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## **Interested Party Testimony on Ohio House Bill 359 (The Joshua Alert)**

Submitted by the University of Cincinnati Center for Excellence in Developmental Disabilities

Ohio Senate Armed Services, Veterans Affairs, and Public Safety Committee  
2026

Chair Johnson, Vice Chair Wilson, Ranking Member Weinstein, and members of the Senate Armed Services, Veterans Affairs, and Public Safety Committee,

Thank you for the opportunity to provide testimony on House Bill 359. My name is Dr. Kara Ayers, and I serve as Associate Director of the University of Cincinnati Center for Excellence in Developmental Disabilities (UCCEDD). UCCEDD advances research, training, and community partnerships to expand opportunities and improve outcomes for people with developmental disabilities and their families across Ohio. We submit this testimony as an interested party to provide research context for the bill's goals, affirm the urgency of the problem it addresses, and identify areas where complementary efforts will be essential to achieving meaningful safety outcomes for children with developmental disabilities.

### **1. What the Research Tells Us About Elopement and Wandering**

Elopement—the tendency to leave a safe environment without permission or supervision—is among the most dangerous and least well-understood safety challenges facing children with developmental disabilities. Research published in the journal *Pediatrics* found that nearly half of children with autism spectrum disorder (ASD) had attempted to elope at some point, a rate four times higher than their neurotypical siblings (Anderson et al., 2012). Among those who eloped, 65% went missing long enough to cause concern, and a significant proportion encountered dangerous situations including traffic and bodies of water.

A national survey conducted by the National Autism Association found that accidental drowning accounts for approximately 91% of deaths among children with ASD who elope (National Autism Association, 2012). This statistic is not background noise—it is a predictable pattern with identifiable risk factors and, critically, identifiable intervention points. Children with ASD and other intellectual and developmental disabilities (IDD) often do not recognize hazards, may not respond to their name, and may actively avoid or be frightened by uniformed responders. These are not random outcomes; they are foreseeable consequences of a mismatch between a child's neurology and an emergency response system not designed with that child in mind.

The circumstances that led to Joshua Al-Lateef Jr.'s disappearance reflect these well-documented risks. Joshua was nonspeaking, had been diagnosed with autism, and disappeared from his home in the evening hours. All three of these factors are associated with significantly worse outcomes in elopement incidents. The delay in alert activation—reported to be five to six hours—falls within a window that research consistently identifies as critical to safe recovery.

## **2. The Role of Rapid Notification Systems**

AMBER Alert systems have demonstrated that community-wide rapid notification can mobilize the public effectively in abduction cases. However, as this bill correctly recognizes, children who wander or elope do not meet AMBER Alert criteria—yet face comparable or greater risk of serious harm. Several other states have developed alert systems specific to this population. Florida's Silver Alert system, originally designed for adults with cognitive impairments, has expanded to include minors. Other states, including New York and North Carolina, have enacted or are developing wandering-specific alert frameworks.

The logic of a disability-specific alert system is straightforward: faster, more targeted community notification increases the probability of safe recovery. HB 359 builds on existing infrastructure rather than creating something entirely new, which means implementation can happen quickly and without displacing current systems. The bill's structure—requiring verification of a diagnosed disability before activation—also reflects a thoughtful approach to preventing system overuse while protecting those most at risk.

## **3. What an Alert System Cannot Do Alone**

We want to be candid with the committee about what rapid notification can and cannot accomplish. An alert system is, by definition, a response to a crisis that has already occurred. To meaningfully reduce harm to children with IDD, Ohio should consider alert systems as one component of a broader continuum of prevention and response—not a standalone solution.

**Prevention and family support:** Many elopement incidents are preceded by identifiable precursors: sensory overwhelm, unmet communication needs, anxiety, and inadequate supervision supports in the home or community. Families of children who elope frequently report that they are doing so without adequate services, respite care, or behavioral support. Research suggests that individualized safety planning, wearable GPS technology, and structured behavioral support can substantially reduce elopement frequency (Rice et al., 2016). These upstream interventions address root causes rather than responding after a child is already in danger.

**First responder training:** A critical and often overlooked piece of the safety puzzle is how law enforcement, fire departments, and other emergency personnel respond once an alert is issued. Children with autism and other IDD may react to search efforts in ways that complicate recovery—hiding from searchers, running toward rather than away from water, not responding to verbal commands, or becoming more dysregulated in the presence of flashing lights and uniformed personnel. Without disability-informed search protocols, well-intentioned responders may inadvertently worsen outcomes.



Programs such as the National Center for Missing and Exploited Children's Project KidSafe, the Autism Wandering Awareness Alerts Response and Education (AWAARE) collaboration, and Ohio's own Safe and Sound initiative have developed evidence-informed training curricula for first responders. These resources exist. The question is whether they are systematically integrated into how Ohio's law enforcement agencies prepare for and respond to incidents involving children with IDD. The effectiveness of an alert system depends heavily on the readiness of those who receive the alert.

#### 4. Why This Matters for Ohio

Ohio's developmental disability system serves more than 98,000 Ohioans across the lifespan. Elopement risk does not track neatly with service enrollment—meaning children who are not receiving support are among those most vulnerable. A well-designed alert system sends a signal that Ohio takes this population seriously and that the community has a role to play in keeping these children safe.

At UCCEDD, we work with families, educators, healthcare providers, and policymakers to build systems that reflect best practices in disability-inclusive care. We regularly hear from parents of children who have wandered about how isolated and unsupported they feel—before an incident occurs and in its aftermath. The alert framework proposed in HB 359 represents an acknowledgment that these families deserve the same coordinated community response that other families in crisis receive.

We encourage the committee to consider how HB 359 might be paired with or inform broader dialogue about the full continuum of supports that children with IDD and their families need to be safe—including training, prevention infrastructure, and cross-system coordination between emergency services and the developmental disability system. These are not competing priorities; they are mutually reinforcing.

Chair Johnson and members of the committee, thank you for the opportunity to submit this testimony as an interested party on HB 359. We appreciate the committee's attention to the safety needs of Ohio's children with developmental disabilities and welcome the opportunity to provide additional information or serve as a resource as this legislation moves forward.

Respectfully,

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## References

- Anderson, C., Law, J. K., Daniels, A., Rice, C., Mandell, D. S., Hagopian, L., & Law, P. A. (2012). Occurrence and family impact of elopement in children with autism spectrum disorders. *Pediatrics*, *130*(5), 870–877.
- National Autism Association. (2012). *Big Red Safety Box: Protecting individuals with autism from wandering*. National Autism Association.
- Rice, C. E., Zablotsky, B., Avila, R. M., Colpe, L. J., Schieve, L. A., Pringle, B., & Blumberg, S. J. (2016). Reported wandering behavior among children with autism spectrum disorder and/or intellectual disability. *The Journal of Pediatrics*, *174*, 232–239.