

Nevada Department of Health and Human Services

February 20, 2007

Nevada Early Intervention Services 2006 Overview of Autism Services IDEA – Part C Coverage

FY 06- Children Identified/Served

Nevada	Southern	North-western	North-eastern	
129	110	19	0	Number of children referred to multidisciplinary behavioral assessment team
65	52	12	1	Number of children identified
35	29	6	0	Number of children who did not meet the autism criteria
8	5	3	0	Number of children that did not complete the assessment
27.8*	25.5	29	29	Average age at identification – data is reported in months
82	64	17	1	Total number of autistic children served during FY 06

* National average is 36 months

SCREENING

The most powerful indicator for possible Autism concerns is the degree of language development. Any child not using single words by 16 months of age or some two-word phrases by 2 years of age should be further evaluated. Children who do not use gestures (i.e., pointing, waving, etc.) or who cannot follow nonverbal communication by 12 months should also be referred. Finally, any loss of skills at any age is a serious red flag and warrants immediate referral to an appropriate diagnostic team.

Toddlers and young children (12 to 36 months) with suspected Autism concerns frequently show delayed language development, both verbal and gestural. This also includes their response to verbal communication, such as inconsistent/no response to name or other parental commands. There are frequently social red flags as well, such as not showing interest in other children, failing to initiate social contacts with their parents or siblings, and poor eye contact with others. Joint attention, the ability to follow another's gaze or point to locate a target, is also frequently absent. There is typically a lack of showing and giving behaviors as well. Repetitive and stereotyped behaviors may also be reported at this age (e.g., child likes to spin things, enjoys viewing things spinning, spin themselves around, flap their hands, engages in non-functional play with toys such as throwing/collecting/lining up). Sensory interests can also be described by the family (e.g., smelling things, viewing objects from unusual angles, licking/biting, feeding problems, and texture aversions).

Due to the young age and rapidly changing development, a large degree of caution must be taken when making judgments about Autism concerns in children less than two years of age.

Checklist for Autism in Toddlers (CHAT) is a brief, easy-to-administer screening tool with a very high reliability and validity. The test is administered at 18 months of age or older. This tool can be administered by a Developmental Specialist. If the CHAT indicates an Autism concern, the child should be referred for an Autism evaluation. The CHAT is a screening tool and does not give a diagnosis.

DESCRIPTION OF MULTI-DISCIPLINARY AUTISM TEAMS

Team Members

Regional teams include a Psychological Developmental Counselor, Developmental Specialist, Occupational Therapist, Speech and Language Pathologist, and Pediatrician. Only professional disciplines with specialized training, knowledge and skills are able to diagnose Autism. Occupational Therapist, Developmental Specialist, and Family and Marriage Therapists are not able to diagnose Autism as defined by their respective licensing boards. Behavioral aides also assist in providing intensive and individualized services.

Evaluation Process

A multi-disciplinary team works with families and their children in identifying appropriate outcomes and strategies on the Individualized Family Service Plan.

Services Provided

Type, intensity, and frequency of services are provided based on the child's individualized needs:

- Service Coordination
- Specialized Instruction
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Nutrition.