



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES  
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**MINUTES**

Name of Organization: Nevada Commission on Autism Spectrum Disorders  
Resource Development Subcommittee

Date and Time of Meeting: November 16, 2016  
12:00 p.m.

Carson City: Aging and Disability Service Division  
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 12:03 p.m.

Members Present: Jan Marson, Brook Adie, Stephanie Myers, Julie Stanley, Jamie Johnson

Members Absent: Sarah Dean, Lynda Tache, Wes Haynes

Guests: Steven Cohen

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)

There was no public comment.

III. Approval of the Minutes from the October 7, 2016 Meeting

Ms. Adie made a motion to accept the minutes as they were written.  
Ms. Johnson seconded the motion. The motion passed.

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

Dr. Marson informed the Subcommittee that the recommendation letter that they presented was well received by the Autism Commission. She said they wanted them to address it to the right people. Ms. Adie said she will have Ms. Reitz work on the proper format of the letter. It should come from the Commission and be sent to the Department of Education, Governor's Office and the Committee on Health Care.

Dr. Marson informed the Subcommittee that two LEND trainees are working on data collection for the Autism Commission. They met with Mary Liveratti to get an understanding of how the State reporting system works. They will come up with a report and a recommendation for Objective 2.5.

Ms. Adie informed the Subcommittee that ADSD has an online case management system. The Developmental Services division have started a new system which ATAP and Early Intervention has requested on the new budget to be in a similar system. There will be one system for people to move from diagnosis, ATAP and developmental services. The IT unit developed a Mountain Bluebird Data System that is being used to input information across the departments to allow you to pull data from.

Dr. Marson told the Subcommittee that the data that was presented by NEIS at the Autism Commission that only 1% of the children seen by NEIS have autism is low. She said it needs to be explored further. Ms. Myers asked if they're being diagnosed later. Dr. Marson said she was unsure why the percentage was so low. Dr. Marson suggested asking the school districts how many of the kids that started in the early childhood program received Early Intervention services. Ms. Adie made a point that not all kids get diagnosed by Early Intervention but by other providers as well. Also, they may not have received a diagnosis until they started school.

Dr. Marson said there are factors that need to be considered with a diagnosis. Some families wait until age three to be concerned about language delay. Ms. Stanley said that speaking from her experience, about 50% of the children that come through her school district have not been through NEIS. They come through Child Find right off the street.

Ms. Adie read the first objective to the Subcommittee: Promote and legislatively advocate for the adoption of policies and funding which deliver comprehensive services for young children to ensure optimal outcomes. She said the progress that has been made is that ATAP/NEIS are now collocated in the same building across the state and have developed a policy for how they coserve the children. There are three pathways that have been identified for families: A family can stay with NEIS and be placed on a waitlist for ATAP when they're done with NEIS;

they can be start behavior services with ATAP and have other services with NEIS; or they can do ATAP only.

Dr. Marson said there are no children that fail a screening through NEIS that they don't make eligible for services. The comprehensive service that they're receiving after a failed screening is an IFSP. Ms. Adie said the objective was written because there was a concern that children needed intensive behavior services prior to receiving a diagnosis. They are receiving behavior services through EI prior to receiving a diagnosis.

Dr. Marson asked about the pathway for children that fail their ADOS but do not receive a diagnosis. Ms. Adie said there has been discussion about what to do with those children since ATAP would not be able to serve them without a diagnosis. The idea is for the children to receive EI behavior services until they receive the medical diagnosis before they can be referred to ATAP.

Dr. Marson asked if Early Intervention needed assistance in developing their intensive behavioral services. Ms. Adie said it is very different than what ATAP would provide. Ms. Adie told the Subcommittee that EI is hiring RBTs that are being supervised by BCBAs to provide those behavior services.

Dr. Marson asked if they need to put formalized language into a policy for behavior services. Ms. Adie said ATAP and NEIS have developed a policy and plan to get the children served. Dr. Marson asked if they need to provide that policy to the community partners. Ms. Adie suggested they hold off on it due to the budget.

Ms. Adie read the next objective: Collaborate with statewide partners to establish systemic screenings for ASD, NEIS, Early Education/QRIS System, Tribal Agencies, State Health Department, Child Protective Services, UNLV and UNR Centers for ASD, Touro University. Dr. Marson said it is asking for a cooperative agreement and developing a basic policy and process. She said the Tribal Agencies just recently started using the MCHAT and daycare centers don't really have a policy in place. Dr. Marson said she suggested working on putting policies in place next year and possibly doing a focus group.

Ms. Adie suggested starting the process by inviting the different stakeholders and asking how they are performing their screenings. Dr. Marson suggested creating a survey to get baseline data on what they are doing. Ms. Adie said there was an NRS that requires the ADOS to be used unless there is a waiver.

Dr. Marson told the Subcommittee that there is a requirement of Child Protective Services under CAPTA that if there is abuse suspected of a child under the age of 5 that they must be assessed for development. She said people that are doing the Ages and Stages should be backing it up with an autism screening. Dr. Marson suggested developing the list of potential stakeholders at the next meeting. She will bring in an example of what their organizational policy is.

Ms. Adie read the next objective: Compile and adopt service standards for children age 0-6, living with ASD. Standards may cover issues such as screening and diagnosis, immediate access to care, evidence-based treatment, school-based services, family supports. Dr. Marson said this objective would require time and money since research needs to be done on this. She wants the Commission to request for funding to accomplish this objective.

Ms. Adie asked if this objective would be one that they would want to focus on in the Governor's report. They could report that the State does not have standards for services and would like to request standards be written. A letter can be written to the Director's Office requesting funds to create the standards. The letter can be written to the Commission for them to approve it. Ms. Stanley offered to help Dr. Marson write the letter for statewide standards for children aged 0-21 to address Objective 2.1.3 and Objective 2.2.1.

Ms. Adie read the next objective: Advocate for public policies and funding allocations that support service standard implementation. Dr. Marson asked if providers are aware of ATAP and getting ABA services started early on. Ms. Adie said this objective is implementing the standards that need to be requested. Dr. Marson said the objective is for ABA services. Ms. Adie said there are a lot of factors for starting services such as funding, age, need and location. She added she felt that ADSD is already providing the services and people within the community can make suggestions on where improvements can be made.

Ms. Adie reminded the Subcommittee that NEIS is required to refer all parents to ATAP after receiving a diagnosis. However, there are some families that decline ATAP services. The biggest improvement is that Medicaid now covers ABA services which is an additional funding stream that covers more families.

Dr. Marson read the next objective: Establish and advocate for funding to support pilot programs for ASD screening utilizing the most scientifically advanced screening tools and procedures. Dr. Marson suggested after they compile their list of stakeholders and develop policies and procedures, they will have opportunities for pilot programs.

Ms. Adie read the next objective: Advocate with Nevada Department of Education to ensure that school districts serving children with ASD coordinate services with other community-based providers. They have already done this.

Ms. Adie summarized their two current objectives which were to develop a list of stakeholders and developing a letter to request funding to develop statewide standards for ages 0-21. Ms. Adie made a motion to accept those objectives. Ms. Stanley seconded the motion. The motion passed.

## VI. Confirm Dates for Future Meetings

The Subcommittee decided to meet on Wednesday, January 11, 2017 at 12:00 p.m.

VII. **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.

VIII. **Adjournment**

Dr. Marson adjourned the meeting at 12:55 p.m.