

TRANSITION TO ADULTHOOD

Data for Action: Explore, Partner, Apply, Reach for Gold Standard

DISPARITY

Each year, over 50,000 people with ASD transition into adulthood (Shattuck et al., 2012). Research shows that a majority experience poor outcomes across multiple domains, such as:

- Employment
- Education
- Healthcare
- Social engagement
- Independent living.

In turn, their risk for poor individual outcomes increases in later life (Buescher et al, 2014; Roux et al, 2015).

COSTS AND CAUSES OF DISPARITY

Out of \$262 billion spent on ASD services annually, up to \$196 billion is the cost of adult services (Buescher et al., 2014). Contributors to such costs and causes for the disparity include, but are not limited to:

- Lack of financial resources
- Low parent expectations and involvement
- Increase in challenging behavior with the decrease in structure and supports
- Lack of access to support services
- Options for living arrangements
- Lack of long-term care plans
- Poor interagency collaboration between high schools and adult service providers

(Chiang et al., 2012; Chiang et al., 2013; Taylor & Seltzer, 2010; Volkmar, 2017; Wei et al., 2015).

Early diagnosis and proper interventions across the lifespan can reduce this figure by 2/3 (Jarbink, 2007).

DEFINITION OF TRANSITION AGE

The definition of “transition age” varies, but is typically viewed to range from mid-adolescence (e.g., ages 14 - or earlier for more positive outcomes - to 16) through young adulthood (e.g., ages 24 to 26). This period encompasses most of high school, postsecondary education and training, as well as securing and retaining employment, and moving towards independent living (Department of Health and Human Services, 2017).

TRANSITION IN NUMBERS

The current landscape for transition-aged individuals with ASD is bleak, but improvements are possible.

- 20%** achieve independence (e.g., college/university or competitive employment) (Taylor & Seltzer, 2011)
- 56%** currently require full-time care/adult day (Taylor & Seltzer, 2011)
- 42%** employment gap for individuals with disabilities in Indiana (2017 Unified State Plan, VR)
- < 50%** engaged in community activities or events (HANDS in Autism® Needs Assessment)
- < 80%** have limited or no access to transition planning (HANDS in Autism® Needs Assessment)

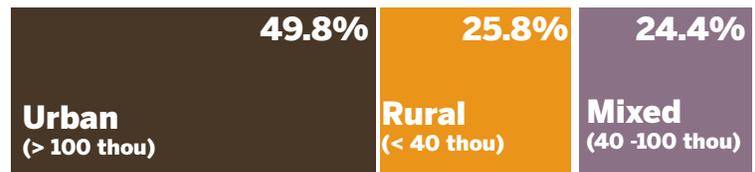
INDIANA AUTISM NEEDS ASSESSMENT

Since 2012, we have surveyed over 4,000 Indiana residents (English and Spanish-speaking population) to learn about the ongoing needs of:

- Individuals with autism spectrum disorder
- Families
- Educators
- Healthcare professionals
- Service providers (e.g., therapists, service workers)
- First responders
- Others working with ASD population.

	Survey Respondents	Indiana Census	US Census
African American	5.2%	9.7%	13.3%
Asian/Pacific Islander	0.9%	2.3%	5.9%
Caucasian	89.0%	85.6%	61.3%
Latino/Hispanic	4.5%	6.8%	17.8%
Native American	0.5%	0.4%	1.3%

Responses by Region Types*



* Largely representative of the types of regions compared to census data in Indiana and nationwide

INFORMING COMMUNITIES

The richness and breadth of our data will help:

- Inform policy
- Plan for training
- Increase focus on awareness, early identification, and disparity
- Distribute services based on need
- Coordinate services
- Prioritize research

The responses can be broken down by other demographic groups:

- level of education
- household income
- family roles
- access to services

HELPING TO ADDRESS COMMUNITY-INFORMED STATEWIDE PRIORITIES