

Autism Spectrum Disorder Advisory Council

Education & Training Subcommittee

MEETING MINUTES

<https://us06web.zoom.us/j/85477788006?pwd=nl5h5weqOKvETc85Ilb8PMo8yW9ZBj.1>

Meeting Date	Meeting Time	Meeting Location
October 23, 2024	3:00 pm – 4:00 pm	Virtual

Subcommittee Attendance

Attendance					
Lynn Ricci, Committee Chair	R	Carole Hanlon	R		
Kimberly Mearman, Member	R	Julie Wolf	R		
Patrick Heick, Member	R	Jennifer Krom, Carelon	R		
Kari Sassu	R				
ASD Supporting Agencies					
Kathy Marchione, ADS BRS	R	Ann Gionet, DPH		Tara Viens, OPM	R
Bryan Klimkiewicz, CSDE	R	Stephen Byers, DRCT			
Dorothy Papa-Santini, CSDE		Christine Weston, DSS			
Stephanie Bozak, DCF		MaryBeth Miller, OEC			
Krista Ostaszewski, DDS	R	Kolleen Kerski, OEC			
Jennifer Abbatemarco, DMHAS		Judy Dowd, OPM			
Attendance Key: R = attended remotely, I = attended in-person, X = absent					

	Agenda	Responsible Person(s)
1.	Welcome & Introductions	Lynn Ricci, Chair
	Call to Order	
2.	Approve August Meeting Minutes	Lynn Ricci, Chair
	August minutes have been approved, motion by Patrick and second by Kari.	
3.	Discussion	Lynn Ricci, Chair
	<ol style="list-style-type: none"> Lynn reported on a meeting she had with The Village and how they are looking for additional support/training on treatment best practices for individuals with ASD and co-occurring MH/IDD diagnoses. This is a timely conversation for our workgroup. Jennifer Krom, Carelon <ol style="list-style-type: none"> shared all the training and education activities they have done to increase professional awareness on autism in CT. They need additional training at their Enhanced Care Clinics because they are being utilized by people with ASD for medication management, however, talk therapy is required which is challenging for the patient. Carelon is providing training on how to implement talk therapy requirements through family therapy or play therapy to meet the needs for non-verbal individuals. There are regions of the state with a high need of professionals for in-home ABA services. Specifically, region 3 (only 3 providers) and the SW corner (traffic). There is also a need for bilingual professionals, not just Spanish. People with ASD have limited access to levels of care, we have hospital/inpatient and in-home ABA, there isn't step up/down or outpatient options for those with ASD. Patients are being forced to engage in talk therapy to access some supports and that isn't appropriate for their needs. Also, there are people stuck in ED waiting for post discharge services. 	

	<p>d. Even if we enrolled all BCBA's in CT we still wouldn't have enough, it's even more challenging to get behavior technicians. DSS is looking to change some criteria to increase workforce options. Tara will follow up with DSS to see where we are in the process of getting the credentials changed. Center based ABA supports have a higher rate of retention as providers can offer more consistent hours and the tech is not driving around from house to house.</p> <ol style="list-style-type: none"> 3. BACB is changing their requirements and requiring universities to be certified, this may increase challenges in finding and retaining BCBA's. 4. Dept of Ed has significant vacancies for Special Education teachers who support children with ASD. Looking at micro credentialing to address workforce issues. 5. Dr Sassu expressed how we need to look at proactive approaches to prevent MH crisis and support families before there are emergencies. 6. Switch from B23 to insurance is challenging for families because its all-in-one model to ala cart. 7. We should be looking to leverage something that is already working in the field or identify an innovative program where we can partner to build capacity. CSDE is highlighting model programs and district collaboration. 8. Dr Sassu explained how they are working with a transition program for kids who need additional assistance to navigate the complexities of higher ed. As we define a specific problem, we can better design programs to meet the needs and continuously reevaluate to ensure progress. 9. We are still trying to get to some action steps on this topic, we need to try to leverage current resources and look at what is being proposed by agencies for this session. 10. How can we open funding and create flexible resources, what is a low hanging fruit? The Carelon Care Coordinators have a hard time finding medication management w/out talk therapy. Can we look at eliminating this as a requirement? Some services are not appropriate for those with ASD. This can be harmful, if we are forcing people to participate in one service to access another when clinicians do not have experience with ASD. 11. We cap private insurance at age 21 for behavioral therapy but not other ASD treatment services like PT or OT. 12. Gap in services for those who can access special education through the year they turn 22 due to clinical services stopping at age 21. 	
4.	Action steps	Lynn Ricci, Chair
	1. Get an update from DSS on behavior technician credentials	
5.	Adjourn	Lynn Ricci, Chair