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Name of Organization: Nevada Commission on Autism Spectrum Disorders
Steering Committee

Date and Time of Meeting: October 29, 2014
9:00 a.m.

Las Vegas: DCFS (Department of Child and Family Services)
6171 W. Charleston Blvd.
Bldg. 8, Room A
Las Vegas, NV 89146

- I. Ms. Crandy called the Nevada Commission on Autism Spectrum Disorders Steering Committee to order at 9:20 a.m.

Members Present: Jan Crandy, Korri Ward, Mary Liveratti, Keri Altig, Shannon Crozier, Julie Ostrovsky, Michele Tombari, Mark Olson

Guests: Lisa Watson, Sarah Boxx

Staff Present: Carol Reitz, Jane Gruner

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)

Ms. Ward informed the Committee about the presentation earlier that morning by Dr. Packham. The goal of the Health Policy Research is to come up with a new document that spotlights autism in the workforce and healthcare needs. He will send a draft of the workforce development report for input. She said he spoke about the Workforce Investment Board and the Industry Sector Councils and contacting Marsha Turner at the Nevada System of Higher Education to present to the Workforce Investment Board on autism workforce issues.

Ms. Crozier said the Lincy Institute at UNLV (University of Nevada, Las Vegas) has a mental and behavioral health coalition that is working to put together reports on the workforce needs in Nevada. The goal of the coalition is to actively increase the number of professionals in the mental and behavior workforce disciplines in Nevada. Ms. Crozier also added that UNVL and UNSOM (University of Nevada School of Medicine) recently collaborated about interprofessional topics related to healthcare in Nevada and one of the symposium panels was on provider shortages specifically related to behavior health. She offered to send Dr. Packham information on the presentations. Ms. Crozier said she recently wrote a white paper on autism in Nevada and she will share the paper when she can give it away.

Ms. Ward said she recently attended a conference that had a presentation about the Industry Sector Councils and Dr. Packham's book about healthcare careers was available for review. The book was on all the healthcare careers in Nevada. She will send the link to everyone. The next book will include autism.

III. Approval of the Minutes from the August 10, 2014 and August 15, 2014 Meetings

Jan Crandy, Chair

Ms. Liveratti made a motion to pass the minutes as written. Ms. Altig seconded the motion. The motion passed.

IV. Discussion of the Five-Year Strategic Plan and an Update on the Work Completed Since August 2014

Lisa Watson, Social Entrepreneurs Incorporated

Ms. Watson introduced Sarah Boxx who is a colleague that will be helping with the discussion. Ms. Boxx said she had a vested interest since she has a granddaughter and grandson with an autism diagnosis.

Ms. Watson said there was significant alignment across the groups with what the critical issues are. The Committee needs to prioritize and confirm which critical issues will be addressed in the strategic plan. There will be five high-level goals written for the next five years.

Ms. Watson said it has been two months with a significant amount of work that has been completed. During the course of the past meetings, the research plan and outreach approach were finalized. The Committee offered feedback on the strategic plan outline.

Ms. Watson said they established, distributed and synthesized the vision, mission and guiding principles. They conducted research to help inform the

situational analysis of the strategic plan component. They completed the introduction section of the report and finalized the consumer and provider survey.

In September, Ms. Watson facilitated the discussions with the subcommittees. She also conducted the majority of the key informant interviews. She also began the analysis of the consumer survey data.

In October, the analysis of the data collected in September occurred. They analyzed the results of the key informant summaries, focus group discussions, as well as the consumer survey data. This created all the reports: consumer survey, key informant and subcommittee discussion. In addition, the method section and the situational analysis of the report were created.

V. Review and Discuss the Results of the Outreach Conducted
Lisa Watson, Social Entrepreneurs Incorporated

Key Informant Interviews: These interviews were geared to identify what the strengths and weaknesses of the existing system were. Each subcommittee identified three names including the steering committee to be interviewed. Thirteen individuals were interviewed in the process. Julie Beasley and Senator Kieckhefer were the two that were not able to interview. There were critical issues that were identified across all 13 interviews.

There were five issues of critical mass that rose to the top with the key informant interviews. Ms. Watson stated they all said there wasn't enough services available and particularly in the rural area. As people age, less services are available. She informed the Committee that all the bullets on the report are representative of what people actually said.

Services that were specifically identified as being insufficient were screening and diagnosis, early intervention, school-based services and supports. Ms. Watson pointed out when the report talks about service based systems and supports, it means there are not enough services, qualified teachers that are providing the services, and there are not sufficient breadth of services available. This is comprehensive of all the issues that were identified within the school system.

Ms. Crandy said they talked about treatment too. Ms. Watson said treatment wasn't addressed specifically. Ms. Liveratti said people that were interviewed maybe didn't verbalize treatment. They may have believed services meant treatment.

Ms. Boxx said there is a discount between what you understand services to be and how other people understand services to be. Ms. Tombari said

“service sufficiency” needs to be defined since it is used throughout the documents. Ms. Watson said the question of what services wasn’t asked specifically.

Ms. Watson pointed out that people stated that even when services are rendered, they are not rendered at the level necessary to meet sufficient need. The use of evidence-based care was inappropriate to meet long-term outcome. There is a Band-Aid approach to services.

Ms. Crozier recommended adding ABA (Applied Behavior Analysis) where it lists other service needs. Behavioral healthcare has in the past excluded ABA therapy. Ms. Watson said that behavior healthcare was specifically described by the key informants. Ms. Watson said she will do a secondary scan of the key informant interviews and if the term “ABA” or “treatment” is specified by anyone, she will include it in the report.

Ms. Watson said they need to recognize that there is overlap between the issues. If there was more funding, there would likely be more services. Many people mentioned there is not enough state funding to support service sufficiency. There was also a significant amount of issues with insurance and accessing services through an insurance product. Key Informants talked about Medicaid as well as private insurance programs.

Ms. Crandy said ATAP (Autism Treatment Assistance Program) is not providing the level of services that children need too but there is a long waitlist. Ms. Watson said when they start identifying the critical issues is when they can start asking if they got to the right place. Ms. Gruner said you have to trust the process that is going to get you to there. There was discussion about why certain things were not stated in the report. Ms. Watson said it may show up elsewhere in the report.

Ms. Watson said the key informants said there was a lack of sufficient awareness. They identified it amongst three groups. Consumers don’t know where to go to get services and how to navigate the system. Overwhelmingly they also said that medical providers and school-based providers don’t know so they don’t refer enough. There was also a concern that school districts may know but won’t give the information so they won’t be required to respond to that need. The general public needs to know what autism is or is not.

Ms. Watson said there was a high recognition that there is not a sufficient amount of workforce to respond to the needs. The key informants also recognized people in the field didn’t always have the level of quality to provide evidence-based services. There was a lot of discussion on certifications. There was discussion among the key informants that there needs to be balance between quality and access. Ms. Liveratti said the certification is not performance based but it is based on ethics.

Ms. Watson said another issue that came up was there is not enough done for incentivizing longevity in the field. They need to provide the financial supports to retain individuals in the field.

Ms. Watson said service coordination was explored due to the fact that individuals with autism need supports across multiple systems and across their lifespan. Multiple people said it is better than it used to be but recognized that we are not there yet. There was hope with the integration of ADSD will move Nevada closer in the direction of service coordination across systems.

Ms. Watson stated it is better to build upon something that is working than build something from scratch. ATAP was identified as something that is working and should be expanded upon. There was recognition that UCAN (University Center on Autism and other Neurodevelopment), UNLV (University of Nevada, Las Vegas) Autism program and Touro are working. One key informant said the training for behavior analysts is one of the best in the nation.

Ms. Watson said the size and configuration of state staff and system allows people access to people within the state. Key informants said access and the size of the state allowed for an agile response to the needs of the community.

Ms. Watson listed the recommendations by the key informants as increase access, affordability and availability. She stated in terms of access the recommendation was to advocate for insurance solutions. This is to establish insurance coverage mandates for ASD services throughout the lifespan. Also to establish a comprehensive plan to provide ABA services through Medicaid.

The second recommendation was to increase funding. This included increased service capacity through state sponsored programs such as NEIS (Nevada Early Intervention Services), ATAP, Voc Rehab (Vocational Rehabilitation), and Regional Centers. There was indication to provide evidence-based levels of care. There needs to be sufficient access to services in the rural areas of the state. If all the above are done, it would decrease wait times for services.

Ms. Watson said the next recommendation stated was coordination in the school systems. There should be a mandate to provide a consistent level of services provided to children with ASD through the school system. The school system should coordinate with other care providers and have access to evidence-based levels of care.

Ms. Watson said the key informants pointed out to increase awareness, there needs to be an establishment of an outreach and educational campaign. This

would inform consumers about available services and also equip partners with information to refer for services. The general public needs to be educated about what ASD is and isn't to develop a sensitivity to the issue. Ms. Tombari suggested changing the wording of "community partners" to "community providers."

The key informants suggested to increase availability to make sure when services are rendered there is actual workforce to provide the services. The key informants recommended to recruit, train, and incentivize longevity in the field for primary professionals such as the ABA therapists. There was also recognition to equip existing community providers to respond appropriately which included law enforcement, the criminal justice system, and first responders. Also to develop a certification standard that balances quality with access.

Ms. Crandy asked if there can be clarification on the secondary providers. Mr. Olson asked what in the report speaks specifically to adults. Ms. Watson said what was offered specifically to adults was increasing services for adults. Ms. Ward said the training with VocRehab would help adults. Insurance across the lifespan can help habilitate adults. Ms. Gruner said they will be developing objectives and goals which will be broader.

Ms. Ostrovsky said she was excited when she saw workforce development and assumed it was for people on the spectrum. Ms. Gruner said there is a task force for integrated employment. They are waiting for the governor to appoint the members. Ms. Watson clarified that the recommendations are system level changes. Employment supports or housing options are contained under the service sufficiency report.

Subcommittee Discussions: These discussions were held with the Adults and Aging, Youth and Transition, Early Childhood and the Rural Populations. They wanted to identify priorities and strategies that were relevant to the subpopulations. They wanted to identify what is greatest in terms of needs and gaps and then what is recommended should be focused on.

Ms. Watson stated that there were some populations that were underrepresented or their needs were not voiced throughout the course of the process. This limitation included children aged 6-12 as well as older adults.

One issue that was mentioned across all subcommittees was screening and diagnosis. Ms. Tombari said there were more people that participated with their focus groups. Ms. Watson said it only represents the people who were at the particular discussion. There will be an acknowledgement page in the report. Mr. Olson said it misrepresents that there were multiple meetings. There was discussion about how the other meetings that took place should be

worded in the report. Ms. Boxx suggested doing an additional resources page.

Ms. Watson asked if they were concerned they won't get to the right place if all the things are not acknowledged. She said the Committee doesn't want this to be information overload. They want the report to be concise and consumable. If they have a 400-page document, people will not read it. Mr. Olson suggested adding a paragraph that reflects the fact that there were multiple meetings.

Ms. Crandy said the meetings that occurred need to be included in the methodology section. Ms. Watson said she is comfortable with putting in the methodology that there were a series of subcommittee meetings that occurred prior to the facilitation that helped to inform the information that was shared. Ms. Watson clarified the report is not about the work that was done by the subcommittees. The data that was collected at the facilitated subcommittee meetings is what Ms. Watson will use to inform the recommendations and to identify the critical issues.

Ms. Watson said she is comfortable putting the paragraph in that it helped prepare for that discussion. She is not comfortable synthesizing what the discussions entailed because it assumes that information was used to help inform the report. Ms. Watson said the report will easily be 100 pages.

Ms. Watson said if the Committee compares Nevada's strategic plan to other strategic plans, it will be the same. How you approach it will be unique to Nevada. The issues will not be unique to Nevada.

Ms. Watson asked if screening and diagnosis was described well as a need in the report. Ms. Tombari was unsure of the wording. Service Sufficiency was a need across all groups for sufficient services. There were age specific areas but it was overwhelmingly across the lifespan. She read the following summarization, "There was widespread discussion around the need for timely access to community-based service options at necessary service intervals to appropriately support individuals living with ASD throughout the lifespan." In the rural subcommittee some folks chose not to access care because it was so cumbersome.

Ms. Watson said there is a need for qualified and sufficient workforce. There also needs to be a better coordinated service delivery system. There needs to be supports not only through service systems but at concurrent times. Mr. Olson asked whether personal care attendants would be under primary or secondary providers. Ms. Watson said she can add residential support staff and personal attendants to the primary providers.

Ms. Watson stated all groups identified the need for information and education. They need a public that is aware and sensitized to the issue to create an inclusive and welcoming community. There needs to be an education for parents and individuals with ASD so they are aware of the entitlements, the eligibility for services and how to navigate the systems. Ms. Crandy added educating parents to know what treatment can do, that it can change a child's outcome. Mr. Olson suggested adding the word "advocacy."

Ms. Ward said the word "treatment" was not on the page that listed the needs that were particular to each subpopulation. Ms. Watson said it was not there because it was not specifically said. Service sufficiency was a cross-cutting need among all subpopulations and was listed there. Ms. Crozier suggested changing the word "care" to "treatment" in the specific needs for the Early Childhood population. It was decided to be changed to "treatment and services."

Ms. Boxx suggested having a glossary or a call-out box for the terminology. Ms. Crozier said most people have an understanding that treatment means medical. Ms. Altig said the call-out box would be better. Ms. Crandy and Ms. Tombari said they will help Ms. Watson with the glossary.

Ms. Watson said pediatrician screening and diagnosis was identified by the Early Childhood Subpopulation. Ms. Tombari suggested removing "pediatrician." Ms. Watson suggested it read "screening and diagnosis prior to 18 months."

Ms. Watson said the other issues that were brought up by the Early Childhood Subpopulation included immediate access to care based on failed screening, direct service versus parent training (NEIS approach), and medical home and comprehensive medical exams.

Ms. Watson read off the issues that were particular to the Youth and Transition Subpopulation. They included educational supports within the school systems and life skills. Ms. Ostrovsky was concerned that the educational supports should be more defined and life skills need to include social skills. Ms. Boxx asked if social skills precedes life skills. Ms. Ostrovsky said not necessarily, that if you can't button your pants, no one will want to talk to you.

Ms. Crandy said transitional assistance is more than just assistance. It is providing supports, teaching vocation classes and everything else. Ms. Watson said the field uses the term "assistance" as a description. Ms. Watson said she will define in one sentence what each of the particular needs are.

Ms. Watson read the particular needs of the Adults and Aging subcommittee as housing and supported living arrangements, employment opportunities and supports and self-directed service options. Mr. Olson said the term “supportive” versus “supported” is a more broad environment.

Ms. Watson said there were additional needs addressed by the Youth and Transition and Adult and Aging subcommittees but not addressed by the Early Childhood. These included recreational opportunities, transportation supports, assistance in accessing higher education and protection and safety skills. The needs of the rural subpopulation were no different but were exacerbated because of the deficiency of services and providers.

Ms. Watson said there were three gaps in services identified across all subcommittees. Access included lack of knowledge regarding services available, long wait lists, and rigid eligibility requirements were barriers to access. In addition there were language barriers for individuals to access care in their home language and proximity to services and providers was significant especially in the rural areas.

Ms. Watson said in terms of affordability, insufficient insurance coverage was identified by all of the subcommittees. There was a recognition that copayments for those who have insurance pushed access and affordability out of the range who couldn't afford to pay. Reimbursement systems sometimes don't offer affordability to people. Ms. Crozier said it is true for providers. Ms. Watson added competing financial priorities hindered access to care.

Ms. Watson said in terms of gaps for availability, lack of sufficient workforce was brought up amongst all subcommittees. There was insufficient service depth and breadth of services as well as discontinuation of self-directed care options.

Ms. Watson read the gaps in services that were particular to each subpopulation. For Early Childhood, these gaps included screening and diagnosis, direct service delivery, immediate access to treatment and services and family support services.

Ms. Watson stated the gaps in services that were particular to the Youth and Transition subpopulation included school-based supports, transitional assistance and social skills services and programs. Ms. Ostrovsky said it was more accommodations that were needed for the school-based supports. Ms. Crandy said you should add “ongoing training.”

Ms. Watson read the gaps in services that were particular to the Adults and Aging subpopulation. Mr. Olson said for the insufficient treatment options gap, it is not just treatment but also supports. Ms. Watson added there was a

gap for employment opportunities and supports. Mr. Olson added “opportunities of all varieties.” The housing options were also a gap.

Ms. Watson said the gaps in services that were particular to the Rural subpopulation were lack of providers, school-based supports which were really deficient. Lack of technology and lack of community education campaigns were also gaps.

Ms. Watson said the system strengths that came up were university-based autism programs, ADSD integration efforts, ATAP program, network of family support organizations and the Commission on Autism Spectrum Disorder advocacy.

Ms. Watson said the recommendations that the subcommittees established that were cross-cutting were access to information, development of a navigational network and to establish consistent screening expectations and diagnostic resources. Ms. Crozier suggested adding “individuals, families and professionals” to the development of a navigational network paragraph. Ms. Ms. Tombari suggested adding “earlier and consistent screening” for the consistent screening expectations paragraph.

The second cross-cutting recommendation made was for affordability. It was specifically to advocate for insurance solutions which included establishing a legislative mandate that insurance companies mandate coverage of benefits to follow BACB (Behavior Analyst Certification Board) guidelines and expand Medicaid benefits to all children with ASD. The elimination of annual benefits cap by insurance companies was also recommended. Ms. Ward suggested adding “across the lifespan” to the insurance solutions.

Ms. Watson read the third recommendation of availability. This recommendation was to invest in workforce development. It is to work with the state to develop a plan and funding mechanism to recruit, train and maintain adequate workforce to support the needs of individuals with ASD. In addition to increase the state funding to support additional service options was another recommendation.

Consumer Surveys: Ms. Watson said the consumer surveys that were issued were broad in terms of who the consumers were. They included consumers, family members, care providers and advocates. It was open for 31 days and there were a total of 399 surveys that were collected across the state. A majority of the respondents were parents of children with ASD which was 73%. 55% of the parents were actively receiving services while 17% were not receiving services.

The geographic representation of the completed survey were 79% from Clark County and 9.6% were from Washoe. The demographic profile showed 61.7% were White, 15.6% were Hispanic, and 6.5% were Asian.

The age of diagnosis question was well worded and was accurate. It showed 29% were diagnosed before age 2, 44.6% were diagnosed between 3 to 4 and 18.7% were between the ages of 5-9.

The question of the current age of the person with ASD may not be accurate. Some people answering the question may have responded with their current age. Ms. Watson said she will add a disclaimer that there may have been confusion in answering that specific question but does not know for sure.

The survey consisted of open-ended questions of what respondents' most significant concerns were. The answers had to be interpreted so there may be some consideration that needs to be taken.

The number one most pressing concern was the worry that individuals with ASD would be unable to live independently or on their own. This accounted for 30% of the respondents of the survey. 22% of respondents said they worry that the condition renders them vulnerable and at risk for being taken advantage of, bullied or hurt. The third concern which accounted for 19% worried that there will not be enough employment opportunities or supports available to individuals with ASD to support their career goals.

The number one most pressing need identified by respondents was the need to increase educational support which accounted for 31%. 27% of respondents said the need for financial support. 18% said the need for more services and programs.

The number one response for what is working well for respondents was ABA therapy which accounted for 21%. 11% of respondents said school-based supports and 9% was their supportive family structure.

Ms. Watson pointed out the access to care issue. 72% of respondents said it was a big issue, that there are a lot of needs that remain unaddressed.

In terms of barriers to services, 87% of respondents said cost prohibitive or lack of money, 82% said insurance does not cover needed services/treatment and 77% said there is not enough service providers.

Respondents were asked to identify what the Commission should focus their efforts on to address the need of people living with ASD. 63% of respondents said increase in services; 27% responded increase in educational supports and 21% said development of a trained, qualified and sufficient workforce.

The details of the increase of services that respondents said was 12% in employment and training supports and 8% in social skills training. There was 19% in the general category of increase of services as a critical issue.

Ms. Watson told the Committee that she will use the testimonial excerpts that were provided by the respondents of the Consumer survey within the report.

Provider Surveys: Ms. Crandy said the data will be emailed out to everyone. Washoe School District distributed the surveys to all of their staff which accounted for 73% of the responses. 20% was from Clark County. There were 34 speech therapists that participated; 15 occupational therapists; and 19 ABA providers. Ms. Crandy said the Committee is not getting the true view of what is currently available.

Ms. Ward had someone that analyzed and did the graphs for the Committee. There is a rough draft that can be shared but they need more time to work on it. There were some good quotes such as “equitable service delivery,” “there is a big disparity in services offered and received for those educated parents and individuals and children and those from low income and minority families.” She said there was a lot of stuff on insurance. 70% of providers didn’t even know to refer families to GOVCHA (Governor’s Consumer Health Assistance) when they are denied by insurance. 100% of providers that participated in the survey said they had received denials by insurance companies for ABA, speech and all other services.

There was a suggestion to have a government body for insurance denials. 75% of providers stated insurance does not cover needed services and treatment. 75% specified insurance doesn’t cover enough treatment hours. 66% indicated a lack of medical insurance altogether.

Ms. Tombari stated lack of funding was the number one issue as far as failure to access services. It all comes down to money. 91.1% were concerned that parents were unaware of resources. 86.8% were concerned that parents were unaware of research. 82% were concerned with staffing and workforce issues. Ms. Crandy said some providers slammed ATAP.

Ms. Watson said the data from the providers will be more useful at the implementation level. Ms. Crandy said there were 77 responses for the provider surveys. The biggest population for the surveys were blocked. Ms. Crozier said there were systemic level barriers that autism services traditionally comes up against when it is organizations outside of Clark County interacting on a district administration level.

VI. Discussion on Identification and Prioritization of Key Needs and Critical Issues
Lisa Watson, Social Entrepreneurs Incorporated

Ms. Watson talked about the key needs that were identified across all three categories of data collection. The three needs identified by all stakeholder groups were more services and programs, additional financial resources and support, and increased workforce. The needs that were identified by two of the three stakeholder groups were increased educational supports, increased awareness, and increased coordination across service delivery systems. Ms. Watson said the needs are interconnected and there is overlap. If Nevada had enough funding then they would be able to increase the workforce.

Ms. Watson asked the Committee if the needs identified are the correct critical issues to respond to. She added they are not goals or strategies. Ms. Watson said the needs will be defined in the strategic plan. Ms. Tombari asked if the services will be listed under service sufficiency. Ms. Watson said service sufficiency means that there just are not enough services.

Ms. Watson informed the Committee that what is presented is the data that was taken. The Committee will ultimately make the decision of what is best. Ms. Gruner said if everyone agrees, you have a better chance of getting funding.

Ms. Ward made a motion that the six key needs to be service sufficiency, increased financial supports, qualified and sufficient workforce, screening and diagnosis, increased awareness and education, and coordinated service delivery system. Ms. Tombari seconded the motion. The motion passed.

The motion was then withdrawn.

Ms. Ward made a motion to accept the seven critical issues as service sufficiency, increased financial supports, qualified and sufficient workforce, increased educational supports, screening and diagnosis, increased awareness and coordinated service delivery system. Ms. Tombari seconded the motion. The motion passed.

There was discussion about the seven critical issues. Ms. Watson suggested prioritizing and consolidating down to five. Each person was asked to rate and prioritize the seven critical issues. The table of everyone's rating is below.

	Mark	Michele	Keri	Julie	Jan	Korri	Shannon	Jane
Service Sufficiency	1	1	2	4	3	2	3	2
Increased Financial Supports	2	3	1	1	1	1	1	1
Qualified and Sufficient Workforce	3	7	3	3	2	3	2	3
Coordinated Service Delivery System	4	6	7	7	7	7	5	4
Increased Educational Supports	6	5	5	5	6	6	6	7
Screening and Diagnosis	7	2	4	2	4	5	4	5
Increased Awareness	5	4	6	6	5	4	7	6

Ms. Boxx said the results were as follows:

- Increased financial supports was number one at 1.38.
- Service sufficiency was 2.25.
- Qualified and sufficient workforce was 3.25.
- Screening and diagnosis was 4.13.
- Increased awareness was 5.38.
- Increased educational support was 5.75.
- Coordinated service delivery system was 5.88.

Ms. Ward stated that the two that didn't make the cut are more reliant on institutions or services that have let them down. Mr. Olson pointed out the correlation that increased educational support came in at 6 out of 7. It is the number one pressing need in the consumer survey and asked if it represents a bias in the room. Ms. Tombari said it represents the groups that were underrepresented on the consumer survey.

Ms. Boxx said there is an opportunity to consolidate. She told the Committee in order to have impact you don't want to spread yourself so thin that you don't have any impact. She told them they need to prioritize and think of the needs in a holistic way. Ms. Gruner said they need to think about where the state currently is. There is a big initiative with the workforce issue so when the issue is on the table, you need to take advantage and go for it.

Ms. Boxx said if the Committee gets clear about where they are going, the strategies will come. Ms. Crandy said all the goals work hand in hand. Ms. Gruner said service sufficiency and qualified and sufficient workforce vet together. Ms. Crozier said the issues in and out of school which is the state doesn't have enough trained and qualified services to individuals regardless of age. Ms. Altig said CCSD (Clark County School District) has over 500 positions open.

Ms. Crozier said they are focusing on four issues which are financial, workforce, service sufficiency or capacity and screening and diagnosis. Mr. Olson asked Ms. Watson to explain how the day's process is going to impact the rest of what is created. Ms. Watson said once the critical issues are established, it will create the goals and then the strategies.

VII. Discussion and Identification of Five-Year Strategic Plan, Goals, Objectives and Benchmarks

Lisa Watson, Social Entrepreneurs Incorporated

Ms. Watson asked what the Committee wants to see after five years. Ms. Crandy said she wants all children to have access to research levels of treatment as soon as they are identified. Ms. Tombari said all children will be screened for ASD at the earliest age possible utilizing the most effective

scientifically advanced screening tools available and be referred for a comprehensive diagnostic evaluation within 45 days. Ms. Ostrovsky said children shouldn't have to wait nine months to get a diagnosis.

Ms. Crandy said insurance companies need to take the diagnosis from a pediatric neurologist because there is an abundance of them. Ms. Crozier said they want them screened earlier. Ms. Altig said an educational eligibility should drive a community-based provider for insurance.

Ms. Watson said the following came out of the subpopulation as a framework for the plan: establish a framework for consistently screening individuals with Autism Spectrum Disorder throughout the lifespan leaning on research and align the efforts with the Affordable Care Act and Medicaid.

Ms. Watson said the 2008 report is a number of recommendations for other people to implement. The Committee's plan is a call for action. It is within their influence. If they want more children screened and diagnosed, they need to establish a framework for that happening. Ms. Boxx said how you implement the framework will vary.

Ms. Boxx read the goals of the Early Childhood Subcommittee as access to research levels of treatment as soon as issues are identified, individuals having access to diagnostic services within 45 days, all kids screened at the earliest age possible using evidence based and referred for services, and insurance companies to take diagnosis from a pediatric neurologist. Ms. Ward said all people will be able to use their insurance benefit to access treatment based upon need across their lifespan. Ms. Tombari said all children will have access to ABA using guidelines developed by the BACB. Ms. Crandy said she would like to see autism be a diversity instead of a disability. Mr. Olson said he doesn't believe it is part of the human condition and doesn't buy the diversity movement.

Ms. Tombari said Nevada Autism Commission will continually analyze research to identify and advocate for the most effective ASD screening tools or procedures. She said early childhood education environments will be rewarded through the QRIS (Quality Rating and Improvement System) for doing screenings. Rural children will receive services through monthly popup clinics where hands-on screening, diagnosis and supervision can supplement Telemed services.

Ms. Crandy said to ensure treatment fidelity in services with a qualified workforce. Ms. Altig said increase services in adulthood for housing and for adults to be self-sufficient and part of the workforce. Ms. Crandy said to improve Voc Rehab. Ms. Watson asked if there is a carve-out for Voc Rehab. Mr. Olson said he wouldn't limit adult services to just Voc Rehab. There is autism specific housing and employment. Ms. Watson asked if there is an

autism-specific carve-out in the benefits and not necessarily in the services. Mr. Olson said there isn't a waiver specific to it. Ms. Watson said in some of the state plans that she has read there are specific carve-outs and entitlements to certain services.

Ms. Altig said her worry as a parent is if they are going to be self-sufficient and also housing. Mr. Olson said there are three waivers that they are trying to consolidate into one waiver. Ms. Gruner said they will never be able to do it since the ID (Intellectual Disability) waiver is so much richer than the other waiver. She added you would be more likely to get an autism waiver for the younger children as opposed to the older.

Ms. Tombari read the following goals: autism training modules will be created and made available on a state supported website. Autism specialists will address professional conferences to provide education about screening, best practices, local providers, where to send parents for information, and funding sources. Education materials will be developed and made available for families so parents will not fear an ASD diagnosis and understand early intensive treatment is necessary and effective. Outreach and educational campaign targeted to students and the unemployed to encourage career decisions about becoming an ASD provider. Design, print and distribute posters.

Ms. Watson asked about insurance. Ms. Crandy said there are barriers that insurance companies use to not pay. The barriers include levels of treatment and treatment hours as well as removing the \$36,000 cap. Ms. Gruner said there needs to be tracking and enforcement. Ms. Ostrovsky said there needs to be an insurance commissioner position. Ms. Crandy said there needs to be a governing board that addresses the issues. California has Autism Project Health that addresses that. Ms. Ostrovsky said there needs to be a claims person that knows what the legislature has said and knows the funding that a parent can call. Ms. Gruner said it would have to be someone that can enforce the law.

Ms. Ward said have self-directed services so people can make person-centered choices by selecting the individuals that will be supporting them in employment, community inclusion, and residential. Mr. Olson said he would like to replicate what California is doing which is a self-determination bill where the money goes with the person.

Ms. Gruner said employment first is the first option for every student as children are transitioning. Mr. Olson said he is a big fan of employment first and it should have the broadest range of employment choices to choose from. He also believes in subminimum wage which is better than zero wage. Employment First model is failing. There is no safety net.

Mr. Olson said self-determination that includes advocacy, education, and training people how to do it, getting the word out which should be the standard on how to do it. He added there are great efforts around the country in entrepreneurship where it is people with disabilities that created jobs around their own abilities or typical individuals created companies to employ individuals in a disabled environment or in a blended environment. Ms. Gruner said it needs to happen before they leave school. She added integrated employment is not the same as employment first.

Ms. Ostrovsky said how to incentivize teachers with autism endorsements with more money. Ms. Crandy said they need to fight to keep the autism endorsement. Ms. Crozier asked what the action as the Commission should be. She suggested autism aids in the school district be RBTs. Mr. Olson suggested sitting down with the school district and lay out the issues and ask them for feedback on how to solve the issues they face.

Ms. Ward said how to address educating the workforce. There is no training for the staff in the detention centers that are with the children they will be with for 24 hours. Ms. Watson said secondary providers to be trained on how to deal with individuals with autism.

Ms. Candy said supporting additional funding for ATAP. She added addressing the plan types within ATAP. They can possibly support transition and Voc Rehab. These changes should take place for insurance and Medicaid which is all under financing.

Ms. Crandy said there is a BDR (Bill Draft Request) removing the requirement by insurance and the requirement by the Board of Psychological Examiners and by 2017 that everyone has to have RBT. Justin Jones is the sponsor of the legislative healthcare committee bill.

Ms. Tombari said the locus of control should be with the provider and not the insurance company. Ms. Ward said the CDC has CEUs for training on autism.

Ms. Watson told the Committee that if they have any additional information, they need to send it to her by Wednesday, November 5th. She will give the Committee five goals and identify what strategies have been developed. Ms. Watson said she will do a scan of other states' strategic plans to see where there is alignment to what Nevada is trying to achieve.

Ms. Gruner said the Committee should work with Public and Behavioral Health because they have money to do ad campaigns. Ms. Crandy said Channel 3 will do some also.

Ms. Crandy asked if Ms. Watson can use the school district numbers that were broken down by age groups in August 2014 for the prevalence of autism in Nevada. Ms. Watson said it is not possible to use the numbers from the school district. Ms. Crandy said the number of children that are aging out of the school districts needs to be used so they can plan for the future need of services for them.

VIII. Discussion and Possible Recommendation on the Draft of the Vision, Mission and Guiding Principles

Lisa Watson, Social Entrepreneurs Incorporated

Ms. Watson informed the Committee that the draft of the worksheet was completed and rated by the people within the subcommittee meetings.

Ms. Watson asked who will be on the working team to develop the final recommendations. Michele, Korri and Jan volunteered to do it. The deadline was set for November 5th.

IX. Review Timeline for Completion of Five-Year Strategic Plan and Schedule Future Meeting Dates

Jan Crandy, Chair

The next Steering Committee meeting was scheduled for November 18th from 3:00 to 6:00 p.m.

The following Steering Committee meeting was scheduled for December 8th from 9:00 to 12:00 p.m.

X. 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. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

There was no public comment.

XI. Adjournment

Ms. Crandy adjourned the meeting at 3:09 p.m.