Autism Commission

14-22 years of age/Employment Sub-Committee Meeting

June 11, 2018 - 11:00 a.m.–1:00 p.m.

500 Harrison Avenue

Present: Toni Wolf (Co-Chair), Judith Ursitti (Co-Chair), Amy Weinstock, Dianne Lescinskas, Kevin Barrett, Julia Landau, Kathleen Kelly, Ilyse Levine, Jennifer Stewart, Dian Bohannon, Pamela Ferguson, Michele Brait, Maura Sullivan and Margaret Van Gelder

Remote access: Ann Guay, Michael Stephansky , and Michael Plansky

Dianne Lescinskas 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 by the subcommittee members present.

The minutes from the 14-22/Employment meeting on April 24th were reviewed and were approved unanimously.

**Discussion on Membership Roster**

All members of this subcommittee were sent an email asking about their participation in this subcommittee. The new roster reflects the members that were interested in staying involved with this committee. It was asked that we pare the list down further to ensure an active list and ask members if they would like to continue to be involved by participating in meetings or by only receiving communications about the meetings. It was asked that the new roster be sent to all the members on this subcommittee. Ms. Weinstock will move off this subcommittee as she will be co-chairing the Health Care subcommittee.

**Task Force Discussion**

 ***Data***

Jennifer Stewart reviewed the data findings with the subcommittee members. Discussions around the data included the following topics:

* 688 data and ASD being the highest category – it is not segregated by who is graduating at 18 and individuals staying until age 22
* Most individuals with ASD get referred to DDS (688)
* 688 is a referral process to one adult agency – individuals can also do a direct referral to an additional agency such as MRC – there is some confusion on the 688 process. It was noted that schools typically refer students with IDD to DDS
* DDS data that was presented listed all disabilities captured for the FY18 Turning 22 class as well as the ASD only students. It was asked if the data could be amended to also include the ASD with IDD students.

Questions on data regarding a Primary disability and Secondary disability(under Agency: ALL) –ASD/IDD typically the primary diagnosis is ASD .DDS indicated they categorize those with ASD/ID with ID as the primary.

* It can be more difficult for ASD/IDD individuals to find employment opportunities
* Jennifer Stewart will update the group with the new **DMH** data
* **MRC** – there are 34 vendors providing Pre ETS – it was asked which providers have expertise to serve individuals with ASD
* MRC is shifting the way they serve students with Pre ETS and it will be statewide
* MRC does not have the ability to provide summer jobs/internships for everyone
* ASD population has unique challenges – MRC cannot specialize services based on the disability – there will be new trainings for MRC employees in the Fall
* MRC is going through some changes with their Pre ETS program and will be rolling out the changes this Fall. Because of this, Ms. Ursitti suggested that we wait to provide survey questions for Pre ETS vendors to FCSN until after this change has been implemented.
* Discussion around MassHealth data – it was mentioned that the 22+ numbers seem low – it could be that some individuals are on their parents insurance
* A lot of individuals and families will apply to MassHealth as a secondary insurance to receive ABA benefits
* It was noted that the MassHealth data was collected prior to the ACO rollout
* It was also asked how much time we should spend analyzing the MH data
* Discussion on **DESE** data – it was asked if we needed someone from DESE to walk us through the data
* Questions around the data on economically disadvantaged students – for the older students the number is higher than the younger students – it could be the students over 18 are considered adults and marked economically disadvantaged?
* Could DESE provide the percentages along with the numbers for race and ethnicity
* It was asked if Dianne could provide a visual graph to better demonstrate the DESE data for members of this subcommittee
* FY18 Turning 22 Class – **DDS** – no data on IDD and ASD
* Since individuals with diagnosed with both autism and ID are categorized in the ID category by DDS, these individuals are *not* included in the autism totals provided by DDS. Ms. Ursitti requested that DDS provide number of individuals with ASD since this population generally makes up 30% of the autism population as a whole and it is critical that employment programs be developed for them.
* There was a comment that the Supported Employment numbers for ASD only seemed low
* DDS and MRC providers - 85% of the providers are shared by both agencies
* DDS has expanded their offerings to their clients – Agency of Choice (self-direction) offering more flexibility
* Ms. Ursitti noted that there is push back on the self- direction model in New York
* 1574 (newly eligible – ASD only) – 700 are between the ages of 18-21 (in school) and about 750 are receiving services
* Do we have a way to find out duplicate numbers
* Newly eligible numbers and employment services are important – this could be very informative information for us to understand

Dianne discussed the offer from the Federation to work with this subcommittee on producing a training for MRC vendors that would be specific to the needs of ASD individuals. Nancy Madar from the Federation asked the subcommittee members to come up with survey questions to ask the Pre ETS providers. This information would help identify what the vendors are seeing in the field and what training would be most helpful to better support ASD individuals. Because Pre ETS is being completely redesigned by MRC, Ms.Ursitti suggested that it would make sense to have the subcommittee provide survey questions to the Federation *after* the new Pre ETS model has been implemented in the fall.

***Employment Inventory***

Ilyse Levine provided this subcommittee with the Employment Inventory spreadsheet . It included social enterprises, agencies that place individuals in employment, training programs and individuals that have started their own business. It is a working document and all members of the subcommittee were asked to add additional organizations. After reviewing the document there was discussion around continuing to make additions and better categorize topics.

* It was asked if DDS and/or MRC had a list of providers that serve ASD individuals – it would be worth collecting this data - *DDS said that almost all of their providers serve individuals with ASD*
* Review MRC’s Transitional Services Provider List who specialize in autism employment services and add to Resource List
* Reach out to Institute for Community Inclusion (ICI) to learn about best practices on employment
* Identify other resource categories for the Employment Inventory to enhance information – break down by regions, providers that specialize in ASD, pull out employment opportunities that may have special requirements and career tracks, look at qualification and skill level, list large corporate providers etc. – (*2) columns* 1. Job Training 2. Job Placement - this task will require some collective thinking
* MRC will pull together their categories and send to Margaret (DDS) – Margaret and Toni will edit the spreadsheet
* The goal is to put together a meaningful list that will help us identify the gaps – then put together short and long term recommendations
* Think about inviting other providers to the table to discuss training capacity
* It was mentioned that HMEA transfers the ownership to the employers and helps to get them prepared to use more natural supports

**Proposed Draft Recommendation**: Specialized employment training for MRC providers to understand the needs of ASD individuals

**Proposed Draft Recommendation**: Improve 688 Electronic Form, in conjunction with Cindy Miller from BTP, to include DDS and MRC service availability

**Proposed Draft Recommendation**: Strengthen employment data to include retention data of one year- MRC, DDS and Providers – (*DDS collects data annually from providers)*

**Proposed Draft Recommendation**: Increase Access to youth from ethnic, racial and low social economic communities

**Long Term Draft Recommendation**: Survey individuals receiving employment supports to find out what is working well and what improvements are needed

**Follow Up Items**

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| Last Review of Membership List- Requesting participation vs. only interested in receiving information.  |
| Review DESE Data and request % with numbers and analyze data to educate members regarding the “data story”. Also review numbers to ensure individuals diagnosed with both ASD and ID are added or included to the data. (There is risk they are included in the ID category rather than ASD.)  |
| Visual Graph Data to better demonstrate trends |
| Include most current DMH Data |
| \*\* Assess DDS and CIES Provider Overlap as it pertains to Autism Services |
| Review DDS Data to Ensure non- Duplicative Numbers and assist to analyze data to educate members regarding the “data story” (i.e., ensure individuals diagnosed with both ASD and ID are added to the DDS data. According to DDS, individuals with ASD/ID are primarily categorized in the ID category. ) |
| Refine MRC data to include more detail; geography, trends, etc.  |
| Review MRC’s Transitional Services Provider List who specializes in autism employment services to add to Resource List |
| Reach out to Institute for Community Inclusion (ICI) to learn about best practices @employment  |
| Identify other Resource categories to enhance information |
| Meeting in July, August and if necessary 1st Week in September to ensure recommendations are drafted and vetted for Commission timeline |

**Next Meeting**

Ilyse will send out a doodle poll to the members of this subcommittee to plan the next 2 meetings for July and August. There will also be a meeting in September (first 2 weeks) to review and then submit draft recommendation to Ms. Kain. The Autism Commission meeting is on September 27th and recommendations will need to be submitted 2 weeks in advance of that meeting for consideration.

With no further business to discuss the meeting was adjourned at 1:00 p.m.