

Autism Spectrum Disorder Advisory Council

Education & Training Subcommittee

MEETING MINUTES

<https://us06web.zoom.us/j/85477788006?pwd=nl5h5weqOKvETc85llb8PMo8yW9ZBj.1>

Meeting Date	Meeting Time	Meeting Location
August 28, 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				
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 July Meeting Minutes	Lynn Ricci, Chair
	Minutes have been approved.	
3.	Identify workgroup goals and priorities	Lynn Ricci, Chair
	<ol style="list-style-type: none"> Tara will reach out to Jennifer Krom for an update on Carelon data and see if she can participate in the next subcommittee meeting. <ol style="list-style-type: none"> Jennifer will be attending the September meeting. The group can review the previous data provided by Carelon, which was shared in the chat and can be found on the ASDAC website, HERE The group discussed needed positions in the workforce and service gaps that we can prioritize based on personal experience and area of expertise. <ol style="list-style-type: none"> Partial hospital program challenge is that parents must drive kids to access outpatient services, so there was conversation on how we could increase the skill set of those providing services in schools so children can access supports there decreasing the need for transportation and increasing capacity. There is a need for in-home supports when discharging from a high level of care. There is a decreased success rate for discharge when appropriate ABA services are not in place at home. Training academy at HFSC for training CNA's, looking to expand to behavior techs who can support kids with high level needs. Some public schools are partnering with outpatient services through insurance, however not all MH professionals have the expertise in ASD. 	

	<ul style="list-style-type: none"> e. CT has a law that caps in-home services at age 21, so we need to look at the cap being removed so they can access services through age 22 when they exit school and extending services into adulthood so they can maintain skills (ASD waiver has a long waitlist no other option through state plan or insurance companies). f. We don't have enough people entering field or remaining in field, so there are not enough people to cover current supports. How can we focus on recruiting and retaining vs training. Those who are already providing services are overburdened so expanding their skill set may not be reasonable because we are seeing people leave the education system. Need to look at how to keep people in the field and not just how we can improve services for people with ASD. g. Pay rates are not to retain, and staff support, when staff feel they can handle case load so training can help with pay. h. Difference in services for children and adults, children with ASD are entitled to supports however not all schools are equal but adults with ASD if they have an IQ over 70 are on a waitlist for services. i. There are some existing trainings for people working with adults with ASD through SCSU but there has been a lack of interest or service providers are already taxed and can't attend. Link to training HERE. j. Insurance based payment for ABA services for kids under 21 is based on Lovaas research and insurance companies will say that there is no research to support providing ABA services to adults. There is research to support ABA for adults, not as much but it does exist. k. Legislative priorities; should we be focusing on adult service gap? We need to focus on a long-term plan. Our biggest hurdle is population that gets nothing (not eligible for DDS). l. HFSC gave example of internal opportunity for advancement (CNA program) how can we access those who may not have had an opportunity for education. Can we find non-traditional students who would like to do this work? Example looking at paraprofessionals who have a desire to become a teacher. There are some successful health care academies in high schools, can we tap into that workforce or find a partner to develop something for ASD professionals? m. Peer mentoring as service, in DDS they must qualify so finding people is sometimes challenging. Carelon also has a peer service, we would have to find out how they are implementing. <p>3. Moving forward is there an age group we want to focus on?</p> <ul style="list-style-type: none"> a. Training for everyone is important b. Resources drop significantly after high school, there is a developmental sequence for training but there is a lack of providers who understand or have experience working with autistic adults. c. Adults who are newly enrolled in the ASD waiver have been out of school for almost 10 years and therefore unlearned a lot after high school, starting over with teaching skills. We need to focus on those who are graduating so we can maintain skills and momentum and reduce cliff in services. <p>4. Next steps</p> <ul style="list-style-type: none"> a. The challenge is that we have identified service gaps AND not enough people doing the work! b. Finding a group to enhance skills, get kids to look at this field as an option, need to decide and focus so we can move the needle. Bring back to council, this is what we have talked about and find a focus. We need to look at what others are doing as well, OWS HHS pipeline do we want to look at their recommendations. (Tara reach out for September meeting) c. Identify gaps and focus efforts to make recommendations on training and education to support the workforce and improve services. 	
4.	Action steps	Lynn Ricci, Chair
	1. Cancelled meeting in November and changed meeting date for December to the 18 th at 3pm.	
5.	Adjourn	Lynn Ricci, Chair