Strategic Plan and Implementation Framework

Nevada Communication Access Services

Multi-Year Strategic Plan

Prepared for: Nevada Communication Access Services (CAS),

Aging and Disability Services Division (ADSD),

By: Innivee Strategies, October, 2026

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Section 1. About this Report

This report is for Nevada's Deaf, DeafBlind, Hard of Hearing, and Speech Disabled community and for anyone who wants to understand Nevada's Communication Access Services (CAS) Strategic Plan. It is based on what some community members shared with us both in person in Nevada in March 2026 and online through focus groups and interviews. In all, Innivee Strategies held five focus groups (in Las Vegas, Reno, and Elko), eleven one-on-one interviews, and one office visit. More than 50 Deaf, DeafBlind, and Hard of Hearing community members, families, advocates, educators, interpreters, service providers, and current and former CAS and ADSD staff took part. We met with Speech Disabled community service providers; however, we did not have the opportunity to meet with individuals who identified as a member of the Speech Disabled community. We used what we learned to write a community engagement and data report for the Strategic Planning Committee. The Committee used that report to develop goals and suggest ideas for how to reach those goals.

This document shares those ideas and recommendations with CAS and with the broader Nevada Deaf, DeafBlind, Hard of Hearing and Speech Disabled community. This is CAS's strategic plan, and CAS, along with the ADSD, can consider the various recommendations and ideas from the Strategic Planning Committee and decide how to move forward. The Nevada Commission for the Deaf and Hard of Hearing (NVCDHH or "the Commission"), other state agencies, as well as Deaf-led and Deaf-serving organizations, and community members can partner in this plan.

Section 2. About CAS

Communications Access Services (CAS) is a program within the Nevada Aging and Disability Services Division (ADSD). ADSD is a division of the Nevada Department of Human Services (DHS).

CAS has eight full-time staff positions:

- Program Manager
- Administrative Assistant
- Telecommunications Advisor
- Interpreter Registry Manager
- Interpreter / Mentors (2)
- Interpreter / Translator Specialists (2)

CAS is housed within the Office of Community Living (OCL) at the Aging and Disability Services Division (ADSD). CAS reports to the OCL Agency Manager and the ADSD Administrator.

CAS is responsible for the oversight of Nevada's Telecommunication Devices for the Deaf (TDD) surcharge according to Nevada Revised Statute (NRS) 427A.797. The Nevada Public Utilities Commission (PUC) sets the surcharge amount for each phone line according to the projected CAS budget needs. The surcharge amount cannot exceed 8 cents per month per line according to the statute. The surcharge amount is set at 7 cents per month on each landline and mobile phone line in Nevada for the 2027 State Fiscal Year.

CAS currently oversees the following service programs in Nevada (how the service is provided in parentheses):

- Relay Nevada (contract[1])
- Telecommunications Equipment Distribution Program (grant[2])
- Access to Services (grant)
- American Sign Language (ASL) Instruction (grant)
- Deaf Mentoring (grant)
- Interpreting Mentorship Program (in-house[3])
- Nevada Interpreter/CART Registry (in-house)

During the last several years, the grantees have not spent all their awarded funds. Remaining funds are required to be saved in the CAS reserve account. As a result, the reserve amount is at approximately $9.5 million as of October 2026. Detailed budget information for the CAS program can be found on CAS' webpage.

The salary of the Executive Director of the Nevada Commission for Persons who are Deaf and Hard of Hearing ("Deaf Commission") is also paid from the TDD surcharge.

The Deaf Commission is a separate entity from CAS. The Deaf Commission is also housed within ADSD but has different functions and reporting responsibilities. The Deaf Commission is an advisory and advocacy body that is involved in many issues that affect people with communication disabilities. The Deaf Commission serves as a driver of Deaf-related policy for the state and interacts with the Legislature and the community as advocates in ways that CAS cannot.

[1] **Contract:** A third-party company is awarded a contract through a competitive process.
[2] **Grant:** Direct funding to an organization through a competitive process.
[3] **In-house:** CAS hires staff to provide the service.

Other agencies in Nevada are part of the Deaf service ecosystem and have important roles in setting policy and regulations that impact accessibility and quality of life for persons with communication disabilities:

- Nevada Department of Education (educational policy)
- Department of Employment, Training and Rehabilitation (vocational rehabilitation)
- Nevada Department of Social Services (social services)
- Nevada Division of Health Care Financing and Policy (Medicaid)
- Nevada Office of Emergency Management (access in disasters and emergencies)
- Governor's Office for Science, Information and Technology (digital equity)
- Nevada Public Utilities Commission (TDD surcharge rate)

Section 3. Purpose of this framework

This *Strategic Plan and Implementation Framework* is a strategic plan to help CAS decide how to use those reserves for what members of the community says it needs, and in ways that can keep those programs and services going after the reserve is spent. It is a map for CAS's work and has three parts. First is one vision for Nevada. Next are five priorities that move Nevada closer to that vision. Last are ideas and recommendations for each priority from the ad hoc, or temporary, Strategic Planning Committee.

This report does four things:

1. It turns the priorities into clear goals;
2. It shows the right pathway for carrying out each goal;
3. It lists things to think about before CAS commits to a plan of action;
4. It shows how to measure progress.

It helps CAS move toward the vision while working with many partners, organizations. people and groups and keeping track of a large, statewide effort.

For each priority, goal, and recommendation, CAS will take several things into consideration, and then decide whether, how, when to carry out each idea. That choice will depend on things like funding, staffing, capacity - what the organization can take on, ability - the skills that people have to do the work, and things outside CAS's control. Nothing in this plan is a promise to act right away, and it also does not describe how the work will be done. This plan is like a road map that we look at before beginning a road trip: a map provides direction and routes. There may also be traffic, construction, roadblocks, and detours along the way and to successfully arrive at our destination, we must be willing to adapt to any challenges along the journey.

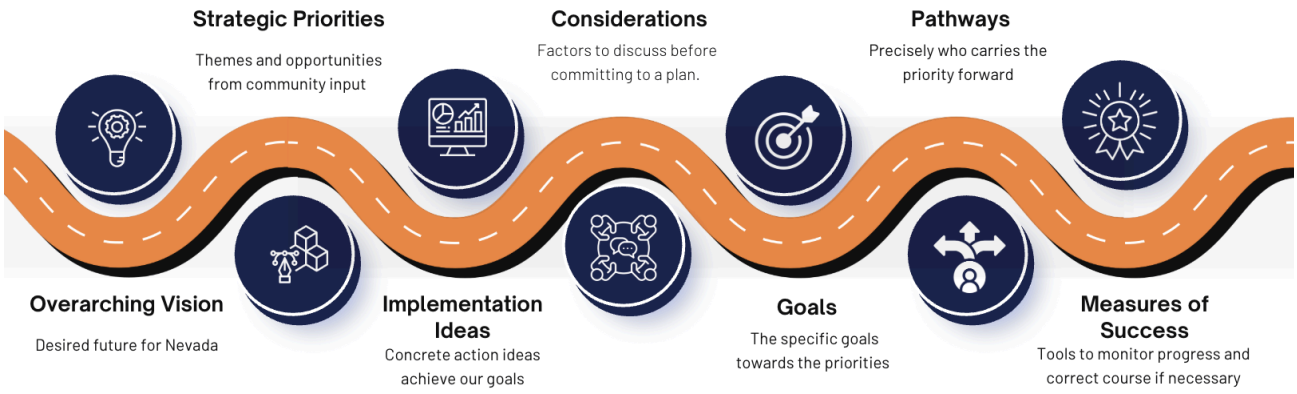
Section 4. How the Plan Works

Every level of this Strategic Plan marks a point on the same route, from the vision that sets the destination down to the measures that show how far CAS has traveled:

Vision → Priorities → Implementation Ideas → Considerations → Goals → Pathways → Measures of Success

- **Vision:** The desired future for Nevada, developed by the Strategic Planning Committee.
- **Priorities:** The five areas where CAS focuses effort and resources over the life of the plan.
- **Implementation Ideas:** Concrete ways, or action steps, that a goal may be pursued.
- **Considerations:** Various factors that need to be considered before committing to a plan.
- **Goals:** Specific, measurable outcomes that move a priority forward. CAS sets final goals during implementation, after baselines are known.
- **Pathway:** Four Pathways Framework helps decide *who* carries a specific goal.
- **Measures of Success or Progress:** How progress is measured against a baseline.

Strategic Plan Roadmap



The value of a roadmap is that it provides clear direction. We can see how the vision turns into a specific commitment and then into an action with a named owner. Anyone can ask of any activity: Which goal does this serve? Which priority? And how does it move towards the vision?

Section 5. The Overarching Vision

The Nevada CAS Strategic Planning Committee wrote a vision statement. It is a "north star": a picture of what we want Nevada to become in the next 20 years and gives everyone a shared goal to work toward. The strategic priorities come from

this vision. The priorities guide CAS, working with its partners and community members, toward further communication access across the state.

> ***A transformed Nevada where every Deaf, DeafBlind, Hard of Hearing, and Speech Disabled person belongs and thrives through guaranteed, seamless communication access across telecommunications, emergency services, healthcare, social services, education, employment, and public spaces.***

The Strategic Planning Committee described a future where communication access is available everywhere in Nevada. Access is just as good in a rural clinic as in a Las Vegas courtroom. The same is true in hospitals, public spaces, transportation hubs, courts, and police stations. Access is easy to find and easy to use. Deaf, DeafBlind, Hard of Hearing, and Speech Disabled Nevadans can go anywhere in the state without running into barriers.

Section 6. The Five Strategic Priorities

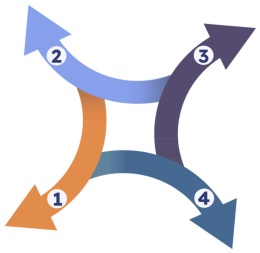


The Strategic Priorities translate the vision into direction for CAS. The Strategic Priorities name where CAS will put effort, money, resources, and attention over the life of the plan. The Strategic Priorities are broad enough to fit the whole vision. The priorities are also specific enough to guide decisions. And they can be measured, so we can see whether progress is real.

Priority 1:	**Clarity in Information Access, Transparency, and Collaboration**
Every Deaf, DeafBlind, Hard of Hearing, and Speech Disabled Nevadan is able to find and use CAS services with ease, as well as the groups and state agencies that serve them. People are able to learn what CAS offers, ask for it, and get it in both ASL and English and in the other languages and formats the community uses, like Spanish and Lengua de Señas Mexicana (LSM) and Braille. CAS receives community input and works with Deaf-led and Deaf-serving groups across the whole state – the north, rural, and frontier areas.	
Priority 2:	**Service to all of Nevada: Northern, Rural, and Frontier Regions**
Deaf, DeafBlind, Hard of Hearing, and Speech Disabled Nevadans in rural, northern, and frontier areas are able to receive services, access to services, and programs that are equal to those in the state's major cities.	

Priority 3:	Equitable Access for Unserved and Underserved Populations
Nevadans who are underserved or don't receive services, for example, DeafBlind; Deaf seniors; Deaf Indigenous Nevadans and Deaf BIPOC; DeafNeurodivergent, DeafDisabled, and non-speaking people; and/or incarcerated Deaf people, have access to and receive the access, services, and care that fits their language and culture, and receive them within an appropriate timeframe.	
Priority 4:	**Assured Language Access from Birth for Deaf Youth**
Every Deaf, DeafBlind, and Hard of Hearing child in Nevada is assessed for appropriate language development and acquisition milestones in comparison to hearing children, from birth through kindergarten and beyond. When a child is falling behind in language development, the child receives language help – access to resources, family mentoring, ASL classes, etc. – right away.	
Priority 5:	**Expand and Sustain the Communication Access Workforce**
Nevada grows, trains, certifies, and keeps its own Communication Access workforce. This covers many roles: qualified ASL interpreters, including Deaf, trilingual, and school interpreters; Certified Deaf Interpreters; DeafBlind communication facilitators and Co-Navigators; CART providers; Deaf mentors; ASL-fluent workers in health care, mental health, social work, vocational rehab, and Deaf education. The goal is simple. Every Deaf, DeafBlind, Hard of Hearing, and Speech Disabled Nevadan is served by someone certified and matched to their language, mode, and setting.	

Section 7. Before Committing to Action



There are many ways to reach a priority, and building creative solutions is the exciting part of this work. Three questions shape every idea.

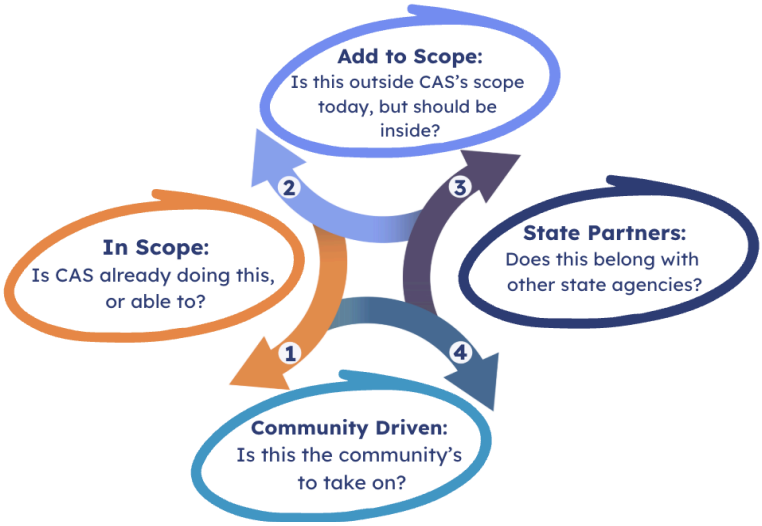
1. ***Who does the work?*** Not all of it belongs to CAS. Some must happen through partnerships, and some belong to the community. *The Four Pathways Framework* below names the options, chosen action by action rather than priority by priority.
2. **What does each solution cost?** What is affordable now may not be sustainable later. Does this idea need a one-time influx of funds or is this an ongoing need? How can something be designed to sustain the idea for the long term?
3. **Who does it reach?** What works for one group may not work for another. What is fast may not be accessible. What is accessible for some may be barriers for others. *Questions for Consideration* below are what CAS has to weigh as each idea takes shape.

The Four Pathways Framework to a Transformed Nevada

Each action in this plan moves forward through one of four pathways. The pathway is not chosen for the priority as a whole. It is chosen for each specific goal or piece of work, because a single priority can require several kinds of effort at once: some things CAS does directly, some things a partner is better positioned to do, and some things the community must lead.

- **Pathway 1, Within CAS's scope.** Work CAS does today, or could do or grow, within its law. Stating this plainly gives CAS and the community a shared view of what CAS does and can do.
- **Pathway 2, Could be added to CAS's scope.** Work that may fall outside CAS's NRS scope. The Commission and community may choose to push for a change. For example, if they want CAS to grow DeafBlind support or emergency access, the Commission or community can ask and advocate for the state legislature to widen CAS's scope or budget.
- **Pathway 3, Outside CAS's scope, could fit other state agency partners.** Work that belongs with another Nevada agency, like Vocational Rehabilitation, the Department of Education, the Governor's technology office, or emergency management. Here CAS may refer people and work alongside them.
- **Pathway 4, Outside CAS's scope, could be led by the community and/or community organizations.** Work the community can take on itself, through its own organizing or advocacy. CAS can share information and guidance, and the community leads the work. For example, a local Deaf group could bring a clear need to establish a foundation and win funding for new services for senior citizens within the state.

This framework shows the path forward through conversation, teamwork, and accountability. Some ideas may fit more than one pathway. Some may have boundaries people do not agree on. The framework provides CAS with language to discuss their decisions, collaboration, and potential plans.



Applying the Pathways: A short set of sorting questions for each idea:

1. **Does CAS already do this, or can it** within its current NRS authority and budget? If yes, Pathway 1. If not, look at Pathway 2, 3, or 4.
2. **Could CAS do it only with a change to its scope or budget?** If yes, this is Pathway 2, and the route is advocacy through the Commission and community.
3. **Does it belong mainly to another Nevada agency,** with CAS referring and collaborating? If yes, Pathway 3, and the next step is naming the partner. If not, then perhaps Pathway 4 is the way.
4. **Is the community best placed to lead it,** with CAS informing and supporting? If yes, Pathway 4. If not, what are the alternatives not identified in these pathways?

While an idea or goal can span more than one pathway, if there are any boundaries that people do not agree on, those should be reviewed by CAS and their legal experts.

Questions for Consideration before Committing to Action

Before CAS starts a new project, it helps to stop and think it through. A good idea can still be the wrong idea for *right now*. The questions below are just some examples, they can help decide if an idea is ready, who should lead it, and what needs to happen first. Not every question fits every idea. Use the ones that are relevant.

1. Environment and politics. Consider the "pulse" or the politics in the community, the state, and the state office, and who holds influence. Timing matters: legislative sessions, elections, and leadership changes can help or hurt an idea, and a lost champion can end it. Is there currently strong, stable leadership? Are the community's leaders aligned with each other? Be mindful of what you can not control, what you can control or what you can influence, and remember that in a small community, relationships matter.

2. Demand and community. Make sure people want a given program or service and will use it, and it's something that no one else already does. Was the community part of shaping it, or just asked to approve it? Is any existing service adequate or in need of more support? Does it reach everyone, including rural, Black Deaf, Deaf Latine, and DeafBlind people, and those without good internet?

3. Access and language. Build accessibility in from the beginning, not as an afterthought. Do not assume people can hear, see, read English or understand ASL. DeafBlind, DeafDisabled, limited English proficiency, immigrant, and senior Deaf people

can be left out by shortcuts. Budget for interpreting, captioning, tactile interpreting, and translation. And check that the tool itself works for all constituents.

4. Money. Do you have funding now, and will it last if the work takes a long time to complete? Watch cash flow, not just the total, since some grants pay you back later. Plan for upkeep after launch, and for what other work slows down.

5. People and skills. Do you have the staff, skills, and training, or can you hire or contract them? Do not let one person be the whole project. If they leave, would the work stop? Write things down, and plan for staff turnover.

6. Time and capacity. Can staff take this on without being stretched too thin? Do you need to add a position, and can the state do that? How long does it take to create the position? Can you start with a small pilot, and is a public failure okay?

7. Technology. Is technology a key part of this initiative? Is the technology readily available, accessible, and affordable? What state rules may limit technology? Know what you can do, and what workarounds exist.

8. Laws and Statutes. Ensure understanding of all relevant rules first, e.g. NRS 427A.797, accessibility laws like the ADA, Section 504, and Section 508, plus state buying rules. Privacy laws apply too: FERPA for student records, HIPAA for health records, and public records law. Buying a tool or contractor takes time. Also, decide who owns any relevant data, tool, or materials after funding ends.

9. Who decides? Be clear on roles: who approves, who is accountable, who can stop it, and how disputes get settled. Does it fit the current plan and mission? For partnerships, get written agreements and be clear about who will do what in a collaboration.

10. Impact and proof. Can a real, positive difference be measured? Are you able to build a baseline now so you can prove change later? Describe what success looks like, and what would tell you to stop if you are not achieving the desired success. And while gathering information, protect privacy, since in a small community, de-identified data can still name someone.

11. Risk and exit. What could go wrong? A good project can still cause harm. If it ends early, who is left holding the harm? And weigh doing nothing, which is a real choice with real costs.

Section 8. Implementation Ideas and Goals

Implementation - *or translating ideas on paper into action* - is where the five priorities become real. Here we turn each priority into goals and ideas that move Nevada forward: spelling out the actionable steps, people, money, and time it takes to achieve each priority.

Each priority is presented the same way: the priority statement, why the Strategic Planning Committee selected it, what success would look like in practice, and then one or more goals, each with the implementation ideas that could carry it forward, considerations that CAS, partnering organizations and the community must think about and discuss before committing to a plan of action, and lastly the measures that would show whether progress is real.



Once CAS adopts a goal, it becomes a commitment they can be held to. The implementation ideas beneath it are concrete “how to” ideas for pursuing it. CAS will use these ideas to determine (a) whether an idea is within CAS’s scope, (b) whether CAS has the resources to carry it out, and (c) if not, whether to partner with or advise others who are in a position to carry the goal forward.

Some other factors beyond scope and resources that CAS and the community need to consider before any commitment or action is taken include factors discussed in Section 7, which provides some illustrative examples. Within implementation planning, those leading a project must have conversations about considerations: the “what we should think about” is just as important as the “how to” for any successful project planning.

Also, consider that not all implementation ideas will be the right ones for Nevada at the same time. Every figure and date shown in brackets is an example only, not a commitment. Each target will be set after the Year 1 baseline assessment. And because several priorities rest on Year 1 baselines that do not exist yet, those are suggested as Year 1 goals.

Nothing in this section assigns a pathway or names an owner at this point. Those decisions belong to CAS after they take several factors into consideration (see Section 7). Where work falls outside CAS’s scope, partner agencies and community organizations may be needed to help carry a goal.

1 – Clarity in Information Access, Transparency, and Collaboration	
Every Deaf, DeafBlind, Hard of Hearing, and Speech Disabled Nevadan is able to find and use CAS services with ease, as well as the groups and state agencies that serve them. People are able to learn what CAS offers, ask for it, and get it in both ASL and English and in the other languages and formats the community uses, like Spanish and Lengua de Señas Mexicana (LSM) and Braille. CAS is clear about what it offers. It receives community input and works with Deaf-led and Deaf-serving groups across the whole state – the north, rural, and frontier areas.	
Why This Priority	Priority 1 is about clear information and working together. People told us they want to find and use what is offered, without a struggle. They want to know what CAS offers. They want to know who to contact for each service. And they want an up-to-date list of programs they can count on. This came up often. In 12 of the 16 focus groups and interviews (75%), people said it was hard to learn what CAS does or who to contact. Two related concerns each came up in 8 of the 16 (50%): services that are hard to find and connect, and the need to rebuild trust between CAS and the community.
What Success Looks Like	Every Deaf, DeafBlind, Hard of Hearing, and Speech Disabled Nevadan can get communication access and reach services. No door closes on them. They do not have to figure out a confusing system. They do not have to fight providers who refuse to give access the law requires (the ADA, the Americans with Disabilities Act). And they do not have to prove their rights over and over. Today, people have to decode the system. This priority moves Nevada to a system people can use with ease, with help nearby when they need it.

Implementation Ideas:

Goal – Explain every CAS service in one place people can find: Each CAS service should have a short explainer. It should say what the service is, who it is for, who to contact, how to ask for it, and what to expect. Each explainer should be in ASL and English, in Braille, and in the other languages the community uses, like Spanish and LSM. All of them should live in one place that is easy to find.

What this could include:

- A full public list of the CAS services offered today.
- One explainer for each service. Write it for three groups: community members; partner organizations; and state and government agencies that may use CAS.

- ➢ One easy-to-find home for all the explainers, such as one part of the CAS website, in every format above.
- ➢ Where it helps, simple guidance for access in different places, like health care, legal, emergency, and school settings.
- ➢ Braille versions in the formats DeafBlind readers need, and checked by a DeafBlind expert.

Measurement: Percent of inventoried CAS services with a complete, published explainer in all required formats. Year 1, establish a baseline as the authoritative service inventory itself by [TIMEFRAME[4]]; then [NUMBER%] of inventoried services with a published explainer by [DATE].

Considerations before commitment:

- ➢ Can CAS post this kind of information on state websites, or is another way needed?
- ➢ What information do people need access to? How will it be collected, laid out? How will we know it's effective? How can we ensure it's accessible to our constituents?
- ➢ Who will keep the information current? A list or website only helps if someone keeps it up to date.
- ➢ Is the information easy to act on? How will people be able to find what they need, understand it, and use it without help?

Example (not an actual, decided upon goal):, "*By June 2027, CAS will have an authoritative service inventory established and then 75% of services inventoried will have a published explainer by December 31, 2028.*"

Before CAS can move forward with this goal, they first need to determine: Is it in scope? Does CAS have the funds to commit to this? Do they have access to the technology to complete this? Do they have the staff available to complete this work? Will they be able to provide explainers in accessible formats for all their constituents? Will the documents be living documents and easy to keep updated? Will these explainers benefit the community? These are just some of the things that need to be considered and some of the questions that need answers before commitment. These considerations are applicable to all priorities and recommended goals.

[4] Anything in a bracket like [THIS] means this is a metric for CAS to determine with the guidance of an accountability body. These targets would be set after the Year 1 Baseline assessments.

2 – Service to all of Nevada: Northern, Rural, and Frontier Regions	
Deaf, DeafBlind, Hard of Hearing, and Speech Disabled Nevadans in rural, northern, and frontier areas receive services, access to services, and programs that are equal to those in the state's major cities.	
Why this Priority	Priority 2 is about providing service across the whole state. Nevada is a big state and many Deaf, DeafBlind, Hard of Hearing and Speech Disabled people live far apart. People in rural areas often have fewer resources than people in cities. There may be few qualified in-person interpreters. The internet may be slow or drop out. And people may not know what the state offers. These gaps can turn serious in medical, legal, school, work, and emergency moments. Problems with service in rural and northern Nevada came up in 10 of the 16 focus groups and interviews (63%). Problems with video remote interpreting (VRI), such as poor quality and dropped connections, came up in 8 of the 16 (50%).
What Success Looks Like	People in rural, northern, and frontier areas are found and told about the programs they can use, in their own language. In-person ASL interpreting is available when needed. Video Remote Interpreting (VRI) means an interpreter joined by video if that's preferred or no in-person interpreter is available, but it's used to help, not as an automatic stand-in. This matters most in high-stakes moments. There are both fixed and traveling Deaf service points beyond the cities. There are more qualified interpreters and providers to serve these areas. Better equipment and support for paying for internet access to make sure video access works. The systems people count on (health providers, first responders, police, courts, schools, employers) have clear guidance for providing effective communication access. Residents have simple guides that help them ask for their rights.

Implementation Ideas:

Goal 1 — Build a statewide service-delivery network. By [DATE], build a service network that shrinks the gap in northern, rural, and frontier Nevada.

Year 1 starts with a regional needs assessment. It finds where interpreters and providers are, where the shortages are, what travel and internet barriers exist, and where accessible information is missing. That assessment sets the baseline for every target.

What this could include:

- ➢ Reach out in every rural and frontier county.

- ➢ Grow the number of qualified interpreters in these areas by at least [XX%][5]. Use recruiting, travel funding, and help getting certified.
- ➢ Provide reliable in-person interpreting. Use VRI only to help, not as a stand-in.
- ➢ Set up at least [X] fixed or traveling Deaf service points outside the Las Vegas and Reno area.
- ➢ Train at least [XX%] of the named health, emergency, police, and court partners on communication access.
- ➢ Get self-advocacy guides to at least [XX%] of the Deaf, DeafBlind, and Hard of Hearing residents in these areas, in the languages and formats they use.

Goal 2 — Teach and reach providers: Education and Outreach. By [DATE], make and share accessible materials for employers, health providers, first responders, police, courts, teachers, and other providers. The materials explain the access rules and how to pay for access. They inform and empower people. They do not advocate for anyone.

Measurement: Report progress each year, by region. Track service use, interpreter availability and wait times, outreach turnout, technology and internet access, partner training done, and resident satisfaction.

Considerations before commitment:

- ➢ Do we know what the real gaps are yet? What needs assessments come first?
- ➢ Do we have expertise in house to develop any resources for the community? Can we contract out? If so, with whom?
- ➢ What are ways to address interpreter shortages in these areas that are sustainable? How can the plan keep working after the reserve is spent down?
- ➢ How can VRI be supported, especially in rural and frontier areas and high-stakes settings?
- ➢ Is the internet strong enough? VRI and Video Phone (VP) fail on weak connections. What are ways to address this?
- ➢ Who are the local partners? Who are trusted local people and groups available to reach residents CAS cannot reach from afar?

[5] Anything in a bracket like [THIS] means this is a number or metric for CAS to determine with the guidance of an accountability body. These targets would be set after the Year 1 Baseline assessments.

3 – Equitable Access for Unserved and Underserved Populations

Nevadans who are underserved or don't receive any services, for example, DeafBlind; Deaf seniors; Deaf Indigenous Nevadans and Deaf BIPOC; DeafNeurodivergent, DeafDisabled, and non-speaking people; and/or incarcerated Deaf people, have access to and receive the access, services, and care that fits their language and culture, and receive them within an appropriate timeframe.

Why this Priority	Priority 3 is about the people programs miss. Some members of the community told us again and again that some groups are left out. Programs are missing or too thin for the DeafBlind community and for isolated Deaf seniors. Other groups are barely reached at all. The needs are serious. That is why the plan names these groups. CAS should meet these needs within what its law allows. Or, through advocacy by the Commission and the community, the law needs to be expanded. The gap in services for DeafBlind people came up in 11 of the 16 focus groups and interviews (69%). Isolation among Deaf seniors, and the lack of Deaf-friendly assisted living, came up in 10 of the 16 of the engagements (63%).
What Success Looks Like	Each group gets what it truly needs, not a one-size-fits-all service. DeafBlind Nevadans get communication facilitation and Co-Navigator support. A Co-Navigator is a trained person who helps them reach services. People can reach CAS through a community ambassador. The ambassador shares their language and lived experience. Core CAS materials are fully accessible. That includes Braille and formats for people not fluent in ASL or English. Materials come in Spanish and Lengua de Señas Mexicana (LSM). They also come in DeafBlind formats that are Braille-ready and tactile.

Implementation Ideas:

Goal — Reach the people programs miss: By [DATE], conduct needs assessments for these groups. Start with the DeafBlind community first. Those assessments set the baseline for reaching people programs miss.

What this could include:

- ➢ Recruit community ambassadors from each group.
- ➢ Pilot a DeafBlind communication facilitation and Co-Navigator program in one region by

Scope note (DeafBlind services): *DeafBlind-specific communication facilitation and Co-Navigator or SSP services are not named in NRS 427a.797. This is the DeafBlind gap cited as an example: if the Commission and community decide CAS should provide it, the route is advocacy for scope, budget, or both, through the Commission. DeafBlind-specific accessibility and service design are flagged for DeafBlind SME review.*

[DATE]. Grow it to at least [X][6] regions by [DATE].

- ➢ Set up a service, a referral path, or a written plan for at least [XX%] of the needs the assessments find.
- ➢ Make core public materials available in the languages and formats the assessments say are needed, including DeafBlind formats. Aim to cover at least [XX%].

Measurement: Report each year, by group. Track needs-assessment completion, ambassador representation, program use, referrals completed, wait times, and community satisfaction. Draft targets: at least [XX%] participant satisfaction and at least [XX%] of services or referrals completed by [DATE].

Considerations before commitment:

- ➢ What does each group need? Are the needs assessments needed, e.g. DeafBlind community assessment?
- ➢ Will people consent? What are considerations for reaching hard-to-reach people and gaining their trust and permission?
- ➢ Is it CAS's job, or a partner's? Is this service being provided in the state anywhere? Some needs may sit outside CAS's law and call for other agencies or advocacy.

4 – Assured Language Access from Birth for Deaf Youth

Every Deaf, DeafBlind, and Hard of Hearing child in Nevada is assessed for appropriate language development and acquisition milestones in comparison to hearing children, from birth through kindergarten and beyond. When a child is falling behind in language development, the child receives language help – access to resources, family mentoring, ASL classes, etc. – right away.

Why this Priority	Priority 4 is about language from the start. A child's first years set up the rest of life. Full access to a first language early shapes school, health, work, and friendships later. When that access is missing or comes late, the harm is hard to undo. The field calls this language deprivation - when a child does not get a full language early. The window from birth to kindergarten is when the stakes are highest. Three related topics each came up in 9 of the 16 focus groups and interviews (56%): early support for hearing parents of Deaf children,

[6] Anything in a bracket like [THIS] means this is a number or metric for CAS to determine with the guidance of an accountability body. These targets would be set after the Year 1 Baseline assessments.

	family support for learning ASL, and testing how a child's language is growing. Today, Nevada has no known formal language assessment service for Deaf, Hard of Hearing, DeafBlind children.
What Success Looks Like	Every newborn who does not pass a hearing screen is diagnosed by 3 months. Every baby found to be Deaf, DeafBlind, or Hard of Hearing starts early support by 6 months. This is the national goal known as EHDI 1-3-6: screen by 1 month, diagnose by 3, start support by 6. Every child has their language growth tracked across their first five years, with tested tools, by trained teachers and early-support staff. Every family can see how their child is doing against clear benchmarks. Families can reach classes, mentors, peers, and role models for the way they choose to communicate. Every child reaches kindergarten with language ready for class, and reaches age 18 reading on par with hearing peers.

Implementation Ideas:

Goal — Language access for all Deaf, Hard of Hearing and DeafBlind children. Work with the CAS family-support grant (subaward) to track language levels for these children from ages 0 to 5. Make language benchmark tools for parents and teachers, including one shared framework. Partner with the state's early-support and education groups, like the Department of Education, Nevada Early Intervention Services, and EHDI.

What this could include:

- Grow Deaf mentoring, Deaf guides, and peer groups that show strong language in action.
- Give children language check-ins at set times, in the child's own language and way of communicating. Use tactile, DeafBlind-friendly methods, checked by a DeafBlind expert.
- When a child is behind, give the family a written referral, a meeting, or a personal plan within [XX days][7].
- A low-cost first step: hand families a simple flyer at the hospital. It connects them to a Deaf adult role model, ASL classes, the Deaf community, and clear language options.

Measurement: Report each year. Track check-ins done, language-growth data, referral and response times, family turnout, Deaf mentor availability, and family satisfaction. Draft targets: at

[7] Anything in a bracket like [THIS] means this is a number or metric for CAS to determine with the guidance of an accountability body. These targets would be set after the Year 1 Baseline assessments.

least [XX%] of children get check-ins at set times; at least [XX%] hold or improve their language progress within 12 months of help; grow Deaf mentor services to at least [XX] regions.

Considerations before commitment:

- ➢ Whose job is this? Much of this sits with public schools, health departments, and EHDI. CAS may guide and partner more than lead. (See the Four Pathways.)
- ➢ What programs already exist that may need more resources to be truly successful?
- ➢ Will partners commit? Who else can we partner with?
- ➢ Do the tools to assess language acquisition and sign language exist in Nevada? If not, what would we need to secure that?

5 – Expand and Sustain the Communication Access Workforce

Nevada grows, trains, certifies, and keeps its own Communication Access workforce. This covers many roles: qualified ASL interpreters, including Deaf, trilingual, and school interpreters; Certified Deaf Interpreters; DeafBlind communication facilitators and Co-Navigators; CART providers; Deaf mentors; ASL-fluent workers in health care, mental health, social work, vocational rehab, and Deaf education. The goal is simple. Every Deaf, DeafBlind, Hard of Hearing, and Speech Disabled Nevadan is served by someone certified and matched to their language, mode, and setting.

Why this Priority	Priority 5 is about the people who do the work of access to services. Almost every session and interview named the shortage of qualified interpreters and related workers. It is worse in Reno, Elko, and rural Nevada. It is not just too few people. It is a pipeline problem. Nevada does not grow and keep enough of its own. A home-grown, certified workforce turns every other priority into a real service, done by someone qualified. The interpreter shortage was the concern people raised most. It came up in 14 of the 16 focus groups and interviews (88%).
What Success Looks Like	Nevada opens more paths into interpreting. It focuses on rural areas and on hard-to-fill roles, like Certified Deaf Interpreters and DeafBlind interpreting. First-year graduates of the Interpreter Training Program (ITP) get coaching that keeps them in the field. Nevada recruits ASL-fluent people into health care, mental health, social work, vocational rehab, and Deaf education. It helps them with scholarships, internships, apprenticeships, and the cost of getting certified, including paths that do not require moving away. Nevada keeps

	its graduates through fair pay, career growth, and regional incentives. It holds clear standards, matching each certified worker to the person, the mode, and the setting, including for DeafBlind consumers.

Implementation Ideas:

Goal – Grow and keep a statewide workforce: First set a baseline. Then build the partnerships, paths, and supports that grow and keep a qualified workforce, with focus on shortage areas and on northern, rural, and frontier Nevada.

What this could include:

- In Year 1, set a statewide workforce baseline. Count providers, capacity, credentials, specialties, languages, where they work, pay, and open jobs. Name the shortage areas and regional gaps.
- Partner with Nevada colleges, agencies, employers, and community groups to build career paths in high-need fields.
- Set up written agreements (MOUs) with the interpreter training programs at Nevada State University and the College of Southern Nevada.
- Build a dedicated DeafBlind workforce path: Deaf interpreters, DeafBlind interpreters, communication facilitators, and Co-Navigators. Include recruiting, special training, mentoring, help getting certified, and steady funding, checked by a DeafBlind expert.
- Offer mentoring, coaching, and certification support to Nevada ITP graduates. Prioritize rural, Deaf, trilingual, and BIPOC interpreters. Note: CAS's state interpreter jobs already do some mentoring, so growing this may need more resources.
- Put Deaf candidates, specialized providers, and people from underserved areas first.

Measurements:

- Finish the statewide workforce assessment by [DATE].
- Set recruiting, certification, and retention targets within [XX months][8] of the assessment.
- Grow service capacity in northern, rural, and frontier regions by [at least XX%], with at least one more qualified provider or reliable option in each critical-shortage region.
- Give training or certification help to [at least XX] people each year.

[8] Anything in a bracket like [THIS] means this is a number or metric for CAS to determine with the guidance of an accountability body. These targets would be set after the Year 1 Baseline assessments.

- ➢ At least [XX%] of people who get state-funded help serve Nevada residents for at least two years after finishing.

Considerations before commitment:

- ➢ Growing and certifying people takes years, not months. What are honest timelines for this goal?
- ➢ What baselines need to be set first? What does Nevada have today and what are achievable targets?
- ➢ How do we continue working towards this after money from the reserve is spent down?
- ➢ Will people stay in Nevada after we invest in them? What, e.g. fair pay and career growth, would keep people in state after training or certification?

Section 9. Guidelines for Setting up Your Goals



A priority is a direction; a goal is a commitment you can hold someone to. A strong goal is SMART: Specific, Measurable, Achievable, Relevant, and Time-bound. When CAS writes a goal from a priority, name all seven of these:

- **Goal statement:** What changes, and for whom.
- **Pathway:** Who carries it? CAS, the Commission, state agencies, the community.
- **Owner:** One person who is accountable. Do not name more than one, because shared ownership weakens accountability.
- **Baseline:** What is true today. For several goals this does not exist yet and must be established first before goals for improvement can be determined.
- **Target and date:** Once baseline is set, the next level to reach and by when. Keep it realistic.
- **Measure:** How progress is counted. What are our measures of success?
- **Next steps:** Something concrete that can be started now.

Tracking progress



Develop and use a *Strategic Plan Implementation Tracker*. It is a shared, working document - a spreadsheet - and a partner to this plan. Where this plan helps guide where Nevada CAS is going, the tracker will clearly state who is doing what, what is done, what is next, and by when. It is set up by the five priorities. Within each row,

one goal is listed under a priority. That row holds the goal, the pathway, the person accountable, the steps, the desired result, a due date, and a status anyone can read at a glance.

The tracker is built to do three things:

- **Make the work visible.** Anyone can open it and see what is moving, what is stalled, and what has no owner yet.
- **Keep ownership clear.** One person per row.
- **Preserve the record.** Finished rows stay in place, so the tracker shows what happened, as well as what's next.

The tracker is a tool with examples and does not commit CAS to anything just yet. CAS decides how to act after the abovementioned considerations.

How to use this tracker

As work groups form, members fill in the tracker. They pick the goals they will take on and start the work. Each row is one next step.

Keeping it current

Update the rows before each committee meeting. When a step is done, mark it done and add the next one below. Do not delete finished rows, because they are the record. When a parked idea comes back, move it into a new row.

Three guardrails when setting goals:



- **Start with a baseline:** Several priorities cannot set honest targets until we understand the group or area to be served. Treat each baseline as a Year 1 goal on its own.
- **Set targets after the baseline:** The numbers and dates in brackets are placeholders to confirm or reset once baselines are known.
- **Match the goal to its pathway:** Naming the pathway names who is responsible. A goal on a pathway outside CAS's scope is still an opening for CAS to lead through partnership rather than direct ownership. CAS has this opportunity to engage with partnering agencies and the community and take leadership on advancing a given strategic priority.

Section 10. Key Next Steps: Working toward Your Goals

A strategic plan works only when it is *committed* to an action plan. These steps move the five priorities from statement to action.

- **Step 1. Set up implementation teams.** Name a CAS lead for each priority. Each team is Deaf-led and includes DeafBlind, rural, and frontier voices.
- **Step 2. Sort the implementation ideas into pathways.** For each idea, CAS picks a pathway using Section 7. This names who carries each piece of work.
- **Step 3. Set the baselines to measure future progress.** Do the Year 1 assessments the plan depends on: the CAS service list, the needs assessments, and the workforce baseline. Nothing can be measured without them.
- **Step 4. Turn priorities into owned goals.** Using Implementation Ideas and Goals (Section 8) write each goal with a single owner, a baseline, a target, a measure, and a first step.
- **Step 5. Route each goal by its pathway.** Pathway 1 goals enter CAS's work plan and budget. Pathway 2 goals go to the Commission and community as candidates for legislative or budget advocacy. Pathway 3 goals go to the named partner agency, with CAS as referral and collaborator. Pathway 4 goals go to the community, with CAS offering information and support.
- **Step 6. Align budget to strategy, within statute.** Check CAS's current spending against the goals, within the NRS 427A.797 surcharge limits. If a goal needs money or resources the surcharge cannot cover, that is a Pathway 2 signal for advocacy, not a reason to drop it.
- **Step 7. Build accountability structures and a dashboard.** Give each goal a clear owner, hold regular progress reviews, and track a small set of key metrics.
- **Step 8. Report annually or semi-annually to the community.** Publish a progress report each year that is accessible in ASL and English, in Braille and DeafBlind formats. Share it statewide and bring it to the Commission and community as a standing item.
- **Step 9. Create committees for community partnership and as an accountability body.** Recruit and train new members, or move the strategic planning committee from planning to ongoing monitoring, so community voice continues.
- **Step 10. Conduct regular mid-cycle reviews.** On a set schedule, review progress, fit, and resources. A strategic plan is a living document: firm on its goals, flexible on its tactics.

Section 11. Measuring progress

Measurement keeps the plan honest. A few rules to keep it workable:

- **Measure against baselines, not impressions.** Year 1 sets the starting points, called baselines. Later years measure how much things change from there.
- **Keep the list of metrics short and tie each one to a priority.** Use the metrics or measures already named in the plan, not new ones. Examples include: how many CAS services have a published explainer; interpreter availability and wait times in each region; how many needs assessments and referrals are completed; children's language check-ins and language growth; and workforce numbers, how many jobs are filled, and how many workers stay at least two years.
- **Set targets after baselines.** Confirm or reset the bracketed numbers once the Year 1 assessments give real starting points.
- **Report on a set schedule, in formats everyone can use.** Each year, share an accessible public report in the languages the community uses. This keeps the community informed and holds CAS accountable.
- **Use a simple dashboard to track progress inside CAS.** On a set schedule, check a few key numbers. For example, how many services have explainers, interpreter availability in each region, which baseline assessments are done, whether there are workforce vacancies and what the retention rate is, and community satisfaction.

Section 12. Recommendations

The phone surcharge reserve stood at about $8.4 million** at the end of 2025 and CAS is planning to use these funds to invest in the communities it serves, spending down the reserve within the next few years. This project helps CAS direct where the funds will have the most impact on clearly stated community needs. The goal is that the reserve money is spent on initiatives that would most benefit the communities it serves in a way that can last after the reserve is gone and CAS is back to its yearly surcharge income.

The surcharge is CAS's only funding. The law caps it at eight cents per phone line. It is set at seven cents now. The main limits are not the budget. The main limits are the lack of baselines to measure how well programs work, the shortage of qualified people, and the limits of NRS 427A.797 on what CAS can do directly.

These limits shaped the priorities. Four of the five depend on an assessment that does not exist yet: the CAS service list (Priority 1), the regional needs assessment (Priority 2), the population needs assessments starting with the DeafBlind community (Priority 3), and the workforce baseline (Priority 5). Every bracketed number in this plan depends on one of these. That is why the Year 1 goals are mostly assessments, not services. This is not meant to delay services people need. It is meant to set a baseline and real targets, so future services work well and reach the right people.

Other limits come from the law, not the budget. Sorting ideas into pathways gives the plan a way to keep moving instead of stalling at the edge of CAS's authority. An example is the interpreter shortage, which is worse in Reno, Elko, and rural areas. This is a pipeline problem, not just a hiring problem. Money can help, but it takes years and many partners and groups to recruit, teach, train, and certify a person.

Give the contested boundaries a legal read before they are sorted.

Where a pathway choice is truly in dispute, this plan flags it for legal review rather than deciding it. One thread runs through all of it: NRS 427A.797 never uses the word advocacy, and CAS has been clear that it does not directly advocate. ADSD sees CAS's role as facilitation and empowerment. Getting clear on this before the sorting session helps with the harder boundary calls.

Decide what happens to the ad hoc Strategic Planning Committee or set up the implementation teams.

The Committee talked through the reasoning behind every priority, including what was set aside. It is ad hoc, so its committee work ends when this report is done, unless members join an implementation or monitoring team. Consider changing the Committee from planning to monitoring. That keeps their knowledge, gives the community a role in follow-through, and builds accountability. Starting over with new people means rebuilding all of that.

A named CAS lead and a named ADSD lead, with community representation, Deaf-led, including DeafBlind, rural, and frontier voices. [Names and appointing authority to confirm.]

Reporting to the community.

Five focus groups and eleven interviews were conducted to help shape these priorities. Commit to making the priorities available in ASL and the languages your communities use - fully accessible versions - to show CAS's commitment and accountability to the community and the plan. This is a Priority 1 goal. [Target date to confirm.]

Make a reporting routine.

Establish a regular reporting routine within CAS public communications channels, town halls or adding implementation updates and progress reports on the Commission's standing agenda. Name one person to keep the tracker current. Without a set schedule, groups tend to report only after something goes wrong. [Check whether Nevada law sets a reporting duty the Commission could meet with this content; if so, this work should feed that duty.]

Review at the end of each year

The review should show what moved, what did not, and which bracketed numbers the baselines can now replace with real targets. The harder discipline is what not to add. Plans grow past usefulness one reasonable addition at a time. Also, check current spending against the goals, under the NRS 427A.797 surcharge limits. Where a goal needs money the surcharge cannot cover, that is a Pathway 2 sign for scope or budget advocacy.

Section 13. Gratitude & Next Steps

This plan gives Nevada CAS a road map that includes a vision that the Strategic Planning Committee shaped from community input. It includes five priorities based on what people said they need. It also has goals, a proposed plan and toolkit, and four pathways for deciding who does what. Finally, it has guidelines for writing goals, a tracker to measure progress, and next steps to turn it all into action. This plan also shows where partners and the community fit. This means the plan is easy to pick up and act on.

Innivee Strategies is deeply grateful to every person who joined a focus group or sat for an interview and trusted us with their experience. We are especially grateful to the Deaf community in Las Vegas, Reno, and Elko. You came out to talk with us at coffee shops, restaurants, libraries, food halls, and anywhere else we could meet. To the staff at the CSD Works Deaf Service Center in Las Vegas, and to the many wonderful people we met in the community, thank you.

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In the end, this plan was shaped by the Nevada Deaf, DeafBlind, Hard of Hearing, and Speech Disabled community. It has been an honor and a privilege to work alongside the community, this team, and everyone involved in this project.

With gratitude, we thank you.