Actress, activist and mother of a son with autism, Holly Robinson Peete has teamed with Cigna to help families go All In with Autism. The goal of this partnership is to deepen our understanding of the condition and provide navigational support for families so they can rally together to live their most rewarding lives.

Holly developed this toolkit in partnership with Cigna clinical experts to share her family experience and her personal journey with her son RJ.
QUICK LINKS

> HOLLY’S JOURNEY
> WHAT IS AUTISM
> UNIQUE BEHAVIORS AND FLAGS CHECKLIST
> TESTING AND EARLY DETECTION
> NAVIGATING AN AUTISM DIAGNOSIS
> ADVOCACY AND FAMILY SUPPORT GROUPS
> BOOK RESOURCES
In 1982, at the age of 46, my father, Matt Robinson, was diagnosed with Parkinson’s disease. I had just began my freshman year at Sarah Lawrence College. My dad - best known as the original Gordon from Sesame Street - was a very prolific writer for television, movies and Broadway. Parkinson’s was cutting him down in the prime of his life. Even though I was only 18, I became a caregiver for him while attending college. I considered dropping out, but my father wouldn’t hear of it. It was a challenging life chapter - to say the least - but there was nothing I wouldn’t have done for him in his time of need.

There weren’t very many people advocating for Parkinson’s disease at the time, and this was the pre-Google era. No Muhammad Ali or Michael J. Fox to light the way yet. When I went to the library to research Parkinson’s, the words I kept seeing were neurological, incurable and degenerative. It was a dark time.

Years later, after marrying Rodney Peete in 1995, he encouraged me to use my voice and platform to help others and bring awareness to this disease, which affects more than 10 million people worldwide.

After publicly speaking about my father’s Parkinson’s, I began to get thousands of letters from other families who had a loved one with Parkinson’s and had major caregiving challenges as well as a lack of resources and information. That’s why we started the HollyRod Foundation in April of 1997.

In October of the same year, I gave birth to a beautiful set of twins, RJ and his twin sister, Ryan Peete. It was every parent’s dream. We had not one but two beautiful babies. RJ and Ryan were both developing and growing typically, but at age two we saw a dramatic change in RJ’s behavior. There was no more eye contact, no verbal communication. He had begun to say his first words, but now they were gone. He wasn’t connecting with his twin sister and had stopped responding to his name. For the next 12 months, we endured doctors saying that he was fine and nothing was wrong. He would grow out of it. Or we heard he was a boy and we shouldn’t compare his development to his twin sister’s.
In early 2000, at age 3, RJ was finally diagnosed with classic autism and sensory integration disorder. There was a mixture of despair and relief because we now had a label to attach to what we had been experiencing. I had been trying to get him diagnosed since he was two! My mommy gut was screaming at me that there was something he needed help with.

I still kick myself for not pushing harder for a diagnosis because I feel like I lost a whole year of intervention. We went from having a son who was thriving developmentally who then lost the light that was in his eyes. And then, just when we were looking for any glimmer of hope for his future, we were given a laundry list of things that RJ would apparently “never” be able to do.

We call it the “Never Day.” According to the developmental pediatrician who diagnosed him, RJ would never mainstream in school or have friends. He would never be able to play team sports. He would probably never drive, get married or have meaningful employment. Oh, and we would never hear the words “I love you” from him.

I realized that we had to quickly focus on how to immerse him immediately in programs, therapies and interventions. We felt we had a small window of time to get him as much help as we could.

He had just started a mainstream preschool, and we were told by the teachers there that he was “unteachable.” More heartbreak. How can you say that about anybody’s child? Of course he was teachable and reachable. Every child is.

We finally decided to put RJ in a preschool that specialized in teaching children with autism and other developmental and intellectual delays. At the time, RJ was extremely socially and verbally challenged.

Eventually, I met Dr. Pamela Wiley, who is the founder of the Los Angeles Speech and Language Therapy Center. She is an amazing and very experienced speech pathologist. She gave us hope. And it was Dr. Wiley who eventually would give RJ the gift of voice.

She immersed him in speech therapies, social skills, summer camps and musical theatre camps from the age of five until he was a teenager. We call Dr. Wiley our “angel on the path.” RJ being able to verbalize was one of our many blessings in his autism journey.

But amidst our highs, there would also be many lows. Having a child on the spectrum can present many challenges for the entire family. Men can often process an autism diagnosis very differently. I wish I had been more sensitive to that. But I had one gear and that was to help RJ thrive.
During the years immediately following the diagnosis, there was a lot of friction in our marriage. All Rodney heard was someone limiting the possibilities for his son’s life and it saddened him. He went into a steep denial about his hopes and dreams for his son’s future. Readjusting his expectations for RJ was a difficult ride.

Ryan, RJ’s twin sister, also had to make compromises. She had many play dates and vacations ruined and had to leave birthday parties because RJ was on sensory overload. RJ’s three siblings are very protective of him and have always had his back. But like in many families with a child on the spectrum, the siblings make many sacrifices that often go without acknowledgement.

There were a lot of little hurdles, but in the middle of these hurdles there were also small victories and little wins that kept us on the path to progress.

We have faced many challenges. One of the biggest has been trying to get people to accept RJ. As parents, we are always concerned with the safety of our children when we’re not here. Who’s going to watch out for him and advocate for him? Who’s going to protect his heart? These are all valid fears, especially when we are told at the age of three that our child will never live independently.

But what I learned was never let anybody set low expectations and tell you who your child is going to be. Stay hopeful. Stay armed with information. Document your journey and advocate like crazy. Cultivate a team of supporters for your child. Our motivation and inspiration was to prepare RJ to have a meaningful life.

Through it all, we have been consistent in our support of RJ, and he is thriving. He has shattered many of the “nevers.” In 2016, he landed a dream job as a clubhouse attendant with the Los Angeles Dodgers. In 2017, he not only got his driver’s license, but he bought his first car! RJ is now 23, and we know that there are challenges ahead for him as an adult with autism, but “Team RJ” is always here to support him every step of the way.

I always say I wouldn’t change RJ for the world, but I will try to change the world for RJ!
WHAT IS AUTISM

INTRODUCTION

Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication.

Several factors may influence the development of autism, and it is often accompanied by sensory sensitivities and medical issues such as gastrointestinal (GI) disorders, seizures or sleep disorders, as well as mental health challenges such as anxiety, depression and attention issues.1

Autism is a complex, lifelong developmental disability that typically appears during early childhood. Autism is defined by a certain set of behaviors and is a “spectrum condition” that affects people differently and to varying degrees.2

Often times, there are no differences in how people with ASD look that would set them apart from others, but people with ASD may communicate, interact, behave, learn and experience the world in ways that are different from most.

The learning and cognitive abilities of people with ASD can range from gifted to significantly impacted.

A diagnosis of ASD now includes several conditions that used to be diagnosed separately: autistic disorder, pervasive developmental disorder not otherwise specified (PDD-NOS), and Asperger syndrome. These conditions are now all called “autism spectrum disorder.”3

ASD affects more than five million Americans

ASD has an estimated prevalence of approximately 1.7% in children. The care needs of children with ASD are significant, affect parents and siblings as well, and require substantial community resources. Direct and indirect costs of caring for children and adults
with ASD in the United States in 2015 were estimated to be $268 billion, more than the cost of stroke and hypertension combined.

The lifetime cost of education, health and other service needs for an individual with ASD ranges from $1.4 to $2.4 million dollars, depending on whether he or she has any co-occurring intellectual disabilities.\textsuperscript{4} To deliver timely and effective medical, behavioral, educational and social services across the lifespan means that primary care providers must understand the needs of individuals with ASD and their families.

ASD is more commonly diagnosed now than in the past, and the significant health, educational and social needs of individuals with ASD and their families constitute an area of critical need for resources, research and professional education.

Because autism is a spectrum disorder, it can range from very mild to very severe and occur in all ethnic, socioeconomic and age groups. Males are four times more likely to have autism than females. Some children with autism appear normal before age one or two and then regress and lose language or social skills that had been previously gained. This is referred to as the regressive type of autism.\textsuperscript{5}

- In 2020, the Centers for Disease Control and Prevention (CDC) reported that approximately 1 in 54 children in the United States are diagnosed with ASD, according to 2016 data.
  - 1 in 34 boys identified with autism
  - 1 in 144 girls identified with autism\textsuperscript{6}
- Boys are four times more likely to be diagnosed with autism than girls.
- Most children were still being diagnosed after age four, though autism can be reliably diagnosed as early as age two.
- 31% of children with ASD have an intellectual disability (intelligence quotient [IQ] <70), 25% are in the borderline range (IQ 71–85) and 44% have IQ scores in the average to above-average range (IQ >85).
- Autism affects all ethnic and socioeconomic groups.
- Minority groups tend to be diagnosed later and less often.
- Early intervention affords the best opportunity to support healthy development and deliver benefits across the lifespan.
- There is no medical detection for autism.
SIGNS AND SYMPTOMS

Autism is a neurodevelopmental disorder characterized by:

- Social impairments
- Cognitive impairments
- Communication difficulties
- Repetitive behaviors

A person with ASD might:

- Not respond to their name (the child may appear deaf)
- Not point at objects or things of interest or demonstrate interest
- Not play “pretend” games
- Avoid eye contact
- Want to be alone
- Have difficulty understanding, or showing understanding, or other people’s feelings or their own
- Have no speech or delayed speech
- Repeat words or phrases over and over (echolalia)
- Give unrelated answers to questions
- Get upset by minor changes
- Have obsessive interests
- Flap their hands, rock their body or spin in circles
- Have unusual reactions (over- or under-sensitivity) to the way things sound, smell, taste, look or feel
- Have low to no social skills
- Avoid or resist physical contact
- Demonstrate little safety or danger awareness
People with autism may also:

- Have unusual interests and behaviors
- Have extreme anxiety and phobias, including unusual phobias
- Line up toys or other objects
- Play with toys the same way every time
- Like parts of objects (e.g., wheels)
- Become upset by minor changes
- Have obsessive interests

Other symptoms:

- Hyperactivity (very active)
- Impulsivity (acting without thinking)
- Short attention span
- Aggression
- Tendency to self-injure
- Meltdowns
- Unusual eating and sleeping habits
- Unusual mood or emotional reactions
- Lack of fear or more fear than expected

> View the Full List
UNIQUE BEHAVIORS AND FLAGS CHECKLIST

Infant/Baby:

- Does not smile or engage in social behavior (clapping, chasing bubbles)
- Avoids eye contact; only peers at parent or others out of corner of eye
- Seems overly sensitive to being touched or to certain, often loud, noises
- Is under-responsive to pain unless acute
- Focuses on objects instead of people
- Does not point or gesture by 12 months
- Does not babble by 12 months
- Exhibits a lack of imitation (stacking blocks, stirring spoon, clapping)
- Has no interest in peers
- Does not respond to name or attempts to get his/her attention
- Does not like to cuddle
- Utters no spontaneous two-word phrases by 12 months
- Stares at unmoving object for long periods of time
- Does not make attachments to cuddly toys or people
- Has no interest in or the ability to crawl or walk
Toddler/Child:

- Any loss of skills or language; the child appears to be “going backward” in development
- Echolalia (repeats what others say)
- Delayed fine motor skills (ability to hold crayons, pencils, work with clay)
- Dislike of certain textures (sand under feet, clay)
- Aversion to certain smells, textures and appearances of food
- Inability to ask for what he wants; tantrums to get what he wants
- Prefers to be alone
- Spins self or objects for long periods of time
- Runs back and forth for no purpose
- Seems to be in “own world”
- Has increased sensitivity to light and loud noises
- Reduced sensitivity to pain; cannot tell when he is sick
- Insensitive to extreme heat, extreme cold
- Minimal or no response to others’ emotions
- Inappropriate responses to others’ words or emotions
- Inability to initiate play or conversation
- Louder than usual voice; robotic or singing voice
- Overly formal language and mannerisms
- More comfortable with adults than peers
- Doesn’t understand imaginary games or jokes
- Repetitive play with toys; lines up toys or other objects time after time
- Hits or bites other children to get the preferred object away from them
- Turns light switch on and off or rewinds video over and over again, ignoring pleas to stop
- Does not respond to others’ smiles or overtures
- Hurts self by biting, scratching, hitting head on the wall or floor
- Oppositional to adults
- Does not like new situations; gets extremely agitated to change in routine
- Difficulty making friends
- Excluded by other children; teased and/or bullied
- Talks about the same topics over and over again and doesn’t seem interested in anything else
- Unable to converse with others
- Unable to relate to others on an emotional level; establishes relationships in order only to get what he needs
- Walks on tiptoes

The CDC also has a list of unique characteristics to consider as signs of ASD.

> View the Full List
Always visit your pediatrician if you have concerns about your child’s development. Early detection and testing are the most critical things that you can do for your child. Each child is unique, and ASD covers a broad spectrum. Because there is no blood test or medical exam that can diagnose autism, you must rely on behavioral observation and development. Often times a teacher, family member or a caregiver may raise questions about your child’s development.

A child can show symptoms of autism by 12 to 18 months or earlier. You know your child better than anyone else. Do not wait if you think that you are observing behaviors that may be associated with ASD. Take immediate action.

Call your state’s public early childhood system to request a free evaluation to find out if your child qualifies for intervention services. This is sometimes called a Child Find evaluation. You do not need to wait for a doctor’s referral or a medical diagnosis to make this call.

Where to call for a free evaluation from the state depends on your child’s age:

- If your child is not yet three years old, contact your local early intervention system.
  - You can find the right contact information for your state by calling the Early Childhood Technical Assistance Center (ECTA) at 919.962.2001.
  - Or visit the ECTA.

- If your child is three years old or older, contact your local public school system.
  - Even if your child is not yet old enough for kindergarten or enrolled in a public school, call your local elementary school or board of education and ask to speak with someone who can help you have your child evaluated.
  - If you’re not sure whom to contact, call the Early Childhood Technical Assistance Center (ECTA) at 919.962.2001.
  - Or visit the ECTA.

If you observe any combination of identified autism behaviors by your child, you can administer any number of at-home tests such as the M-CHAT (modified checklist for autism in toddlers) screening test here. If the results indicate that your child is high risk, please seek the support of a medical professional.
What Does It Mean?

Your child has been diagnosed with autism. You are not alone. The prevalence of ASD has increased more than 150% since 2000. One in 54 children are diagnosed with ASD each year according to 2016 data from the CDC. It is present across all races, ethnicities and socioeconomic groups. Boys are four times more likely than girls to be diagnosed with ASD. This is an important time and a new chapter of your family’s life. You now have the knowledge that your suspicions of autism have been confirmed, and you can proactively begin the journey to empower your child, yourself and their siblings to become the best advocates for them to live their best life. It is also the time that you must prepare yourself to advocate for the education, health and well-being of your child.

Take a Deep Breath

You’ve done nothing wrong. There is nothing that you could have done to prevent your child’s diagnosis. Stop. Take a deep breath and prepare for the journey. An autism diagnosis can be overwhelming and generate a myriad of emotions including anger, denial and depression.

Learn as much as you can about autism. Conduct your research. Go to the library. You are your child’s number one advocate, and your knowledge is directly tied to their treatment and progress. Become an authority and expert on your child. Journal what triggers disruptive behaviors and positive responses. What frightens or stresses them? This will allow you to navigate through difficult situations.

Create a game plan to support your child, their siblings, your spouse and yourself. It is important to remember that even though your child requires special attention, they still want to be treated like everyone else. Your care should empower them to feel extraordinary and not abnormal.

Support Your Partner/Spouse and Other Children

An autism diagnosis can be devastating and affects the entire family. It is not just the child who received a diagnosis. It may be helpful to remember that some men have difficulty expressing their emotions, and they may feel that a diagnosis is a direct reflection of their masculinity.
A diagnosis can create tensions within the household. As the immediate focus shifts from the nuclear unit of the family to an individual, other family members may feel neglected or left out, especially siblings. Because all of the attention shifts to the child who has been diagnosed, siblings can begin to develop conscious and unconscious feelings of resentment. It is important to empower siblings as caregivers. Identify ways that they can advocate for their sister or brother.

**Be aware of symptoms of stress in siblings who do not have autism, including:**

- Embarrassment around peers
- Jealousy regarding amount of time parents spend with their brother/sister
- Frustration over not being able to engage or get a response from their brother/sister
- Being the target of aggressive behaviors
- Trying to make up for the deficits of their brother/sister
- Concern regarding their parents’ stress and grief
- Concern over their role in future caregiving

Create a strategy that engages the entire family to be advocates for your child. This begins by having an honest conversation. Educate your family about autism. This should not be a unilateral conversation. Encourage questions. Join support groups.

**ADVOCATE FOR YOUR CHILD**

As parents, we are the best advocates for our children. The costs of caring for a child with ASD can range from $60K to $88K per year from the time of diagnosis up to age six or seven. This is extremely difficult for most families. Getting access to resources and services may not be easy. There are steps that you can take to make sure that your child is receiving access to all of the programs and services that are available.

I highly encourage parents to use state and local agencies. Regional centers are an excellent resource. Regional centers are private nonprofit organizations with offices throughout California. They help those in need with finding and accessing services for individuals with developmental disabilities and their families.
Regional centers provide or coordinate the following services:

- Information and referral
- Assessment and diagnosis
- Counseling
- Lifelong individualized planning and service coordination
- Purchase of necessary services included in the individual program plan
- Assistance in finding and using community and other resources
- Advocacy for the protection of legal, civil and service rights
- Early intervention services for at-risk infants and their families
- Genetic counseling
- Family support
- Planning, placement and monitoring for 24-hour out-of-home care
- Training and educational opportunities for individuals and families
- Community education about developmental disabilities

Individuals are typically referred to a regional center by professionals who are aware of the services they provide. Diagnosis and assessment for eligibility is free. Parents are required to share the cost of 24-hour out-of-home placements for children under age 18, dependent on the parents’ ability to pay. There may also be a copayment for some services.
• **Treatment** - Advocating for your child’s medical services and treatment immediately following a diagnosis is top priority. ASD has a broad range. Each child is unique, and even though the diagnosis is the same, each child has individualized needs to help them reach their full potential. Speak candidly with your doctor about your child’s behaviors and needs. Do not hesitate to seek second opinions.

• **Resources/Networks** - You are taking the first steps in a new journey. This road has been travelled many times, and there are numerous individuals and organizations that will graciously welcome you and your family. Identifying local as well as nationwide networks will help you build your community. I’ve included a list of national and local (for California residents) resources and support groups with this toolkit. Explore them all and research others that you feel may better align with your specific needs.

• **Education** - Your child’s education is a critical component in their development. Work with your school and teachers to create an Individualized Education Program (IEP) that set goals and evaluate a curriculum that enriches and empowers them. Do NOT allow your child to be placed in a one-size-fits-all environment! Be present and hold the teachers, principal and school accountable. If you are not happy with your child’s emotional, social and/or academic growth, request meetings with their teachers and do not hesitate to escalate if they are not responsive. Advocate! Advocate! Advocate, and never give up!

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**BUILD YOUR COMMUNITY**

Establishing a community is important for your child’s, your family’s and your own well-being. If you do not already have a great pediatrician/doctor, ask for referrals from local service providers. Equally important are relationships with teachers and educators. Compile a list of best-of-service providers/caregivers and keep them easily accessible.

We’ve been observing frequent occurrences of people with ASD having negative encounters with law enforcement. Visit your local police precinct and introduce yourself and your child. There is a tremendous need for more training for police officers on how to interact with the autism community. An encounter with an officer who has not been properly trained could end up with tragic outcome. It is imperative that you exercise everything within your control to protect the safety of your child.
As an autism mom, I’ve learned that each stage in RJ’s autism journey presents new chapters that our entire family must encounter and conquer. RJ always says he has autism but it doesn’t have him. As parents we must learn to give ourselves permission to make mistakes. Most of us are not medical professionals or clinicians. Even when it gets difficult, we must never give up trying to provide our kids with the best tools to navigate this world!

RESOURCES:

> Take a Free Screening
> Accessing Services via the CDC
> Signs of Autism
> HelpGuide
> Autism Society Affiliate Network
ADVOCACY AND FAMILY SUPPORT GROUPS

The Autism Research Institute (ARI) is devoted to conducting research, and to disseminating the results of research, on the causes of autism and on methods of preventing, diagnosing and treating autism and other severe behavioral disorders of childhood. Location: San Diego, CA 619.281.7165 Website: www.AutismResearchInstitute.com

The Autism Society of America (ASA) is dedicated to increasing public awareness about autism and the day-to-day issues faced by individuals with autism, their families and the professionals with whom they interact. Location: Bethesda, Maryland 800.3AUTISM (800.328.8476) https://www.autism-society.org

Autism Speaks aims to bring the autism community together as one strong voice to urge the government and private sector to listen to our concerns and take action to address this urgent global health crisis. http://www.autismspeaks.org

Disability Rights Legal Center's (DRLC's) mission is to advance the rights of people with disabilities through education, advocacy and litigation. https://thedrlc.org

Moms Fighting Autism hosts free webinars each month from experts on autism. 714.335.8176 http://www.momsfightingautism.com

National Dissemination Center for Children with Disabilities (NICHCY) provides information to the nation on disabilities in children and youth; programs and services for infants, children and youth with disabilities; IDEA, the nation’s special education law; and research-based information on effective practices for children with disabilities. 1825 Connecticut Ave NW, Suite 700 Washington, DC 20009 800.695.0285 http://nichcy.org

Educate. Advocate. assists and supports anyone with or connected to someone with special needs and/or disabilities at any age in the area surrounding San Bernardino and Riverside Counties in California. Monthly guest presentations focus on special education, regional centers, the CA Department of Developmental Services, health and human services, medical insurance transition at all ages, and other fields of significance. educateadvocateca@educateadvocateca.com http://educateadvocateca.com
**Navy Family Fleet Support Center (FFSC)** is the Navy’s primary agency for the delivery of an array of human services intended to enhance the stability, resiliency and self-sufficiency of military service members, reservists, retirees and their families in support of recruitment, retention, operational readiness and quality of life goals. Programs and services are offered on San Diego’s three major Navy installations and through FFSC’s operations and partnerships in the community to ensure customers are afforded relevant, informative, empowering, confidential, no-cost services at locations and times convenient to them.

https://www.cnic.navy.mil

**The Organization for Autism Research (OAR)** was created in December 2001 – the product of the shared vision and unique life experiences of OAR’s seven founders. Led by these parents and grandparents of children and adults on the autism spectrum, OAR set out to use applied science to answer questions that parents, families, individuals with autism, teachers and caregivers confront daily.

www.researchautism.org

**Parent Advocacy Coalition for Educational Rights (PACER)** Center aims expand opportunities for and enhance the quality of life of children and young adults with disabilities and their families based on the concept of parents helping parents.

8161 Normandale Blvd.
Bloomington, MN 55437
888.248.0822
http://www.pacer.org

**Supporting Emotional Needs of the Gifted’s (SENG’s) mission is to empower families and communities to guide gifted and talented individuals to reach their goals: intellectually, physically, emotionally, socially and spiritually.**

P.O. Box 488, Poughquag, NY 12570
845.797.5054
http://www.sengifted.org

**Smart Kids with Learning Disabilities** is a nonprofit organization dedicated to empowering the parents of children with learning disabilities (LD) and attention-deficit/hyperactivity disorder (ADHD). Their mission is to educate, guide and inspire families of children with learning disabilities or ADHD—and to change the perception of learning disabilities as a stigmatizing condition.

203.226.6831
http://www.smartkidswithld.org

**Train 4 Autism** is a foundation dedicated to bringing together a community of athletes as well as physically active and socially conscious people who are committed to raising awareness and funds for research and treatment for those living with autism and their families.

train4autism.org

**Wrights Law** offers parents, educators, advocates and attorneys accurate, reliable information about special education law, education law and advocacy for children with disabilities.

http://www.wrightslaw.com

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**CALIFORNIA RESOURCES:**

**TACA The Autism Community in Action** provides education, support and hope to families living with autism. TACA has local Chapters across the United States, providing families with education, resources, and support. Organized and run by parent volunteers, TACA Chapters host family events, educational seminars, and support meetings known as "Coffee Talks."

2222 Martin Street, Suite 140
Irvine, CA 92612
949.640.4401
https://tacanow.org
Team of Advocates for Special Needs (TASK) is a nonprofit charitable organization whose mission is to enable individuals with disabilities to reach their maximum potential by providing them, their families and the professionals who serve them with training, support, information, resources and referrals and by providing community awareness programs.

100 W. Cerritos Ave.
Anaheim, CA 92805
866. 828.8275 (toll-free in California) or 714.533.8275
http://www.taskca.org

Parents Helping Parents (PHP) is a family resource center to help children with special needs receive the resources, love, hope, respect, health care, education and other services they need to reach their full potential by providing them with strong families, dedicated professionals and responsive systems to serve them.

Location: Santa Clara, CA
408.727.5775
www.php.com

Epilepsy Support Network is committed to building a community of support to improve the lives of those affected by epilepsy through education, programs and advocacy. Based in Orange County, California, but supporting others nationwide.

https://esnoc.org

The California Department of Developmental Services (DDS) is the agency through which the State of California provides services and support to children and adults with developmental disabilities.
916.654.1690
Location: Statewide
www.dds.ca.gov

The Autism Society of Los Angeles seeks to empower individuals with autism and other disabilities, their families, and professionals through advocacy, education and community support to ensure an equitable quality of life for all.

8939 S Sepulveda Blvd.,
Suite 110-788
Los Angeles, CA 90045
562.804.5556
http://www.autismla.org

L.A. Speech and Language Therapy Center, Inc. is a leader in providing comprehensive treatment and speech and language services to individuals with communication disorders. The center provides services for individuals as young as 18 months old through adulthood. In addition to language and speech they provide social skills training, employment readiness, workforce training and additional services.

5761 Buckingham Pkwy
Culver City, CA 90230
310.649.6199
https://speakla.com

Special Needs Network, Inc. (SNN) is a nonprofit grassroots organization responding to the crisis of autism and other developmental disabilities in underserved communities. SNN programs and campaigns address issues from both a top-down approach – by changing government legislation; and bottom-up – by collaborating directly with parents, caretakers, and healthcare professionals who work with children with developmental disabilities.

4401 Crenshaw Blvd., Suite 215
Los Angeles, CA 90043
323.291.7100
https://snnla.org

Easterseals Autism Therapy and Disability Services Center offers behavior analysis, speech, physical, and occupational therapy services. All services are provided by licensed therapists who work closely with individuals, their family and physicians, and other health care practitioners setting treatment goals that are realistic and consistent with an individual’s needs. Therapy involves both direct treatment and home programming.

1063 McGaw Ave.
Irvine, CA 92614
714.834.1111
https://www.easterseals.com/southerncal/