**Autism Commission, Birth to Fourteen Years Old**

**Subcommittee Meeting**

November 22, 2019 10:00 a.m. - 12:00 p.m.

500 Harrison Avenue

 Boston, MA 02118

Present: Co-chairs Russell Johnston and Michele Brait, Joan Rafferty Butterfield, Michelle Poulin, Rob Polsinelli, Sarah Richmann, Christine Goldman, Zackary Houston, Dianne Lescinskas and Carolyn Kain.

Participating by phone: Julia Landau

Dr. Russell Johnston called the meeting to order and welcomed all members of the Birth to Fourteen Years Old subcommittee meeting. Dr. Johnston noted that the meeting was subject to the 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 subcommittee members present voted to approve the meeting minutes from November.

**UDATES ON SUBCOMMITTEE PRIORITIES**

1. **The new Electronic IEP**

Dr. Johnston gave an update on the new DESE electronic IEP project. The new IEP will be combined with professional development. Pilot districts will be selected for the guidance documents and new IEP. Schools will assess where they are with respect to compliance in working with students with disabilities, and where gaps in knowledge are in supporting the least restrictive environment. Schools will make a plan from within with benchmarks for improvement. The first document to roll out will be the “Is Special Education the Right Service?”. DESE wants stakeholder engagement with feedback. An annotated agenda will be the next document out, which will guide parties through the IEP process. Dr. Johnston mentioned the feedback from our subcommittee was heard and incorporated, and he encouraged the subcommittee to stay on this and continue to provide feedback. A meeting in January will be held to get schools on board for the pilot from urban, suburban and rural districts. The pilot is expected to begin when the new fiscal year begins in July.

2. **Decreasing wait times for evaluation and diagnosis of ASD**

Ms. Rafferty-Butterfield provided an update on the second part of the Early Intervention pilot program using the Rapid Interactive Test for Autism in Toddlers. There was a soft rollout to the 60 EI programs to have one person at each place trained on the system to enter new referrals. AN ISP would be done electronically with progress notes. For billing, ASD providers that are nor EI providers are working streamlining codes. An RFR is being released to add more providers. Currently approved providers who subcontract with EI will now contract with DPH, and submit their own paperwork and billing directly. This will add capacity for the state need. More providers want to be EI providers but don’t understand that it is a procurement program with lots of oversight. There will be no evident change for families, they would still go through EI or go through their insurance or privately pay for the services.

 DPH got approval for RBT’s to provide EI services to children with ASD, under a BCBA’s supervision. Formerly, a degree was required to work in Early Intervention.

 Rapid Interactive Autism Test Training for clinicians in the western part of the state was done in October, and in Cambridge in December. To date, of the 60 EI programs, 57 participated and had two staff members trained. It has been slower getting diagnosticians to partner with EI to expedited getting the children flagged on the initial screen seen for a full work up.

 EI had inquired about getting a generic letter for pediatricians about the use of the R.I.T.A.T. for young patients they were concerned about that were not yet in EI. The R.I.T.A.T. moves those potentially with ASD to different tracks than those with other suspected Developmental Disabilities because they score differently on the test. This is widely used in Canada with success. Suggestions were made to reach out to Autism Support Centers and other providers that may be able to provide resources to help get this information wide spread and move this program forward.

1. **Addressing the shortage of ABA providers Statewide**

Dr. Johnston mentioned that we are all still in the process of reviewing our recent survey data, and suggests we continue to look at that further before our next steps. It was decided to begin with the BCBA retention/recruitment related issues and then focus on the support personnel issues.

The subcommittee collectively reviewed the survey data and created categories listing the obstacles to retention and recruitment.

BCBA RECRUITMENT CHALLENGES

* Funding, including cost of BCBA services
* Geography
* Skill set needed to work with a wide variety of students
* Volume required to fill ongoing need
* Lack of qualified and experienced BCBAs
* Flexible hours
* Role understanding

BCBA RENTENTION CHALLENGES

* Role clarification
* Compensation
* Caseload
* Contradiction in ethical standard BCBA v. school (informal request for observation outside of caseload)
* Collaboration among school staff
* Planning time for reports
* Reimbursement for recertification and C.E.
* DESE certification
* Recognition
* ABA not widely accepted in the classroom
* Focus on supporting inclusive classroom
* Lack of ESY being optional and with stipend
* Opportunity train and supervise para staff
* Collective bargaining power/union
* Parent interaction time
* Providing resources to be effective
* Wanting a peer group
* Being involved with students beyond those with ASD
* Hire BCBA’s from within v. outside contractors
* Education of other staff about ABA
* Options for co teach model within classroom
* Pay comparable to private agencies

The subcommittee then made lists of potential strategies to address the challenges outlined in the surveys.

POTENTIAL RECRUITMENT STRATEGIES

* School Spring, BCBA website
* Training inhouse
* Offer position in union
* Supporting tuition reimbursement
* Partnering with school/college program
* Current BCBA networking
* Hire professionals with dual certification

POTENTIAL RETENTION STRATEGIES

* being included in or leading professional development
* time for BCBA’s to meet as a group with staff and admin regularly
* pay benefits and contracts that are competitive
* consultative models/ shared caseloads
* monthly check ins
* conference fees covered
* connection to school community
* stipend work or additional benefits for ESY
* assistance in getting BCBA’s into the union
* connection to NECC for professional development for more challenging behavior cases
* oversight for supervising and programs
* keeping BCBA building based not district based
* providing flex time for providing home services
* hiring qualified candidates
* smaller caseloads
* contract out for some services
* highly skilled interview committee
* role support/autonomy

The subcommittee then collaborated about potential solutions to the issues related to collaboration, caseloads and oversight.

COLLABORATION SOLUTIONS

* More networking opportunities through DESE or collaboratives through technology or in person to discuss promising practices and problems of practice.

CASELOAD SOLUTIONS

* Leverage (ARICA, DESE, DPH) acceptance of grants contingent on caseload size, offer

tiered model of ABA support for students, Incentives for using tiered models to manage caseload.

* Networking access for transition specialists to share ideas and issues, to meet in person or through technology via a face book page or listserv.
* Technical advisories and guidelines for school systems for BCBA
* Collaboration during the school day
* Caseload management, explain travel, training involved so school districts have an understanding. Have a tiered system to bring in more para professionals who may be able to get more training and move toward an RBT with salary incentive
* Standards who what districts should be using for each role, with related salary, BCBA v. Behavior specialist.

OVERSIGHT SOLUTIONS

* BCBA’s ability to supervise they students they oversee for evaluations, having DESE license would allow for BCBA’s to be able to do so
* Allowing for participation in hiring the staff related positions with the same credentials related supports in terms of union or CE compensation

Dr. Johnston stated that the subcommittee will look closer at issues around caseload, networking and Licensure for BCBAs, as they were highest concerns in our review and discussion. There are some DESE grant requirements for some districts that 2-4% of funds are held for initiatives to improve infrastructure services, could we make recommendations for DESE or DPH, to add language to grant guidelines or an RFR to support these BCBA issues?

NEXT STEPS

* Dr. Johnston suggested the subcommittee have another opportunity before our next meeting to review what was discussed today regarding the BCBA recruitment and retention issues, and to provide additional feedback regarding potential solutions. We will be discussing this topic further at our January meeting.
* At our January meeting, we will also try to further explore the issues related to potential DESE licensure for BCBAs, with some input from DESE representatives if possible.

Dr. Johnston reminded the subcommittee that we are continuing to expand to diversify membership, and are also interested in having a self- advocate and parent join our group.

Recommendations for potential new members are welcome.

Dates for January and March meetings were suggested. With no further business to discuss, the meeting was adjourned at 11:58 a.m.