Wisconsin Autism Transition Demonstration (WAuTD) Project

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Federal Legislation

Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2014 (prev. Combating Autism Act of 2006)

Federal legislation aims to support:

- Interagency coordination
- **Surveillance and Research**

Learn the Signs. Act Early (LTSAE) Monitoring

- **Professional training and public education**

Act Early Ambassadors

- **State systems for early identification, diagnosis, and intervention**

State Systems for Early Identification, Diagnosis, Intervention

Act Early State Team (2007-23)

Autism state demonstration grant (2008-10)

- "Connections Initiative"
- Community of Practice on Autism Spectrum Disorders *(still active today)*

Act Early State Systems Grants (2012, 2014-15)

- Learn the Signs. Act Early. materials in public health programs

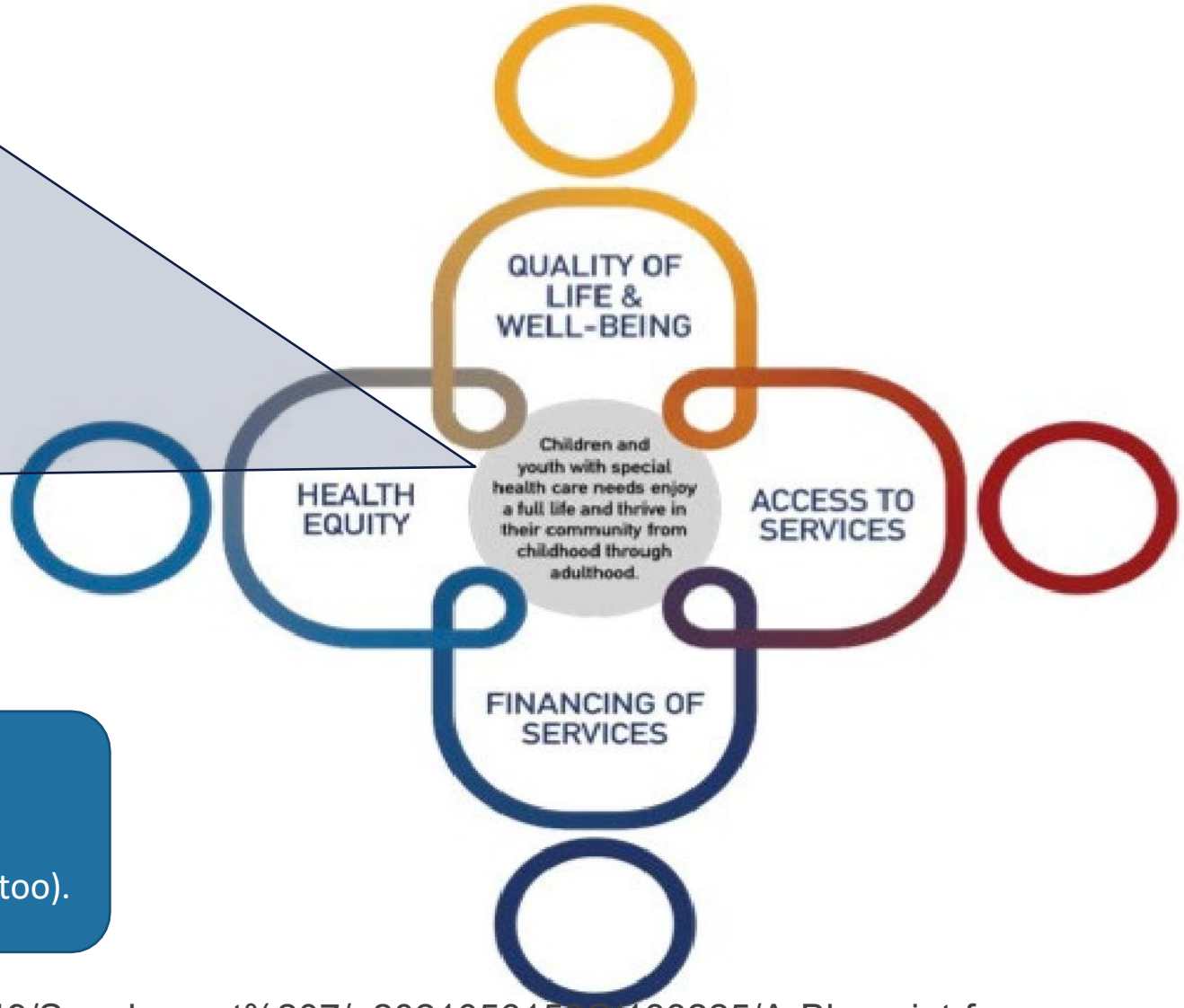
Autism Innovations in Care Integration grant (2016-19; 2019-24)

- Improving access for medically underserved families
- Family navigation
- Partnering with primary care providers and community partners

***new focus-** **Autism Transition Demonstration Project (2024-29)**

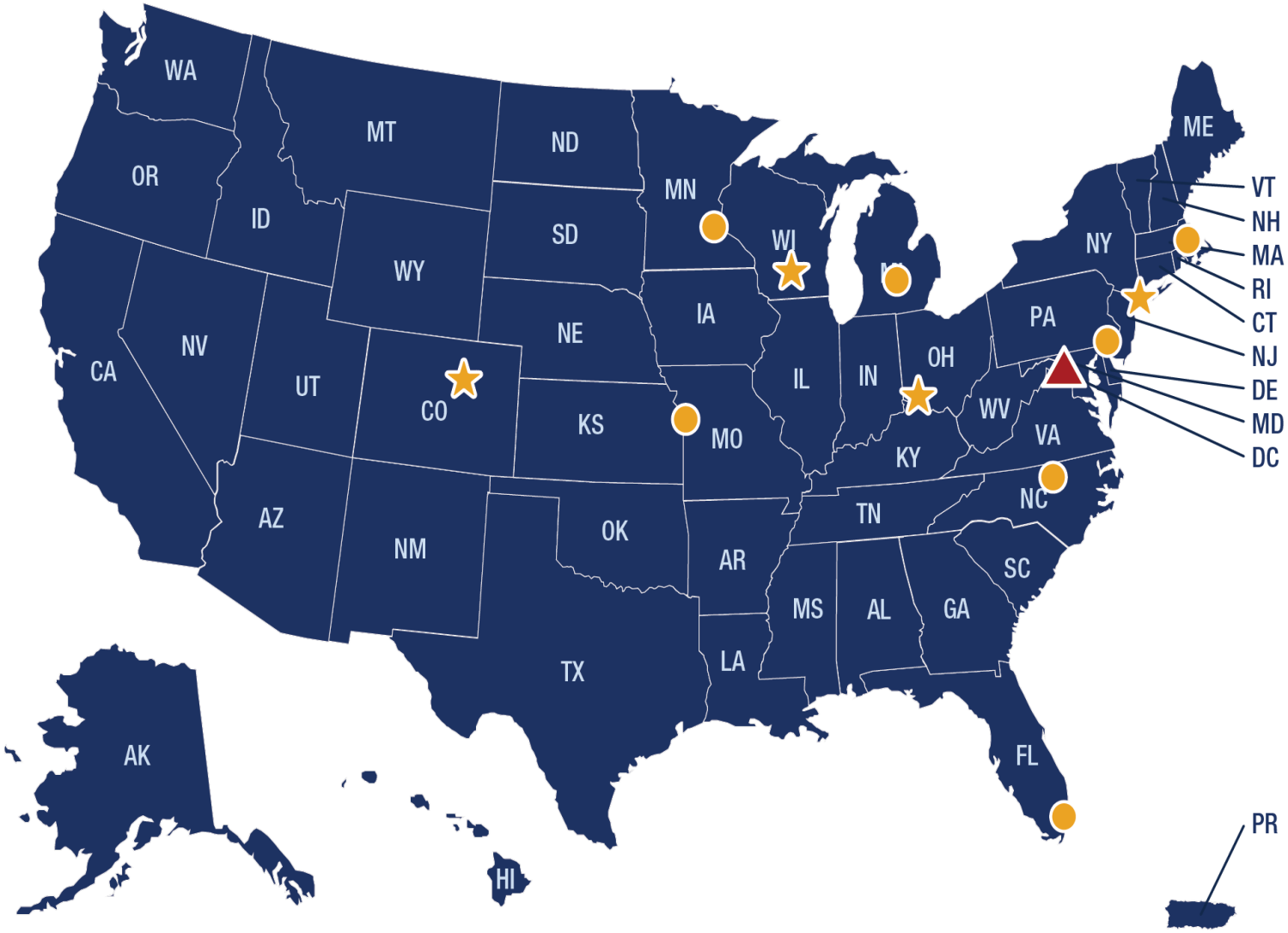
Blueprint for Change: Guiding Principals for Transition Program

Children and youth with special health care needs enjoy full lives and thrive in their communities from childhood through adulthood.



Every child gets the services they need
so that they can play, go to school,
and grow up to become a healthy adult
(and so grown-ups and siblings can have fun too).

https://publications.aap.org/pediatrics/article/149/Supplement%207/e2021056150C/188225/A-Blueprint-for-Change-Guiding-Principles-for-a?autologincheck=redirected



Transition for Youth with Autism and/or Epilepsy Program Awardees

Autism Demonstration Project Awardee

- Cincinnati Children's Hospital Medical Center
- Long Island Jewish Medical Center
- University of Colorado
- University of Wisconsin - Madison

Epilepsy Demonstration Project Awardee

- Boston Medical Center
- Children's Hospital of Philadelphia
- Children's Mercy Hospital
- Epilepsy Alliance Florida
- Michigan Department of Health and Human Services
- University of Minnesota
- University of North Carolina at Chapel Hill

National Coordinating Center on Transition

- Association of Maternal and Child Health Programs

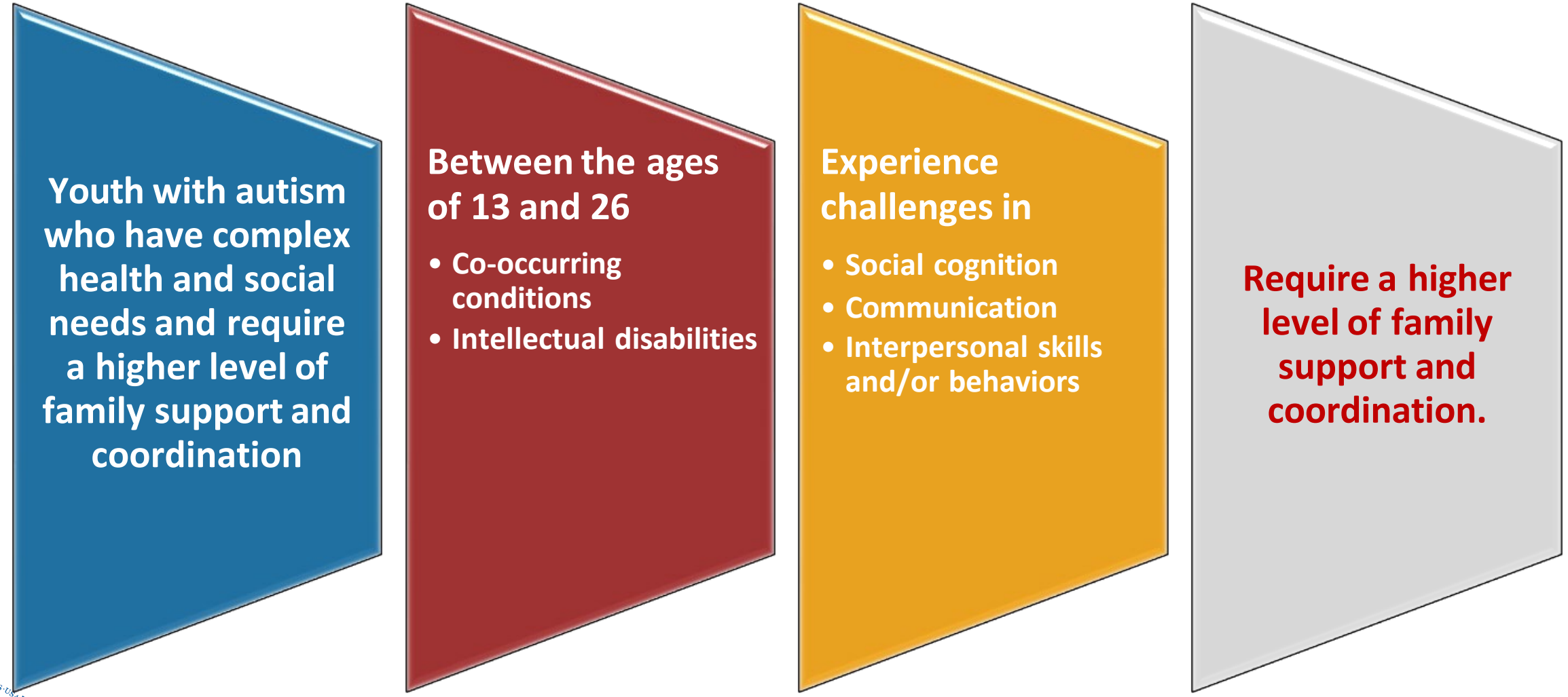
https://mchb.hrsa.gov/programs/youth-autism-epilepsy

Sept 1, 2024 to Aug 31, 2029

Implement and evaluate innovative, sustainable, and scalable strategies that support and improve outcomes for autistic youth and their families/caregivers transitioning from child to adult serving systems.

- Create framework for successful transition
- Family Navigation to support self-efficacy
- Build Partnerships across systems
- Life Course Approach

Target Population



HRSA Maternal & Child Health

Catchment Area

Catchment areas include but are not limited to school districts, states, local health districts, counties, regional health districts, etc. Cannot be limited to the youth served exclusively by the applicant organization (UCEDD).

Child and Adult Serving Systems

The goal is to improve outcomes including quality of life and well-being for autistic youth and their families/caregivers transitioning from child to adult systems.

These systems include but are not limited to post- secondary education, inclusive post-secondary education, employment, community, independent/daily living, and healthcare.

Child & Adult Serving Systems

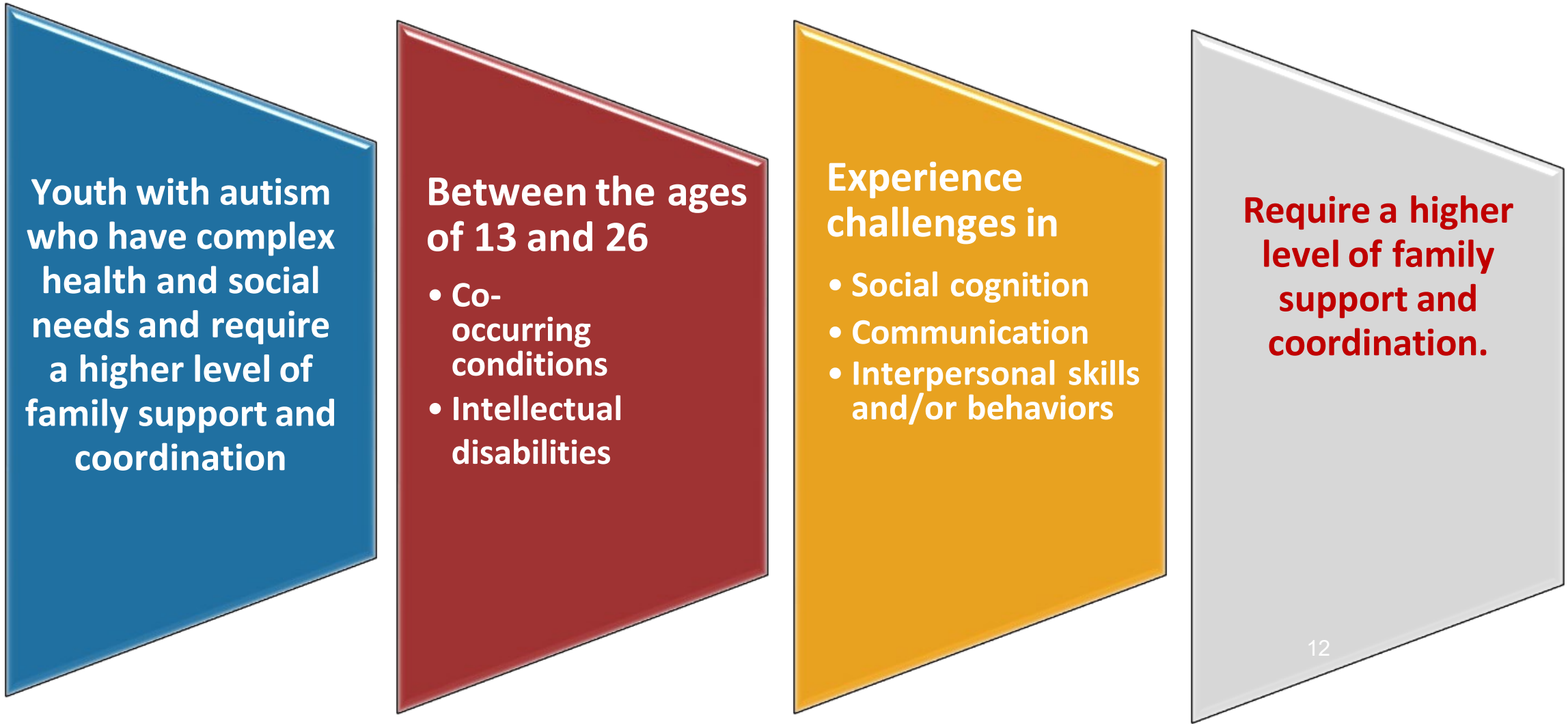
Systems	Child Level	Adult Level
Healthcare	Pediatric Health Care Provider	Adult Health Care Provider
Education	Secondary Education	Post Secondary Education
		Inclusive Post-Secondary Education
Employment	Vocational Rehabilitation (Secondary Education)	Workforce
SSA	Supplemental Security Income	Social Security Disability Insurance
Medicaid	Health Care Insurance Home and Community-Based Waivers	Health Care Insurance Home and Community-Based Waivers
Daily Living	Daily Living	Community Living
		Independent Living

Deliverables in Year 1 (by August 31, 2025)

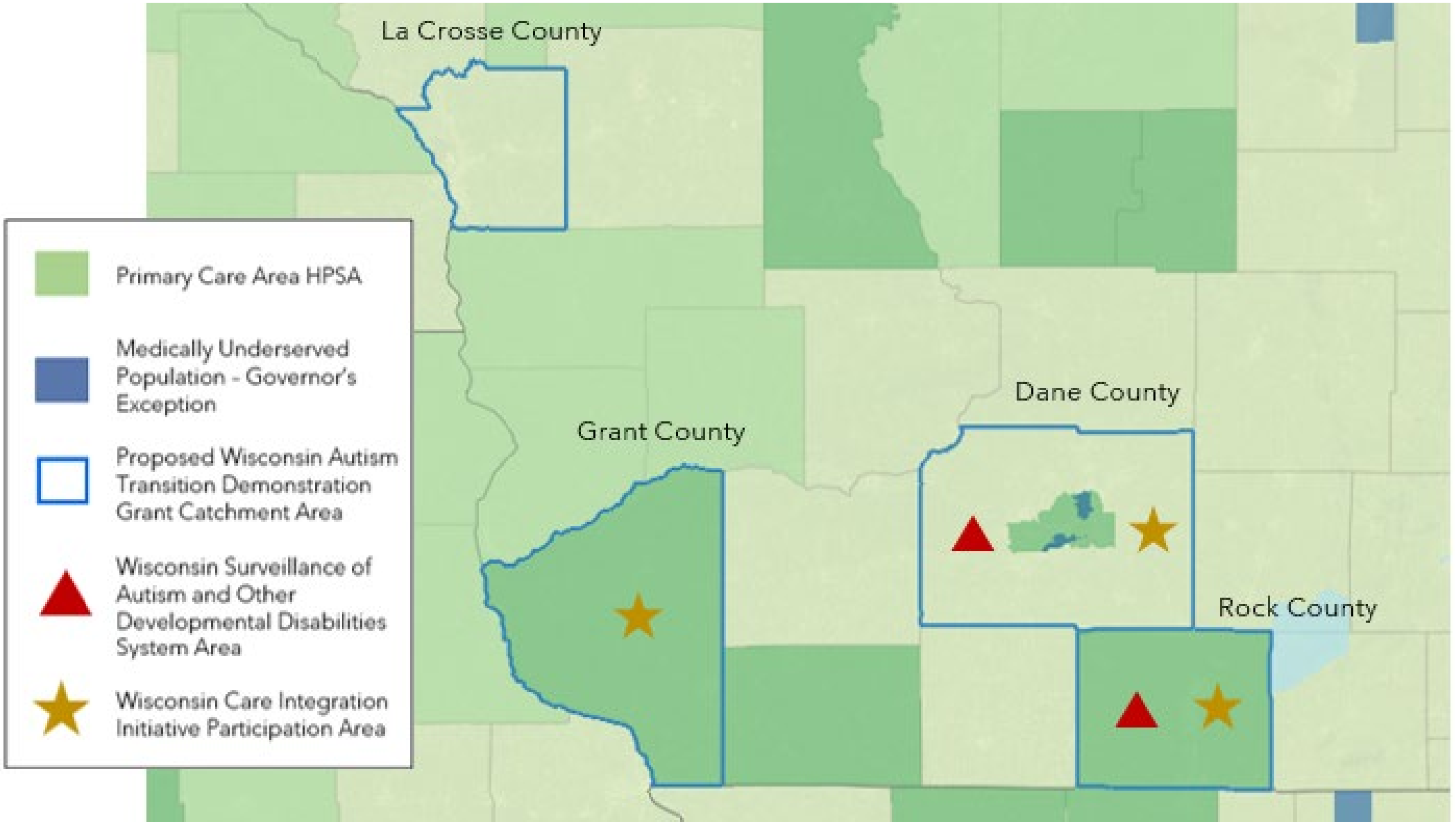
- Define the target population and catchment area
- Determine the baseline number of autistic youth in the catchment area
- Identify barriers to and opportunities for successful outcomes at all stages of the transition process (Landscape Analysis)
- In collaboration with other grantees, define “successful transition”, associated best practices and activities, and measures of quality of life and well-being.
- Collect and report baseline data on the above measures.

Proposed Target Population

Autism diagnosis, with any co-occurring condition or Intellectual Disability, enrolled in CLTS, and meets “social determinants of health” criteria (individual and/or population level)



Proposed Catchment Area



Proposed State or Regional Level Partnerships

Autism Societies / Autism Spectrum Disorder Community of Practice
People First WI
Board for People with Developmental Disabilities / Partners in Business
Family Voices of WI
Dept of Public Instruction (Autism and Transition) / WI Transition Improvement Grant
Division of Vocational Rehabilitation / Competitive Integrated Employment
DHS Children & Youth with Special Health Care Needs / Children's Resource Centers
DHS Children's Long Term Support and Adult Long Term Care Programs
Aging and Disability Resource Centers
UWW/UWM Center for Inclusive Transition, Education & Employment (CITEE) / Tech College system
Independent Living Councils (ILCs)
WI American Academy of Pediatrics / WI Academy of Family Physicians / WI Psychological Association
WI Autism Provider Association
IDD-MH System Improvement START
WI Office of Children's Mental Health
WI Comprehensive Community Services Program
Managed Care Organizations (MCOs) and IRIS Consulting Agencies (ICAs) / HCBS providers
DSAW Think Ability WI
Employment Resources Inc (ERI)
Disability Rights WI
WI Youth Health Transition Initiative


1- Family navigation
2- Training and technical assistance
3- System alignment and collaborative framework

Questions & Feedback

- How should we define the project's target population to include those who have the highest needs?

- How should we define the project's catchment area? It ideally has a medium size and diverse population, existing system partnerships, and a belief that a framework adapted there might work in other places.

- What state or regional level partners should be consulted as we design the project?

- What else would you like to share?

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https://uwmadison.co1.qualtrics.com/jfe/form/SV_8nUm1UB8qzOO7Yy


THANK YOU!

Family/Caregiver Navigation

Include family/caregiver navigation approaches to improve and increase family/caregiver self-efficacy in identifying and navigating child and adult systems, obtaining information/resources, and connecting with appropriate services and providers to support successful transition			
An evidence-informed strategy intended to guide, support, and strengthen the self-efficacy of families/caregivers in navigating systems	May be offered by a peer parent or professional who is trained to help families in navigating systems and overcoming barriers to receiving services, while modeling skills that support increased efficacy and empowerment for families/caregivers.	Family/Caregiver navigation includes psycho-social support, assistance in identifying resources, accessing services, and developing plans of action based on the unique needs of the family	Person/family centered and uses a life course approach to support planning and coordination