



# AUTISM ANNUAL REPORT

TO THE LEGISLATURE

APRIL 2026



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# SECTION 1: BACKGROUND

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Under the Lanterman Developmental Disabilities Services Act (Lanterman Act)<sup>1</sup>, the California Department of Developmental Services (Department) in coordination with the 21 regional centers (RC) supports individuals with intellectual and developmental disabilities through services needed for individuals to lead more independent lives in the community of their choice.

**Autism Spectrum Disorder (ASD)** is a developmental disability characterized by social, communication, and behavioral challenges. Autism is one of the developmental disabilities that qualify for services and supports in accordance with the Lanterman Act.

The California Budget Act of 2023<sup>2</sup> established the Autism Services Branch within the Department, appropriated funding, and included a requirement that the Department report outcomes related to this investment every year by April 1:

*Of the funds appropriated in Schedule (2), \$1,032,000 is appropriated for the creation of an Autism Services Branch within the State Department of Developmental Services. Of the reimbursements appropriated in Schedule (4), \$206,000 is available for support of these purposes. By April 1, 2024, and at least annually thereafter, the department shall provide written reporting to the Legislature on outcomes and impacts associated with this expenditure, including updates on autism caseload data, and associated intake, ethnicity, age of eligibility determination, transitions out of secondary education, services and supports, and racial and ethnic inequities. This information shall be provided using historical data, yielding trend data over time, to the maximum extent feasible. As part of this written reporting, the department shall provide observations and analysis on the trends as demonstrated in the data related to autism, including information on areas of the system where there is a demonstration of unmet need.*

These funds allow the Department to hire a team of staff to support research, programs, outreach, and initiatives focused on ASD. This report responds to the reporting requirement above by providing updates on the Department's ASD caseload, trends, and services data and related activities of the Department.

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<sup>1</sup> Welfare & Institutions Code 4512(a)(1)

<sup>2</sup> Provision 9 under Section 60. Item 4300-001-001 of Section 2.00 of the Budget Act of 2023

# SECTION 2: AUTISM CASELOAD

## 2:1 AUTISM CASELOAD TRENDS

In Fiscal Year (FY) 2024-2025, the Department’s caseload included 414,487 individuals eligible for Lanterman Act services, and 222,586 of those individuals had a diagnosis of ASD. Within the ASD caseload, the majority of individuals supported (78.7 percent) are children and youth under 22 years-of-age. Children 6-9 years-of-age represent the largest proportion of the ASD population (23.9 percent).

Figure 1. The Department’s ASD Caseload by Age Group in FY 2024-2025.

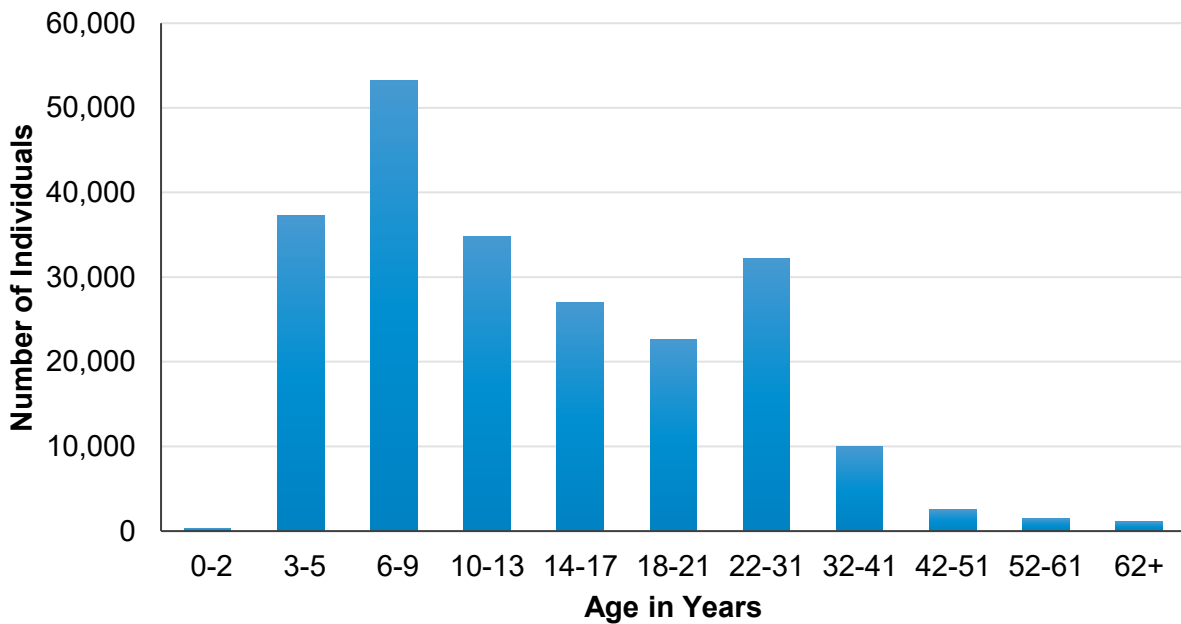


Figure 1 Source: The Department’s Client Master File and Client Development Evaluation Report for Lanterman Act-eligible individuals with a diagnosis of ASD in FY 2024-2025. Data extracted January 2026.

The population count and share of individuals with a diagnosis of ASD have been steadily rising over time. From FY 2014-2015 to FY 2024-2025, the ASD caseload has grown by 162 percent. Over that time, the ASD caseload has grown in share of the Lanterman Act-eligible caseload from 33 percent in FY 2014-2015 to 54 percent in FY 2024-2025 (Table 1). 2024 marked the first time ASD became the majority diagnostic category; prior to 2024, Intellectual Disability (ID) made up the majority.

Table 1. Shares of Each Lanterman Act Services Developmental Disability Category from FY 2014-2015 to FY 2024-2025.

<i>Fiscal Year</i>	<i>Autism</i>	<i>Intellectual Disability</i>	<i>Cerebral Palsy</i>	<i>Epilepsy</i>	<i>Other</i>
2014-2015	33%	65%	14%	16%	10%
2015-2016	34%	64%	14%	15%	10%
2016-2017	36%	62%	13%	15%	10%
2017-2018	38%	60%	13%	14%	10%
2018-2019	41%	58%	12%	13%	10%
2019-2020	43%	56%	12%	13%	11%
2020-2021	45%	54%	11%	12%	11%
2021-2022	47%	52%	11%	12%	11%
2022-2023	49%	50%	10%	11%	11%
2023-2024	51%	47%	9%	10%	11%
2024-2025	54%	45%	9%	9%	11%
2025-2026	54%	43%	8%	9%	11%

Table 1 Source: The Department's Client Master File and Client Development Evaluation Report for Lanterman Act-eligible individuals with a diagnosis of ASD in FY 2014-2015 through FY 2024-2025. Note: An individual may have more than one diagnosis and may be counted under multiple diagnoses (i.e., duplicated counts). Data extracted January 2026.

Figure 2. Lanterman Act-eligible ASD Caseload by Birth Year (1947-2021).

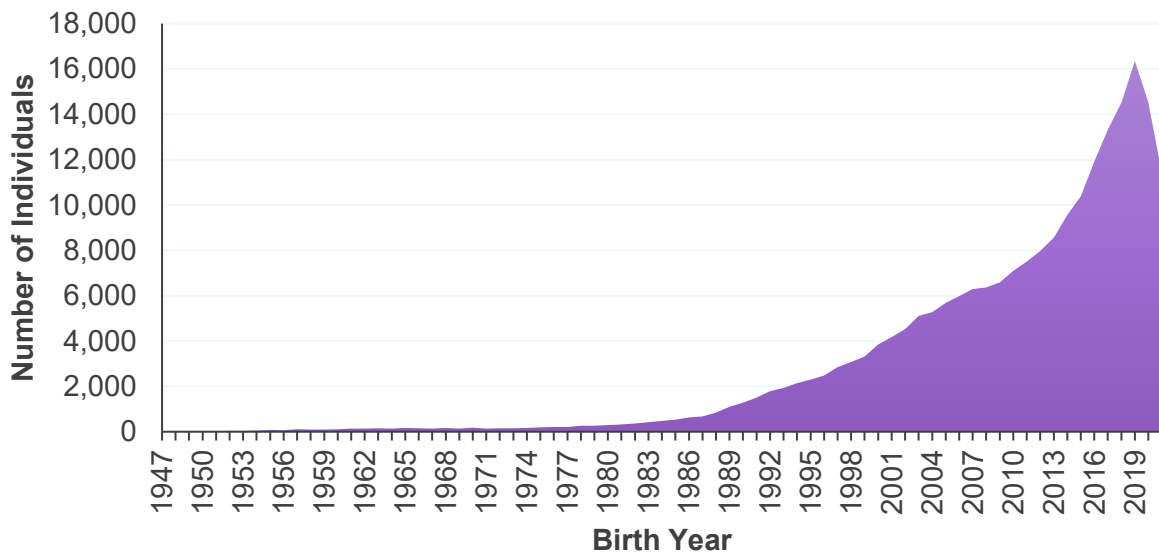


Figure 2. Source: The Department's Client Master File and Client Development Evaluation Report for Lanterman-eligible individuals with a diagnosis of ASD. Note: Birth years with fewer than 10 individuals are excluded (years 1933-1946). Data extracted January 2026.

The share of individuals with a diagnosis of ASD varies by regional center. Golden Gate Regional Center has the lowest share at 36 percent, while Frank D. Lanterman Regional Center, Harbor Regional Center, and North Los Angeles County Regional Center have the highest shares at 63 percent each (Table 2).

Table 2. Lanterman-Eligible Caseload and ASD Caseload Shares by RC in FY 2024-2025.

<i>Regional Center</i>	<i>ASD Caseload</i>	<i>Total Caseload</i>	<i>ASD Share</i>
<i>Alta California</i>	16,711	31,225	54%
<i>Central Valley</i>	13,471	27,194	50%
<i>Eastern Los Angeles</i>	8,246	13,798	60%
<i>Frank D. Lanterman</i>	7,643	12,076	63%
<i>Far Northern</i>	5,269	9,919	53%
<i>Golden Gate</i>	3,524	9,752	36%
<i>Harbor</i>	10,992	17,440	63%
<i>Inland</i>	18,467	45,169	41%
<i>Kern</i>	7,149	13,259	54%
<i>North Bay</i>	4,772	9,972	48%
<i>North Los Angeles County</i>	21,461	33,937	63%
<i>East Bay</i>	14,149	25,012	57%
<i>Orange County</i>	12,377	23,923	52%
<i>Redwood Coast</i>	2,375	4,745	50%
<i>San Andreas</i>	8,300	17,581	47%
<i>South Central Los Angeles</i>	11,340	20,202	56%
<i>San Diego</i>	23,366	38,197	61%
<i>San Gabriel/Pomona</i>	7,698	15,072	51%
<i>Tri Counties</i>	8,766	16,607	53%
<i>Valley Mountain</i>	10,617	19,079	56%
<i>Westside</i>	5,893	10,328	57%

Table 2 Source: The Department's Client Master File and Client Development Evaluation Report for Lanterman-eligible individuals with a diagnosis of ASD in FY 2024-2025. Data extracted January 2026.

The Department also is tracking estimated prevalence of ASD across California to examine caseload trends in relation to overall population changes within the state. For this analysis, the estimated prevalence rate is measured as the number of 8-year-old Lanterman-eligible individuals with a diagnosis of ASD divided by the total estimated county population of 8-year-old children. This analysis focuses on children 8 years of age because: (1) these individuals are likely to have been diagnosed with ASD by this age, (2) selecting a younger age-range reduces historical age bias that is present in the overall ASD caseload, and (3) it aligns with the methodology used by the United States

Centers for Disease Control and Prevention Autism and Developmental Disabilities Monitoring Network, which tracks ASD prevalence nationally. The statewide average estimated prevalence of ASD for 8-year-old children is 2.60 percent.

Table 3. Estimated ASD Prevalence for 8-Year-Old Children within each California County in 2025.

County	ASD Total	Population Total	Prevalence (Percent)	County	ASD Total	Population Total	Prevalence (Percent)
Alameda	436	19089	2.28%	Placer	145	5105	2.84%
Alpine	0	7	0.00%	Plumas	*	251	**
Amador	*	320	**	Riverside	635	32914	1.93%
Butte	139	2038	6.82%	Sacramento	602	21212	2.84%
Calaveras	10	429	2.33%	San Benito	*	880	**
Colusa	*	331	**	San Bernardino	458	32007	1.43%
Contra Costa	353	14034	2.52%	San Diego	1293	41521	3.11%
Del Norte	12	334	3.59%	San Francisco	61	6700	0.91%
El Dorado	37	1932	1.92%	San Joaquin	443	11535	3.84%
Fresno	467	16029	2.91%	San Luis Obispo	60	2749	2.18%
Glenn	12	400	3.00%	San Mateo	86	8426	1.02%
Humboldt	50	1459	3.43%	Santa Barbara	108	5619	1.92%
Imperial	212	2936	7.22%	Santa Clara	292	22135	1.32%
Inyo	*	190	**	Santa Cruz	25	2772	0.90%
Kern	457	14649	3.12%	Shasta	98	2457	3.99%
Kings	65	2440	2.66%	Sierra	0	26	0.00%
Lake	26	936	2.78%	Siskiyou	14	515	2.72%
Lassen	*	269	**	Solano	127	5640	2.25%
Los Angeles	3991	112479	3.55%	Sonoma	109	4885	2.23%
Madera	50	2372	2.11%	Stanislaus	235	8277	2.84%
Marin	11	2493	0.44%	Sutter	33	1409	2.34%
Mariposa	*	159	**	Tehama	33	802	4.11%
Mendocino	23	1135	2.03%	Trinity	*	135	**
Merced	114	4684	2.43%	Tulare	262	7652	3.42%
Modoc	*	105	**	Tuolumne	18	570	3.16%
Mono	0	177	0.00%	Ventura	267	9761	2.74%
Monterey	54	6070	0.89%	Yolo	67	2464	2.72%
Napa	26	1312	1.98%	Yuba	33	1398	2.36%
Nevada	17	921	1.85%	Statewide	12686	487444	2.60%
Orange	570	37898	1.50%				

Table 3 Sources: The Department’s Client Master File and Client Development Evaluation Report for Lanterman-eligible individuals with a diagnosis of ASD and who were 8 years of age in 2025. Data were extracted January 2026; California Department of Finance. Demographic Research Unit. 2025. State And County Population Projections 2020-2070 [computer file]. Sacramento: California Department of Finance. September 2025.

Note: This analysis includes only individuals with a diagnosis of ASD who are eligible to receive Lanterman services. Some individuals in California may have a diagnosis of ASD but either are not eligible for regional center services or have not sought regional center services and are not included in this analysis.

An asterisk (\*) denotes counts from 1-10 and two asterisks (\*\*) denote the corresponding percentage for counties with counts from 1-10, which have been de-identified to protect the identities of these persons.

Figure 3. Estimated ASD Prevalence: the Share of Estimated Population within each California County for 8-Year-Old Children with a Diagnosis of ASD (Lanterman-eligible) in 2025.

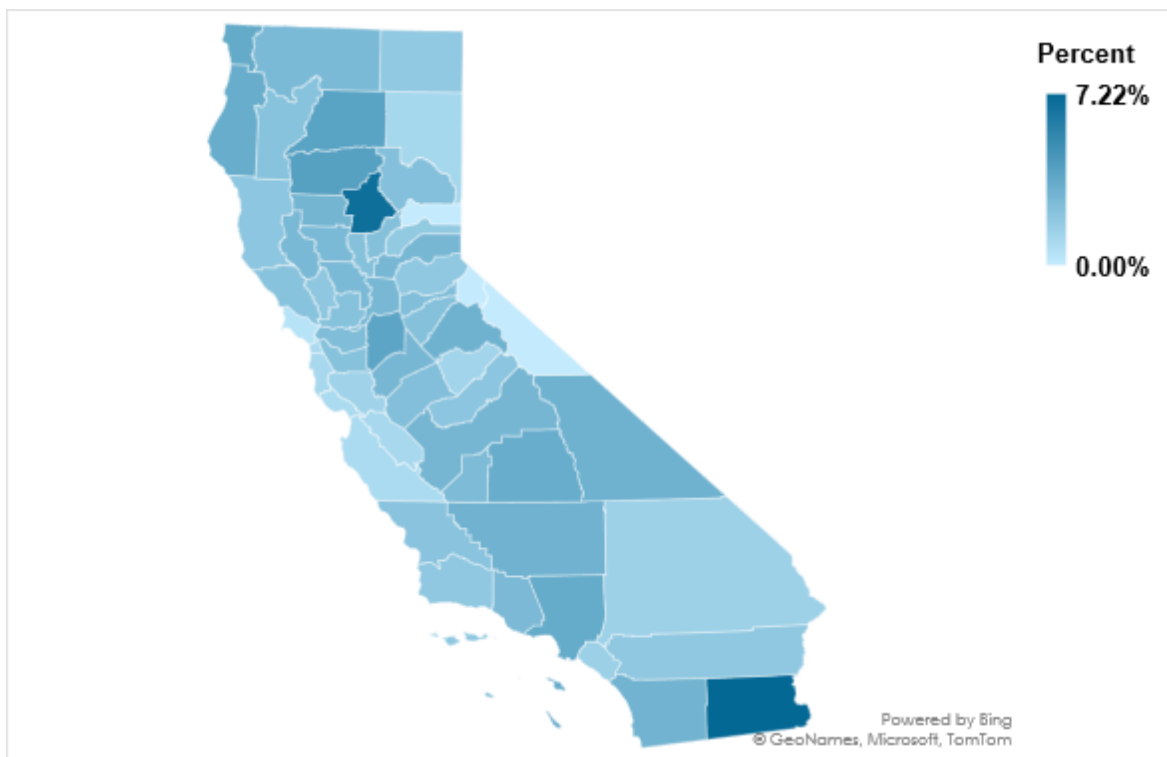


Figure 3 Sources: The Department’s Client Master File and Client Development Evaluation Report for Lanterman-eligible individuals with a diagnosis of ASD and who were 8 years of age in 2025. Data were extracted January 2026; California Department of Finance. Demographic Research Unit. 2025. State And County Population Projections 2020-2070 [computer file]. Sacramento: California Department of Finance. September 2025.

Note: This analysis includes only individuals with a diagnosis of ASD who are eligible to receive Lanterman Act services. Some individuals in California may have a diagnosis of ASD but either are not eligible for regional center services or have not sought regional center services and are not included in this analysis.

## 2:2 CHARACTERISTICS AND DEMOGRAPHICS

Within the statewide Lanterman Act-eligible ASD caseload, 42 percent identify as Hispanic, 24 percent identify as White, 11 percent identify as Asian, 7 percent identify as African American or Black, and 16 percent identify as any other race/ethnicity (including mixed race).

Figure 4. The Department's ASD Caseload by Shares of Each Race/Ethnicity Group in 2024-2025.

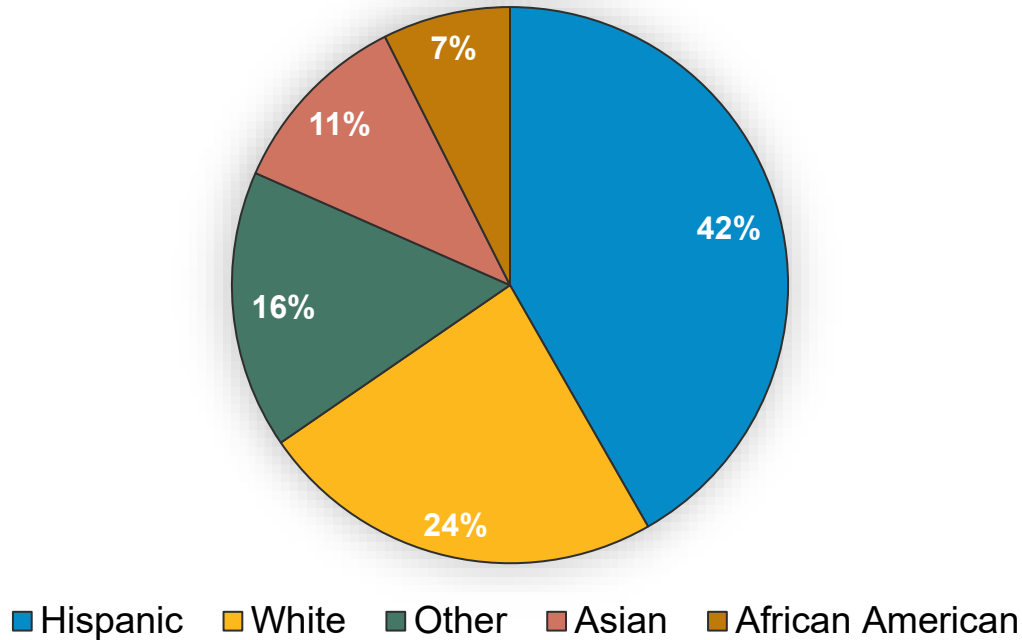


Figure 4 Source: The Department's Client Master File and Client Development Evaluation Report for Lanterman Act-eligible individuals with a diagnosis of ASD in FY 2024-2025. Data extracted January 2026.

The five most common primary languages spoken by individuals with a diagnosis of ASD include English (82 percent), Spanish (15 percent), Vietnamese (<1 percent), Mandarin Chinese (<1 percent), and Cantonese Chinese (<1 percent).

Among individuals with a diagnosis of ASD, 77 percent of individuals are male and 23 percent of individuals are female (ratio = 3.44:1). Approximately 18 percent of the statewide ASD caseload has co-occurring ID, while 82 percent do not have an identified co-occurring ID.

There are some notable differences in shares of individuals with co-occurring ID across races and ethnicities. African Americans have the highest share of co-occurring ID (25 percent), followed by Asian (21 percent), Hispanic (18 percent), White (17 percent), and Other (15 percent).

Figure 5. Left: Share of the Department's ASD Caseload Identifying as Male and Female; Right: Share of the Department's ASD Caseload with and without an Identified Co-occurring ID.

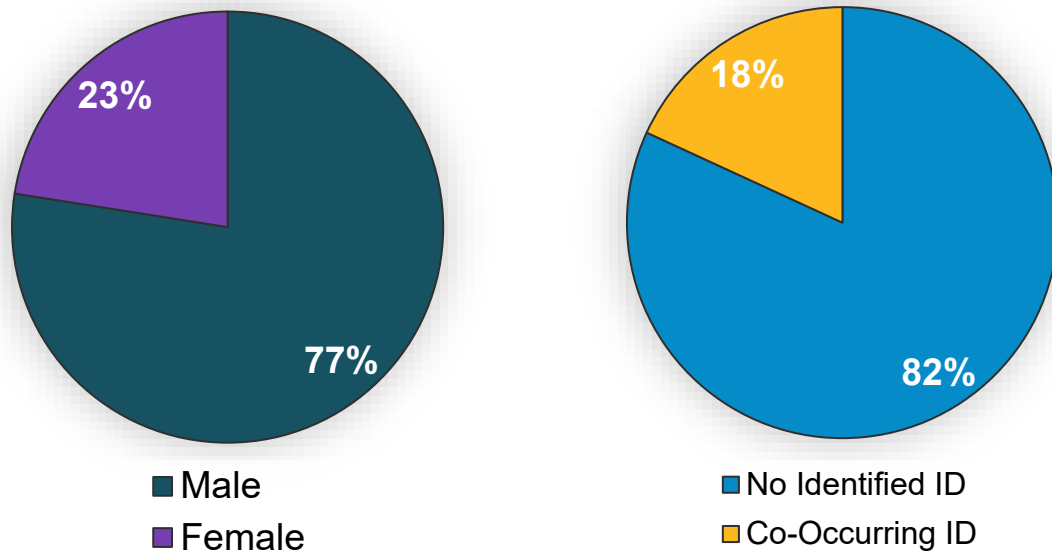


Figure 5 Source: The Department's Client Master File and Client Development Evaluation Report for Lanterman Act-eligible individuals with a diagnosis of ASD in FY 2024-2025. Data extracted January 2026.

## 2:3 AGE AT ELIGIBILITY DETERMINATION

To evaluate system entry trends, individuals' ages were examined at the time of their transition from intake to eligibility determination for Early Start<sup>3</sup> or Lanterman Act services (for individuals first entering the Department's service system between FY 2017-2018 and FY 2024-2025). Statewide, 52.5 percent of individuals with a diagnosis of ASD became eligible for services from birth through 2 years of age, 28.9 percent became eligible between 3 and 8 years of age, and 18.6 percent became eligible at 9 years of age or older.

Across racial and ethnic groups, there were larger shares of children identifying as Hispanic, Asian, and Other Race/Ethnicity entering the system under 3 years of age compared to children identifying as African American or White. Individuals identifying as White had the largest share of individuals becoming eligible at 9 years of age and older.

<sup>3</sup> The Early Start program is California's early intervention program for infants and toddlers with developmental delays, or who are at risk for having a developmental disability, and their families.

Table 4. Shares of Individuals Becoming Eligible for Early Start and Lanterman Services by Age and Race/Ethnicity.

<b>Age in Years</b>	<b>African American</b>	<b>Asian</b>	<b>Hispanic</b>	<b>Other</b>	<b>White</b>	<b>Total Share by Age</b>
0	4%	2%	4%	4%	3%	4%
1	16%	17%	22%	20%	16%	20%
2	27%	29%	31%	32%	22%	29%
3	8%	6%	7%	6%	6%	6%
4	9%	8%	8%	8%	7%	8%
5	7%	7%	6%	6%	5%	6%
6	4%	5%	4%	4%	4%	4%
7	3%	3%	2%	3%	3%	3%
8	2%	2%	2%	2%	3%	2%
9+	19%	18%	14%	16%	31%	19%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Table 4 Source: History Status file and Client Developmental Evaluation Report Data for individuals first entering the developmental services system (transitioning from Intake to Early Start or Lanterman Act Services) from July 1, 2017 to June 30, 2025. Age is as of the date of transition to Early Start or Lanterman Act services. Data extracted January 2026.

## 2:4 SERVICES AND SUPPORTS

For individuals with a diagnosis of ASD of all ages statewide, the most commonly used service type in FY 2024-2025 was In-Home Respite (service code 862). The next most commonly used service types vary by age group (see Table 5). For children and youth from 0-13 years and 14-17 years, Financial Management Services (service code 490) was the second most commonly used service type. For transition age adults (18-21 years), Personal Assistance (service code 062) was the second most commonly used service type. For adults (ages 22+ years and older), the second most commonly used service was Community Integration Training Program (service code 055). See Table 5 for a broader view of the Top 10 service codes most commonly used by age group. Service code descriptions are included in Section 4, page 20, and full list is available at [https://www.dds.ca.gov/wp-content/uploads/2026/02/ServiceCodeDescriptions\\_January2026.pdf](https://www.dds.ca.gov/wp-content/uploads/2026/02/ServiceCodeDescriptions_January2026.pdf).

Table 5. Top 10 Most Commonly Used Service Codes Among Individuals with ASD by Age Group in FY 2024-2025.

Service Name	0-13	Rank	14-17	Rank	18-21	Rank	22+	Rank
862-IN-HOME RESPITE SERVICE AGENCY	48,365	1	10,859	1	7,401	1	10,209	1
490-FINANCIAL MANAGEMENT SERVICES	12,911	2	2,135	2	1,158	6		
051-PERSONAL EMERGENCY RESPONSE	11,818	3	1,803	5	1,046	8		
643-TRANSLATOR	9,929	4	2,032	3	1,554	4		
459-PARTICIPANT-DIRECTED SOCIAL RECREATION	8,453	5	1,097	8				
024-PURCHASE REIMBURSEMENT	7,991	6	1,415	6	933	9		
008-SPORTS CLUB	7,399	7	998	10				
056-INTERDISCIPLINARY ASSESSMENT	5,695	8						
102-INDIVIDUAL OR FAMILY TRAINING	5,538	9	1,097	8	1,165	5		
028-SOCIALIZATION TRAINING PROGRAM	5,408	10	1,348	7				
062-PERSONAL ASSISTANCE			1,968	4	2,008	2	4,100	6
520-INDEPENDENT LIVING PROGRAM					1,873	3	6,756	4
055-COMMUNITY INTEGRATION TRAINING PROGRAM					1,124	7	8,090	2
605-ADAPTIVE SKILLS TRAINER					721	10		
880-TRANSPORTATION - ADDITIONAL COMPONENT							7,235	3
510-ADULT DEVELOPMENT CENTER							4,562	5
915-RESIDENTIAL FACILITY SERVING ADULTS							4,047	7
515-BEHAVIOR MANAGEMENT PROGRAM							4,029	8
895-TRANSPORTATION - PUBLIC/RENTAL/TAXI							3,994	9
875-TRANSPORTATION COMPANY							3,362	10

Table 5 Source: Comprehensive Historical Details dataset for individuals with Lanterman, Provisional, or At-Risk eligibility status (2, 3, and U) as of FY 2024-2025. Data extracted January 2026.

Note: Service code descriptions are included in Section 4 (page 20).

For individuals with a diagnosis of ASD falling into the 0-13, 14-27, and 18-21 years age groups, In-Home Respite (service code 862) services accounted for the largest amount of purchase of service (POS), followed by Personal Assistance (service code 062). For adults 22 years-of-age and older, Residential Facilities Serving Adults (service code 915) accounted for the largest amount of POS, followed by Supported Living Services (service code 896).

Table 6. Top 10 Service Codes with Highest Total POS Among Individuals with ASD by Age Group in FY 2024-2025.

Service Name	0-13	Rank	14-17	Rank	18-21	Rank	22+	Rank
862-IN-HOME RESPITE SERVICE AGENCY	\$443,470,457	1	\$120,427,646	1	\$85,848,172	1	\$131,176,264	6
062-PERSONAL ASSISTANCE	\$101,883,749	2	\$48,942,817	2	\$59,264,350	2	\$167,420,008	4
331-COMMUNITY INTEGRATION SUPPORTS	\$27,205,316	3	\$12,722,019	4	\$15,145,905	6		
605-ADAPTIVE SKILLS TRAINER	\$24,232,992	4	\$9,187,746	7	\$13,895,145	8		
320-COMMUNITY LIVING SUPPORTS	\$23,568,959	5	\$11,654,431	5	\$27,537,468	4	\$88,771,801	9
459-PARTICIPANT-DIRECTED SOCIAL RECREATION	\$17,050,284	6						
028-SOCIALIZATION TRAINING PROGRAM	\$16,274,663	7						
024-PURCHASE REIMBURSEMENT	\$15,961,670	8						
008-SPORTS CLUB	\$15,303,791	9						
115-SPECIALIZED THERAPEUTIC SERVICES (AGES 3-20)	\$15,174,363	10	\$7,072,682	9				
901-ENHANCED BEHAVIORAL SUPPORTS HOME			\$14,378,300	3				
113-SPECIALIZED RESIDENTIAL FACILITY HABILITATION			\$11,179,247	6			\$160,989,142	5
920-RESIDENTIAL FACILITY SERVING CHILDREN			\$7,839,814	8				
017-CRISIS TEAM			\$5,886,019	10				
915-RESIDENTIAL FACILITY SERVING ADULTS					\$31,444,092	3	\$411,311,302	1
055-COMUNITY INTEGRATION TRAINING PROGRAM					\$17,707,998	5	\$198,025,285	3
520-INDEPENDENT LIVING PROGRAM					\$14,726,496	7		
109-SUPPLEMENTAL RESIDENTIAL PROGRAM SUPPORT					\$13,757,711	9	\$98,408,348	8
896-SUPPORTED LIVING SERVICES					\$13,632,760	10	\$299,370,621	2
515-BEHAVIOR MANAGEMENT PROGRAM							\$118,273,423	7
510-ADULT DEVELOPMENT CENTER							\$72,302,639	10

Table 6 Source: Comprehensive Historical Details dataset for individuals with Lanterman, Provisional, or At-Risk eligibility status (2, 3, and U) as of FY 2024-2025. Data extracted January 2026.

Note: Service code descriptions are included in Section 4 (page 20).

Among individuals with ASD, there are differences in POS across racial and ethnic groups. The trends in POS differ depending on age and types of service. For example,

for individuals living in the family home, there are some POS differences across race/ethnicity groups (Table 7). For young adults (18-21 years-of-age), Hispanic, Asian, and White groups had similar average POS, while African Americans had higher POS and individuals of any other race/ethnicity had lower POS on average.

The POS values below include the mean and median values for each age and race/ethnicity group. The average (mean) and median (middle) are statistical methods used to examine the center of a dataset. Often the mean is used to represent the most common measure of POS. However, in cases where a small number of outliers skew the overall distribution of data for a group, the median may be a better representation. For example, in cases where a few individuals have higher POS (e.g., individuals residing in specialized residential homes), the mean can become inflated.

Table 7. Mean and Median POS of Individuals with a Diagnosis of ASD Living in the Family Home by Race/Ethnicity in FY 2024-2025 (also, footnote on next page)

	Mean	Median
<b>Ages 0-13</b>		
African American	\$8,056	\$6,447
Asian	\$8,271	\$6,591
Hispanic	\$6,463	\$5,139
Other	\$6,472	\$4,910
White	\$7,614	\$5,166
<b>Ages 14-17</b>		
African American	\$13,032	\$11,833
Asian	\$12,262	\$9,758
Hispanic	\$10,492	\$9,720
Other	\$9,861	\$7,452
White	\$10,088	\$7,483
<b>Ages 18-21</b>		
African American	\$17,668	\$13,976
Asian	\$15,862	\$11,356
Hispanic	\$14,903	\$11,988
Other	\$12,237	\$9,504
White	\$14,460	\$9,992
<b>Ages 22+</b>		
African American	\$32,379	\$29,012
Asian	\$33,123	\$28,675
Hispanic	\$26,411	\$23,042
Other	\$25,829	\$22,279
White	\$28,843	\$22,617

Table 7 Source: Comprehensive Historical Details dataset for individuals with Lanterman Act, Provisional, or At-Risk eligibility status (2, 3, and U) as of FY 2024-2025. In-home is defined as individuals with residence type code of 11 (home of parent/family/guardian), 78 (foster home), 79 (family home under a family home agency), and 80 (certified foster home) as of each month in the FY. Data extracted January 2026.

For In-Home Respite services, which are the most commonly used service type for individuals with a diagnosis of ASD across all age groups, there are small differences in POS across race/ethnicity groups.

Table 8. Mean POS and Median POS of Individuals with ASD with In-Home Respite Usage by Race and Ethnicity in FY 2024-2025

	Mean	Median
<b>Ages 0-13</b>		
African American	\$9,766	\$8,578
Asian	\$8,990	\$7,569
Hispanic	\$9,636	\$8,335
Other	\$8,649	\$7,048
White	\$8,306	\$6,812
<b>Ages 14-17</b>		
African American	\$11,849	\$10,599
Asian	\$10,470	\$9,078
Hispanic	\$11,867	\$10,578
Other	\$10,160	\$8,542
White	\$9,894	\$8,353
<b>Ages 18-21</b>		
African American	\$11,485	\$10,273
Asian	\$11,929	\$9,575
Hispanic	\$12,349	\$10,930
Other	\$10,981	\$8,709
White	\$10,009	\$8,653
<b>Ages 22+</b>		
African American	\$13,830	\$11,363
Asian	\$12,979	\$10,663
Hispanic	\$12,978	\$11,254
Other	\$12,586	\$10,318
White	\$12,247	\$9,709

Table 8 Source: Comprehensive Historical Details dataset for individuals with Lanterman Act, Provisional, or At-Risk eligibility status (2, 3, and U) as of FY 2024-2025. Respite services are defined as service codes: 420, 862, and 864. Data extracted January 2025.

Personal assistance (service code 062) is the second highest ranked service type by POS for individuals under the age of 22. For this service type, there are large differences between the mean and median values for each group, indicating there may be small numbers of individuals with very high utilization of the service (Table 9).

Table 9. Mean POS and Median POS of Individuals with ASD with Personal Assistance Usage by Race/Ethnicity in FY 2024-2025.

	<b>Mean</b>	<b>Median</b>
<b>Ages 0-13</b>		
African American	\$20,386	\$17,522
Asian	\$19,065	\$13,379
Hispanic	\$19,411	\$16,335
Other	\$18,259	\$11,821
White	\$20,101	\$13,810
<b>Ages 14-17</b>		
African American	\$27,350	\$24,844
Asian	\$25,593	\$17,394
Hispanic	\$24,035	\$21,105
Other	\$27,639	\$18,803
White	\$23,727	\$13,165
<b>Ages 18-21</b>		
African American	\$31,436	\$30,455
Asian	\$24,154	\$16,668
Hispanic	\$28,531	\$24,092
Other	\$28,771	\$15,391
White	\$33,475	\$14,763
<b>Ages 22+</b>		
African American	\$38,652	\$32,393
Asian	\$38,005	\$32,570
Hispanic	\$36,020	\$28,735
Other	\$45,151	\$31,819
White	\$48,231	\$24,683

Table 9 Source: Comprehensive Historical Details dataset for individuals with Lanterman Act, Provisional, or At-Risk eligibility status (2, 3, and U) as of FY 2024-2025. Personal Assistance is defined as service code 062. Data extracted January 2026.

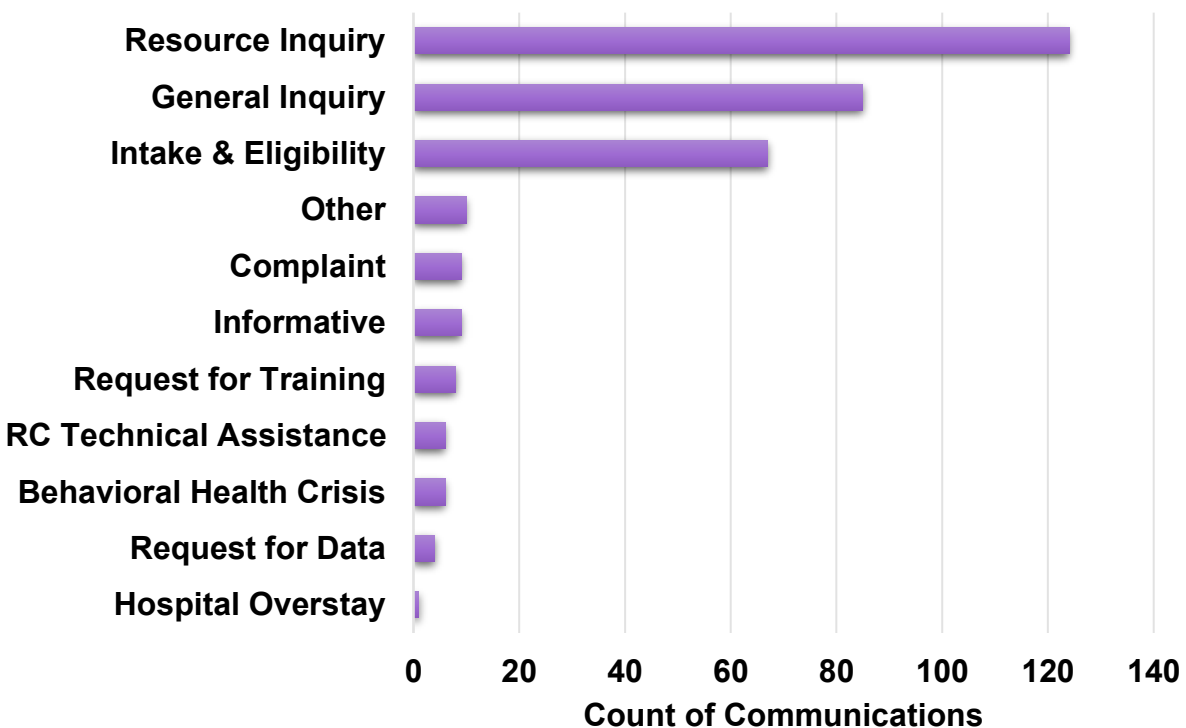
## SECTION 3: DEPARTMENT UPDATES

The Department's Autism Services Branch supports a variety of projects and initiatives related to ASD. Updates on these activities are provided below.

### 3:1 COMMUNICATIONS AND TECHNICAL ASSISTANCE

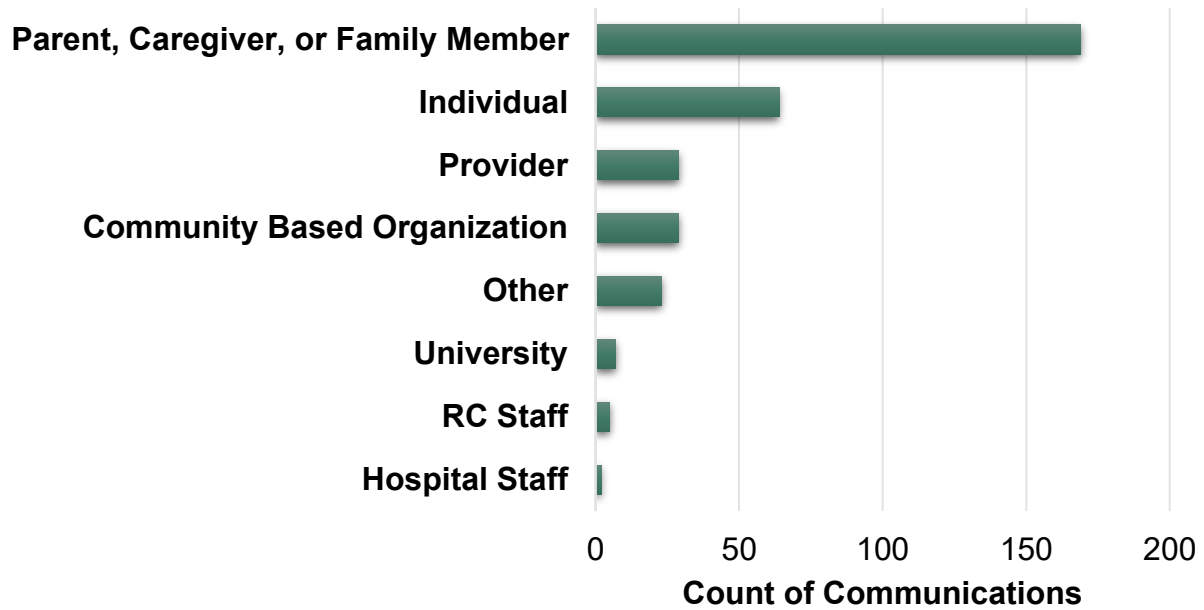
The Department operates the **Autism Helpline** to respond to inquiries and requests for assistance coming to the Department and related to ASD. The helpline includes an email inbox and phone line that are available for anyone to contact at (833) 815-2337 or [autism@dds.ca.gov](mailto:autism@dds.ca.gov). The Department is also tracking data on the types of communications received through the Autism Helpline, to follow emerging trends and inform the development of informational materials (e.g., FAQs). From FY 2024-2025, there were 329 initial contacts to the Autism Helpline. See Figures 6 and 7 for a display of the types of communications received and the types of individuals or groups that contacted the Autism Helpline.

Figure 6. Types of Communications Received by the Autism Helpline in FY 2024-2025.



Note: Count of Communications includes only the first phone call or email made by an individual or organization to the Autism Helpline; it does not include counts of related follow-up emails or phone calls.

Figure 7. Types of Individuals or Groups Contacting the Autism Helpline in FY 2024-2025.



Note: Count of Communications includes only the first phone call or email made by an individual or organization to the Autism Helpline; it does not include counts of related follow-up emails or phone calls.

On October 31, 2024, the Department launched the [Autism Resource Hub](#). The Autism Resource Hub is an informational webpage housing resources and information related to ASD and supports and services, as well as downloadable FAQs and informational materials. From launch through the end of the fiscal year (October 31, 2024-June 30, 2025), 11,361 active users visited the Autism Resource Hub page, resulting in 94,893 interactions (including clicks on resource links and materials downloaded).

### 3:2 COMMUNITY ENGAGEMENT

In FY 2024-2025, the Department hosted four quarterly meetings of the **Autism Focus Group**. This group is comprised of 14 autistic individuals supported by regional centers across California, ranging in age from 18 to 49. The primary function of this workgroup is to identify priority areas for evaluation and make recommendations on how to reduce barriers to community inclusion. The meetings in FY 2024-2025 centered around topics identified as priorities by the group, which included Relationships and Social Recreation,

Housing and Living Services, Autism Awareness and Acceptance Month and Community Outreach, and CalABLE<sup>4</sup> and Personal Finance.

The Autism Services Branch continuously engages with the autism community and provides statewide trainings related to ASD. In FY 2024-2025, the Branch participated in nine disability community events and resource fairs and led 30 presentations on ASD for approximately 2,680 attendees. Presentation audiences varied from individuals and families, regional centers, other state departments, university students and fellows, clinicians, and providers.

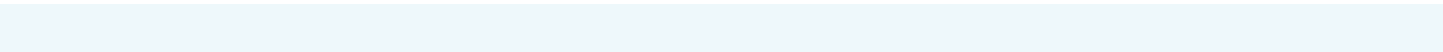
### 3:3 BUILDING SYSTEM-WIDE EXPERTISE

In 2023, the Department secured an interagency agreement with the UC Davis MIND Institute University Center for Excellence in Developmental Disabilities (UCEDD) to host an ongoing ECHO Autism for California professionals, system partners, and families. Project ECHO (Extension for Community Healthcare Outcomes), originally developed at the University of New Mexico, is a learning and guided practice model designed to for increasing workforce capacity to provide specialty care and reduce health disparities. The ECHO Autism builds an interdisciplinary learning network across California to train on evidence-based practices through presentations and case-based discussion. The UC Davis MIND Institute UCEDD and Autism Services Branch staff collaborate to identify topics and curriculum for each six-session training cohort. The ECHO Autism is offered to participants free of charge. In FY 2024-2025, there were four completed training cohorts:

- Pathways to Independence for Neurodiverse Teens and Adults (September-November 2024)
  - 132 participants including behavioral health providers, social workers, direct support professionals, school psychologists, community program workers, and training and development specialists
- ECHO Autismo (July-November 2024)
  - 67 participants including child psychiatrists, psychologists, behavior specialists, parents/guardians, and caregivers
- ECHO Autismo (January-June 2025)
  - 64 participants including child psychiatrists, psychologists, behavior specialists, parents/guardians, and caregivers
- Community Perspectives on Neurodiversity (April-June 2025)
  - 146 participants including behavioral health providers, child/family/school social workers, healthcare or medical administrative personnel, administrators, allied health personnel, program specialists, and public health officials

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<sup>4</sup> CalABLE is California's tax-advantaged savings and investment plan for people with disabilities.



Throughout FY 2024-2025, the Department's Autism Services Branch and Clinical Services Branch teams met with the Association of Regional Center Agencies (ARCA) Psychology Collaborative clinicians to update the Autism Spectrum Disorders: Best Practices Guidelines for Screening, Diagnosis, and Assessment (2002) publication. This publication will provide detailed best practice recommendations for screening, evaluating, and assessing individuals for a diagnosis of ASD. In 2024, the new guidelines were drafted in partnership with regional centers' clinicians. In 2025, the draft was reviewed by the ARCA Psychology Collaborative membership and clinical experts from the California UCEDDs and other California university autism centers.

# SECTION 4: GLOSSARY

## 4:1 ABBREVIATIONS IN THIS REPORT

**ARCA:** Association of Regional Center Agencies

**ASD:** Autism Spectrum Disorder

**DDS:** Department of Developmental Services

**ECHO:** Extension for Community Healthcare Outcomes

**FAQs:** Frequently Asked Questions

**FY:** Fiscal Year

**ID:** Intellectual Disability

**POS:** Purchase of Service

**RC:** Regional Center

**UCEDD:** University Center for Excellence in Developmental Disabilities

## 4:2 DESCRIPTIONS OF TOP SERVICE CODES

Service Code	Name	Description
008	Sports Club	Intermittent or regular community-based recreation with equipment and/or instruction to maintain and enhance physical health through exercise.
017	Crisis Team	Crisis intervention services designed to support and stabilize the consumer in the consumer's current living arrangement or other appropriate setting (e.g., day program, school, community respite).
024	Purchase Reimbursement	Reimbursement for purchases to meet an individual's Individual Program Plan objectives.
028	Socialization Training Program	Services that provide socialization opportunities that enhance and develop an individual's interpersonal relationships.

051	Personal Emergency Response	Personal systems, devices, or items designed for emergency assistance. Examples include 24-hour answering/paging, beepers, Med-Alert bracelets, intercoms, Life-lines, fire safety devices, light fixture adaptations, adaptive telephone device and other emergency assistance devices or services.
055	Community Integration Training Program	Training that assists with acquisition, retention, or improvement in self-help, socialization and adaptive skills in a setting other than the home or facility where an individual resides.
056	Interdisciplinary Assessment	Specialized assessment services for an individual.
062	Personal Assistance	Provision of personal assistance and support.
102	Individual or Family Training	Training services for individuals or their family members that are necessary to implement an objective in the individual's Individual Program Plan.
109	Supplemental Residential Program Support	Time limited, supplemental staffing for a residential setting.
113	Specialized Residential Facility Habilitation	A residential care facility licensed by the Department of Social Services that provides 24-hour care and supervision.
115	Specialized Therapeutic Services	Specialized therapeutic services (such as oral health, speech therapy, counseling) for individuals ages 3-20 years.
320	Community Living Supports	Services that support learning skills for independent living in the community.
331	Community Integration Supports	Services that support learning skills that promote community participation and independence.

420	Respite Service – Family Member	A vendored family member who provides in-home respite services.
459	Participant-Directed Social Recreation	Social recreation, camp, and non-medical therapies.
490	Financial Management Services	A service that processes payroll, payments and reimbursements for services and goods.
510	Adult Development Center	A community-based day program that supports adults who are in the process of learning self-help skills.
515	Behavior Management Program	A community-based day program that supports adults with severe behavior disorders and/or dual diagnosis.
520	Independent Living Program	A community-based day program that trains adults in functional, self-help skills for independent living.
605	Adaptive Skills Trainer	Training to enhance an individual's adaptive skills.
643	Translator	A translator fluent and able to read and write in both English and a language other than English.
862	In-home Respite Service Agency	Non-medical care and supervision provided in the individual's own home.
864	In-Home Respite Worker	A provider of in-home respite services.
875	Transportation Company	Transportation to and from community-based day programs or other vendored services for a regional center.
880	Transportation-Additional Component	Transportation to and from program activities provided by community-based day program vendor.

895	Transportation-Public Transit, Rental Car, or Taxi	Transportation provided by a service available to the general public. Examples include public transit authorities, car rental agencies, and taxis.
896	Supported Living Services	Services to support the needs of an individual living in their own home.
901	Enhanced Behavioral Supports Home	An adult residential facility or a group home providing 24-hour, non-medical care to individuals who require enhanced behavioral supports, staffing, and supervision in a homelike setting.
915	Residential Facility Serving Adults	A licensed community care facility for adults.
920	Residential Facility Serving Children	A licensed community care facility for children.



# Questions?

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