Autism Commission

Housing Sub-Committee meeting Minutes

October 17, 2018, 11:00am–1:00pm

500 Harrison Avenue – Boston, MA

Members present: Dan Burke (chair), Dianne Lescinskas, Victor Hernandez, Janet George, Kevin Barrett, Alana Murphy, Bronia Clifton, Joseph Vallely and Lea Hill

Members accessing the meeting remotely: Carolyn Kain, Chris Supple, Michele Brait, Cathy Boyle, Nan Leonard, Lauren Solotar and Karen Mariscal

Dan Burke called the meeting to order and welcomed the members to the meeting of this Sub-Committee. Mr. Burke 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. The minutes from the last meeting in August were reviewed and approved unanimously. Dan also welcomed two new members to the Housing Subcommittee – Deputy Assistant Director of DHCD Alana Murphy and Bronia Clifton from DHCD who will be taking Ayana Gonzalez position.

**Follow Up From Last Meeting**

As a follow up from the Autism Commission meeting on September 27th, this subcommittee will review the proposed recommendations from the Housing Subcommittee and establish if there is a financial implication with the individual recommendations. The secretary asked all subcommittees of the Autism Commission to meet and investigate if there is a cost associated with the proposed recommendations.

**Further Discussion on Themes and Review Recommendation that went to the Autism Commission**

***Design Guidelines***

* Not new guidelines but revised guidelines to be more responsive to ASD
* Ms. Murphy from DHCD will share current guidelines for review by this subcommittee
* Davis Square Architects has done a lot of work with the design guidelines for specific populations
* There is a process for updating guidelines to accommodate individuals with ASD – some may require 24/7 care and some may need little assistance
* This subcommittee should consider additional meetings solely on this topic
* There are architects well versed in ASD design that could act as a consultant to the project architect (Davis Square possibly)
* Two different cost issues - There is a cost associated with updating the guidelines that will include the cost of an architect and possibly a consultant. The second cost is looking at how the updated design guidelines will drive the cost of the construction of existing and new development
* DHCD will need to look at this timeframe on gathering information on the cost of this recommendation.
* Cathy Boyle recommended two architects 1.)Nancy Harrod from Colorado and 2.) Bill Missiello from Worcester
* The state has its own contracts with architects

***DDS and data collection - Stabilization Unit at Hogan***

* DDS agreed to collect this data on ASD individuals admitted to the stabilization unit at Hogan – Ms. Kain asked for past data but that had not been collected but will start collecting on the go forward
* Looking at what support and modification were attempted to help an individual stay in there group home and was anything tried but failed to work – also looking at what is preventing them from leaving the stabilization unit and going back to a group home – this could lead to a multi phased data collection process
* There are many reasons as to whether or not a person will be successful in returning in a timely matter to a group home
* Could this subcommittee develop a set of questions as part of the data collection
* This subcommittee wants to look at the barriers to re-entry of their group home situation
* There is no cost associated with this recommendation – it is manpower
* Ms. Kain discussed the reason for this recommendation and that it is to collect initial data of the number of ASD individuals being admitted into the Stabilization Unit at Hogan - once we capture that information then it will require a larger examination. The purpose is to see if ASD individuals with higher equinity are not getting there needs met and then to look at if specific groups homes need to be developed

***Initiate a Statewide Outreach and Data Collection on Homeless Adults with ASD***

* A.) We do not have any data on homelessness and ASD and want to help connect them with services
* The PATH Program was discussed previously and it was noted that they did not have the capacity to take on this work but since that discussion there was a budget increase to DMH and it was discussed that this subcommittee would explore with DMH the possibility of its PATH Program case workers being trained on how to recognize the signs of ASD in adults. Joe Valleley talked to the Deputy Commissioner from DMH about this recommendation and they are not able to expand the PATH Program to include this training and outreach. The additional funding that DMH received was not directed to this program. They want to cooperate where they can but there is also a challenge on how they might make a referral on someone who they suspect may have ASD
* Ms. Kain discussed additional ways to do this work and providing information as an initial step to help identify ASD
* Some individuals with ASD may not be found in the shelters due to the over stimulating environment – street outreach could help to address this issue
* PATH is one program but DMH has contracts with other organizations – how can we calculate the cost for personal and training
* This is something that could be used as a pilot at Pine Street Inn – currently, there are over 50 shelters in the state – Cathy Boyle also suggested a consideration of Bridge Over Troubled Waters – there are younger individuals accessing services at Bridge and you might have better success in capturing them before they age out
* Point of Time Census data is available and can be shared with this subcommittee - it doesn’t capture everyone and the range of needs is expansive
* PATH is the largest outreach program with 750 currently enrolled – the work being done is challenging and to add more is difficult
* This is an effort to collect some data – Ms. Kain has met with Pine Street Inn and will meet again to discuss a training for their workers – could we work with this subcommittee to start a pilot program at Pine Street Inn
* B.) and C.) Ms. Kain reached out to Lynn Torto to discuss ways to move forward and address the next two bullets of recommendations – The HUD questionnaire and engaging with the Inter –Agency Council on Homelessness regarding training. Webinars could control costs and DDS has trainings and webinars and the ability to create additional trainings. Ms. Kain will continue to discuss these topics with Ms. Torto.
* D.) ILC’s – Ms. Kain will reach out to MRC and ask if they collect the data of the number of ASD individuals utilizing this resource and their housing status – there could be privacy issues and may be challenging
* E.) Commonwealth’s Continuum of Care (COC) - Mr. Valleley attends these meetings. There are 15 COC’s across the state and they pull data in a system and report out separately. They each have their own group that assess the vulnerability scale and then look for housing based on the scale – there are a lot of people chasing a few units
* Ms. Boyle made a point that there is no question on the presence of disability when they use the vulnerability scale
* Ms. Murphy discussed that staff at DHCD that works with COC and she will speak to them about this recommendation.

**General Discussion**

Ms. Mariscal discussed the recommendations and that they are only addressing the neediest with ASD and we are not targeting the other ASD individuals. Ms. Kain responded that the design guidelines will allow individuals to live more independently with support services which will help to maintain housing so an individual is able to live on their own.

Ms. Mariscal also discussed having the Housing Subcommittee endorse the Adult Subcommittee recommendation number 1 which DDS has agreed to fund as a pilot program – this is currently in the beginning stages. Ms. Boyle discussed the need for family training to help access government services. There are existing resources and there needs to be more outreach to educate families.

Mr. Barrett discussed One Care 2.0 being restructured and will reach out to the chairs of the Health Subcommittee to ask if this is being discussed at their meetings.

Mr. Burke said that this subcommittee will continue to work to identify more specific goals for the “middle” population. He will also spend time on looking at other state agencies, other than DDS, that could help address the issues discussed.

Mr. Burke will send out potential dates for the next meeting of this subcommittee and he suggested we meet in January since there is an Autism Commission meeting in December.

With no further business to discuss the meeting was adjourned.