Autism Commission Birth Fourteen Years Old Subcommittee Meeting

February 19th, 2021 10:00am- 12:00pm

Present on webex : Co-chairs Russell Johnston and Michele Brait, Michelle Poulin, Beth Jerskey, Joan Rafferty Butterfield, Sarah Richmann, Shari King, Rob Polsinelli, Julia Landau,

Zac Houston, Erin Sherman, Katherine Johnson, Carolyn Kain, and Dianne Lescinskas.

Dr. Russell Johnston called the meeting to order and welcomed all members of the Birth to Fourteen Subcommittee. The subcommittee members in attendance voted unanimously to approve the December meeting minutes. The Subcommittee then addressed the agenda items.

 **Students with ASD in DCF Care - Issues and Suggestions**

* Training webinars about children with ASD were created and shared with DCF. This was the initial step for training
* Documents were created by DDS for DCF to assist in connecting on cases involving both agencies
* Issues related to case workers and investigators who are unfamiliar with ASD exist
* Challenges in accessing ASD services or maintaining continuity with providers occur when students are removed from one home and placed in another that may be in a different region
* Foster families may not know how to navigate the process for getting ASD services
* Create a list of ASD resources for DCF caseworkers with a social worker or special educator
* Racial inequities exist in investigating 51A ’s for families with a foster child with ASD
* Work with DCF to identify resources in homes, to better support foster children with ASD, FCSN has a surrogate program that helps the fostering family gain access to resources
* BMC has had success partnering with DCF through their special training institute
* Have a DCF representative speak to our subcommittee and ask the DCF Education Coordinator to join our subcommittee

**Impacts of COVID on ASD Students and Families :**

1. Adverse Effects

* Students having the most difficult time are still fully remote, how do we get extra support in the homes to address issues such as log in difficulty, inability to attend for virtual class, increased behaviors
* ASD students in the classrooms are getting intermittent education
* Anxiety has increased for some students due to being remote now having to return to the social setting of in person learning
* Families and students are stressed to complete the work and be able to tolerate virtual learning
* Racial inequity gaps are increasing
* Lack of pre requisite skills and regression are reported by families
* EI is doing home visits, ASD services are at a higher percentage face to face, referrals are increasing, but still not to the pre covid numbers
* Family engagement is needed to increase comfort with returning to school, many are choosing to remain remote
* Mental health issues in adolescents and the complexity in getting services in crisis situations
* Discrepancies in the level of need for re-evaluations will change how services are provided
* Lacking individualized programs contribute to little issues becoming big ones (sensory, anxiety, behaviors)
* Racial demographics have a role in comfort level of families returning to in person learning

2. Positive Additions

* Some students have benefited from 1:1 remote learning
* Social gains have been made for some students who are more comfortable in virtual classroom
* Some students that have returned have experience a reboot, setting up new patterns and routines
* Communication with families has improved
* Individualized programs with creativity and flexibility for remote students have had success
* Boys and Girls Club and other community organizations have helped students with log on issues, adding creative breaks
* Remote lunch bunch groups have helped with social connections
* DESE and school admin have been joining in person and remote classrooms to observe

3. Critical Elements of Recovery

* Following CDC guidelines for safe return to classrooms
* Surveillance testing systems
* Consideration of expanding ESY program to include more students
* Use of stimulus funds for ASD students and family supports
* More compensatory services provided in school, through the summer and longer-term planning for addressing skill and learning loss for those who have gone without any services during the pandemic
* Address impacts on collective bargaining issues for what services will be delivered as well as summer staffing
* More BCBA training and compensatory services for families
* Additional staff training to address shortages
* Conduct IEP meetings this summer for children aging out of EI so services are in place for those starting school in September
* Reconvene IEP TEAMs to adjust and prioritize interventions needed, and discuss issues of concern as a result of lack of services
* Create critical checkpoints throughout the year as a standard practice as students re-enter, and ongoing surveillance of how students are doing
* Obtain baseline data upon students return to school
* Effective engagement with families prior to students returns to school for smoother transition
* Restructure services anticipating regression, increased behaviors, and need for more substantially separate classrooms
* Address shortage of ABA providers, mental health workers and social workers
* Ease students back to school and slowly reinstate routines, then build on content
* Baseline the tolerable level of work and engagement for students
* Review needs for reassessments, IEP’s and 504 plans for students that have fallen through the cracks due to COVID
* Fund after school programs to address skill building, utilize programs already established to help

Recommendations for DESE

* DESE should try to get ahead of potential stimulus funding expectations and guidance with ways to address loss of learning
* Increase the number of hours and services in the short term to address gaps and losses Establish longer term needs based on the outcome of the short-term plan
* Parameters for spending and prioritizing funding can be set by DESE
* Ask districts to develop a plan for how funding will be spent
* Establish ABA /after school program partnerships
* Address social emotional needs as children start back to school to manage anxiety, bullying, interpersonal issues
* Focus on the need of those with comorbidity of ASD and mental health and make recommendations
* For those who are fully remote or partial remote offer visits, and other efforts to make reentry easier for them
* Send out a survey to families to inquire about ways to help with reentry (buddy system etc.)
* Put into place what can be done before fully returning (possibly through summer programs) so that every school day can be used to its fullest
* Prepare for the challenges to care coordination, capacity to provide supports needed, restoring repour, and conducting home assessments prior to return to school
* Create positive learning environments with recommendations and resources
* Transition plans will be important, especially for students entering new schools (elementary to middle, middle to high) where staff is unfamiliar with the students
* Some school districts are collaborating with learning pods, model what they are doing and include ASD students
* Ask school districts to focus on the social emotional impact of students during reentry, have more services available to student and more time to acclimate to being in school
* Consider school refusal and how to get students back in the building

Dr.Johnston thanked the subcommittee for their input, which he will share with DESE in the reentry preparation process.

With no further business to discuss, the meeting was adjourned at 11:39.