



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

Administrative Office
3416 Goni Road, D-132
Carson City, NV 89706

(775) 687-4210 • Fax (775) 687-0574
adsd@adsd.nv.gov

RICHARD WHITLEY
Interim Director

JANE GRUNER
Administrator

BRIAN SANDOVAL
Governor

MINUTES

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

Date and Time of Meeting: August 26, 2016
12:00 p.m.

Carson City: Nevada Early Intervention Services/ATAP
3427 Goni Rd., #102
Carson City, NV 89706

I. Call to Order/Roll Call

Dr. Shannon Crozier called the meeting for the Resource Development Subcommittee to order at 9:03 a.m.

Members Present: Shannon Crozier, Mario Gaspar de Alba, Justin Kyriannis, Rebecca Arvans-Feeney, Eric Kessler, Patrick Leytham

Members Absent: Ash Dalton

Guests: Shannon Sprout, Tom Szabo, Michelle de Luleco, Crystal Guitierrez, Ralph Sacrison

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)

There was no public comment.

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

This item was tabled until the next meeting.

IV. Presentation of Florida Institute of Technology (FIT) in Las Vegas

Dr. Tom Szabo gave the subcommittee some background information on how FIT was first started. FIT identified the services that were lacking were for those people that were already in ABA services but needed an online education.

A hybrid model was created that included online coursework and an onsite professor. The first state of the training is for 24 credits of courses online. The second stage is 21 credits that are completed by a host agency or FIT practicum site. They are continuing to accept more practicum sites.

The courses meet BAAB and BACB accreditation standards. The students are also required to complete a Capstone project. They have to conduct behavior analytic empirical research as their Capstone project which usually takes them about 12 months to complete. The model was first started in Southern California by Dr. Szabo.

The FIT approved practicum sites and host agencies are required to provide half the supervision that the BACB requires and FIT provides the other half. The half that the host agencies provide is individual supervision. FIT then provides either individual or group supervision for the other half.

Dr. Crozier asked how long the FIT program takes to complete. Dr. Szabo said that it was a two-year program to complete the two stages. They are working on getting the presence in Las Vegas.

Dr. Crozier asked about the capacity for students. Dr. Szabo said they were unsure but as the need grows they would be able to add additional faculty.

Dr. Gaspar de Alba asked what the percentage was of their enrollment that typically finished the program. Dr. Szabo said almost 100% complete the program. There is a level of educational achievement prior to starting that is a predictor of their outcome. FIT aims to make their students the best possible professional that they can possibly be and not just pass the exam.

Dr. Gaspar de Alba asked what the cost of the program was to the student and if there are any states that have paid for the program. Dr. Szabo said he was not aware of any states that have offset the cost of the program other than the federal financial aid.

Dr. Crozier read the cost of the program as \$26,865 which includes courses and Capstone credit hours and practicum cost. The FIT pricing was added to the ASD Website under the Workforce Development Subcommittee page.

V. Discussion on Recommendations for Workforce Development Opportunities (For Possible Action)

Dr. Crozier reviewed the responses from the survey that was sent out to the ATAP interventionists that had not gone on to register with the BACB. The survey was sent out to 180 tutors. There were 27 that had responded. 40% said they were in process of completing their training. 29% said they had gone on to work elsewhere. Dr. Gaspar de Alba asked if we can find out why they had gone on to work elsewhere. Ms. Reitz said she would contact them to find out.

Mr. Kessler told the Subcommittee that he has about 5 interventionists that were in process. He said part of the difficulty is that there is not a sense of urgency in that there hasn't been a requirement until now to complete the training. He added at the Lovaas Center there were a few people that received their RBT credentialing and decided to no longer work in the field with no specific reasons. Dr. Crozier said it has to be frustrating from the provider's standpoint to put in all the effort and have the RBTs change their mind.

Dr. Crozier asked if letting the new hires know ahead of time of the requirement of what it takes to become an RBT will make it easier. Mr. Kessler said they have changed their way of recruiting interventionists in letting them know the requirements before they invest in having them become RBTs.

Mr. Kyriannis said he has not run into the issue since they have always worked with insurance and required that the interventionists be credentialed. He added they disclose the requirements ahead of time and hire their own interventionists to work with the families.

Dr. Arvans-Feeney said her husband is a BCBA at the University and deals with a high turnover of students that leave. She asked if there was any talk about pushing the RBTs to become BCBAs. Dr. Crozier said it should be a natural progression and they should include the conversation about it being a vertical career path.

Dr. Arvans-Feeney said there was a school district in Colorado that paid for persons to go through the BCBA training and supervision program. She said they should have a model where potential RBTs are identified and are assisted to get to the next level of becoming a BCBA.

Mr. Kyriannis said it has to do with the milieu of the culture within the organization that they have an understanding of their career path. Dr. Arvans-Feeney said it differs for those that are private providers versus those that work for the State that don't have a specific job description. Dr. Crozier said there are no positions for which the requirement is that you're a behavior analyst.

Dr. Gaspar de Alba asked if it would be advantageous to have a job description and positions within the State for BCBAs. Mr. Kessler said the BCBAs that

worked for ATAP would not be able to supervise RBTs for another provider. He added that the Lovaas Center has added three new BCBA's to their staff and have had a hard time adding RBTs.

Dr. Crozier said they should consider inviting someone to talk about having BCBA's become State employees. She said one of the reasons why NEIS does not have BCBA's working for them is because the pay rate would be too low for the BCBA.

Dr. Crozier suggested looking at community or university students and high school students as a topic of recruiting RBTs. She asked the Subcommittee members to send their suggestions to Ms. Reitz.

VI. Confirm Dates for Future Meeting

The Subcommittee decided to meet on Friday, September 23rd at 10:00 a.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)

Mr. Leytham from Touro University asked if he would be able to speak on the topic of how they plan on growing the BCBA population in town.

Dr. Crozier told the Subcommittee members that Mr. Leytham would fill the vacancy for the Subcommittee.

Mr. Sacrison said he has been a part of the Partners in Policymaking workshop. He said he is a parent of an adult daughter with autism. He said he is very pleased to hear the conversations that have been affected him and is encouraged to hear what is being worked on.

VIII. Adjournment

Dr. Crozier adjourned the meeting at 10:11 a.m.