opportunities for generalization in community settings
	<ul style="list-style-type: none"> Increase availability of social skills and activities of daily living supports in the community during transition program and post-high school
3	<ul style="list-style-type: none"> More job training and employment opportunities
	<ul style="list-style-type: none"> More socialization skill training
	<ul style="list-style-type: none"> Take ASD student out of comfort zone while there are supports still available
	<ul style="list-style-type: none"> Should have opportunity for fifth year/transition services-only
Postsecondary Education Institutions	
3	<ul style="list-style-type: none"> Colleges need to provide more supports for students with ASD
	<ul style="list-style-type: none"> Programs with immersion to social life in college and expectations for academic rigor

2+ with similar comments	Comment
	<ul style="list-style-type: none"> • Provide fifth year or bridge program with the community colleges (and for employment)
	Depends on Level of ASD
2	<ul style="list-style-type: none"> • Depends on impact of ASD and other factors
	<ul style="list-style-type: none"> • The more severe the ASD, the more services needed
	<ul style="list-style-type: none"> • Provide more opportunity for low functioning students with ASD
2	<ul style="list-style-type: none"> • Provide more services for individuals who have ASD with a 70 IQ or above
2	<ul style="list-style-type: none"> • Need services for high functioning students with ASD (Asperger's)—are currently nonexistent (e.g., job coaching, interviewing, etc.)
	<ul style="list-style-type: none"> • More opportunities to socialize for high functioning ASD/Asperger's syndrome; otherwise spend time alone in front of their computers
	<ul style="list-style-type: none"> • Students with severe limitations are strongly cared for, and students who are high functioning can be successful in the correct postsecondary education environment—however, the moderate functioning students, especially those with significant social skills needs, are the ones who struggle the most
	Better Partnership/Relationship with Parents/Families
	<ul style="list-style-type: none"> • Parents don't know what agencies to go to once child turns 21
	<ul style="list-style-type: none"> • Parent training is a must
	<ul style="list-style-type: none"> • Parents need to begin allowing their children more responsibility such as laundry, cooking, money management and other independent living skills that are being taught in transition program
	<ul style="list-style-type: none"> • Parents need to under the transition planning process while their son or daughter is younger
	<ul style="list-style-type: none"> • Parents (and teachers) need to understand that even low need students with ASD (who are taking Advanced Placement courses) still need independent life skills as part of their curriculum (e.g., understanding their health, transportation, social/emotional)
	<ul style="list-style-type: none"> • Need parent involvement in transition in order for the student to be successful
	<ul style="list-style-type: none"> • More information to parents on transition programs available
	<ul style="list-style-type: none"> • More services and information for families in the Eastern part of Connecticut
2	<ul style="list-style-type: none"> • Parent outreach and support groups
	<ul style="list-style-type: none"> • Wraparound services at home so that the student can carry over the skills learned in school
Source: PRI Transition Coordinator Survey.	

Appendix I

Appendix I: Comments from PRI Transition Coordinator Survey Question: “In your opinion, what resources or assistance do school personnel need to better serve students with ASD to prepare for adult life after high school?”	
2+ with similar comments	Comment
	More access/consistency from state agencies
11	<ul style="list-style-type: none"> • Greater access to state agencies so transition coordinators can learn what is truly available; connection to outside agency information that is consistent; keep transition coordinators current so they know what is available for these students; more familiarity with adult service programs; resource list of programs/services that focus on the needs of students with ASD; relationship with outside agencies that will be picking up services for students
	<ul style="list-style-type: none"> • Access to consistent support and training from state agencies in Fairfield County
	<ul style="list-style-type: none"> • Access to personnel within a state agency to provide comprehensive services post-high school
	<ul style="list-style-type: none"> • Greater access to DDS Division of ASD
	<ul style="list-style-type: none"> • State agency for ASD clients for postsecondary planning
2	<ul style="list-style-type: none"> • Coordination of services is critical
2	<ul style="list-style-type: none"> • More adult services for people who do not meet the criteria for DDS
2	<ul style="list-style-type: none"> • Create more programs in general; all of the preparations won’t do any good if there aren’t any programs for graduates to participate in
	<ul style="list-style-type: none"> • DDS caseworkers need to come into the high school to assist families in applying for DDS services—it is an overwhelming process, especially after age 18
2	<ul style="list-style-type: none"> • DMHAS support staff should visit schools and offer workshops to staff on working with students with ASD; DMHAS needs to be more visible to schools and parents
	<ul style="list-style-type: none"> • Increase in BRS personnel
	<ul style="list-style-type: none"> • Earlier agency participation
	<ul style="list-style-type: none"> • CSDE sending mixed message about moving students toward Grade Level Standards in subjects that are not functional, life-driven—families of graduates wish the school had placed less emphasis on academics and more on ADL
	<ul style="list-style-type: none"> • Ongoing training regarding state requirements for transition planning and information on resources that would make transitional education successful
	<ul style="list-style-type: none"> • State agencies take lead in working students/families prior to graduation
	<ul style="list-style-type: none"> • More information on mental health services
	<ul style="list-style-type: none"> • Universal transition protocols for case managers to follow so that all steps are completed in a timely manner
	Employment related services
3	<ul style="list-style-type: none"> • Additional funds for job coaches at the high school level
2	<ul style="list-style-type: none"> • Have realistic employment goals
	<ul style="list-style-type: none"> • Job development assistance while students are in school
	<ul style="list-style-type: none"> • Assistance transporting students to job placements that are not local

2+ with similar comments	Comment
2	<ul style="list-style-type: none"> Students need to practice working inside the school and outside in the community, job shadow assistance, site visitations
	<ul style="list-style-type: none"> Explore vocational opportunities based on the skills of the student, not based on what is available—thinking outside of the box
	<ul style="list-style-type: none"> More regionally available programs at the RESCs because individual school districts do not have enough students with similar needs to develop viable programs, given budgetary constraints
	<ul style="list-style-type: none"> Have student graduate with a skill so they can become employed
	<ul style="list-style-type: none"> The ability for adult agencies to run blended program because the emphasis on work only is unrealistic given the current job market, student’s abilities and interests
	<ul style="list-style-type: none"> Resources in the school such as career center
	Independent living/ADL services
	<ul style="list-style-type: none"> Funds for community mentors at the high school level
	<ul style="list-style-type: none"> Removal of dependency on support staff 1:1
	<ul style="list-style-type: none"> Safety training and transportation planning
	<ul style="list-style-type: none"> Incorporate activities of daily living into the requirements for general graduation rather than wait to address ADL after academic requirements have been met (do not address sequentially)
8	<ul style="list-style-type: none"> More functional skills to prepare for the real world; more time in community and less focus on academics; opportunities to teach in authentic settings
	<ul style="list-style-type: none"> Socialization groups
	<ul style="list-style-type: none"> Better options for residential services
	More resources for high schools
2	<ul style="list-style-type: none"> Resources to develop curriculum and programs to address specific needs of ASD students
4	<ul style="list-style-type: none"> General education teachers need more training, need to understand ASD; what effective modifications and accommodations are for ASD students
	<ul style="list-style-type: none"> Schools must do a better job normalizing the experience for ALL students who learn differently
	<ul style="list-style-type: none"> More willing personnel
4	<ul style="list-style-type: none"> Every school needs transition specialists/transition coordinators
	<ul style="list-style-type: none"> Every school needs access to quality on-line resources
	<ul style="list-style-type: none"> Every child (before grade 6) needs a Student Success Plan
	<ul style="list-style-type: none"> Financial and appropriate programs of study
2	<ul style="list-style-type: none"> Make transition class a required element for graduation
	<ul style="list-style-type: none"> More professional development for teachers and administrators to promote collaboration with the transition specialist, explain what transition is including successful strategies and models
	More resources for families
	<ul style="list-style-type: none"> Family support including support groups for students and families

2+ with similar comments	Comment
	<ul style="list-style-type: none"> Schools should assist families with completing applications to service providers as early as possible
	<ul style="list-style-type: none"> Give parents resources/agencies to pursue for after graduation other than BRS and DDS Autism program
	<ul style="list-style-type: none"> Parent education as to what transition is and a realistic picture of the future
	<ul style="list-style-type: none"> Transportation
<p>Postsecondary education</p>	
	<ul style="list-style-type: none"> Need more appropriate ASD specific training in higher education
	<ul style="list-style-type: none"> Specific training on how to help students with ASD success in the postsecondary education environment
<p>Source: PRI Transition Coordinator Survey.</p>	

Appendix J: BRS Process

