BRIAN SANDOVAL Governor RICHARD WHITLEY, MS Director

EDWARD ABLESER, Ph.D. Administrator



DEPARTMENT OF HEALTH AND HUMAN SERVICES AGING AND DISABILITY SERVICES 3416 Goni Road, Suite D-132 Carson City, NV, 89706 Telephone (775) 687-4210 • Fax (775) 687-0574 http://adsd.nv.gov

MINUTES

Name of Organization:	Nevada Commission on Autism Spectrum Disorders Resource Development Subcommittee
Date and Time of Meeting:	August 23, 2016 12:00 p.m.
Carson City:	Nevada Early Intervention Services 3427 Goni Rd., #102

Carson City, NV 89706

I. Call to Order/Roll Call

Dr. Jan Marson called the meeting for the Resource Development Subcommittee to order at 12:02 p.m.

Members Present: Jan Marson, Brook Adie, Stephanie Myers, Jamie Johnson, Sarah Dean

Members Absent: Lynda Tache, Wes Haynes

Guests: Steven Cohen, Lori Follett, Marnie Lance, Julie Stanley

Staff Present: Carol Reitz

A quorum was declared.

II. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Mr. Cohen informed the Subcommittee that UNLV has created a Career Connect grant with DETR. It allows students to have open cases with VocRehab in order

to have the project facilitator receive job development. He said the problem is it takes three weeks to go to another vendor. He plans to work with Ms. John to expedite the process.

Dr. Marson reported that she spoke to Dr. Rock about the Partners in Policymaking program. There are some funding issues and it may start taking place every other year.

Ms. Dean asked Mr. Cohen about the Career Connect grant that he referenced. Mr. Cohen told Ms. Dean about his case and explained it was basically an extension of the time after Career Connect closes the case.

III. Approval of the Minutes from the July 26, 2016 Meeting

Ms. Myer stated that her name was misspelled in the minutes. Ms. Dean made a motion to accept the minutes with the correction of the spelling of the name. Ms. Adie seconded the motion. The motion passed.

IV. Develop Logic Model for Resource Development Goals and Objectives (For Possible Action)

Dr. Marson told the Subcommittee that the goals and objectives were placed in a logic model for them to discuss. She reported that their role is to provide information and feedback to the Autism Commission in dealing with the legislature.

Ms. Dean said one of the concerns that the Autism Commission had was ensuring that children under three years old received services right away after receiving a diagnosis. Dr. Marson said she saw opportunity with the Learn the Signs Act Early group which is a national program through the CDC (Centers for Disease Control).

Ms. Adie told the Subcommittee that ATAP is required to serve children upon diagnosis through the age of 19. She stated there are a lot of factors that are reviewed when they look at which children will be funded first including current case mix, age, location and budget. They are required to do a mix of younger and older children. She told the Subcommittee that their role is to be advocacy and provide guidance and support. The subcommittees don't do a lot of action, but they identify how they can be in support of the objectives. She reported she was unsure if there was a lot of autism legislation that is occurring this session but she suggested identifying someone that is following that legislation.

There was discussion about the objectives that were written. Ms. Adie said she thought the Objective 2.1 was written to look at the Early Intervention system and how changes can be made to ensure that children are receiving the comprehensive services from Early Intervention prior to ATAP.

Dr. Marson said comprehensive services were a matter of balancing urgency with limited resources. Dr. Marson asked about the Denver Model for Early Intervention. Ms. Adie said it was very costly to implement the model but they have developed a behavioral services team that meets on a regular basis and strategizes ways to ensure children are receiving therapies upon diagnosis. They have created pathways for children which includes they continue to receive services with Early Intervention and apply for ATAP. If they become eligible for ATAP, they can receive early Intervention and ATAP services as long as there isn't duplication of behavior services.

Ms. Adie said there are providers that can do the Denver Model. ATAP is trying to identify the children that might be appropriate for the Denver Model. Dr. Marson said the Denver Model was a valuable blended model.

Dr. Marson asked about Telehealth. Ms. Dean said there are a lot of components that are associated with Telehealth. Medicaid has approved Telehealth services.

Dr. Marson asked about RBTs. Ms. Adie reported that ATAP has hired close to 50 interventionists who are in the process of becoming RBTs to serve ATAP children.

Dr. Marson said they need to get Early Intervention staff including developmental specialists to be trained to serve the children. Ms. Adie reported the agency will start presenting on their proposed budget to the legislature in September. Once that budget has been approved, she will be able to discuss further what they are working on.

Mr. Cohen said one of the main challenges is the provider shortage for the 19 and over group. UNLV is working on providing assessments to the community but there is a waitlist. They are working with grad students to provide the assessments but he was unsure how that would affect services if the assessments are not done by doctors.

Dr. Marson asked about Objective 2.2 which is to promote and legislatively advocate for policies and funding which ensure effective education, supports and transition implementation for school-aged children. Ms. Adie read the specific strategies, timeline, partners and benchmarks for success. She said the idea would be to produce a service standard document for children ages 7-21 with ASD to ensure the standards are done.

Dr. Marson asked about who would produce the service standards. Ms. Dean said it would be working with the Department of Education since each school district has their own policies.

Dr. Marson said she would like to work with the School Districts on the eligibility criteria and process. She said they need to bring them to the table since autism has to adversely affect their education. Ms. Dean said they need to train staff in using evidence-based practices and being able to contract from the outside with people who have expertise to help train staff.

Ms. Adie said one of the biggest problems they have with the school districts is access. ATAP is a funding source but they cannot get any of their employees

into the school district because of liability issues. She suggested directing the Autism Commission to draft a letter in support of allowing the school districts to open up to the different funding sources to provide training and support to their staff.

Ms. Dean said the school district is legally responsible for every minute a child is in school. If they allowed an outside BCBA to work with a child while at school, it would be pulling the child from direct instruction to work on the goals that are written within their IEP. They need to find a way where services are not allocated to another service during the day.

Ms. Julie Stanley said she thinks it is the fear of the unknown for some of the school districts. They need to work on building relationships and communication. Ms. Adie said in the past, advocacy groups and the Autism Commission have been able to get legislators to sponsor bills that require school districts to do certain things.

Dr. Marson suggested getting samples of letters of agreement developed since every case is different. She suggested piloting a program with the school districts. Ms. Dean said they need to talk to the Department of Education in order to determine what has to be done to allow outside personnel into the schools; other states do it.

Ms. Adie suggested getting someone to sponsor a bill since they were able to get the Department of Ed to report to ATAP annually on the number of students with autism and those that have an IEP.

Mr. Cohen said he has been talking with an Assembly candidate who is willing to assist with drafting a BDR. He said Option 2 diplomas needs to be discussed.

Dr. Marson told the Subcommittee that they need to figure out who is really responsible for the strategies within their goal. She suggested in the report to the Autism Commission they should tell them they would like to open up dialogue with the school districts and get more input from them. They need to continue to work with ATAP and Early Intervention.

Ms. Adie said they need to determine what is most pressing for time. Legislative sessions are about to begin and that is the time to change NRSs. All BDRs are due by December and they need to be specific objectives. Legislative changes need to be focused on now and find someone to sponsor those changes.

Ms. Johnson said she is a BCBA with some experience in dealing with the school districts. She reported she has received pushback from the school districts due to liability factors of implementing something that wasn't coming from someone within the school district. She suggested finding some common ground in order for them to really give the children effective supports into their transition into adulthood. She added there are a lot of special education teachers that are already RBTs that may be utilized for any sort of pilot to help with the development process.

Ms. Adie suggested having the Subcommittee report to the Autism Commission of adding changes to the current NRS 427A. There was discussion about who they can contact to get more information on making changes to the NRS. Ms. Dean said she would speak to the director of special education.

V. Confirm Dates for Future Meetings

The Subcommittee decided to meet on Tuesday, September 13th at 12:00 p.m. Ms. Dean made a motion to accept the date and time of the next meeting. Ms. Adie seconded the motion. The motion passed.

VI. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

There was no public comment.

VII. Adjournment

Dr. Marson adjourned the meeting at 1:05 p.m.