# Autism Commission, Birth to Fourteen Years Old Subcommittee Meeting

September 27, 2018 11:30 am- 1:30 pm One Ashburton Place

21st Floor

Present: Co-Chairs Russell Johnston (ESE), Michele Brait, Alexis Glikman (ESE), Joan Raﬀerty (DPH), Holly-Ann Neal (ESE), Zackary Houston (BPS), Brian Coonley (ESE) Carolyn Kain, Dianne Lescinskas and Janine Solomon (MAC)

Members participating by phone: Rob Poisinelli (DDS), Sarah Richmann (DDS), Sue McCarthy (DDS), Alan Jacobsen, Kristy Murphy (NE ARC), Shari King (BMC) and Beth Jerskey

Russell Johnston called the meeting to order and welcomed all members of the Birth to Fourteen Years Old subcommittee meeting. Dr. Johnston noted that this meeting was subject to Massachusetts Open Meeting Law, and present members needed to vote to allow non-present members to participate via telephone. Subcommittee members physically present voted unanimously to allow remote participation.

The minutes from the June 21, 2018 meeting were reviewed by participants and approved. Dr. Johnston then read the 3 agenda items for the meeting.

# Overview of the IEP Improvement Project

Holly-Ann Neal from ESE gave the presentation. A detailed handout accompanied the presentation, and was available to remote participants online.

The project Goal is to ensure that students with disabilities have the best possible access to the curriculum frameworks and the skills to participate in all aspects of the school.

Highlights of the IEP Improvement Project

* Tailored to prompt special considerations for Autism, developmental and transition needs.
* Emphasis on evaluating and assessments, designating who would be responsible for each goal and in what setting.
* Baseline data would be graphed by environment to show level of progress. These graphs would also appear on the student’s progress reports.
* Included is a parent portal for communication to facilitate information being shared. This would begin at the referral to special education point and continue until the student exits special education services, with the unique needs of the student contained within.
* The model has the vision statement as a starting point.
* The user screen has prompts of what to consider and story starters to be sure all relevant information is considered. There is a box for student strengths and

Concerns.

* There are lists and prompts related to best practices for each disability for consideration of supports that the team can choose from to address the needs of the individual.
* The project team will be working with a vendor to do research and a report. They will be getting recommendations regarding the technology side and the IEP process. They are hoping that in early November the process will be further refined.

Questions and comments about the presentation

* Evaluation information under the summary section is often inconsistent and it would be helpful to be sure relevant raw scores and data were always included. …This process would have historical data for all to access and review.
* Under current levels of performance, parents should be able to see where the student is performing currently, what age expectations are for the student, what is reasonable to expect for next step goals, and for those to flow into specific, measurable benchmarks…. This process will be data driven.
* Could there be a prompt for non-verbal students, to state whether an AAC evaluation was done? …There would be a prompt in the referral and IEP documents.
* Carolyn suggested that Parent concerns should come before the vision statement so their priorities can be addressed. …There are boxes for parents to enter information regarding strengths and concerns.
* Dianne commented that it would be helpful if parents could receive this form ahead of time to think about priorities and concerns and send them in prior to the IEP meeting…
* Would the model be up on a screen for all to see at the IEP meeting? Yes, the whole process is done together within the IEP meeting. The IEP cannot be printed before the meeting. Having the technology screen up on the wall would make it a truly collaborative meeting generating the individualized plan.
* Zack asked if the coordinator could have the option to bypass some of the unrelated prompts and screens so that participants do not get overwhelmed?
* If a specialized consideration prompt is not being included in a student’s IEP, is there a requirement to include data to explain that it was considered but not chosen, the system could add a box for that. The IT solution should prompt best practice the whole way through the process, but professional development would need to supplement as well.
* Is there a way to click a box that lists all best practices for an item, in case the team has not considered something? …that information is included.

Mr. Johnston indicated next steps for this agenda item would be to review the report once received, and then to compile a list of our recommendations, and submit them to the Project team by January. He thanked Ms. Neal for her presentation.

# Update on the Workforce Development subcommittee’s work regarding addressing the ABA shortage in the state

The update was given by Carolyn Kain. Ms. Kain indicated that this issue is a challenge across the field, and the workforce subcommittee was focusing on ways to motivate and provide incentives for people to go into the field. They would be asking state agencies to look at pay grades for these staﬀ and determine if anything could be done regarding career advancement in the field. She mentioned that immigrants and resettled individuals often are looking for Health and Human Service jobs and reaching out to that community is a possibility. They are also looking into whether colleges and higher education organizations could do loan forgiveness programs.

She mentioned there are issues with credentialing, the Division of Insurance requires an LABA for private insurance company work, but the process can take 2-4 months. The division agreed to deal with any outliers on the credentialing time frames directly.

The question of whether a provisional license could be allowed for those BCBAs waiting for licensure so they could practice sooner was brought up.

Mr. Houston mentioned looking at the DESE requirements. It is a challenge in schools as BCBAs are paid low because they are not DESE licensed, and there is no recognition for a BCBA separate from an LABA.

Ms. Raﬀerty mentioned there are some models to provide services or recruitment for services such as the one by New England ABA, where in remote parts of the state, families help recruit line therapists, and an agency trains and supervises them.

Dr. Johnston stated that the licensure issues could be something specific that this subcommittee addresses around the ABA workforce issue. We could possibly get a DESE licensure dept. representative to speak to the subcommittee, about a possible change in regulation if need be. He said the subcommittee will revisit this issue at an upcoming meeting.

# Update on the current wait times for evaluation and diagnosis within Early Intervention

The update was given by Joan Raﬀerty from DPH. Ms. Raﬀerty sent out an informal survey and found that state wide, wait time for a diagnosis varies. 8% said it was 2 months or less, 50% said 3-6 months, 38% said 7-9 months and 5% said 10-12 months, these were in the areas of North Adams, and Fall River. Statewide, the active wait list for clinicians for diagnosis is 450, 120 of those in the Western part of the state, 82 in Metro west, 70 in the Northeast, 66 in Central ma, and 46 in the Southeast. It

appeared from the information she gathered, that there was more of an issue with wait time for a diagnosis than there was for service start. Some comments she received ere that some physicians need to do referrals within their insurance or practice network so that are long wait times.

To promote information to families, the mass.gov website has been updated, the 1-2-3- grow videos are available, there are milestone checklists in 8 languages, and the Autism Commission website contains this information. Geographical workshops and a fall summit are also scheduled, and EI has a monthly newsletter with an ASD contact. Best practices are to be shared at an EI specialty summit in June and the info will be shared. UMASS med center has a program with an EI provider with level 2 screening which allows the clinician to see 2 children at a time in an allowed slot, which gets them evaluated in less than a month. They are working on a pilot for this in the southeast and then expand to other areas. The training is online, but the program requires having community partners that are diagnosing to work with it.

Ms. Kain asked if Ms. Raﬀerty would write up the information she shared at the meeting, so we could all review it and come up with recommendations.

Mr. Johnston then reviewed what transpired during the meeting and discussed next steps.

* We will await the report from DESE IEP project developers, so that our committee can make recommendations.
* We will continue to explore licensing issues and keep appraised of the workforce development subcommittee’s work with regard to addressing the ABA provider shortage in the state.
* We will further review and discuss the information Ms. Raﬀerty shared around EI evaluation and diagnosis wait times at our next meeting.

With no further business to discuss, the meeting was adjourned at 1:15pm.