

**Delaware Network for Excellence in Autism Legislative Report
FY2025**

Delaware Network for Excellence in Autism (DNEA) Providers

The DNEA is housed at the University of Delaware Center for Disabilities Studies (CDS) and includes a subaward with Autism Delaware (AD)

This report was developed by the Center for Disabilities Studies with contributions from Autism Delaware. For questions regarding this report, please contact:

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Who We Are

The Blueprint for Collective Action

In 2013, Delaware published its Strategic Plan to Improve Services and Supports for Individuals with Autism Spectrum Disorder, referred to as the *Blueprint for Collective Action* (“the Blueprint”). The Blueprint is the result of a two-year comprehensive community needs assessment and planning process, with information gathered from and discussed among family members, people with autism spectrum disorder (ASD), providers and professionals, and other community members.

The Blueprint outlines important recommendations for the state categorized into seven Improvement Areas. These recommendations are designed to address the ongoing needs of infants, children, youth, and adults with autism and their families living in Delaware.

As a means to accomplish these recommendations, stakeholders collectively endorsed two systemic activities: (1) an autism resource center; and (2) an executive group of state-decision makers and parents.

In 2016, under the leadership of Senator Margaret Rose Henry and Representative Earl Jaques Jr., Delaware Senate Bill 93 (SB93) was passed. It resulted in the creation of the Delaware Network for Excellence in Autism (DNEA) and the Interagency Committee on Autism (ICA).

The Delaware Network for Excellence in Autism

The DNEA is the state’s autism training and technical assistance center and is led by the University of Delaware Center for Disabilities Studies (CDS). The DNEA provides training and support to professionals and organizations, as well as autistic individuals and their families.

The DNEA leverages interdisciplinary expertise to ensure all Delawareans with autism and their families have access to high-quality services and evidence-based care across the lifespan. The DNEA offers training and support to professionals and families in a variety of ways. For example, the DNEA offers large-scale statewide trainings; tailored workshops and technical assistance to meet specific organizational needs; and targeted support provided through webinars or onsite coaching. Further, the DNEA coordinates its spending plan and programmatic initiatives with the Autism Resources Workgroup (formally Delaware Statewide Autism Programs) within the Delaware Department of Education to avoid duplicative programming and ensure improved outcomes for Delawareans with autism and their families.

By establishing a network, the DNEA utilizes additional expertise and resources from ICA members and local, regional, and national experts to offer far-reaching, impactful support for all community members.

The Interagency Committee on Autism

The ICA is composed of key stakeholders within the Delaware autism community. It includes 14 different state agencies and community organizations, a parent/caregiver from each county, and a person with autism. The DNEA Principal Investigator - Sarah Mallory - serves as the Administrative Chair of the ICA and facilitates the coordination of ICA meetings, reporting, and activities.

The ICA leverages resources across member organizations and agencies to develop coordinated approaches to implementing improvements outlined in the Blueprint. The ICA identifies gaps or overlaps in services, is available to advise the Delaware General Assembly on recommendations for legislation, and oversees the development of goals and priorities for the DNEA.

Why We Matter

Autism Spectrum Disorder (ASD; “autism”) is a neurodevelopmental disability marked by significant differences in social communication and the display of restrictive and repetitive patterns of behaviors (APA, 2022). It can impact a person’s capacity to communicate, socially interact, process information, and manage stress. Currently, an estimated 1 in 31 children is diagnosed with autism (Maenner et al., 2023) and represent 12.22% of all students receiving special education services in Delaware schools (U.S. Department of Education, 2023).

Autistic Delawareans are vulnerable to experiencing significant health disparities. People with autism are more likely to have co-occurring mental health, medical, and dental needs and frequently report experiencing a lower quality of life due conditions such as chronic pain, persistent gastro-intestinal issues, life-long sleep problems, and negative social relationships (Davies et al., 2023). In the United States, autistic people have an increased risk of co-occurring chronic health conditions across the lifespan, including an increased risk of obesity, diabetes, and cardiovascular disease (Cashin et al., 2018; Croen et al., 2015).

Despite this increased risk, there remain numerous barriers preventing autistic people from effectively engaging with the appropriate healthcare practitioners and other community professionals (e.g., Mason et al, 2019). Common barriers to access for autistic people include both personal and environmental factors, such as communication barriers, professionals’ knowledge of autism, sensory sensitivities, and time needed to process information when speaking with a professional (Mason et al, 2019). This populational also experiences poor employment outcomes, limiting their access to private medical insurance (Rast et al., 2021), and represent a growing group of individuals receiving supplemental security income (Anderson et al., 2020).

It is for these reasons that individuals with autism are a particularly vulnerable population of Delawareans. The DNEA was established to address the complex and interrelated areas of need that autistic Delawareans, their families, and professionals who serve them experience by: (a) improving the capacity of medical, dental, mental health, and other community providers to serve autistic Delawareans; and (b) strengthening the systems that serve autistic individuals across the lifespan to improve long-term quality of life and social determinants of health.

The Interagency Committee on Autism (ICA) and the Delaware Network for Excellence in Autism (DNEA) are the only entities of their kind in the state that are working to address roadblocks in providing high-quality care to all Delawareans with autism in an efficient, coordinated, and person-centered manner. DNEA funding is also used to support Autism Delaware’s Family Navigation program, which helps families through challenges they may face, such as understanding autism screening and diagnosis; navigating the healthcare and insurance systems; and identifying appropriate providers for their children. Information gathered from the community helps to inform the work of the DNEA and enhance its training and technical assistance efforts.

Delaware Network for Excellence in Autism (DNEA) Activities

Programmatic Highlights

The following section reports on the activities of the DNEA between October 1, 2024 and September 30, 2025. **During this contract period, the DNEA touched over 18,000 Delaware residents and professionals.** Ninety-eight percent of DNEA attendees surveyed reported they were satisfied with DNEA training activities and materials; 100% of trained organizations reported an improved understanding and ability to serve their autistic clients; and 91% of agencies trained continued to use and reference DNEA materials after the completion of their training.

There continues to be a growing demand for DNEA’s training, technical assistance, and evidence-based resources. Table 1 overviews this expansion, demonstrating how the DNEA has more than doubled its reach in the past four funding cycles.

Table 1. DNEA Training Numbers by Year

| | FY2022 | FY2023 | FY2024 | FY2025 |
|------------------------|------------------|------------------|------------------|------------------|
| | <i>\$500,000</i> | <i>\$575,000</i> | <i>\$575,000</i> | <i>\$575,000</i> |
| Training | 437 | 1,718 | 1,687 | 3,267 |
| Resource dissemination | 7,021 | 5,917 | 9,316 | 14,750+ |
| Total | 7,458 | 7,635 | 11,003 | 18,017+ |

The following three sections will summarize the DNEA’s work across our three programmatic goal areas: (1) Training and Technical Assistance; (2) Information Dissemination and Community Outreach; and (3) Facilitation of the ICA. Each section includes a summary of FY2025 DNEA activities by describing the scope of the initiatives and evidence of meeting project goals.

Goal 1: Training and Technical Assistance

Provide training and technical assistance to agencies, organizations, and other professional groups who support individuals with autism spectrum disorder (ASD), as well as to those who

are directly impacted by ASD (i.e. individuals with autism and their families) in order to reduce the health disparities experienced by this population of Delawareans.

Objectives:

- a) Facilitate a process for stakeholders and other community members to identify and request training needs from the DNEA.
- b) Conduct a wide range of training activities on autism-related topics across the lifespan to diverse groups of agencies, organizations, professionals, and families, with a focus on practices and supports targeted traditionally under- and unserved populations of Delawareans.
- c) Offer targeted training, coaching, and technical assistance aligned with specific organizations' level of need, field of work, and population of individuals with ASD who they support.
- d) Provide technical assistance services to families via family navigation.
- e) Deliver high-quality training activities that promote research-based, culturally competent, non-ableist, and person- and family-centered practices.
- f) Evaluate the effectiveness of training activities in order to inform future training and technical assistance activities.

The DNEA provided direct training and technical assistance to **3,267 individuals** in FY25. DNEA trainings are high-quality and effective in supporting participants' knowledge gain, application of evidence-based supports, and confidence in understanding autism. They reach a wide range of professional groups, including:

- Autistic Delawareans
- Family members
- First responders
- Childcare providers
- Mental health providers
- Medical and dental providers
- Healthcare providers
- Dental providers
- Early childhood professionals
- Vocational rehabilitation staff
- Faith-based organizations
- Crisis response staff
- Human & social services
- Researchers & academics
- Advocacy groups
- Other interested community members
- Emergency preparedness staff

In FY2025, the DNEA launched two new data collection measures to capture the impact of its work: training surveys that are given the day of a training and follow-up surveys that are disseminated two- to eight-months after a training.

Training Surveys. Training participants are surveyed as part of every training activity. During virtual trainings, the survey is administered digitally using Qualtrics, and during in-person trainings, participants complete a paper survey. The surveys ask participants to: (a) rate their knowledge of topics and application of practices addressed in a training event before and after the session or sessions; and (b) share their overall satisfaction with the training event.

Knowledge and application of training content. All participants are asked to report their understanding of autism and related evidence-based practices before and after engaging in a training. While these questions vary by training topic, they fall into two broad categories: (a) knowledge of content shared during the training (“knowledge”); and (b) ability to apply practices

shared during the training (“application”). Participants use a Likert scale to rate a series of three to five statements from each category: knowledge and application. For example, a knowledge-based statement may read, “*How would you describe your understanding of the following content before/after the training: How the core characteristics of autism impact people differently*” and an application-based statement may read, “*How would describe your preparedness to do the following before/after the training: Design, plan, and use different visual supports.*”

During in-person events, participants use a four-point Likert scale to rate their knowledge and application. Similar data were collected for those trainings that were conducted virtually; however, instead of using a four-point Likert scale, the virtual format allowed for a more precise 10-point scale. A paired samples t-test was used to evaluate whether there was a significant difference between participants’ self-ratings before and after trainings. For both knowledge and application, results indicated that participants’ mean ratings for after the training were significantly higher than before the training. As with the in-person trainings, results indicated that participants’ mean ratings for after the training were significantly higher than before the training. Table 2 summarizes these results.

Table 2. Self-reported Knowledge and Application Before and After a DNEA Training

| Question Type | n | Before Training | | After Training | | t | p |
|---|-----|-----------------|------|----------------|------|-------|-------|
| | | Mean | SD | Mean | SD | | |
| In-Person Session: Four-point Likert Scale | | | | | | | |
| Knowledge | 119 | 2.50 | 0.68 | 3.59 | 0.44 | 17.98 | <.001 |
| Application | 118 | 2.45 | 0.71 | 3.57 | 0.45 | 18.09 | <.001 |
| Virtual Session: Ten-point Likert Scale | | | | | | | |
| Knowledge | 166 | 5.97 | 2.30 | 8.95 | 1.31 | 17.39 | <.001 |
| Application | 132 | 5.61 | 2.55 | 9.05 | 1.33 | 16.61 | <.001 |

Satisfaction of training activities. Participants’ satisfaction with DNEA trainings were also strong, with participants noting:

This was such an amazing presentation that provided so much insight for how to be a better future healthcare provider to make sure I am meeting the needs of Autistic individuals.

The training was excellent. The presenter had first-hand experience and also provided techniques and tips on how to deal with individuals... This training will be used on the daily because of our interaction with the public.

The satisfaction portion of the training survey asks participants rate a series of statements about the training on a four-point Likert scale ranging from “strongly disagree” to “strongly agree.” Across surveyed training activities in FY25, 97.74% of participants who completed the survey “agreed” or “strongly agreed” with the statement, “Overall I am satisfied with this training.”

Similar ratings were provided for other satisfaction questions about the training content, relevance, and presenters. These results are summarized in Table 3.

Table 3. Percent of Survey Respondents Who Agreed with DNEA Satisfaction Survey Questions

| Question Topic | Strongly Agree | Agree | Disagree | Strongly disagree |
|---|----------------|-------|----------|-------------------|
| Relevance of topic and training (n=353) | 86.4% | 11.6% | 0.6% | 1.4% |
| Quality of training materials (n=314) | 83.8% | 13.7% | 1.0% | 1.6% |
| Sufficient examples (n=287) | 86.4% | 11.9% | 0.4% | 1.4% |
| Opportunities for practice (n=247) | 79.4% | 18.6% | 0.4% | 1.6% |
| Responsiveness of presenters (n=353) | 86.7% | 11.3% | 0.9% | 1.1% |
| Feedback on my practice (n=112) | 79.5% | 18.8% | 0% | 1.8% |
| Quality of resources (n=23) | 91.3% | 8.7% | 0% | 0% |
| Time for reflection (n=111) | 80.2% | 19.0% | 0% | 1.8% |
| Increased my knowledge (n=354) | 86.7% | 11.0% | 1.1% | 1.1% |
| Overall satisfaction (n=354) | 88.1% | 9.6% | 1.1% | 1.1% |

Follow-up Surveys. In FY24 and FY25, DNEA leadership noted a significant shift the populations who were seeking our trainings: more agencies and organizations were becoming aware of DNEA’s work and were requesting tailored trainings for their staff. These discipline-specific trainings offer recipients individualized content aligned with the setting, ages, and professional services they address. For example, in FY23 the DNEA provided nine such trainings and in FY25 the DNEA has provided **58 discipline-specific trainings**.

In July 2025, DNEA launched a new data collection initiative to understand the long-term impact of our discipline-specific training activities. In this initiative, organizations’ leaders are contacted several months after their training activities have ended and are asked to complete a survey assessing the impact on their organization’s work in the community.

Survey responses collected during FY2025 reveal that participants regularly refer to DNEA’s training materials, website, and evidence-based resource guides to support their work with autistic clients, with 91% of respondents agreeing or strongly agreeing that they regularly share DNEA resources with new staff.

Respondents also shared that the training and resources have helped them better understand the perspective and experiences of individuals with autism. In the post-training survey, participants reported that they found they had an improved understanding of their autistic clients' social/communication differences, sensory differences, and behavior differences. For example, one survey respondent shared:

Some of our staff had some aha! moments during the training, especially as they started to see some of the descriptions about sensory needs and ways to support children with autism.

These shifts in perspective have also led to changes in how organizations interact with their clients with autism. All survey respondents agreed or strongly agreed that their staff were able to apply what they learned in their DNEA training to improve their ability to serve clients with autism and include clients with autism as part of their organizations' regular services and supports. For example, multiple participants noted how they made their organization's environment more sensory-friendly and inclusive of individuals with autism:

We have used resources from the training to start incorporating sensory/neurodivergent friendly practices into our program.

We are trying to include more sensory friendly options in learning.

Finally, 70% of respondents indicated they anticipated requesting a future training from the DNEA and 91% referred or had plans to refer the DNEA to other organizations or colleagues. Table 4 summarizes these early survey responses.

Table 4. Follow-up Supervisor Survey Results

| Question Topic | Mean | SD | Strongly Agree | Agree | Disagree | Strongly disagree |
|--|------|-----|----------------|-------|----------|-------------------|
| Improved understanding of communication differences (n=22) | 3.5 | .51 | 45.5% | 54.5% | 0% | 0% |
| Improved understanding of sensory differences (n=22) | 3.5 | .51 | 45.5% | 54.5% | 0% | 0% |
| Improved understanding of behavior differences (n=22) | 3.5 | .51 | 50.0% | 50.0% | 0% | 0% |
| Apply practices learned in training (n=22) | 3.4 | .49 | 36.4% | 63.6% | 0% | 0% |
| Improved ability to serve autistic individuals (n=22) | 3.4 | .50 | 40.9% | 59.1% | 0% | 0% |
| Improved ability to include autistic individuals (n=22) | 3.5 | .51 | 45.5% | 54.5% | 0% | 0% |

DNEA’s core mission focuses on the dissemination of evidence-based practices to professionals who serve autistic individuals in Delaware. Every training and resource developed by the DNEA is based on current best practices in the field. Appendix A and Appendix B document the evidence-based practices addressed in the DNEA’s most frequently offered trainings (Appendix A) and disseminated resources (Appendix B). The impact of this focus was also captured in the survey, with respondents describing specific evidence-based practices they began incorporating into their work with autistic clients as a result of their training with the DNEA. Table 5 provides a summary of those evidence-based practices and the frequency with which they were noted by survey respondents.

Table 5. Evidence-based Practices Reported by Supervisors

| Evidence-based Practice | | |
|--------------------------------|------------------------------|--|
| Visual schedules (n=16) | Visual timers (n=10) | Choice boards (n=6) |
| Visual cues (n=14) | Visual boundaries (n=8) | Functional behavior assessment (n=3) |
| Prompting (n=12) | Environmental labeling (n=8) | Modifications to therapeutic interventions (n=2) |
| Reinforcement (n=12) | Social narratives (n=8) | Task analysis (n=1) |
| Modeling (n=11) | | |

Several survey respondents explained in detail how they implemented these practices with fidelity and how it resulted in positive outcomes for the autistic people who they serve. Two such cases are shared below.

Case 1: Local Museum

I think the biggest change we made following our training with DNEA was the implementation of a social narrative. We created it after our training with you all and put it up on our website and include it in all pre-visit information to teachers so that they can share it with their students on what to expect for their visit ... on a field trip. I've had several teachers tell me how helpful it was and that they shared it with their students. Another change we've made is making sure to talk to students at the very beginning of the field trip on what they expect for the day (first we're going to do this, then this, etc.) to give all students (but especially those with autism) a better sense of what to expect during their field trip so they don't feel overwhelmed.

Case 2: Early Childhood Center

... one instance where we applied a strategy from our training involved using visual supports to assist a child with autism in transitioning between activities. This child experienced anxiety and difficulty when routines changed or when it was time to move from one activity to another.

To support them, we introduced a visual schedule using pictures that represented key parts of their day—circle time, outdoor play, meals, rest, etc. We reviewed the schedule with them each morning and used it consistently throughout the day. We also used a “first/then” board to help with smaller transitions (e.g., “First clean up, then snack”).

As a result, the child began to show less resistance during transitions, became more engaged in activities, and seemed more confident navigating their daily routine. It also helped staff communicate expectations more clearly and consistently, which benefited the entire classroom.

Partnerships. In addition to its own training, technical assistance, and information dissemination activities, the DNEA also launched number of partnerships.

The first was with Nemours Children’s Health to support the launch of *Project ECHO* in Delaware. This initiative targets community pediatricians and includes training on the *Screening Tool for Autism in Toddlers and Young Children (STAT)*. DNEA coaches provide ongoing coordination and resources to pediatricians as they participate in Project ECHO programming, in order to address the shortage of trained Delaware professionals available to diagnose children with autism.

Participants complete a brief confidence and satisfaction survey following each Project ECHO training event. During the FY2025 contract period, there were four sessions. Early results indicated that participating pediatricians indicate improved confidence in identifying and treating children with autism in their practice (Table 6).

Table 6. Pediatrician Confidence

| My confidence in...has increased as a result of my participation. | Session 1 n=20 | | Session 2 n=17 | | Session 3 n=12 | | Session 4 n=10 | |
|---|-------------------|-----|-------------------|-----|-------------------|-----|-------------------|-----|
| | Mean | SD | Mean | SD | Mean | SD | Mean | SD |
| ...recognizing autism characteristics in children... | 3.3 | .47 | 3.4 | .49 | 3.7 | .48 | 3.2 | .97 |
| ...assessing and treating common medical conditions in autistic children... | 3.2 | .38 | 3.3 | .47 | 3.7 | .49 | 3.3 | .95 |
| ...assessing and treating common psychiatric conditions in autistic children... | 3.1 | .62 | 3.3 | .45 | 3.6 | .52 | 3.2 | .92 |
| ...conducting autism evaluations... | 3.4 | .50 | 3.2 | .41 | 3.7 | .48 | 3.1 | .93 |
| ...discussing autism using a strengths-based and neurodiversity affirming approach... | 3.6 | .50 | 3.3 | .48 | 3.8 | .42 | 3.1 | .88 |
| ...sharing resources with families of autistic children... | 3.4 | .50 | 3.4 | .49 | 3.7 | .49 | 3.2 | .92 |

In addition to improved confidence, survey respondents also shared a high degree of satisfaction with the training sessions that the DNEA helped organize and facilitate (Table 7).

Table 7. Pediatrician Training Satisfaction

| Satisfaction Questions | Session 1 n=20 | | Session 2 n=17 | | Session 3 n=12 | | Session 4 n=10 | |
|---|-------------------|-----|-------------------|-----|-------------------|-----|-------------------|-----|
| | Mean | SD | Mean | SD | Mean | SD | Mean | SD |
| I learned new information during this ECHO Autism session. | 3.5 | .51 | 3.8 | .49 | 3.8 | .39 | 3.6 | .97 |
| ECHO Autism is an effective way for me to learn. | 3.6 | .50 | 3.8 | .44 | 3.8 | .45 | 3.6 | .97 |
| After attending the ECHO Autism session, I am better able to care for autistic patients in my practice. | 3.6 | .50 | 3.7 | .49 | 3.8 | .39 | 3.7 | .95 |
| Through ECHO Autism, I am learning best-practice care for autistic patients. | 3.7 | .47 | 3.7 | .47 | 3.8 | .39 | 3.6 | .97 |
| This information is likely to have an impact on my practice. | 3.7 | .47 | 3.8 | .44 | 3.9 | .29 | 3.6 | .97 |

Note. Scores reported on a four-point Likert Scale ranging from “strongly disagree” (1) to “strongly agree” (4)

The DNEA also supported the launch of [Delaware’s Blue Envelope Program](#). The Blue Envelope Program is a new program in Delaware that aims to promote safe, clear, and respectful communication between drivers and law enforcement during a traffic stop. A driver’s blue envelope quickly communicates to law enforcement that they may have a communication difference, sensory difference, mobility limitations or other differences related to their disability. For drivers, this envelope also serves as a place to organize important documents such as their car registration, insurance card, and health-related documents such as the My Emergency Care Plan. This initiative was made possible through a partnership between the DNEA and the Delaware State Police (DSP), with funding from the Office of Highway Safety (OHS), and support from the Delaware Division of Motor Vehicles (DMV) and the Delaware Association of Chiefs of Police.

Family Navigation. DNEA funding is also used to support Autism Delaware’s Family Navigation program, which helps families through challenges they may face, such as understanding autism screening and diagnosis; navigating the healthcare and insurance systems; and identifying appropriate providers for their children. Information gathered from the community helps to inform the work of the DNEA and enhance its training and technical assistance efforts. Autism Delaware Family Navigators engaged in **2,974 individual support contacts with individual families during FY2025** (10/1/24- 9/30/25). Appendix C includes Autism Delaware’s final report of activities.

As part of its regular data collection efforts, Autism Delaware, tracks the areas of support requested by families as part of its Family Navigation services. Table 8 provides an overview of the areas of need reported by families in Delaware during DNEA’s FY25 contract period.

Table 8. Family Needs Report – Areas of Need

| Area of Need | Quarter 1 n=250 | Quarter 2 n=215 | Quarter 3 n=203 | Quarter 4 n=274 |
|-------------------------------|--------------------|--------------------|--------------------|--------------------|
| Adult services and transition | 3% | 4% | 5% | 6% |
| Social services | 7% | 7% | 7% | 8% |
| Childcare | 4% | 4% | 5% | 5% |
| Connections and support | 18% | 19% | 19% | 16% |
| Education | 20% | 20% | 20% | 15% |
| Evaluation and diagnoses | 5% | 5% | 4% | 4% |
| Information and referral | 25% | 24% | 23% | 25% |
| Mental health | 2% | 2% | 2% | 2% |
| Recreation | 6% | 4% | 4% | 7% |
| Respite | 2% | 3% | 3% | 3% |
| Therapies and treatment | 8% | 8% | 8% | 9% |

Goal 2: Information Dissemination and Community Outreach

Maintain an informed community by developing and disseminating information and resources about evidence-based practices and issues that impact people with ASD, their families, professionals, and organizations with a focus on practices that promote health equity and improved social determinants of health for Delawareans with autism.

Objectives:

- a) *Develop and maintain a website that:*
 - *offers public visibility to the mission and activities of the DNEA;*
 - *enhances community members' understanding and knowledge of ASD, evidence-based practices, and available services and supports in Delaware;*
 - *supports the training and technical assistance needs of professionals, organizations, and families by offering an easy process for making training requests;*
 - *shows upcoming opportunities to participate in DNEA trainings and events; and*
 - *tracks progress on attaining the goals of Delaware's strategic plan for services to people with autism and their families.*
- b) *Develop web-based and print-based resources that support a greater understanding of evidence-based practices, types of autism services, and available supports in Delaware and the surrounding region.*
- c) *Design digital and printed materials and resources in an accessible format with multiple, diverse audiences in mind.*

In addition to its training and technical assistance activities in Goal 1, the DNEA has also been successful in developing digital and print professional development resources to disseminate to

the community. In FY2025, the DNEA had over **14,750 points of contact engage with DNEA's evidence-based resources.**

The [DNEA monthly newsletter](#) serves as an effective method of raising awareness of DNEA activities. In FY2025 the newsletter grew to **1,745 subscribers, which represents a 26% increase from the previous year and a 78% increase from FY2023.** The newsletter advertises DNEA trainings, disseminates new DNEA professional development resources, and provides the community with updates about autism-related topics. It also drives readers to the DNEA website.

The [DNEA website](#) serves as a hub of information that is updated monthly to inform the public about current projects and training opportunities. Training participants can register for activities via the [DNEA online training calendar](#) or by submitting a training request using the [DNEA's online request form](#). In FY24, the website was expanded to include information that is specific for families, self-advocates, and professionals. This includes a [provider list for families](#), self-advocate resources, and a robust library of professional development content. Of note, Delawareans can [order paper copies of DNEA resources](#) free of charge using the DNEA's online ordering system. The website receives thousands of views each month. For example, in May 2025 there were 1,745 unique website sessions with 2,777 page views.

The DNEA produced and published one new [training video](#) and six new [resource guides](#) that were professionally designed to be Section 508 compliant and accessible to all viewers. This expanded the DNEA library of resources to include 22 training videos and 35 resource guides. Resources that may be beneficial to families are translated into Spanish and Haitian-Creole. Appendix B provides a summary of the digital and print resources the DNEA disseminated in FY25, noting the evidence-based practices addressed within each type of resource.

Training recipients also receive DNEA materials as part of their workshop. Aggregately, 97.5% of all participants surveyed in the *Training Survey* reported that they found the DNEA's professional development materials (e.g., PowerPoints, presentation materials, training resources) to be high quality with 100% of survey respondents agreeing or strongly agreeing that they found DNEA's evidence-based resources (e.g., practice guides, video tutorials, evidence-based tools) were also high quality. When asked about DNEA resources in the *Follow-up Survey*, respondents reported that they regularly refer to DNEA training materials and the DNEA website to support their work with autistic clients. Additionally, 90.7% of supervisors surveyed indicated that their staff regularly utilize the DNEA's evidence-based resource guides to support their work, with 90.9% reporting that they regularly share these resources with new staff (see Table 9).

Table 9. DNEA Training Materials: Follow-up Supervisor Survey

| Question Topic | Mean | SD | Strongly Agree (4) | Agree (3) | Disagree (2) | Strongly disagree (1) |
|--|------|-----|-----------------------|--------------|-----------------|--------------------------|
| Regularly refer to training materials (n=21) | 3.1 | .63 | 23.8% | 61.9% | 14.3% | 0% |
| Regularly refer to DNEA website (n=22) | 3.1 | .53 | 18.2% | 72.7% | 9.1% | 0% |
| Utilize DNEA’s evidence-based resource guides (n=21) | 3.1 | .57 | 23.8% | 66.7% | 9.5% | 0% |
| Share resources with new staff (n=22) | 3.3 | .65 | 40.9% | 50.0% | 9.1% | 0% |

Goal 3: Facilitation of the ICA

Facilitate the Interagency Committee for Autism (ICA) to ensure continued progress by the committee on meeting the goals outlined in Delaware’s strategic plan for services to people with autism and their families.

Objectives:

- a) Ensure that the ICA maintains representation from all agencies and other parties that were identified in Senate Bill 93.*
- b) Facilitate regular meetings of the ICA and its identified subcommittees and workgroups, as needed.*
- c) Maintain information about the ICA on the DNEA website, support the development of the committee’s reports, and collect and disseminate minutes of ICA meetings.*

The DNEA facilitated the ICA in conducting meetings in November 2024, January 2025, March 2025, and May 2025. Quorum was met at all meetings and included representation from state agencies, the Nemours Swank Autism Center, parent advocacy groups, family members from each county, and other entities that serve autistic individuals, as outlined by SB93. All meetings were published on the [DNEA event calendar](#) and promoted on the state’s public meeting calendar. Additionally, the DNEA maintained a [webpage](#) highlighting the ICA’s membership, [meeting minutes](#), and ICA resources.

During FY2025, the ICA set out with two organizational goals. First, ICA members worked to review and re-establish its subcommittees. Two subcommittees were consequently reorganized and began holding routine public meetings: the *Education Subcommittee* and the *Diagnosis Subcommittee*. As with the ICA’s general meetings, the DNEA supported ICA subcommittees’ meetings by setting their agendas, taking meeting minutes, and posting resources on Delaware’s public meeting calendar. DNEA staff provided updates on DNEA activities and used subcommittee discussions to help shape DNEA training activities. The ICA subcommittees’ meeting schedules for FY2025 are documented in Table 10.

Table 10. ICA Subcommittee Meetings FY2025

| Education Subcommittee | Diagnosis Subcommittee |
|-------------------------------|-------------------------------|
| October 2024 | December 2024 |
| November 2024 | February 2025 |
| December 2024 | March 2025 |
| January 2025 | April 2025 |
| February 2025 | June 2025 |
| March 2025 | August 2025 |
| April 2025 | |
| June 2025 | |
| July 2025 | |
| September 2025 | |

The second organizational goal of the ICA was to thoroughly review and document the state’s progress in meeting Blueprint *Areas of Improvement*. ICA co-chairs and DNEA staff led the ICA through systematically reviewing Improvement Areas I and II. ICA members documented areas where progress that was made and growth was still needed, in order to prioritize areas of work for the DNEA and the ICA’s membership. This activity is ongoing in FY2026 and is also being addressed within the ICA subcommittees.

DNEA Operations

Since re-establishing its funding in FY22, the DNEA was able to re-staff all major positions, relaunch and update its website, re-establish its listserv, and establish a second office location so DNEA had a presence upstate (Newark) and downstate (Milford). The following section will provide an overview of DNEA staffing and program expenses.

DNEA Staffing

The DNEA had four primary staff members supporting its initiatives during its FY2025 contract.

Dr. Sarah Mallory served as the DNEA’s principal investigator and provided conceptual leadership to DNEA activities. As a special education faculty member at the University of Delaware, Dr. Mallory also served as the lead on any education-related activities and provided leadership on program evaluation activities.

Dr. Alisha Fletcher served as Director of the DNEA. Dr. Fletcher is a clinical social worker by training and provided general, day-to-day leadership to DNEA activities. In collaboration with Dr. Mallory, Dr. Fletcher provided supervision to all DNEA staff, prioritized work plan activities, and served as lead on activities related to mental health and social services.

Ms. Katherine Booze served as program coordinator for the DNEA. Ms. Booze brought a rich background in disability studies and supported coordinating all aspects of DNEA’s day-to-day activities.

Ms. Nicole Ferrara joined the DNEA 2024. She is a special educator by training and provided expertise in a wide range of topics, including the translation of evidence-based practices to different settings.

DNEA training and technical assistance activities were also supported by several hourly and part-time trainers and coaches. Ms. Ashley Steinbrecher supported the DNEA as a coach and content developer. Ms. Steinbrecher has a master’s degree in health promotion and intellectual and developmental disabilities and she provided leadership to all health promotion- related content. Mr. Charles Sawchenko, a retired state trooper, social worker, and parent of an autistic daughter, was an hourly staff member and supported the development of first responder training initiatives.

Finally, the DNEA strategically partners with subcontractors to broaden its collective expertise. These contractors are hired on an as-needed basis and are noted in our reported activities. As described in the original legislation creating the DNEA, Autism Delaware has a subcontract for offering family navigation services.

DNEA Financial Report (FY2025)

In FY2025, the DNEA was awarded \$575,000 via a contract that began on October 1, 2024 and ended on September 30, 2025. A summary of the FY2025 financial report can be found in Table 11.

Table 11. DNEA Financial Report (FY2025)

| Account Category | Expenses |
|------------------------------|-------------------------|
| Personnel | \$284,149 |
| Employee Benefit Expenses | \$119,000 |
| TOTAL PERSONNEL COSTS | \$403,149 |
| Travel | \$3,543 |
| Supplies and General | \$54,770 |
| Sub-award: Autism Delaware | \$61,260 |
| Indirect Costs | \$52,279 |
| TOTAL SUPPORT FUNDS | \$171,852 |
| <u>TOTAL</u> | <u>\$575,000</u> |

Summary and Next Steps

Autism spectrum disorder remains a critical public health issue. Years of stakeholder discussions in Delaware identified a lack of expertise in autism among almost all professional groups. In response, Senate Bill 93 established the DNEA to enhance Delaware's state- and system-wide capacity to improve outcomes across the lifespan for individuals with autism through high quality, evidence-based technical assistance and training for professionals and families.

In FY2025, the DNEA continued to significantly expand the breadth and depth of its training, technical assistance, and resources available to the community by touching over 18,000 Delawareans and Delaware professionals with its evidence-based supports. This represents over a **60% increase from FY2024** and more recipients any other year since DNEA's establishment. Moreover, the demand of discipline-specific trainings are agencies and organizations has **grown over 600% since 2023**. Now more than ever, our state needs professionals who understand autism and who can confidently implement scientifically based interventions. There is more work to be done.

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Appendix A: DNEA Trainings, Aligned Evidence-based Practices, and Attendee Satisfaction

| Introductory Trainings | |
|---|--|
| Training Name, Abstract, and Feedback Score ¹ | Evidence-based Practices Addressed |
| <p>Introduction to Autism <i>Introduction to Autism will provide a basic overview of autism. This training will include content about disability-friendly language, the history of autism, core characteristics of autism, and general tips and considerations when supporting people with autism.</i></p> | <ul style="list-style-type: none"> -Visual Cues -Visual Schedules -Visual Timers -Visual Boundaries -Functional Behavioral Assessment (FBA) |
| <p>Introduction to Evidence-Based Practices for Supporting Individuals with Autism <i>Introduction to Evidence-Based Practices for Individuals with Autism will provide an overview of the evidence-based practices that are most effective when supporting individuals with autism of all ages. This training will review the core characteristics of autism and introduce three evidence-based practices: visual supports, prompting, and reinforcement.</i></p> | <ul style="list-style-type: none"> -Visual Timers -Visual Schedules -Visual Boundaries -Visual Cues -Environmental Labeling -Choice Boards -Visual Task Analyses -Prompting -Reinforcement -Modeling -Video Modeling |
| <p>Introduction to Visual Supports <i>This training will provide an overview of the evidence-based practice of visual supports for individuals with autism. Participants will learn about the four different types of visual supports – schedules, cues, boundaries, and timers – and evidence-based practices for introducing these supports to individuals with autism. Participants should have a foundational understanding of autism and/or previously attended Introduction to Autism.</i></p> | <ul style="list-style-type: none"> -Visual Timers -Visual Schedules -Visual Boundaries -Visual Cues -Environmental Labeling -Choice Boards -Visual Task Analyses -Prompting -Reinforcement -Modeling -Video Modeling |
| <p>Planning The Perfect Summer [Fall] [Winter]: Supporting Your Child During New Activities and Special Events <i>While the summer can be fun and exciting, it can also be difficult for youth with autism and other developmental or intellectual disabilities. This workshop, presented to you by the DNEA, will review why the summer and its special events can be particularly challenging for children with disabilities and their families or caregivers. We also present strategies that can assist in preparing for special or new events while reducing stress and challenging behaviors.</i></p> | <ul style="list-style-type: none"> -Visual Timers -Visual Schedules -Visual Boundaries -Environmental Labeling -Choice Boards -Visual Task Analyses -Social Narratives -Antecedent Based Interventions (ABI) -Functional Behavioral Assessment (FBA) -Prompting -Modeling -Reinforcement |
| <p>The Power of Plain Language <i>Plain language is a style of writing that is accessible and easy to understand. This training reviews plain language and basic tips you can use to make your writing more accessible to write and communicate more effectively.</i></p> | <ul style="list-style-type: none"> -Plain Language |

| | |
|---|--|
| | |
| <p>Social Skills Support</p> <p><i>Brought to you by the Delaware Network for Excellence in Autism, this social skills instruction training discusses how social skills are developed and how that development can look different for individuals with autism. The training considers ways of assessing social skills, skills to target, and explores evidence-based strategies that can support autistic individuals.</i></p> | <ul style="list-style-type: none"> -Social Skills Training (SST) -Prompting -Modeling -Naturalistic Intervention (NI) -Video Modeling -Social Narratives -Visual Supports -Visual Task Analyses -Structured Play Groups -Peer Mediated Intervention and Instruction |
| Early Childhood Trainings | |
| Training Name, Abstract, and Feedback Score | Evidence-based Practices Addressed |
| <p>Supporting Family-Led Development Monitoring</p> <p><i>This training will introduce participants to the importance of developmental monitoring, provide an overview of the state’s developmental screener – the Ages and Stages Questionnaire (ASQ), explain the state’s process for referring children to early intervention services, and describe the types of early intervention services available to different ages of children.</i></p> | <ul style="list-style-type: none"> -Responsive teaching -Naturalistic Intervention (NI) -Family-engaged developmental monitoring and screening |
| <p>Understanding Autism and Strategies for Child Care Providers</p> <p><i>This training is for early childhood care providers and is designed to help develop an understanding of autism and how it impacts children differently. The training provides strategies to support young children with autism in a childcare setting.</i></p> <p>Offered in Spanish as a statewide during reporting period</p> | <ul style="list-style-type: none"> -Visual Timers -Visual Schedules -Visual Boundaries -Visual Cues -Environmental Labeling -Choice Boards -Visual Task Analyses -Functional Behavioral Assessments (FBA) -Reinforcement -Modeling -Prompting -Augmentative and Alternative Communication (AAC) |
| Health & Wellness Trainings | |
| Training Name, Abstract, and Feedback Score | Evidence-based Practices Addressed |
| <p>Crisis Intervention: Supporting a Person with IDD in Crisis</p> <p><i>The Crisis Intervention: Supporting a Person with IDD in Crisis training will review the crisis cycle and considerations unique to individuals with intellectual and developmental disabilities (IDD). The training focuses on responding effectively to mental health emergencies and crises, highlighting tools like Smart911 and the My Crisis Care Plan. Participants will learn about evidence-based practices, including visual supports (e.g., timers and schedules), prompting, and modeling, to support the mental health of people with IDD. The training explains each evidence-based practice, how to implement it, and its role in preventing and managing crises.</i></p> | <ul style="list-style-type: none"> -Visual Timers -Visual Schedules -Visual Cues -Visual Task Analyses -Modeling -Prompting -Social Narratives -Augmentative and Alternative Communication (AAC) |

| | |
|--|--|
| <p>Facilitating Successful Pediatric Medical and Dental Visits for Children with Autism Spectrum Disorder</p> <p><i>Facilitating Successful Medical & Dental Visits for Autistic Individuals training is designed for medical professionals. This training reviews the core characteristics of autism and discusses strategies that can be used to assist healthcare providers in providing autism-informed care. Specifically, participants will learn about techniques and tools they can use to enhance communication and strengthen trust between medical professionals, families, and individuals during their next visit. This training will highlight Communicating Visually in Pediatrics, a tool for improving communication in medical and dental settings, and will walk through considerations for using this tool in practice.</i></p> | <ul style="list-style-type: none"> -Augmentative and Alternative Communication (AAC) -Visual Support Strategies -Social Narratives |
| <p>Introduction to Autism and Mental Health</p> <p><i>The Introduction to Autism and Mental Health training will review the core characteristics of autism and introduce the importance of neurodiversity-affirming and trauma-informed care. Participants will learn how these characteristics increase one’s susceptibility to mental health disorders and the prevalence and presentation of commonly occurring mental health conditions in autistic individuals. The training strives to raise awareness about mental health challenges experienced by this population and provide Delaware-specific mental health resources.</i></p> | <ul style="list-style-type: none"> -Cognitive behavioral interventions -Reinforcement |
| <p>Mental Health Professionals Working with Autistic Individuals <i>This training is intended for mental health professionals who are committed to creating a more inclusive and affirming mental health landscape for autistic people. The training focuses on delivering sensitive, nonjudgmental care during mental health evaluation and treatment. Using a neurodiversity-affirming lens, it begins with a review of the core characteristics of autism, discussing how autism increases one’s susceptibility to experiencing mental health disorders and progresses into ways to modify mental health treatment to best support autistic people.</i></p> | <ul style="list-style-type: none"> -Cognitive behavioral interventions -Reinforcement -Visual Cues -Visual Schedules -Visual Timers -Visual Boundaries |
| <p>Neurodiversity-Affirming Practices and Supports for Mental Health Professionals</p> <p><i>Neurodiversity-affirming Practices and Supports for Mental Health Professionals is designed for mental health professionals. The training reviews neurodiversity-affirming language and explores individual-level practices and supports that celebrate neurodiversity and promote self-advocacy. Specifically, participants learn how to disrupt ableist language and ways to promote diversity and inclusion through their practice and within their organizations. Participants also learn how to incorporate neurodiversity-affirming assessment.</i></p> | <ul style="list-style-type: none"> -Advanced cognitive behavioral interventions |
| <p>Autism and Epilepsy: Seizure Recognition and First Aid Certification</p> <p><i>The Epilepsy Foundation of Delaware and the Delaware Network for Excellence in Autism are offering training in Autism and Epilepsy: Seizure Recognition and First Aid Certification. This course will review the core characteristics of autism and the co-occurrence of autism and epilepsy.</i></p> <p><i>Participants who successfully complete the post-knowledge assessment in the Epilepsy Foundation Learning Portal will receive a two-year certification in Seizure Recognition and First Aid.</i></p> | <ul style="list-style-type: none"> -Seizure recognition and first aid |

| | |
|--|--|
| <p>Autism Spectrum Disorder: First Responders and Law Enforcement <i>This training is a specialized 3-hour training for law enforcement officers and first responders who respond to behavior health crisis, mental health crisis, and other community call involving autistic individuals. The training primarily focuses on those with patrol responsibilities. Through lectures, interactive learning, and video-based scenarios, participants learn about autism and other developmental disabilities from a law enforcement and family perspective.</i></p> | <ul style="list-style-type: none"> -Antecedent-based strategies -Visual support strategies |
| <p>Understanding Mental Health Challenges Among People with IDD <i>Understanding Mental Health Challenges Among People with IDD is an introductory training designed for professionals who work with individuals with intellectual and developmental disabilities (IDD) and seek a deeper understanding of the intersection between IDD and mental health. This training provides an overview of developmental and intellectual disabilities, exploring key concepts such as model of disability (social vs. medical), language preferences, disability etiquette, ableism, and neurodiversity-affirming practices. It highlights the unique mental health experiences of people with IDD, emphasizing the impact of masking, trauma, and diagnostic overshadowing through a biopsychosocial lens. Additionally, the training focuses on promoting effective communication by introducing tools like communication boards to help ensure equitable access to language and support.</i></p> | <ul style="list-style-type: none"> -Augmentative and Alternative Communication (AAC) -Plain Language |

Appendix B: DNEA Published Resources and Aligned Evidence-based Practices

| | | |
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| <p>Resource guides. The DNEA designs resource guides to align with training material covered during remote, live, and recorded workshops. They include topics that range from introductory to advanced. Delaware residents and professionals can order paper copies of the guides, free of charge, through the DNEA website.</p> | | |
| <ul style="list-style-type: none"> • What is Neurodiversity? • Neurodiversity-Affirming Autism Evaluations • Neurodiversity-Affirming Autism Interventions • Neurodiversity-Affirming Autism Interventions for Families • Book Club Conversations: I Will Die on This Hill: Autistic Adults, Autism Parents, and the Children Who Deserve a Better World • Book Club Conversations: We're Not Broken: Changing the Autism Conversation • Research Recap: Avoiding Ableist Language • Trauma and Autism • Creative CBT: Adapting Cognitive Behavioral Therapy for Autism | <ul style="list-style-type: none"> • Autism and Epilepsy • Talking to a Police Officer about my Autism • What to do During a Traffic Stop or Car Crash • Parent/Caregiver Training • Supported Decision- Making in Delaware • Understanding Supported Decision-Making in Delaware: A Guide for Community Members • Holiday Resource Guide for Families: Strategies for Holidays and Special Events • Travel Resource Guide for Families: Prepare for Take Off! • Supporting Social Skills • What is Plain Language? • How Do I Write in Plain Language? | <ul style="list-style-type: none"> • Social Narratives During COVID-19 • Resources for Teaching Human Sexuality • Evidence-Based Practices for Teaching a New Skill • Research Recap: Prompting and Task Analysis Glossary • Least-to-Most Prompting • Most-to-Least Prompting • Reinforcement • Response Prompts • Stimulus Prompts • Visual Supports: Creating Visual Schedules • Visual Supports: Visual Boundaries • Visual Supports: Visual Timers • Visual Supports: Choice Boards • Visual Supports: Environmental Labels • Visual Supports: Task Analyses |
| <p>Evidence-based practices addressed in resource guides:</p> | | |
| <ul style="list-style-type: none"> -Visual supports -Cognitive behavioral interventions -Parent mediated interventions -Social narratives | <ul style="list-style-type: none"> -Reinforcement strategies -Task analysis -Chaining procedures -Modeling as a prime | <ul style="list-style-type: none"> -Modeling as a prompt -Prompt types -Prompting procedures -Self-determination strategies |
| <p>Training videos. The DNEA continued to expand its library of videos that can be viewed on-demand through the DNEA website. This library of recordings includes full-length trainings and brief evidence-based practice tutorials that are designed to support individuals who work in a wide range of settings.</p> | | |
| <ul style="list-style-type: none"> • Discussing Disability • Introduction to Autism Spectrum Disorder • Disrupting Ableism • Delaware Resources and Supports • Providing Neurodiversity-Affirming Care to Autistic Youth and Families • Introduction to Evidence-based Practices for Individuals with Autism • Social Skills Support | <ul style="list-style-type: none"> • Least to Most Prompting • Most to Least Prompting • Task Analysis • Introduction to Visual Supports • Visuals in Medical Settings • Introduction to Prompting • Supported Decision-Making: From Justice to Jenny to Justice for All • Designing and Using Reinforcement | <ul style="list-style-type: none"> • Taking Care, Taking the Lead: Supportive Decision- Making in Health Care and Life Planning • My Life, My Decisions: A Supported Decision-Making Summit Video¹ • Practice Traffic Stop Pre- Driving Video¹ • The Power of Plain Language • Education, Employment, and Independent Living: SDM in Special Education and Vocational Rehab |
| <p>Evidence-based practices highlighted in training videos:</p> | | |
| <ul style="list-style-type: none"> -Visual supports -Social narratives -Video modeling -Modeling as a prime | <ul style="list-style-type: none"> -Reinforcement strategies -Task analysis -Chaining procedures -Self-determination strategies | <ul style="list-style-type: none"> -Modeling as a prompt -Prompt types -Prompting procedures |

Appendix C: Autism Delaware DNEA Report

Report begins on next page.



Family Support Services – DNEA Report

Date Range: July 1, 2024 to September 30, 2025

Report Prepared by: Dafne Carnright, Director of Family Services

Autism Delaware’s family support programs serve as the advocacy arm of the DNEA, supporting families of individuals with autism through multiple programs. One such program is its Family Navigation program. Family Navigators respond to requests for information about Delaware supports and service systems. Family Navigators are certified to provide family peer supports, two have lived experience parenting an individual with autism, and one is bilingual (Spanish/English).

Family Navigators support families in assessing needs, identifying next steps and community resources, and provide psycho-education around navigating service systems in our state. Autism Delaware offers family navigation services, on an as-needed basis, to families who have a specific question or challenge. Family Navigation supports parents who have children of any age (youth through adult), and can also support other caregivers, relatives, and community members. The Family Navigation program addresses the *Blueprint for Collective Action Improvement Area 6* (Family Support and Stakeholder engagement).

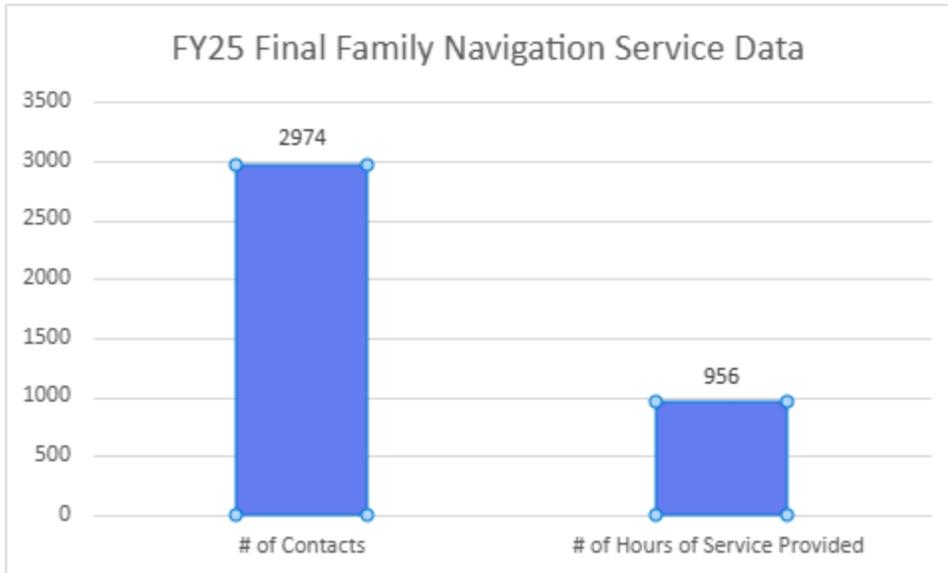
Family Navigators engaged in 2974 individual support contacts with individual families during Fiscal Year 2025 (10/1/24- 9/30/25). This is an increase from previous years and demonstrates the increasing needs of the autism community.

October 1, 2023 – September 30, 2024:

- Family Navigators engaged in 2396 individual support contacts with families

October 1, 2023 – September 30, 2023:

- Family Navigators engaged in 2482 individual support contacts with families

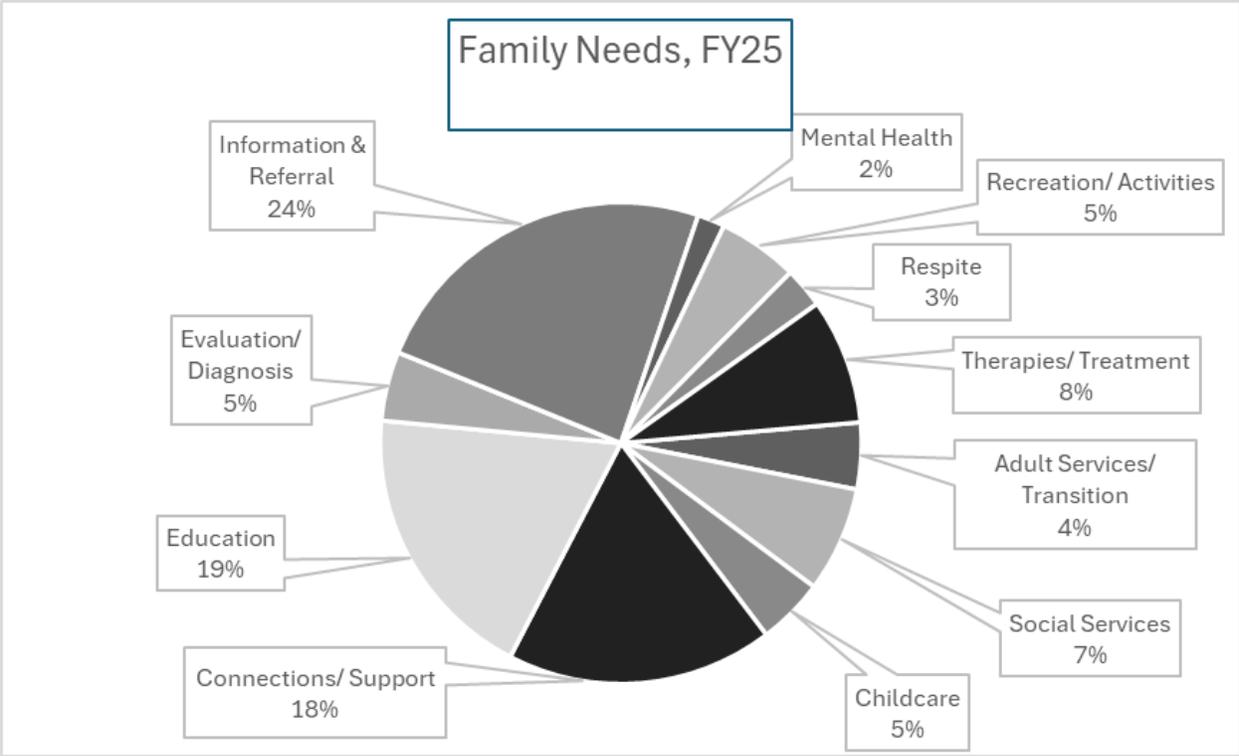


The top needs from families seeking services through family support service during FY2025 were:

- 1- Information and Referral
- 2- Education
- 3- Connections/Support

This is a change from the top needs in FY2023:

- 1- Evaluation & Diagnosis
- 2- Connection and Support
- 3- Recreation/Activities
- 4- Educational Issues



Goals for next year include developing and implementing a post-service feedback collection survey to gather information about the family’s experience with the service and knowledge change as a result of participating in the family navigation service.

Family Navigation remains an integral part of the supports and services provided to the autism community by Autism Delaware. The ongoing commitment to families and individuals with autism in our state and to promoting the family voice is foremost in our mission and a necessary service that is not available elsewhere. Autism Delaware’s Family Navigation service is proud to be a trusted resource in the autism community in Delaware.