Autism Commission

Sub-Committee for Workforce Development

October 31, 2016 – 12:30pm – 2:30pm

Advances offices: 51 Water Street,   
Watertown, MA

Attendees: Pat Gentile, Pat Marshall, Steve Sullivan, Katherine Johnson, Jeff Keilson, Liz Martineau, Sue Houle and Maryann Dezieck

Members accessing meeting remotely: Carolyn Langer

Pat Marshall, the Co-Chair, called the meeting to order and welcomed the members to the meeting of this Sub-Committee. Ms. Gentile stated that the meeting was subject to the Open Meeting Law and that the Sub-Committee members present would need to vote to approve the remote participation of some members because of their geographic location, whenever any members were utilizing video and/or tele-conferencing. Remote access was approved unanimously. Minutes from last meeting were reviewed and approved unanimously.

Carolyn Langer started off the meeting with an overview of Operation House Call. She discussed the 6 hour time commitment and that it is broken up into 3 modules. There are 15-25 students involved. The first module is a 2 hour lecture – the last 30 minutes they introduce a person with a disability to talk to the students; second module is a 2 hour home visit where the student will play with, or observe the child in a home setting; third module is a self-reflection – an essay of their experience and others can review and comment.

Pat Marshall commented that this is a small commitment of 6 hours and Carolyn asked if this could possibly be mandated for all new medical students.

Jeff commented that that the concept of integrated care is great but the quality of healthcare is not adequate. Carolyn commented that its’ purpose is not to make them experts but to give the clinicians a level of comfort working with this population. They do need a lot more training.

**Should there be a recommendation to the commission to add more fellowships to focus on this population?**

Jeff discussed a grant for trainings on working with people with autism it includes, training staff and connecting families to support. If we had data on numbers of people with autism they could potentially see the need – we should think about this issue. **We should spend some time focused on the healthcare issue as it relates to workforce development.**

Carolyn talked about the ACO model (accountable care organization) – further development of clinical training and how to evaluate and treat kids on the spectrum. Too many times they are not diagnosed or treated correctly.

Jeff discussed Bob Baldor and his expertise on working with folks with developmental disabilities. They received a grant from DDS to have a residential home with medical support. There is a behavior specialist on site working with the adults and if they go to an emergency room the ER doctors know to page Bob Baldor – it’s a good module but not enough resources to support them all.

**Jeff asked if we should look more closely at the two models of care – Operation House Call and Bob Baldor.**

The Lurie Center was mentioned and their focus on Autism - Carolyn **asked what other models exist in other states? Could we do an environmental scan of other states – Carolyn said her team could take this on.**

Jeff will send out more information on ACO and MCO’s.

Sue handed out information on the MassABA Website – she discussed that we are losing a lot of potential graduates who could be going into this field. She reviewed the website and discussed having a centralized location of everything available in the job market related to autism. The MassABA site is not a sophisticated site and she spoke to some folks who run the site and they are willing to look at making some changes. Sue discussed that a lot of job seekers do not look at this site – it needs to be marketed better. Some suggestions were to list by degree, more information on why it is a good career, information on behavior analysis.

Jeff talked about a contract with DDS and Mass Health and a registry of respite workers – this could be added to a website. The families he comes in contact with are all looking for respite and ABA – cannot find either. Pat mentioned connecting with Career Counselors on Campus – students may want to do work in respite while still in school – part time job. Jeff said we should be thinking of this in our community colleges. It was discussed that if we can get to the faculty of the community colleges – they know who is out there and who is looking for this type of work. There are 6 community colleges with programs specific to autism.

Gregory Bunn – Department of Workforce Development – if there is a demand out there for careers the colleges could look to expand in their offerings. Mary discussed that fact that people don’t know and understand the need for this work.

Steve talked about Burning Glass – a local software program that searches for jobs and cuts through a lot of layers – the commonwealth uses this tool and it would be great to use it in this space.

Jeff discussed letting the community and state colleges know more about the workforce need. Mary said that University and College advisory boards are a good way to get the word out to colleges. It was mentioned that 83% of students in community colleges are already working.

Liz discussed the cost benefit analysis – data is from the 90’s but the study was done in 2006. (See attachment from meeting) She plugged in her assumptions for 2016. It looks at the life expectancies and cost to care for an individual with autism. If you do best practices early on in life the cost decreases. Jeff asked if the data could be separated through age 22. It also looked at the wages lost by parents to care for a person with autism but if best practices were used that number would change. Jeff said that for parents health care cost, the national data shows that 35% of their health care costs increase due to their stress – we should look at this data. The lifetime savings for one individual is over one million if best practices are used. It translates into huge savings for the commonwealth. **Should this data be presented to the Commission?**

Jeff discussed Mass Health becoming more powerful and this data may resonate with them since they fund a huge portion of autism supports. What percent of the caregivers are also covered by Mass Health?

Steve mentioned that if best practices are not being used and we cannot figure out how to employee these individuals then there is also a huge loss in tax revenue for the State. The system has to change.

Catherine asked if there was information or guidelines on Best Practices. This is an important piece – we need to know the standards for Best Practice. She mentioned that there are national organizations that have that information.

Pat Marshall discussed next steps for this topic:

* Separate the child from the adult (age 22 and up)
* How can this information resonate with Mass Health
* Loss of tax revenue
* Best Practice assumptions
* Loss of tax revenue for parents not employed

**Technical High Schools**

Sue was not able to connect with any Technical High Schools but did look at related specialties. She removed the Agriculture Schools from the numbers and there are 50 remaining schools in the state. She reported that there are very few early childhood offerings in technical schools. There are multiple offerings including Health Services and we need more information.

Pat Gentile will follow up with the superintendent of Essex Technical School.

**Cost analysis for paraprofessionals**

What are the incentives to employee BCBA’s? Most could go through other healthcare professions and make twice as much. It is going to be difficult to develop an adequate workforce because the reimbursement rate is low. Most behavior therapists are paid Per Diem. They typically come away with making about $19,000 per year with no health insurance – people cannot pay back their school loans and they also have to pay travel expenses. They do not get paid if someone cancels an appointment. Most require a Bachelor’s Degree and some insurance companies allow an Associate’s Degree with one year of experience. Private school providers make less then public school providers. Most end up leaving to go into other professions.

Katherine is gathering more information on this topic.

Pat asked for suggested solutions?

* Pressure on Insurance Companies
* Legislature action
* Talk to Secretary Sudders – impact on Reimbursement Rate
* Change requirement to Associate Degree

Steve said this is insurance driven and folks are still trying to figure out the field. It was asked if this is a national issue – Massachusetts pays higher rates and other states are pressuring MA to drop their rates.

**Steve asked if we should bring this issue up to the full commission to recommend changes**.

Jeff had to leave early but dialed into the meeting – he will present the Training for ESP at our next meeting.

Pat Marshall asked if there was a timeline on presenting recommendations to the full commission. Dianne said that it would be helpful to put together a list of priorities/concerns from the meeting minutes- review them as a committee and decide what should be moved forward as a recommendation. Dianne suggested that it should first be discussed with Carolyn Kain. Dianne will pull together a list of priorities/concerns from the meeting and send to the co-chairs.

The next meeting of this sub-committee was scheduled for December 5th from 10:00am – 12:00pm and it will take place at Advances Offices located at 51 Water Street in Watertown.

Meeting was adjourned at 2:21p.m.