

DSS Autism Spectrum Disorder Advisory Council (ASDAC)
Meeting Minutes
November 20, 2019

Members Present: Jennifer Abbatemarco, Shelly Maynes (representing Judy Dowd), Marcia Eckerd, Ann Gionet, Bill Halsey, Andrew Komarow, Jim Loomis, Kathy Marchione, Jimnahs Miller, Brandy Petrone, Donyale Pina, Yana Razumnaya, Lynn Ricci, Lois Rosenwald, Carole Ryan-Hanlon, Kari Sassu, Doriana Vicedomini , Julie Wolf

Members Absent: Representative Cathy Abercrombie, Jill Caron, Melissa Gagne, Bryan Klimkiewicz, Mickey Kramer, Aileen McKenna, Siobhan Morgan, John Pelegano, Disability Rights of Connecticut/designee

Call to Order: 10:04am

Welcome and Introduction by Bill Halsey and Yana Razumnaya

Public Comments: Darlene Borré, parent thanked the ASDAC for their work. She emphasized the needs of severe autism individuals

Review and Approval of September 18, 2019 meeting minutes

- Minutes reviewed and approved

Summary of October 30, 2019 ad hoc meeting:

- Purpose of meeting – discussion on future funding
- Discussion of ASD Lifespan Multi-Service Center
 - Training Center
 - Resource Center
 - Grant Application Center
 - Consultation Center
- Utilization and leverage technology in above domains
- Consider sustainability ideas besides grants
- Location of Center(s) or mobile ability of certain components of Center
- Other state models

Presentation by Lynn Ricci – Hospital for Special Care update (see attached presentation)

- Multidisciplinary Care
 - Comprehensive Continuum

- Autism Inpatient Unit
 - Goals
 - Provide specialized pharmacologic and behavioral assessment and treatment to individuals with an established diagnosis of autism who have exhausted multiple levels of care in the community.
 - Collaborate with caregivers and providers to facilitate appropriate supports in the community after discharge.
 - Reduce ED visits and hospitalizations.
 - Patient Demographics
- Autism Inpatient Unit Staff Model
- Autism Inpatient Unit Data Driven Care
- Autism Inpatient Unit Outcomes
- Autism Center Outpatient Care
 - Goals
 - Enhance coordination with primary care
 - Strengthen relationships between primary care and center clinicians
 - Improve the experience of patients accessing autism care
 - Align requirements with processes demonstrated to improve quality and eliminate waste
 - Patient Demographics
 - Child & Adolescent Psychiatry
 - Psychological & Diagnostic Evaluations
 - Developmental Pediatrics
 - Occupational Therapy
 - Speech Language Pathology
 - Psychotherapy and Counseling
 - Applied Behavioral Analysis (ABA) Clinic
 - Timely Access to Care
 - AIU Discharge to Outpatient
 - Medical Director
- Expanding Access to Care
 - Autism Facility
 - Inpatient Expansion
 - Partial Hospital Program

Presentation by Jennifer Krom– Beacon Health Options update (see attached presentation)

- Intensive Response Team (IRT): Development and Implementation

- Vision – To enhance the system of care for members and families impacted by autism spectrum, intellectual disability or developmental disorders.
- Vision
- Goals
 - Decrease emergency department (ED), inpatient psychiatric hospital and Psychiatric Residential Treatment Facility (PRTF) utilization and length of stay
 - Increase referral and connection to effective and appropriate levels of care, support, and services
 - Identify best practices in providing high quality treatment and recommendations for quality improvement
- Development
- Timeline
- Data Input
- Emergency Department “Stuck” Data Input
- Intensive Response Team: Referrals and Utilizations
 - Referral Criteria
 - Diagnosed with an Autism Spectrum Disorder, Intellectual Disability or Developmental Disability
 - At risk of overstay in the ED or delayed discharge from an inpatient setting
 - 26 years old or younger
 - Included regardless of insurance ; and
 - Has utilized multiple services that are unable to meet their needs
 - Presents to either Connecticut Children’s, Yale Children’s Hospital or Yale New Haven Hospital Emergency Departments
 - Overall Utilization
 - Connecticut Children’s Utilization
 - Yale Children’s and New Haven Hospital Utilization
 - Utilization by Region
 - Demographics
- Intensive Response Team: Member Stories
- Intensive Response Team: Preliminary Recommendations
 - Program Integration
 - Continued Growth Opportunities
 - Next Steps
 - Gather pre-post IRT data
 - Evaluate cost savings
 - Based on current utilization, IRT has goal of being available to engage with all youth who have an ASD/IDD/DD presenting to any ED

Discussion:

- Priorities
- Future Funding
- Building upon what we already have
- Multi-Service Center comparisons with using technology to get information/resources to families and individuals
- Discussion of the importance of an “entity” or “director” and staff concentrating 100% on the ASDAC. An ad hoc meeting will be scheduled for December for a more detailed discussion.
- July 1, 2020 goal
- Principal reason for the ASDAC
- Importance of measuring outcomes
- Need for training

Autism Lifespan Waiver Fast Facts as of November 20, 2019 (see attached handout)

- Number served: 111
- Participants enrolled in 2019: 8
- Number in transition process: 3
- Participants that left the waiver in 2019: 1
- Number on Waitlist: 1576

To Do:

- Bill Halsey will send out email to Council regarding December ad hoc meeting to discuss

Adjournment: 12:10pm

Next Meeting: **Wednesday, January 15, 2020 at 10:00am**

Legislative Office Building
Room 2B