October 6, 2026

FISCAL AND POLICY NOTE

TO: Public Safety, Health and Human Services Committee (PSHHS)

THRU: Anya Makarova, Committee Director
Public Safety, Health and Human Services Committee (PSHHS)

FROM: David Noto
Legislative Budget and Policy Analyst

RE: Policy Analysis and Fiscal Impact Statement
CR-085-2026 A Resolution Concerning Autism Equity in Prince George's County

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CR-085-2026 (*proposed by*: Council Member Oriadha)

Referred to the Public Safety, Health and Human Services Committee (PSHHS)

A RESOLUTION CONCERNING AUTISM EQUITY IN PRINCE GEORGE'S COUNTY, for the purpose of encouraging a comprehensive initiative to advance autism equity through inclusive public infrastructure and transparent data reporting. Such an initiative must supplement and coordinate with existing programs, including the Infants & Toddlers Program, while filling gaps in early outreach, awareness, and system navigation. The County Council shall establish an Autism Equity Advisory Workgroup to monitor the initiative's commencement and advise on the initiative's continuous improvement.

Fiscal Summary

Direct Impact:

Expenditures: Up to $286,000 initially, with costs projected to rise by roughly 2.75% in subsequent years.

Revenues: None.

Indirect Impact:

Likely favorable.

Legislative Summary:

CR-085-2026 was introduced on September 1, 2026, by Council Chair Oriadha, was cosponsored by Councilmembers Adams, Burroughs, Hunter and Olson and was referred to the Public Safety, Health and Human Services Committee.[1] The Resolution encourages the development of a comprehensive initiative to advance autism equity through transparent data reporting, inclusive public infrastructure and would establish an Autism Equity Advisory Workgroup to monitor this initiative and advise on the initiative's improvement.

Current Law/Background:

According to the National Institute of Mental Health, autism spectrum disorder (ASD) is a "neurological and developmental disorder that affects how people interact with others, communicate, learn, and behave."[2] Although ASD can be diagnosed at any age, symptoms generally appear in the first two years of life. The term "autism" was first introduced by the Swiss psychiatrist Eugen Bleuler in 1911.[3] Understanding of ASD as a condition has evolved significantly since introduction of the term, with ASD originally being considered a form of schizophrenia, a term also developed by Bleuler. Autism was recognized as a separate disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), the authoritative classification system for mental disorders, developed by the American Psychiatric Association in 1980.[4] In 2013, the DSM reclassified several previously separate diagnoses, including Asperger's syndrome, into a single diagnosis, dubbed autism spectrum disorder.[5] This reclassification was a recognition of the natural diversity of human minds, part of a shift in the field of psychiatry towards embracing the neurodiversity paradigm, which emphasizes that there is no such thing as a "normal" brain, and views neurological differences as expressions of human diversity rather than deficits or disorders.[6]

Disparities in ASD identification and care are well documented across racial and socioeconomic lines.[7] However, clear patterns have begun to emerge in new research using surveillance data and literature reviews, which have found that disparities in ASD care emerge from a complex interaction of interpersonal, community, organizational, institutional, and structural forces.[8] For example, diagnostic tools used for determining ASD tend to be normed on Western, predominantly white male samples. Limited diagnostic capacity and lengthy waitlists can create screening bottlenecks that disproportionately affect low-income families, particularly those using Medicaid.[9] ASD prevalence among children of color now exceeds that of white children,

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[1] Prince George's County Council - Reference No. CR-085-2026
[2] Autism Spectrum Disorder - National Institute of Mental Health (NIMH)
[3] Autism in the DSM – The Autism History Project
[4] A Brief History and Timeline of Autism | Advanced Autism Services
[5] Autism in the DSM, 1952-2013 – The Autism History Project
[6] Autism and neurodiversity
[7] Autism interventions designed or adapted for the Black/African American population: A systematic review - Amber M Davis, Gyasi Burks-Abbott, Octaviano Merecias, Bonnie K Swenor, 2025
[8] Understanding disparities in autism diagnosis and care: A socioecological perspective - PMC
[9] Ibid

reflecting a positive shift in awareness, but disparities in age at diagnosis, support service intensity, and long-term outcomes persist.[10]

Federal law:

The Autism and Developmental Disabilities Monitoring Network is the only collaborative, population-based surveillance system in the United States that monitors ASD across multiple communities.[11] It was launched in 2000 and currently has 16 sites throughout the country and invests about $24 million every four (4) years to continue ASD tracking.[12] The Maryland Autism and Developmental Disabilities Monitoring program, in collaboration with the Maryland Department of Health, the Maryland State Department of Education, the Kennedy Krieger Institute, Johns Hopkins University and local school districts, tracked the number and characteristics of 4-year-old and 8-year-old children with ASD and also tracked transition planning among 16-year-old children with ASD from the five (5) northern counties surrounding Baltimore City (Baltimore, Carroll, Cecil, Harford & Howard), every two (2) years from 2018 through 2024.[13]

State Law:

In April of 2025, the state of Maryland released its Strategic Plan for Autism- Related Needs, a five (5) year strategic plan aimed at providing support for those living with ASD. The plan's three (3) guiding principles are as follows:

1) People with autism live and thrive in their chosen communities.
2) Autistic people and their caregivers are safe and healthy in their homes and communities.
3) People with autism lead lives with the greatest degree of self-determination.

The plan lays out objectives and strategies to ensure those living with ASD, and their families and caregivers, receive the best education, employment, housing and transportation supports possible, while living safe, healthy and fulfilling lives as integral parts of their communities. [14]

Current County Law:

Prince George's County Public Schools (PGCPS), through the Infants & Toddlers Program (ITP), provides early intervention services for infants and toddlers (birth to age three) pursuant to the Individuals with Disabilities Education Act (IDEA) Part C and COMAR 13A.13.01.[15][16] ITP serves an average annual caseload of nearly 2,700 children under age three (3). ASD is not listed as a disability category and thus PGCPS does not collect or report data on ASD for students in ITP. Beginning at the age of three (3), students diagnosed with ASD are reported in district data and given an Individualized Education Program (IEP). Screening for ASD is part of ITP's

[10] s10803-024-06403-5.pdf
[11] Autism and Developmental Disabilities Monitoring (ADDM) Network | Autism Spectrum Disorder (ASD) | CDC
[12] Ibid
[13] A Snapshot of Autism Spectrum Disorder in Maryland | CDC Archive
[14] Maryland Strategic Plan for Autism-Related Needs | Parents' Place of Maryland
[15] Part 303 (Part C) — Early Intervention Program For Infants And Toddlers With Disabilities - Individuals with Disabilities Education Act
[16] Chapter 01 Provision of Early Intervention Services to Infants and Toddlers and Their Families | Library of Maryland Regulations

routine transition process. Staff complete the Modified Checklist for Autism in Toddlers when children are between 23 and 27 months old.[17]

Resource Personnel:

- Leroy Maddox, Legislative Attorney
- Kathleen Canning, Legislative Attorney
- Tre'von Sawyers, Chief of Staff, District 7

Discussion/Policy Analysis:

CR-085-2026 is broken down into four (4) main elements. First, CR-085-2026 encourages the Prince George's County Memorial Library System (PGCMLS) to pilot a sensory-friendly zone in at least one library by the end of calendar year 2027. The resolution separately recognizes Maryland National Capital Parks and Planning Commission's (M-NCPPC) existing practice of incorporating sensory elements into new and renovated playgrounds countywide.

Second, CR-085-2026 encourages the Health Department to develop and publish an Autism Services Dashboard on the County's website, tracking:

1) County-level autism prevalence and demographic data,
2) Wait times for screenings, diagnostic evaluation,
3) Provider and workforce capacity data,
4) Data on students with ASD, as reported by PGCPS, including but not limited to:
    a. the number of students with ASD served under an Individualized Education Program,
    b. graduation rates for students with ASD, and
    c. state assessment performance
5) Utilization of autism-related service navigation and family support resources,
6) Disparities in access,
7) Indicators of community inclusion and family well-being.

Third, the resolution established an Autism Equity Advisory Workgroup to monitor implementation and advise on continuous improvement, including evaluating County agencies, programs, and services relating to autism equity, as well as community partners and private service providers, to make recommendations on how to improve autism-related service capacity and delivery. The Workgroup would be comprised of the following nine (9) members:

1) A representative appointed by the Chair of the County Council,
2) A representative of the Prince George's County Board of Education,
3) A representative from PGCPS,
4) An adult County resident with ASD,
5) A County resident who is the parent of a child with ASD,

[17] Response from PGCPS

6) An individual who is in the business of providing care to autistic individuals,
7) An educator specializing in working with individuals with ASD,
8) An individual who is a subject matter expert in equity issues, and
9) A representative of a County-based nonprofit organization that provides care and services to individuals with ASD.

Members are not compensated for their work outside of the entitled reimbursements for expenses under the Standard State Travel Regulations, as provided by the County Budget. The Workgroup would meet at least nine (9) times over a twelve (12)-month period and would need to produce a final report within a year from their first meeting.

Finally, the resolution encourages the County Executive to designate a County agency to coordinate implementation of this initiative within ninety (90) days following the date of adoption of this Resolution.

Together, these steps represent a major step forward for the County in supporting residents living with ASD and the families of those living with ASD, providing a level of local governmental structural support uncommon in the United States, where most ASD resources come from hospital systems and nonprofits. This will complement other advances in ASD support in Prince George's County, such as the proposed University Center for Autism and Family Engagement (UCAFE) at Bowie State University.

Agency Input Received:

As the amended draft of CR-085-2026 was developed, the Health Department, the Prince George's County Public Schools (PGCPS), the Maryland-National Capital Park and Planning Commission (M-NCPPC), the Prince George's County Memorial Library System (PGCMLS), Employ Prince George's, and the Office of Law each submitted written input on the resolution. Their feedback centered on data availability and reporting burden - including the Health Department's recommendation to forgo the Dashboard requirement entirely in favor of relying on the Workgroup - student-data privacy under FERPA, clarifying the scope of the proposed pilot, PGCMLS's cost and staffing estimate for the library pilot site, and drafting precision - specifically, the Workgroup's stated membership count and the breadth of the term "County organizations" in the Workgroup's evaluative role. This input has been incorporated into the current amended draft, including the softened Dashboard reporting language, the data-sharing-agreement condition on PGCPS data, the narrowed library-only pilot with separate recognition of M-NCPPC's existing practice, the corrected Workgroup membership count of nine (9), and more specific language scoping the Workgroup's evaluative role to County agencies, programs, and services rather than "County organizations" generally. The Health Department's recommendation to forgo the Dashboard requirement was not adopted; the Dashboard provision remains in the current draft.

Fiscal Impact:

- *Direct Impact*

Adoption of CR-085-2026 would require the creation of a new program in the Health Department to develop and publish an Autism Services Dashboard, and would require PGCMLS to establish a sensory-friendly pilot zone at a County library.

Estimated Cost:

- Health Department (Autism Services Dashboard): a minimum of $218,000 per year, ongoing, rising approximately 2.75% annually. The Health Department has characterized this as a conservative, floor estimate.
- PGCMLS (library sensory-friendly zone): $5,000 one-time (fixtures and furnishings), plus $62,500 per year ongoing ($50,000 salary and $12,500 benefits for a new library associate position), rising approximately 2.75% annually.
- Total: $5,000 one-time, plus approximately $280,500 per year ongoing - an estimated $285,500 in Year 1 (FY 2027), consistent with the Fiscal Summary above.

Methodology:

The Health Department and PGCMLS each submitted independent cost estimates for the portion of CR-085-2026 within their own purview. The Health Department's estimate reflects the staff time needed to identify data sources, negotiate data-sharing agreements with PGCPS and other agencies, and develop and maintain the Dashboard and its data streams; substantial labor costs and ongoing staff time are expected, along with potential data infrastructure costs. PGCMLS's estimate reflects the staffing, fixtures, and furnishings needed to establish and operate a sensory-friendly zone at one library location.

Notes:

- An earlier draft of the resolution would have had M-NCPPC pilot a new sensory-focused playground, which M-NCPPC estimated would cost $750,000–$1,000,000 one-time, plus approximately $6,000 per year to maintain. The current draft instead recognizes M-NCPPC's existing practice of incorporating sensory elements into playgrounds countywide - not new spending - so this cost is no longer included in the Estimated Cost above. (M-NCPPC has separately stated that it manages over 250 playgrounds countywide and has shared a representative sample of those that already incorporate sensory play elements.)
- OMB's $911,250 Fiscal Impact Statement was prepared under the earlier draft and differs from the cited estimate for two reasons: (1) it includes the now-inapplicable M-NCPPC playground cost, and (2) it excludes the Health Department's Dashboard cost estimate entirely.

- *Indirect Impact*

Adoption of CR-085-2026 is likely to have a positive indirect fiscal impact on the County, as the additional resources and education for those living with ASD in the County increases the likelihood of resource utilization within the County, thus keeping health investment in the County. Additionally, increased support for those living with ASD also increases support for those living with other behavioral health conditions, thereby leading to perhaps the most significant indirect impact of the proposed resolution, which would be the improved mental health of County residents. Greater mental health of County residents would in turn lead to increased productivity and profitability for residents.

- *Appropriated in the Current Fiscal Year Budget*

No.

Items for Committee Consideration:

- An earlier draft of CR-085-2026 would have had M-NCPPC pilot a new sensory-focused playground, which M-NCPPC estimated would cost $750,000–$1,000,000, plus approximately $6,000 per year to maintain. The current draft instead recognizes M-NCPPC's existing practice of incorporating sensory elements into playgrounds countywide, so this cost is no longer included in the fiscal impact shown above.
- OMB's $911,250 Fiscal Impact Statement was prepared under the earlier draft and differs from the cited estimate because it includes the M-NCPPC's estimated playground cost, and it excludes the Health Department's Dashboard cost estimate.

Effective Date of Proposed Legislation:

This resolution goes into effect on the date of its adoption.

If you require additional information, or have questions about this fiscal impact statement, please reach me via phone or email DBNoto@co.pg.md.us.