Nevada Commission on Autism Spectrum Disorders:

Five Year Strategic Plan and Priorities for Autism Support 2025-2030

A Roadmap for Lifelong Success

Nevada faces a critical responsibility to transform the lives of their community members with Autism Spectrum Disorder (ASD) and their families. This Five-Year Strategic Plan and Priorities for Autism Support, developed by the Commission on Autism Spectrum Disorders (CASD), is a roadmap for building an accepting and supportive community in Nevada. It provides actionable recommendations for legislators, state agencies, and the CASD itself to address the growing needs of people with ASD in our community. By investing in early diagnosis, effective education, postsecondary transition services, employment opportunities, workforce development and lifelong support, we can unlock the potential of every Nevadan with autism and create a stronger, more vibrant state for all.

The Current Landscape: Understanding Nevada's Needs

This plan is informed by CASD Consumer Survey Summary Report, CASD Provider Survey Summary Report, CASD Key Informant Summary Report, The Autism Task Force 2008 Report, the Nevada Commission on Autism Spectrum Disorders Strategic Plan 2015-2020, the FY24 Nevada Early Intervention Services (NEIS) Report prepared by IDEA Part C Office, Department of Education Child Count Reports, and Autism Treatment Assistance Program reports provided to the CASD. These reports highlight both the progress made and the challenges that remain in supporting individuals with ASD in Nevada. Understanding the current landscape is crucial for prioritizing our efforts and building a stronger path forward. These reports are available on the State of Nevada Aging and Disability Nevada Commission on Autism Spectrum Disorders website under the heading Reports. (https://adsd.nv.gov/Boards/Autism/Reports/)

Key Findings:

• **Rapidly Growing Population:** The number of children in Nevada schools who are eligible for an Individualized Education Plan (IEP) based on ASD impacting their learning has increased dramatically, from approximately 2,500 in 2008 to over 12,500 in 2023. This growth necessitates a significant expansion of resources and services.

• **Importance of Early Intervention:** Early diagnosis and intervention are critical for improving outcomes for children with ASD. While Nevada has made progress in this area, with the average age of diagnosis decreasing, significant shortcomings remain.

• **Gaps in Access to Diagnosis and Treatment:** Despite earlier diagnoses, many children are still facing significant delays in accessing diagnostic appointments. In FY24, 406 children were recommended for diagnostic appointments by NEIS, but none were scheduled, highlighting a critical bottleneck.

• **Limited Service Availability:** Even after diagnosis, access to essential services, such as specialized therapies like Applied Behavior Analysis (ABA), remains limited. Insurance companies often deny coverage for ABA for Activities of Daily Living (ADL), placing a significant lifelong burden on families.

• **Workforce Shortages:** A severe shortage of trained professionals, including teachers, therapists, and direct support staff, is hindering the ability to meet the growing needs of the ASD population. The shortage of Registered Behavior Technicians (RBTs) remains critical, with rates leveling off at around 1500 despite the growing need. Of the 650 Board Certified Behavior Analysts (BCBAs) in Nevada, 528 are Medicaid providers.

• **Challenges in Transition to Adulthood:** As children with ASD age into adulthood, they often face a frustrating drop-off in services and supports necessary for independent living and employment. The young adults who are successfully transitioning likely have strong parental support and guidance. The massive increase in school-aged children with ASD from all backgrounds, necessitates planning for a surge in demand for secondary transition services and adult services in the near future.

• **Lack of Awareness:** Many families and even some professionals are unaware of all the available resources and support options. Parent training is often inconsistent, sometimes repetitive, and failing to teach parents how to identify effective treatment, practice their child's mastered skills or advocate for their child's healthcare needs.

• **Need for Improved Coordination:** Different organizations and schools often struggle to work together seamlessly, creating challenges for families in coordinating care for their children. This is particularly true for ensuring consistent ABA treatment and communication methods for children transitioning between different settings (school, therapy, and home).

Based on these findings, our priorities for the next five years are:

• **Goal 1: Simplify Access to ASD Screenings and Diagnostic Evaluations**

• **Goal 2: Supercharge Education & Applied Behavior Analysis**

• **Goal 3: Open Doors to Employment and Workforce Development**

• **Goal 4: Ensure Lifelong Care and Family Empowerment**

Goal 1: Simplify Access to ASD Screenings and Diagnostic Evaluations

* **Why this is important: Early detection** means children get help sooner, which leads to much better outcomes and can significantly reduce future challenges and costs.
* **The Big Picture:** We've improved in diagnosing children earlier, but the **bottleneck of children waiting to get diagnostic appointments** is a major hurdle. We need to act quickly to ensure early identification translates into immediate access to care.

Objective 1.1: Ensure Rapid Diagnostic Pathways.

* **What we'll do:** Work with Nevada's healthcare system and early intervention programs to **eliminate diagnostic waitlists**, ensuring that every child showing signs of ASD receives a timely diagnostic appointment. We will create dedicated, **fast-track referral systems specifically addressing the current backlog of children awaiting diagnostic evaluations.** Promote telehealth diagnostic pilots and mobile screening clinics to serve rural areas.
* **How we'll know it's working:** The average time from initial concern to diagnosis will significantly decrease, and the number of children awaiting diagnostic appointments will be drastically reduced. Children will begin treatment at a younger age, greatly improving their outcome.
* **(Connects to CASD 2015-2020 Plan: Objective 2.1; 2008 Plan: AB 629, screenings; NEIS FY24 data for diagnostic process; Key Informant Survey: Long waitlists for diagnosis)**
* **Who is Responsible:** NEIS, CASD whole commission with information gathering and reporting to the Governor, Rural Health Clinics, Pediatricians

Objective 1.2: Expand and Diversify the Diagnostic and Treatment Workforce.

* **What we'll do:** Fund and expand programs to **aggressively recruit and train significantly more specialists** (e.g., developmental pediatricians, psychologists, speech therapists, occupational therapists, and BCBAs), ensuring adequate coverage across all regions, particularly rural areas. We will advocate for implementing **incentive programs (loan forgiveness and rural stipends) to attract and retain providers to work with individuals with extremely challenging behaviors and in underserved rural areas, developing a system that prevents "cherry-picking" patients.**
* **How we'll know it's working:** A measurable increase in the number of trained diagnostic professionals in Nevada, leading to equitable access for all children regardless of location or behavioral complexity. A significant increase in BCBAs licensed in Nevada and providing treatment through ATAP, Regional Centers, Vocational Rehabilitation and Medicaid.
* **(Connects to CASD 2015-2020 Plan: Objective 3.3; 2008 Plan: Education, Training, Certification, ABA; Key Informant Survey: Lack of providers for Diagnosis)**
* **Who is Responsible:** Workforce Subcommittee, Universities, ATAP, Division of Healthcare Financing and Policy (DHCFP)

Goal 2: Supercharge Education & Applied Behavior Analysis

* **Why this is important:** With over 12,500 Nevada students qualifying for IEPs under ASD eligibility, ensuring effective education and life skills training is paramount. This requires targeted ABA interventions for Activities of Daily Living (ADL) and foundational skills for "learning to learn" and medical tolerance training to prepare students for lifelong health and independence.
* **The Big Picture:** Some parents look to schools to develop these skills, while other parents seek out BCBAs. Unfortunately, ABA for Activities of Daily Living (ADL) is often not covered by insurance, leaving families to navigate complex skill-building without adequate resources. In regards to schools, many teachers, full-time substitutes, and students in Accelerated Route to Licensure (ARL) programs would need specialized training, ongoing professional development, and support to interpret and implement BCBA reports effectively. Emphasizing ABA focused on "learning to learn" skills will benefit children with ASD in the classroom—and, by extension, all students. Building medical tolerance skills will aid emergency room doctors, hospital staff, and physicians in providing lifelong care for individuals with ASD. While insurance companies, families, and BCBAs guide treatment paths, **prioritizing and funding** ADL skills, "learning to learn" abilities, and medical procedure tolerance is essential for fostering independent, healthy adults.

Objective 2.1: Equip All School Staff with ASD Superpowers and Support Foundational Skills.

* **What we'll do:** Advocate for comprehensive, mandatory training for all school staff (teachers, paraprofessionals, administrators) focused on evidence-based practices like ABA. This training will specifically include how to teach "learning to learn" skills (attending, modeling, following instructions, handling frustration) and strategies to build tolerance for medical procedures (e.g., teeth cleaning, imaging, immunizations), recognizing these are critical for the child's overall well-being and future health costs. We'll also ensure that **if a child is taught a form of communication, it is consistently supported across their school career.** We will partner with teacher preparation programs to embed ASD-specific competencies into licensure requirements.
* **How we'll know it's working:** Improved student outcomes in school, reduced behavioral incidents related to lack of tolerance, and consistent use of communication methods across school years. Perhaps most importantly Nevada will see a significant reduction in the number of children with ASD institutionalized out of state. School Districts' mandated trainings at the beginning of the school year will include ASD strategies in the classroom for all teachers.
* **(Connects to CASD 2015-2020 Plan: Objective 3.3; 2008 Plan: Education, Paraprofessionals, Training, Certification, ABA)**
* **Who is Responsible:** Policy Subcommittee, Nevada Division of Insurance, School Districts, University and College ARL programs, Department of Education Licensing, Workforce Development, Southern Nevada Regional Professional Development Program, Northeastern Nevada Regional Professional Development Program, Northwest Nevada Regional Professional Development Program

Objective 2.2: Ensure Insurance Coverage for ABA for Activities of Daily Living (ADL)

* **What we'll do:** Pursue legislation and policy changes to **mandate that insurance companies cover ABA for ADL**, recognizing these as medically necessary treatments rather than "custodial care" for children with ASD. We will emphasize that for children with ASD, acquiring ADL often requires specialized therapeutic intervention to build skills and tolerance beyond typical parenting. This is especially important for **children who have "aged out" past where typical peers are performing ADL.**
* **How we'll know it's working:** Increased number of insurance approvals for ABA targeting ADL, and reduced out-of-pocket costs for families for these essential services.
* **(Connects to CASD 2015-2020 Plan: Objective 1.2; 2008 Plan: Insurance Funding)**
* **Who is Responsible:** Nevada Division of Insurance, Policy subcommittee, CASD via letters of support or letters encouraging change

Objective 2.3: Mandate Tolerance Training Coverage in Medicaid or ATAP Funded ABA

* **What we'll do:** Advocate for policy changes to mandate that Medicaid-funded ABA services for children with ASD require tolerance training. This will include training to tolerate and participate in necessary medical and personal care procedures (e.g., wearing glasses, dental exams, haircuts, CAT scans, MRIs) that are essential for long term care and to reduce medical expenses.
* **How we'll know it's working:** Increased availability and use of ABA services targeting tolerance to medical and personal care procedures, resulting in fewer instances where sedation or more costly interventions are needed to complete these procedures. This objective is targeting reducing long-term costs associated with medical and personal care needs as well as protecting First Responders and Medical Staff. Imagine if all of Nevada's children with autism could respond correctly to a simple statement like, "stay calm" when interacting with medical, dental, or personal hygiene procedures.
* **(Connects to 2008 Plan: Best Practices, Financing Comprehensive Systems of Care)**
* **Who is Responsible:** ATAP, DHCFP, Policy subcommittee

Objective 2.4: Build Stronger Bridges from School to a Fulfilling Adulthood.

* **What we'll do:** Initiate robust transition planning for students with ASD much earlier, starting by age 14, including vocational training, independent living skills, and higher education readiness. This planning will emphasize **teaching "soft skills" using ASD strategies alongside vocational training** to prepare students for the social demands of the workplace. Leverage evidence based transition programs. Given the **sharp rise in the school-aged population (over 12,500 students)**, proactive and comprehensive transition support is paramount to avoid future crises in adult services.
* **How we'll know it's working:** More students with ASD will exit school with documented transition plans. Vocational Rehabilitation will report a significant increase in successful outcomes for young adults with ASD. Vocational Rehabilitation will report a significant drop in wait time for clients to be assigned to a Voc Rehab counselor. More students with ASD will graduate from **UNLV Focus Program and UNR Path to Independence**. School districts will

report an increase in employment rates of young adults with ASD within two years of leaving school.

* **(Connects to CASD 2015-2020 Plan: Objective 2.2; 2008 Plan: Adult Services, Transition)**

* **Who is Responsible:** School Districts, Vocational Rehabilitation, DETR, Resource subcommittee, CASD with letters of encouragement for more staff at Vocational Rehabilitation

Goal 3: Open Doors to Employment and Workforce Development

* **Why this is important:** Meaningful employment is essential for fostering independence, self-sufficiency, and a higher quality of life for individuals with ASD. **With over 12,500 school-aged Nevadans with ASD on the cusp of adulthood**—and the current system failing to adequately support their transition—immediate investment in robust employment pathways, comprehensive postsecondary transition services, and a skilled workforce is imperative to prevent widespread unemployment, reduce long-term societal costs, and empower these young adults to thrive.
* **The Big Picture:** There's a severe shortage of trained staff, especially RBTs, and a need for better incentives to attract professionals (RBTs, BCBAs, job coaches, special education teachers) to ensure people with ASD in our communities have access to evidence-based education and treatment. Without significant workforce development and incentives, Nevada will be unable to meet the employment support needs of the growing ASD population.

Objective 3.1: Aggressively Recruit and Train Registered Behavior Technicians (RBTs).

* **What we'll do:** Develop and advocate for a comprehensive strategy to address the **critical shortage of RBTs (currently leveling off at ~1500)** needed to support the **growing ASD population (over 12,500 students in schools)**. This includes:
    * **Targeted recruitment:** Actively promote RBT as a career path at high school career fairs and through counselors.
    * **Scholarship programs:** Offer and promote scholarships specifically tied to RBT training and certification.
* **How we'll know it's working:** A significant increase in the number of certified RBTs in Nevada, improved RBT-to-client ratios, and reduced wait times for ABA services.
* **(Connects to CASD 2015-2020 Plan: Objective 3.1, 3.2; 2008 Plan: Workforce, Training, Certification)**
* **Who is Responsible:** School Districts, Colleges, BCBAs, Universities, Vocational Rehabilitation, DETR, Workforce Subcommittee, Resource Subcommittee, CASD letters of encouragement

Objective 3.2: Create More "Right-Fit" Job Matches and Tailored Support.

* **What we'll do:** Develop and promote employment initiatives focusing on the unique strengths and interests of individuals with ASD. This includes expanding job coaching programs and fostering partnerships with businesses open to neurodiversity, ensuring that vocational training includes essential **soft skills** for workplace success. Encourage the Nevada Department of Education to begin career coaching in high school at age 14.
* **How we'll know it's working:** Increased rates of competitive, integrated employment for adults with ASD, and positive feedback from both employees and employers.
* **(Connects to CASD 2015-2020 Plan: Objective 2.3; 2008 Plan: Adult Services, Employment, Best Practices)**
* **Who is Responsible:** Workforce Subcommittee, School Districts Special Education Departments and Counselors, Voc Rehab, DETR.

Goal 4: Ensure Lifelong Care and Family Empowerment

* **Why this is important:** As the **over 12,500 students with ASD** age out of school, the demand for adult home and community-based services will surge. It is vital to ensure these services are available, affordable, protected, and that families are empowered as lifelong advocates.
* **The Big Picture:** Nevada's current adult services system is insufficient, with limited housing and support options, workforce shortages and funding instability. Parents need high quality training and navigation supports to ensure continuity of care across their child's lifespan.

Objective 4.1: Protect and Expand Home and Community-Based Waiver (HCBW) Services.

* **What we'll do:** Advance legislation to protect and expand HCBW services for adults with ASD, who require ongoing supports and services.
* Advocate for **creative legislation to safeguard HCBW services from private equity firm buyouts**, ensuring that funding remains dedicated to direct care staff and personal aides.
* Advocate for HCBW rates of reimbursement to be reviewed every four years to determine whether the rates of reimbursement accurately reflect the actual cost of providers providing these services as outlined in NRS 422.2704. The last report was prepared for the Nevada Health and Human Services in June 2021 by Burns and Associates.
* Mandate that direct service staff working in HCBW or Job and Day Training settings receive **guidance and training from Board Certified Behavior Analysts (BCBAs)** to effectively implement behavior reduction strategies for individuals with ASD with significant behaviors. This objective aims to protect the long-term stability and quality of services for adults with ASD, especially crucial as more individuals transition from school into adult care. Promote ongoing Medicaid and Regional Centers funding BCBAs to train contracted HCBW staff (who are not RBTs) and parents of adults with ASD living in the community on how to reduce aggressive behaviors, support prior ABA mastered skills, and implement the Individualized Service Plan.
* **How we'll know it's working:** Legislation will be passed to protect HCBW funding, and the majority of HCBW funds will directly support staff and services. Regional Centers will report an increase in BCBA involvement in staff training. Direct care staff will demonstrate competence in supporting individuals with ASD. Regional Centers will receive fewer reports of aggression and injury per person with ASD. Statewide there will be a decrease in disruptions to provider financial instability.
* **(Connects to CASD 2015-2020 Plan: Objective 2.3, Objective 1.4; 2008 Plan: Adult Services)**
* **Who is Responsible:** CASD, HCBW providers, Regional Centers, DHCFP to present report of reimbursement, BCBAs, Workforce Development, Policy Subcommittee, ADSD

Objective 4.2: Ensure Quality and Comprehensive Parent Training and Support.

* **What we'll do:** Develop and implement standardized, high-quality parent training programs that go beyond basic information. These programs will cover:
    * "**What good treatment looks like":** How to identify effective interventions and recognize expected changes and "red flags" in their child's progress.

* **Practicing mastered skills:** Promote that School District, Insurance, Medicaid and ATAP funded ABA therapy includes equipping parents to reinforce skills learned in therapy and support mastered skills in their homelife.

* **Lifelong advocacy:** Inform parents about programs like **Health Insurance Work Advancement, Nevada Health Insurance Premium Payment Program, Office for Consumer Health Assistance, and Supported Decision Making (Option to Guardianship)**. These trainings will be promoted at all post offices, senior centers, and libraries throughout Nevada, as well as through ASD nonprofits, laundromats, universities, colleges, pediatrician offices, DD Council and ATAP. School Districts, Division of Child and Family Services Social Workers and ATAP will be notified of the trainings and encouraged to participate.

* **How we'll know it's working:** Parents will report increased confidence and knowledge in advocating for their child's needs, and a higher utilization of these programs.

* **(Connects to CASD 2015-2020 Plan: Objective 4.2; 2008 Plan: Parents, Adult Services)**

* **Who is Responsible:** Resource Subcommittee, DD Council, University Center for Excellence in Disabilities, Local Nonprofits, ATAP, Pediatricians, BCBAs, Nevada Legal Aid, CASD, pediatricians, family practice medical providers, DCFS, Regional Centers

Objective 4.3: Expand Diverse Housing and Community Living Options.

* **What we'll do:** Advocate for and develop a wider range of housing options for adults with ASD, from supported independent living to specialized group homes, emphasizing person-centered planning and individual choice. Build partnerships with housing authorities to prioritize affordable, accessible units for individuals with disabilities to prepare for the **impending wave of individuals transitioning from school-based services (over 12,500 students)**.

* **How we'll know it's working:** An increase in the availability and variety of affordable, supported living arrangements, and a greater percentage of adults with ASD living in settings of their choice. Regional Centers will report a decrease in waitlists for supported housing.

* **(Connects to CASD 2015-2020 Plan: Objective 2.3, Objective 1.4; 2008 Plan: Adult Services; Consumer Survey: Worries about independent living and care when parents are gone)**

* **Who is Responsible:** CASD, Nevada Housing Division, Southern Nevada Regional Housing Authority, Reno Housing Authority, USDA Rural Development Nevada, Northern Nevada Center for Independent Living, Southern Nevada Center for Independent Living, HCBW providers, Regional Centers

Objective 4.4: Track Progress with a Comprehensive "Scoreboard."

* **What we'll do:** Advocate for an enhanced and fully implemented statewide system to accurately track **all individuals with ASD (not just those in schools, but also adults)**, document services received, assess outcomes, and pinpoint service gaps. This system will be crucial for understanding the impact of the growing ASD population and ensuring resources are allocated effectively.

* **How we'll know it's working:** Up-to-date, transparent data will be available annually, informing policy decisions and resource distribution. Increase in transparency of outcomes through public reporting.

* **(Connects to CASD 2015-2020 Plan: Objective 2.5; 2008 Plan: Data Collection, Registry; Consumer & Provider Surveys: Data is limited/nonexistent)**
* **Who is Responsible:** CASD to write letters, ATAP, Regional Centers, DHCFP, Vocational Rehabilitation

CONCLUSION

The challenges facing Nevada's communities due to ASD are significant, but so is the potential for positive change. The **Five-Year Strategic Plan and Priorities for Autism Support** provides a clear path forward, outlining concrete steps to improve outcomes for individuals with ASD across the lifespan. By investing in early intervention, education, employment, and lifelong support, we can empower Nevadans with autism to reach their full potential and contribute their unique talents to our state. If we don’t address the challenges and fix the problems outlined by the key informants, consumers and providers, the cost of caring for our community members with ASD will be a lot more because they never had the opportunity to reach their full potential. Let us work together to build a Nevada where everyone with autism can thrive.

SPECIAL THANKS FOR THEIR TIME AND EXPERTISE REGARDING ASD IN NEVADA:

Korri Ward, M.S. SpEd, CASD Chair
Korri Ward is a dedicated autism advocate with deep roots across Nevada, having lived in Las Vegas, Elko, and Lamoille. Her extensive service includes roles on the Nevada Commission on Autism Spectrum Disorders, Governor's Council on Developmental Disabilities, and Commission on Services for People with Disabilities. As the parent of adult twin sons with autism, Korri brings unique insight into the challenges and opportunities across the lifespan. She works collaboratively with families, agencies, and organizations, driven by the belief that helping people with autism develop their full potential builds stronger, more vibrant communities for all Nevadans.

Corey Nguyen, BCBA, CASD Vice Chair
Corey Nguyen is Board Certified Behavior Analyst(BCBA) and Licensed Behavior Analyst(LBA) in the state of NV. He volunteers as the Vice-Chair on the Nevada Commission of Autism Spectrum Disorders (CASD). This appointment gives him the opportunity to provide leadership, oversight, and legislative advocacy for Nevadans living with and supporting those with ASD. He is a proponent of using the science of Applied Behavior Analysis(ABA) to make socially significant change in children and adults that he serves.

Anna Marie Binder, CASD Commissioner
Anna Marie Binder is an autistic adult, wife, and mother of six; three of whom are on the autism spectrum. Anna's advocacy is rooted in lived experience and a deep belief that inclusion should never be an afterthought, it should be the foundation of every decision. Her work has focused on equitable access to education, improving service coordination, advancing mental and behavioral health supports, and ensuring that Nevada's policies truly reflect the voices of those they impact.

Amy Walsh, CASD Commissioner
Amy Walch is an autism advocate originally from Ohio. Autism is a deeply personal topic, as she is the mother of 2 boys with autism. Serving on the Commission on Autism Spectrum Disorders has allowed Amy to blend her personal commitment with a professional drive to enact meaningful guidelines. Amy brings a ground level perspective to the Commission, and her goal is to ensure CASD is responsive to the needs of individuals with ASD and their families throughout Nevada.

Special Thanks to Former Commissioners Who Were Integral in the Composition of the Plan
Linda Tran
Nicole Muhoberac

We extend our heartfelt thanks to everyone who took the time to complete the CASD surveys. Your participation—through thoughtful answers, candid stories, and honest descriptions of unmet needs—reflects a deep commitment to improving the lives of individuals and families impacted by ASD. Your insights guided the priorities and recommendations in this five-year Strategic Plan. We present this plan to our policymakers and legislators in the hope that your concerns will be addressed through creative programs, adequate funding, and new policies. Please know that your voices matter: they shaped this work and will continue to inform our advocacy, program development, and evaluation efforts.