Autism Commission Sub-Committee on Adults with ASD Meeting Minutes

September 19, 2016, 1:00pm-3:00pm

500 Harrison Ave, Boston, MA

Janet George of DDS and Ms. Kathy Sanders of DMH, as the Chairs of this Sub-Committee, called the meeting to order at about 1:20pm 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, Ms. Sanders, Carolyn Kain, Dianne Lescinskas, voted unanimously to allow remote participation. The other members participating were Gail Gillespie, and Ms. Cynthia Berkowitz, Tara Callahan, Deb Johnson, John Townsend, and David Tobin.

Ms. George reviewed the agenda. She and Ms. Sanders said that it would helpful to identify services gaps. Who are the newly eligible and what services are they requesting?

The group discussed the lack of support and sensitivity in the ERs-the ER space can be overwhelming and whether the individual is there for a medical or mental health issue. More training needs to be done in hospital settings, as well as training for all first responders.

Mobile crisis teams are also going into schools, some schools choose not to call because of insurance issues and who is going to pay. Schools need to be more responsive and take a more proactive approach, they can identify mental health issues earlier and intervene earlier. Many mobile crisis teams are not familiar with ASD, their training is determined by MassHealth. When the family brings the individual to the ER, the ER calls the mobile crisis team, who tries to assess and address what is needed.

One suggestion was a master treatment plan that could travel with the individual and should include information on their psychologist and psycho-pharamacologist.

There is no one size fits all trainings for all of the service providers coming into contact with individuals with ASD. Half of all mental health providers do not take insurance and most don’t take MassHealth either. There needs to be training for direct are staff to recognize the issues of OCD, anxiety and depression. We need more services available through our healthcare system.

DPH workforce initiatives-possible requiring ½ time in an out-patient clinic, 30% of the population is on Medicaid. Members also talked about the need for loan forgiveness programs with DPH and that loan forgiveness needed to not have tax implications where people are taxed with the loan forgiveness amount as income.

Ms. Sanders talked about the fellowship programs and the fact that they hoped to keep these clinicians involved over the long term.

DMH provides wrap around services CBFS to maintain independence. DDS has been providing discrete items purchased from a list of services. DMH is more of a rehab agency.

Carolyn and Dianne will talk to Michelle Maffeo of the ALEC program to see what if any training exists for healthcare workers.

Possible next date for meeting, October 17th from 1-3pm, at 500 Harrison Ave.

There being no further business and upon a motion and it being duly seconded, the meeting was adjourned at 2:45pm by the Chairs.