

New Hampshire Council on Autism Spectrum Disorders Fiscal Year 2025 Annual Report



(A girl wearing glasses and headphones pictured above)

NHCASD
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*The New Hampshire Council on Autism Spectrum Disorders
Annual Report for the New Hampshire Legislature*

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History and Purpose of the NH Council on Autism Spectrum Disorders

Autism Spectrum Disorder (commonly referred to as “ASD”) occurs in 1 of every 31 (3.2%) children according to the Centers for Disease Control.¹ In response to the public health challenges impacting public systems by an increase in the incidence of autism spectrum disorders (ASD), a neurodevelopmental disability, in March 2008, the state legislature introduced H.B. 1634, creating the New Hampshire Council on Autism Spectrum Disorders (NHCASD). As a follow-up to one of the recommendations proposed by the New Hampshire Commission on Autism Spectrum Disorders, H.B. 1634 was passed and adopted by the Senate on May 15, 2008 and was signed by Gov. John Lynch on June 11, 2008.

The NHCASD is an unfunded, advisory body that relies heavily on the volunteer participation of many members, especially those who are self-advocates and/or parent advocates. Almost all Council activities are undertaken in collaboration with other agencies or organizations. In this manner, the NHCASD leverages considerable resources and expertise with a relatively modest investment in operating funds from foundations and participating agencies.

NHCASD has committed and active members who provide leadership in promoting comprehensive and quality education, health care, and services for individuals with Autism Spectrum Disorder and their families. The NHCASD also advises state agencies in implementing recommendations outlined in the New Hampshire Commission on Autism Spectrum Disorders’ report.

In the 2013 state legislative session, the legislature passed H.B. 236 to broaden membership of the NHCASD to include increased representation by individuals who have an Autism Spectrum Disorder.

¹ <https://www.cdc.gov/autism/data-research/index.html>

NH Council on Autism Spectrum Disorders Membership

The New Hampshire Council on Autism Spectrum Disorders (NHCASD), as defined by the statute², comprises a diverse cross-section of agencies, organizations, professionals, and individuals committed to supporting people with ASD.

This includes representatives or designees from the following:

- The Governor's Office
- NH Department of Education, including Career Technology and Adult Learning and the Division of Instruction
- NH Department of Health and Human Services
- The Division of Public Health Services
- Division of Public Health Services
- Bureau of Developmental Services
- Bureau of Behavioral Health
- Institute on Disability
- A Special Education Director
- NH Medical Society
- NH Council on Developmental Disabilities
- Community Support Network, Inc,
- NH Psychological Association
- Office of Medicaid business and policy
- NH Nurses' Association,
- NH Speech-Language-Hearing Association
- Self-advocate and family members of an individual with ASD
- Additional At-large members as defined by the statute

These committed and active members play a key role in providing guidance and recommendations to ensure comprehensive and quality education, health care, and services for individuals with Autism Spectrum Disorders and their families.

The NHCASD acknowledges the volunteer participation of its members and the generous collaboration of the agencies, organizations, individuals and caregivers that support our work.

² NH Rev Stat § 171-A:32 (2023)

NHCASD Current Membership Roster

Position/Agency	Designated Member	Designated Alternate	Website
(a) The governor, or designee.	Vacant	Vacant	GovernorAyotte@governor.nh.gov
(b) The commissioner of the department of education, or designee.	Kate Scheer	N/A	The Department of Education Department of Education
(c) The commissioner of the department of health and human services, or designee.	Deirdre Dunn Tierney	N/A	Welcome New Hampshire Department of Health and Human Services
(d) The director of the division of public health services, department of health and human services, or designee.	Courtney Keane	Amanda Merrill	Welcome New Hampshire Department of Health and Human Services
(e) The bureau chief of the bureau of developmental services, department of health and human services, or designee.	Jessica Gorton	N/A	Bureau of Developmental Services
(f) The bureau chief of the bureau of behavioral health, department of health and human services, or designee.	Carolyn Lewis	N/A	Bureau of Behavioral Health
(g) The director of the Institute on Disability, University of New Hampshire, or designee.	Andrew Houtenville	Lesley Blecharczyk	Institute on Disability/ UCEDD at NH
(h) A special education director, appointed by the New Hampshire Association of Special Education.	Jane Bergeron-Beaulieu	Shelly Fagen	New Hampshire Association of Special Education Administrators
(i) The president of the New Hampshire Medical Society, or designee.	Vacant	Vacant	New Hampshire Medical Society
(j) A representative of the New Hampshire Developmental Disabilities Council, appointed by the	Isadora Rodriguez-Legendre, Vice Chair	N/A	New Hampshire Council on Developmental Disabilities

council.			
(k) An individual who has an autism spectrum disorder, appointed by the governor.	Amy H. Frechette	N/A	Governor Christopher T. Sununu
(l) A family member of a person who has an autism spectrum disorder, appointed by the Governor.	Vacant	Vacant	GovernorAyotte@governor.nh.gov
(m) A representative of the Community Support Network, Inc., Appointed by such organization.	Marissa Berg, Chair	N/A	Community Support Network, Inc.
(n) A representative of the New Hampshire Psychological Association, appointed by the association.	Michelle Ronayne	Jena Motolla	New Hampshire Psychological Association
(o) The director of the office of Medicaid business and policy, department of health and human services, or designee.	Vernon Clough	N/A	Office of Medicaid Business and Policy
(p) Up to 5 additional members, nominated by the council and appointed by the governor.	* Two names submitted to Gov. Ayotte for appointment, three others under consideration.	N/A	GovernorAyotte@governor.nh.gov
(q) A person who has autism spectrum disorder, Appointed by the Council.	Gina Cannon	N/A	
(r) A representative of the New Hampshire Nurses' Association, appointed by the association.	Julian Taylor	Paula MacKinnon	New Hampshire Nurses Association
(s) A licensed speech-language pathologist, Appointed by the New Hampshire Speech-Language-Hearing Association, Inc.	Kathryn Greenslade	N/A	New Hampshire Speech Language Hearing Association - Home Page

Governance of the NHCASD

Guidelines for governance were adopted during the NHCASD's first year. Meetings are conducted at least once per quarter according to Robert's Rules of Order and are open to the public.

Members meet to expand upon existing projects that align with the Recommendation of the 2008 Commission on Autism Spectrum Disorders and the 2016 State Plan – growing Supports and Services for Autism and other Related Developmental Disabilities. Their focus is on:

- expanding access to insurance
- strengthening the link between early diagnosis and active participation in therapeutic interventions
- improving access to information about autism and support services

➤ **Meeting Structure**

The NHCASD meets on the fourth Friday of each month at 12:30 PM. All meetings are publicly noticed in advance and are open to the public in compliance with 91-A. Meetings are conducted in a hybrid format, offering both in-person and remote participation. However, an in-person quorum is required for any official NHCASD business to take place.

➤ **Membership Committee (Subcommittee)**

This five-member committee is responsible for membership policies and procedures and review of membership applications. The Committee prioritizes at-large members with lived experience. This body forwards nominations to the council. The council then votes to forward nominations to the Governor for approval.

2025 Committee membership

- Isadora Rodriguez-Legendre
- Shelly Fagen
- Lesley Blecharczyk
- Amy Frechette
- Kathryn Greenslade

Council Activity State Fiscal Year 2025

➤ **Meetings Held (2024–2025)**

During the reporting period, the NHCASD held:

- Four meetings in 2024
- Three meetings in 2025
- One emergency meeting on June 6, 2025

All meetings were 1.5 hours in length and met quorum requirements. Council members collectively contributed over 12 hours of volunteer service during this period.

➤ **Listening Sessions**

- Held on November 14 and November 16, 2024
- Purpose: to gather community input on areas of focus the public considers important in supporting autistic people in New Hampshire.
- Issues identified: the NHCASD work, budget and financial concerns, adult services/transition to adulthood, education and training, employment, advocacy, healthcare, Medicaid. See Appendix #1 for a detailed summary.

➤ **Legislative Activity**

- **HB634 – Relative to the New Hampshire Council Autism Spectrum Disorder.** (Appendix 2 - [HB634-Bill Info](#))
 - The intent of the bi-partisan bill was to allow the NHCASD to self-appoint the at-large members, improve access to participation by allowing remote attendees directly impacted by a disability to be included in the quorum count at meetings, and to clarify attainable accountabilities for the NHCASD as an advisory body.
 - During the 2025 legislative session, efforts were made to educate and inform the members of the state legislature on the importance of the NHCASD and its intent to serve the autism community, as well as the unique differences this community faces when its members don't qualify for supports and services through a Medicaid waiver.
 - During the legislative process, an amendment was presented, and passed by the House, to repeal the NHCASD.

- The NH Senate restored the original language of the Bill and then it was “non-concurred” when it returned to the House in the reconciliation process, so it died.
- **HB140-FN- Establishing a Voluntary “Blue Envelope” Program for Drivers with Autism Spectrum Disorder.** (Appendix 3 - [HB140FN-Bill Info](#))
 - The intent of the Bill is to establish a voluntary "blue envelope" program for drivers with Autism Spectrum Disorder and trauma and stressor-related disorders by amending RSA 265.
 - The program helps to enhance and facilitate communication between members of law enforcement and drivers with Autism Spectrum Disorder and trauma and stressor-related disorders.
 - The division of motor vehicles is required to consult with the New Hampshire Council on Autism Spectrum Disorders, to design and make available at no cost blue envelopes for drivers that meet the requirements, to take effect January 1, 2026.
 - The Bill was signed into law and the NHCASD will work with the division of motor vehicles on the initiative in the coming year.

➤ **2025 Rebuilding year for the NHCASD**

- The NHCASD and its partners reviewed the Recommendations for the 2008 Commission on Autism Spectrum Disorders and the 2016 State Plan – Growing Supports and Services for Autism and other Related Developmental Disabilities.
- The NHCASD set a course to continue to expand existing projects that align with these recommendations.
- The NHCASD reorganized the membership policies and procedures and reinforced the responsibilities of the legislated membership to ensure participation from mandated organizations and agencies.
- The NHCASD continues to actively engage with the Governor’s office to ensure membership compliance.
- The NHCASD launched a [website](#) and [Facebook page](#) where information and resources will be shared with the public.

Challenges

➤ **NHCASD Rebuilding Status**

Following a period of inactivity between 2021 and 2024, the NHCASD reconvened in June 2024 with only seven filled seats; all other positions were vacant. Recruitment of new members was a key priority throughout the SFY 2025 reporting period.

The NHCASD Administrator worked to identify suitable representatives for vacant roles representing required seats in the statute. Additionally, a Membership Subcommittee was formed to support this effort by identifying a process and engaging in recruitment identification of prospective at-large members, to be nominated for appointment to the Governor's office. The committee and met in April and July 2025 to review applications for council-nominated positions.

As of June 6, 2025, the following seats remain vacant:

- Governor's office designee
- NH Medical Society representative
- One family member of a person with ASD
- Five at-large members (with nominations submitted for two, pending the Governor's confirmation)

The NHCASD maintains recruitment as a standing agenda item and remains actively engaged in efforts to fill these vacancies to ensure full representation and continued progress.

Appendix 1 – Listening Session Results

Key Concerns identified during the November 2024 Public Listening Sessions

Overarching Concerns Related to the NHCASD:

- **Lack of transparency:** Why did the Council stop meeting without explanation?
- **Representation & Composition:**
 - At-large seats should prioritize parents and individuals with lived experience.
 - Need more parents and individuals overall.
 - Include a mental health provider seat.
- **Focus Areas:**
 - IDD (Intellectual and Developmental Disabilities) and Mental Health.
 - Neurodiversity-affirming principles.
 - Statewide continuity of services.
 - Advocacy for individuals and families.
- **Functional Roles:**
 - Space for providers to collaborate.
 - Educate parents and individuals.
 - Stay current on best and alternative practices.
 - Facilitate peer support groups.
 - Provide support for adult diagnosis.
 - Financial help with assessment costs.

Noted Gaps:

- Inconsistent services across the state.
- Mainstream mental health not equipped for dual diagnoses.

Budget & Financial Concerns

Key Concerns:

- **Transparency:** Adults unclear on personal budget use.
- **Equity:** Low-income and middle-income families often fall through eligibility and affordability gaps; especially for those who earn too much for Medicaid but can't afford services.

Suggestions:

- Provide clear, accessible information on budget allocations and use.
- Expand financial assistance and eligibility to include more families.

Adult Services & Transition

Key Concerns:

- **Post-High School Void:** Lack of services, direction, and social opportunities after school ends.
- **Emotional Impact:** Feelings of being forgotten, isolated, or demoralized.
- **Family Strain:** Parents need support transitioning from caregiver to adult support roles.
- **System Inequity:** Varies drastically based on location; lack of uniform services.

Suggestions:

- Create a statewide menu of adult services.
- Ensure uniform service quality and access.
- Facilitate adult socialization and peer connections.
- Address mental health, loneliness, and community inclusion.

Education & Training

Key Concerns:

- **General Lack of Training:**
 - For professionals (doctors, educators, therapists).
 - For paraprofessionals (minimal or no requirements).
- **Public Awareness:**
 - Outdated views and misconceptions still dominate.
- **Special Education Shortfalls:**
 - IEPs not followed.
 - Schools understaffed and underfunded.
 - Medical support in schools lacking.

Suggestions:

- Mandate consistent, updated training across professions.
- Partner with organizations like NH Family Voices and PIC for collaborative training.
- Offer adult training on social skills, relationships, and intimacy.
- Improve standards for hiring and training paraprofessionals.

Employment

Key Concerns:

- Employers need better understanding and training to support neurodiverse employees.
- Community Mental Health Centers should accommodate neurodiverse professionals.

Suggestions:

- Promote benefits of hiring individuals with autism.
- Train employers and supervisors on inclusion and accommodations.

Advocacy

Key Concerns:

- Need to learn from other states – what's working elsewhere?
- Advocacy feels like an uphill battle – exhausting and overwhelming.
- Individuals shouldn't have to advocate alone.

Suggestions:

- Conduct a “State of the State” assessment on autism services.
- Build systems that don't rely solely on self-advocacy.
- Foster shared responsibility for advocacy among systems, providers, and families.

Medical / Medicaid

Key Concerns:

- Medicaid navigation is difficult and inaccessible.
- Lack of in-state medical professionals (especially for complex care).
- Forced to travel out of state (Boston) for specialized care.
- Co-occurring health issues (e.g., epilepsy) need greater attention.
- Insurance and health disparities are significant.
- Families over income limits are left without options.

Suggestions:

- Increase number of trained professionals in NH (incentives, partnerships).
- Implement wraparound care services in-state.
- Provide clear guidance on pathways when Medicaid is not an option.
- Emphasize trauma-informed care and neurodevelopmental understanding.

Cross-Cutting Themes

1. **Equity and Access:** Services should not depend on geography or income.
2. **Transparency and Communication:** Families and individuals need better information about services, processes, and changes (e.g., disbanding the Autism Council).
3. **Support for Adults:** There's a major drop-off in services and support post-high school.
4. **Inclusive Systems:** Center the voices of those with lived experience in all decision-making.
5. **Holistic and Lifespan Approach:** From diagnosis to adulthood, every stage matters.

Next Steps (Recommendations)

- **Reinstate or reimagine the Autism Council** with inclusive representation and transparent communication.
- **Conduct a statewide needs assessment** and gap analysis.
- **Develop a centralized resource hub** for services, financial supports, adult services, and Medicaid navigation.
- **Invest in professional development** for all sectors touching the lives of those with autism.
- **Create intentional adult socialization programs** to address isolation and loneliness.
- **Implement consistent policy and service standards** across regions to reduce disparities.

Appendix 2 - HB634 – relative to the New Hampshire Council on Autism Spectrum Disorders.

https://gc.nh.gov/bill_status/billinfo.aspx?id=696&inflect=2

HB 634 - AS INTRODUCED

2025 SESSION

25-0689
05/02

HOUSE BILL 634

AN ACT relative to the New Hampshire Council on Autism Spectrum Disorders.

SPONSORS: Rep. Stringham, Graf. 3; Rep. Edwards, Rock. 31

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill revises the membership and duties of the New Hampshire council on autism spectrum disorders.

The bill is a request of the New Hampshire council on autism spectrum disorders.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.
25-0689
05/02

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Five

AN ACT relative to the New Hampshire council on autism spectrum disorders.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1. New Hampshire Council on Autism Spectrum Disorders. RSA 171-A:32 is repealed and reenacted to read as follows:

171-A:32 New Hampshire Council on Autism Spectrum Disorders Established; Duties.

- I. There is established a council on autism spectrum disorders (NHCASD) to provide leadership in promoting comprehensive and quality education, health care, and services for individuals with autism spectrum disorders and their families. The members of the council shall be as follows:
 - (a) The governor, or designee.
 - (b) The commissioner of the department of education, or designated representative specializing in the Individuals with Disabilities Education Act (IDEA) and section 504 of the Rehabilitation Act of 1974.
 - (c) The commissioner of the department of health and human services, or designee.
 - (d) The bureau chief of the bureau of developmental services, department of health and human services, or designee.
 - (e) The bureau chief of the bureau of behavioral health, department of health and human services, or designee.
 - (f) The director of the Institute on Disability, University of New Hampshire, or designee.
 - (g) A special education director, appointed by the New Hampshire Association of Special Education Administrators, Inc.
 - (h) The president of the New Hampshire Medical Society, or designee with a specialty in family medicine or pediatrics.
 - (i) A representative of the New Hampshire Developmental Disabilities Council, appointed by the council.
 - (j) Two individuals who are diagnosed with autism spectrum disorder, appointed by the NHCASD.
 - (k) Two family members of individuals diagnosed with autism spectrum disorder, appointed by the NHCASD.
 - (l) A representative of the Community Support Network, Inc., appointed by such organization.
 - (m) A representative of the New Hampshire Psychological Association, appointed by the association.
 - (n) The director of the office of Medicaid business and policy, department of health and human services, or designee.
 - (o) A member of a New Hampshire based self-advocacy organization, appointed by the NHCASD.
 - (p) Up to 5 additional members, appointed by the NHCASD.
 - (q) A clinical service provider, as appointed by the council.
 - (r) A representative of the New Hampshire School Nurses' Association, appointed by the association.
 - (s) A licensed speech-language pathologist, appointed by the New Hampshire Speech-Language-Hearing Association, Inc.
- II. A quorum of the council shall be a half plus one member of the appointed members of the council.
- III. Meetings shall be conducted in a hybrid in-person/electronic format. Members for whom it is not reasonably practical to attend in-person may participate remotely, and the reason

for remote participation shall be stated in the minutes of the meeting. At least one-third of the total membership of the council shall be physically present at the meeting.

IV. The council shall:

- (a) Provide advisory leadership on training, policy, data collection, and coordination of support and services for individuals with autism spectrum disorders and their families.
- (b) Collaborate with groups and organizations that focus on providing quality services to individuals with autism spectrum disorder and their families.
- (c) Make recommendations on best practices in New Hampshire for serving individuals with autism spectrum disorder.
- (d) Provide an online listing of resources for individuals and families of people with autism spectrum disorder.
- (e) Make an annual report to the governor, the speaker of the house of representatives, the president of the senate, the commissioners of the department of health and human services and department of education, the members of the house committees on education, health, human services and elderly affairs, and finance, and the members of the senate committees on education, health and human services, and finance.

V. The department of health and human services shall provide administrative support to the council.

2. Effective Date. This act shall take effect 60 days after its passage.

Appendix 3 - HB14-FN - AN ACT establishing a voluntary "blue envelope" program for drivers with autism spectrum disorders and trauma and stressor-related disorder.

https://gc.nh.gov/bill_Status/billinfo.aspx?id=293

**CHAPTER 17
HB 140-FN - FINAL VERSION**

6Feb2025... 0129h

2025 SESSION

25-0286

11/06

HOUSE BILL 140-FN

AN ACT establishing a voluntary "blue envelope" program for drivers with autism spectrum disorders and trauma and stressor-related disorders.

SPONSORS: Rep. Newell, Ches. 4; Rep. Jacobs, Ches. 15; Rep. A. Murray, Hills. 20; Rep. Roy, Rock. 31; Rep. Selig, Straf. 10; Rep. H. Howard, Straf. 4; Rep. Tenczar, Hills. 1; Rep. Wheeler, Hills. 33; Rep. Harriott-Gathright, Hills. 10; Rep. Parshall, Ches. 8; Sen. Fenton, Dist 10; Sen. Lang, Dist 2; Sen. Watters, Dist 4

COMMITTEE: Transportation

AMENDED ANALYSIS

This bill establishes a program, named the blue envelope program, where a motor vehicle driver with an autism spectrum disorder or trauma and stressor-related disorder may carry and present to law enforcement a blue envelope containing written information and guidance on effective communication with the driver.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

6Feb2025... 0129h 25-0286

11/06

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty-Five

AN ACT establishing a voluntary "blue envelope" program for drivers with autism spectrum disorders and trauma and stressor-related disorders.

Be it Enacted by the Senate and House of Representatives in General Court convened:

17:1 New Section; Blue Envelope Program for Drivers with Autism Spectrum Disorder. Amend RSA 265 by inserting after section 3-b the following new section:

265:3-c Blue Envelope Program for Drivers with Autism Spectrum and Trauma and Stressor-Related Disorders.

- I. There is hereby established the blue envelope program to enhance and facilitate communication between members of law enforcement and drivers with autism spectrum and trauma and stressor-related disorders.
- II. The division of motor vehicles, in consultation with the New Hampshire council on autism spectrum and trauma and stressor-related disorders, shall design and make available at no cost blue envelopes that:
 - (a) Provide written information and guidance on the outside of the envelopes regarding ways to enhance effective communication between a police officer and a person with an autism spectrum or trauma and stressor-related disorder;
 - (b) Provide a designated space for written emergency contact information; and
 - (c) Are capable of holding a person's driver's license, vehicle registration, and any relevant information from a health care provider, should the driver, or, if the driver is a minor, the parent or guardian, choose to include it.
- III. Upon request by a person with an autism spectrum or trauma and stressor-related disorder, or if such person is a minor, the person's parent or guardian, accompanied by proof of such disorder, the division shall provide a blue envelope designed pursuant to this section to such person, parent or guardian.
- IV. The guidance on the outside of the blue envelope shall include an instruction to attach the envelope to the driver's visor on the side facing the driver in the down position for easy and safe access.
- V. The commissioner of safety may adopt rules, under RSA 541-A, relative to:
 - (a) Content and format of the blue envelopes necessary under paragraph II of this section.
 - (b) Acceptable forms of proof of an autism spectrum or trauma and stressor-related disorders to obtain a blue envelope and the handling of confidential medical information.
 - (c) Requirements for blue envelope attachment to the visor.

17:2 Effective Date. This act shall take effect January 1, 2026.

Approved: May 14, 2025

Effective Date: January 01, 2026