**Autism Commission**

Adult Subcommittee Meeting Minutes

February 21, 2020, 10:00 a.m. – 12:00 p.m.

Department of Development Services

500 Harrison Avenue, Boston, MA

Present: Cynthia Berkowitz, Janet George, Joshua Greenberg, Lea Hill, Christine Hubbard, Carolyn Kain, Nancy Marticio, Karen Seck, and Maria Stefano

Remote Access: Rita Gardner and Kathy Sanders

**Remote Participation – Review and Approval of Minutes**

Carolyn Kain stated that the meeting was subject to the Open Meeting Law and that the subcommittee 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 teleconferencing. Remote access was approved unanimously by the subcommittee members present.

The minutes from the meeting on October 23, 2019 were reviewed and approved unanimously.

Discussion on the Subcommittee on Adults priorities for 2020

**1. Technological innovations to serve autistic adults receiving DDS services. Brainstorming pilots and activities, including discussions of stories from the community about uses of new technologies (here and in other states). Consideration of apps, use of robots, remote monitoring, and other technological advancements to enhance services, particularly in the context of work force crisis and the need to support aging caregivers in families, and develop independence. DDS is anticipating new funding for a technology initiative and these discussions could help inform DDS’s work.**

* Baker funding
* DDS is interested in collecting stories from families/individuals on applications they currently use
* Initiative of the department
* There is currently a workforce shortage and technology will be helpful
* DDS has 2 technology pilots initiative that they are working
* Uber/Lyft and transportation was discussed
* Ms. Gardner discussed an analysis of applications they have invested in in areas of concern - they have invested in one, areas of concerns, keeps track of bowel movements, weight, sleep patterns, sends notification to support staff. 9 different software’s work together, alerts nurses
* Herb (?) from was a Hewlettt Packard guy – son employed AS uses apps. Dell is doing here and Austin Texas hired 6 people as part of a design for well-paid tech jobs/programmers.
* Discussion around care.coach which is a private pay and involves a device in the home with staff on the other side of the monitor-the individual can see an avatar-this tool is 24/7. There is an animal that sleeps and wakes when you talk to it and the camera takes video as well.
* Technology is top priority - need to reach out to adults
* appointments and medication would be helpful in the app
* visuals, schedules, uber, appointment reminders
* Technology needs to be supportive, DDS doing some type of audit? What exists? Apple is a good tool
* Rita will be forwarding her information on their technology tool ~ Rita will also be presenting at the next subcommittee meeting
* Discussed technology and have Herb present
* Christine reaching out to tech people she has heard of and reaching out to Olga
* Carolyn reaching out to BPS regarding technology

**2. Discussion of how well the Individual Service Plan (ISP) process currently works for individuals served by DDS who are “autism only.”**

* The current Commission/staff plan may not be appropriate vehicle for individuals with ASD
* ISP sits in regulations
* Current system regulations
* Structure may not be the most helpful
* Topic of interest

One thing we didn’t put on ISP works?

\*Is it tided into funds and not be a constraint- tech help relief some funds-concerned self-determined funds doesn’t allow flexibility ??? – DDS could tech help in the reporting of funds – running into roadblocks

\*self direction not quality insurance – pass a cori check you are fine- DDS doesn’t allow the agencies self direction – movements of families not happy

\*agencies of choice-can’t hire individuals

\*DDS doing any – funding is more of a demand than supply – time to revisit it – 3 ½ years learned

\*working with Victor internal to DDS what are gaps in services – difficult with social skills

\*what boxes of ISP services

\*just use what we already have – scale down version – waiver for ISP population

\*question agency of choice

\*one individual is choice – women loves fashion – eligibility wasn’t a provider to help her – wanted her own business- online business- buys consignment clothes fixes them up then sells them knew exactly what she wanted-self-directed- hired 1 person instead of self-direction

**3. Once DDS coaching services RFR has been published, updates beginning with selection of providers, suggested data collection efforts about what may be meaningful, and sharing of status by DDS. Discussion to include revisiting learning from 2019 pilot for self-isolating autistic young adults living with their families**

* Current RFR out next week as the process goes forward input timing
* ANE coaching ~ Janet responded with intensive wrap around self-isolating. Its pilot expires in June. Carolyn asked about the scope of number of providers.
* Competitive qualifying people have to submit a proposal and the committee with recommend.

**4. Presentation of learning from RFI concerning DDS/DMH supports for autistic adults with mental health needs, including a discussion of case management needs and intensive wraparound services and other clinical support needs.**

Janet ~ share summary of the feedback from providers, explore more, challenge is diversity in the community ~ mosaic instead of…..~ a lot of different options. The timing for this is Spring.

**5. Presentation of follow-up information about the implementation and use of cards/forms in hospital emergency departments, an initiative developed by this committee in prior years.**

* Card for emergency rooms should be tapped into Ed’s
* Card meant for individuals with higher ~ put in wallet to be able to communicate
	+ Individual with ID sheet they would fill out (fact sheet)
	+ Not sure it’s being utilized
	+ Another resource for Emergency Room
	+ Distributed blank forms
	+ Email address go directly to Lea but hasn’t received anything so its so hard to say
	+ Have it prefilled out
	+ Could add information when you get to the ER
	+ Two sided card where you can just check boxes
* Christine will reach out to AFAM

Janet is it worth sending out ~ would be willing to try to send out ~ it’s not (prov) its individuals

\*Providers have their own binder ~ sending it out is helpful

\*May require adaptation

\*A “handy dandy” notebook

\*Any privacy concerns in carrying it around

\*Does it include health proxy?

Carolyn or add an adult proxy

\*time to tweak it and no more than a page.

Christine asked it there would be any interest in the ER having a supply of forms

Lea – good idea but is it worth the effort

\*create a package

Maria suggested adding relative pictures

Josh maybe if they had something to expedite

Discussion around what hospitals to reach out to

\* a code reader was suggested

Carolyn mentioned our fliers have it

Maria QR code learning

Carolyn suggested put a flier or posters up

Maria universal pack to all ER’s – maps of hospitals

Christine suggested a phone may work better than the wallet cards

Christine – any other topics to the work plan?

Christine – all scheduling aspects of life

Carolyn – transportation #1

June 11th technology