Autism Commission Sub-Committee on Adults with ASD Meeting Minutes

July 25, 2016, 1:00pm-3:00pm

500 Harrison Ave, Boston, MA

Janet George of DDS and Dr. Kathy Sanders of DMH, as the Chairs of this Sub-Committee, called the meeting to order at about 1:10pm and welcomed the members to the meeting. Ms. Kain, the Executive Director of the Autism Commission, stated that the meeting was subject to the Open meeting Law and that the Sub-Committee members present needed to vote to approve the remote participation of some members because of their geographic location. The members present; Ms. George, Dr. Sanders, Tod Garvin, Dania Jekel, Maria Stefano, Gail Gillespie, and Dr. Cynthia Berkowitz voted unanimously to allow remote participation. The other members participating were Deb Johnson, Sandy Honig, John Townsend, and David Tobin.

Janet George explained that this meeting would focus on an overview of services that are currently provided by DDS and DMH respectively. Ms. George provided the overview of services currently provided by DDS.

 Public Partnerships—Agency with Choice, Participant Direction are provided by the non-profit community.

 Rates for services are established under Chapter 257. Agency with Choice is a co-employment, and what the worker does is direct by the individual and the family.

 DDS provides an array of services that support families; individual support hours, residential services, some limited clinical services, CBDS day employment services both individual and group (some individuals are competitively employed, some have volunteer positions and some are pursuing employment. DayHab services is through MassHealth and 8,900 people are currently in DayHab, with many individuals with an intellectual disability and autism in DayHab services. Family Support Services is a flexible support program that includes; stipends, reimbursements most of which are $3K or less, guidance on approved expenditures, however, monies cannot be used for expenses other agencies should cover, and services generally include social, recreational activities and respite. Ms. George said there are a limited number of respite facilities, and adult companion supports are provided to some individuals. She also said that an individual can be in a day program and also receive family support services. She also described “shared living” for individuals who do not have support from their families.

 Ms. George stated that DDS does not provide healthcare, but they can assist with healthcare coordination as part of their case management services. She described additional services that DDS was looking to establish through RFR processes for agency based coaching and individual coaching. Ms. George also said that DDS is exploring a housing search services to help individuals access available housing and provide support to the landlord/tenant relationship, but that it would not be payment for housing.

 Ms. George talked about Adult Foster Care, which is another state service, she said many individuals do not meet the MassHealth criteria for this program and that there were efforts to get MassHealth to change their criteria to expand eligibility. She mentioned Group Adult Foster Care and that there are moves by advocacy groups to get more coverage for these services from MassHealth.

 Ms. George explained that MassHealth coverage for ABA services is up to age 21. She said that DDS residential supports range from minimal to 24 hour support depending on the individual’s needs. She said that there are seven (7) Autism Support Centers, forty-four (44) Family Support Centers and eleven (11) Culturally Diverse Family Support Centers. She said the Autism Support Centers grew from family interest and there is at least one in every region, she said the one is Swansea covers the Southeast from a satellite office, and the others are located in Worcester, Springfield, Dedham (which covers Boston), Westwood, Framingham, and Danvers.

 Ms. George said that DDS also provides transportation. Dania Jekel said that they had an individual with ASD who was in crisis because his car broke down and he was unable to get to work. Ms. George explained that while she could understand the issue but that DDS does have a limited amount of resources and getting someone’s car fixed was not part of the services offered.

 Dr. Sanders explained the services being provided by DMH. She said that DMH only provides certain types of services not all mental health services. She explained that services that are covered by health insurance companies are not part of the types of services provided by DMH. She said that DMH provides community based flexible support (CBFS) that support people to becoming more independent. DMH serves 13,000 individuals and 1,500-2,000 of those individuals are in DMH residential facilities.

 Dr. Sanders explained that many individuals live in protected or supported residential environments and that the goal is to get them engaged, get them to their appointments, have them go to DMH clubhouses and recovery learning centers. Dr. Cynthia Berkowitz explained that the clubhouse services are generally performed by young people to help clients connect with services, connect them with other agencies, and facilitate these connections. Clubhouses are available for “drop in” services and whether or not a person goes to a clubhouse is their choice and it’s available for support.

 DMH also has 22-29 contracts with provider agencies that deploy staff to meet the needs of DMH clients. The services offered are based on the needs of the individuals and include things like vocational training. About $1 million dollars is targeted n the child and adolescent population and that residential supports are done with DCF to take care of the needs together. DMH has a collaboration with the Home of Little Wanderers that functions as both an intensive program and a step down program. It is a highly focused therapeutic environment.

 Dr. Sanders explained that DMH is responsible for overseeing the State hospitals and that these are for people who cannot function in the community after a “usual” stay in the hospital. She said that respite services are available through DMH for families of children who need a break.

 DMH case managers work with 5,000-7,000 individuals who live independently or with family and need additional support. She explained that DDS has many more service coordinators than DMH has for case managers. DMH is looking toward health care delivery coordination.

 DMH is also responsible for forensic services that are ordered by the courts for acute forensic evaluation, and that court clinicians are employed by DMH. She said many times a court will order a 3 week evaluation. The state hospitals are Worcester, Shattuck, Tewksbury, Taunton and Fuller, and Worcester and Fuller receive the court ordered evaluations.

 DMH services are focused on recovery and rehabilitation and they have an array of offerings so they can identify the individual’s strengths to support them during their recovery process.

 Dr. Sanders mentioned that the Health Policy Commission was working on and RFI to create patient services in specialized units. She talked about the Beacon Center of Excellence and how they are creating 3 Fellowships at UMass Worcester, MGH and BMC.

 Janet George said that they are piloting a training for direct support staff to improve the quality of the workforce. She said that she and Dr. Sanders would discuss dates for the next meeting, which would be in September and she would email the members the date and time.

 There being no further business, upon motion duly made by Carolyn Kain, seconded and approved, Co-Chair Janet George adjourned the meeting at about 2:55pm.