Massachusetts Autism Commission

Adult Subcommittee

May 19, 2021

Via WebEx

 **Participants**

Carolyn Kain, Christine Hubbard, Kathy Sanders, Janet George, Cynthia Berkowitz, Lea Hill, Dianne Lescinskas, Maria Stefano, Nancy Marticio, Joshua Greenberg, Dania Jekel, Danielle Sheehan, Elizabeth Zwick and Michele Brait

**Approval of Meeting Minutes from March 30, 2021**

The meeting minutes from March were reviewed and Dr. Sanders asked for a motion to approve the minutes, Ms. Kain moved the motion and Mr. Greenberg seconded the motion. The meeting minutes were approved unanimously.

**Synopsis of the RFI concerning DDS/DMH supports for autistic adults with mental health needs**

The RFI was reviewed by Dr. Sanders, Ms. George and Mr. Greenberg and the responses were put into buckets and 9 response categories. This is the result of a survey that was done a few years ago to engage with stakeholders on ideas/advice in gaps in current delivery system. There were 30 responding individuals/organizations and many organizations currently deliver services. Many of the providers are shared providers of DDS and DMH and some are solely providers of either DDS or DMH. Dr. Sanders reviewed each model of support.

*Overview of presentation*

1. Financial Support
* Provide funding for specialized consultation for interdisciplinary team approach
* Funding for housing, training, transportation, technology and housing vouchers
* Increase funding to cover the cost of behavioral specialists (BCBAs) to develop, monitor, and implement plans and programming for most
1. Training for Health Care Providers and Caregivers
* Sensory friendly dayhab programs
* Rigorous staff training for this population
* Support workforce development
1. Life Coaches
* More support for the pilot pre-coach program (**update** – pre-coach program has moved forward)
* Increased availability of assistive technology (**update** – DDS is using more assistive technology and participating in a pilot program through Mass Challenge)
* Exploration of peer or therapeutic mentor relationships
1. Clinical Care
* Psychiatric supports and CBT interventions
* Person Centered Planning
* Access to clinicians with autism expertise to provide care for mental health issues, substance abuse/abuse disorders, gender identity concerns, and problematic family dynamics (**Update** – MCPAP for ASD was implemented last July to address some of this issue but overall the system has missed developing the expertise and specialized clinics and the burden is on the family to find the expertise – telehealth has made it easier for families and individuals and their ability to participate – hopefully it continues)
* Reimbursement for MassHealth funded outpatient ABA for adults (**update** – a bill has been filed again – the issue with DOI is if it is medically necessary and there are many providers that do provide services to adults – currently, there is a greater emphasis on sensory issues in adults in graduate course programs – they are starting to understand this population needs these services and if they receive them, it could save money by preventing ER visits)
1. Creative Housing
* Safety net for those at risk of eviction or interactions with criminal justice system
* Model supporting no more than two persons in one setting

(DDS has a prioritization for housing and a lot of ASD only are not able to live independently and end up in the ER)

1. Supervised Living
* Skills learning for budgeting, shopping, using a debit card, bank accounts, cooking, cleaning and others
* Individualized supervised living models
* Indoor activities, anime/comics/video game clubs etc.
1. Independent Living and Employment
* CBDS/Vocational services
* Competitive employment
* More training with job application process
1. State Agency Interactions
* Ensure collaboration across state agencies and providers
* Clarify the role of MRC and MassHealth
* MassHealth state plan for drop-in services for initiating/cueing
* There is a great deal of knowledge in the DDS Support Centers
* Staff turnover makes it difficult for ongoing learning between agencies
* Enhance efforts to train and raise awareness of other agencies and their work so when an individual approaches a state agency they know and understand additional supports in other agencies
* The Autism Commission created brochures that contain additional resources and they are translated in 6 languages – you can find them on the Autism Commission website
* A comment was made that the Autism Support Centers do not have expertise in mental health
* Ms. George discussed the 3 models of Family Support and Autism Support Centers and DDS is working on which models are most effective - A procurement went out in July and they will monitor and evaluate the models
1. Models of Support
* CBHI-like model of clinical support for transition age and adults
* Wrap-around services for those with a “severe presentation” (model proposed)
* Provide a service and funding model to allow the provider to work with each client where they reside

*Discussion*

* It was asked if DMH has data on their supported housing for dual diagnosis of ASD and mental health – DMH does not have that data and typically ASD doesn’t fit well in DMH setting
* A question was asked regarding the survey and if the information gained is considered “old” since this was done a few years ago and the environment has changed so much with virtual options
* DMH has put out a RFI – they have a state block grant from the federal government and will be getting an additional 28 million over 4 years – they want to develop programs now to manage mental health with the ASD community

**Action Items for Next Meeting**

1. Update on technological innovations to serve autistic adults receiving MassHealth and DDS services.
2. Preview of the Task Force’s Technology Forward Report by DDS.
3. Update on the status of DDS coaching services RFR.

With no further business to discuss, the meeting was adjourned.