



**Autism Services Initiative for Adults  
Autism Advisory Committee  
Meeting Minutes**

**August 26, 2016 – 10:00 a.m. to 1:00 p.m.  
Emory Autism Center 1551 Shoup Court, Decatur, Georgia 30033**

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<b>Facilitator:</b>	Scott Bales and April Umstead (co-chairs)
<b>Minutes Secretary:</b>	Katherine Roeder
<b>Advisory Committee Attendees:</b>	Tim Cartledge, Deborah Conway, Theresa Heard, Stacey Lane, Emily Myers, Eren Kyle Neiderhoffer, Greta O'Dell, Julie Prescott, Pauline Shaw
<b>Absent:</b>	Rena Harris, Ray Johnson, Kim Lucker-Greene, Laura Owen, Stacey Ramirez, Michelle Schwartz
<b>DBHDD Staff:</b>	Darlene Meador
<b>Emory Staff:</b>	Danielle Belva, Joseph Cubells, Silke von Esenwein, Catherine Rice
<b>Visitors:</b>	Shelley Walls, consultant; Evelina Sterling, consultant

**Agenda**

**Call to Order**

- Scott Bales called the meeting to order at 10:15 a.m. and invited each attendee to introduce him/herself. The group welcomed back consultant Evelina Sterling and met Shelley Walls, a new consultant who replaces Bob Babcock.

**Approval/Discussion of Minutes of August Meeting**

- Scott Bales invited the group to review the minutes from the June 24, 2016 meeting, previously distributed, and asked for a motion to approve.

Motion: Danielle Belva; Second: Silke von Esenwein

The group voted unanimously to approve the meeting minutes from June 24, 2016.

*Georgia Department of Behavioral Health and Developmental Disabilities  
Frank W. Berry, Commissioner*

### **Topic: Project Status Update**

Catherine Rice, executive director of the Emory Autism Center and a consultant to the Autism Services project in the area of data analysis, provided a project status update. Her key points follow:

- An important objective of this project is identifying training needs for those individuals caring for adults with ASD in Georgia, whether they be in the provider base or in families.
- We are finding out who needs to be trained and in which subject areas.
- This year has been spent pulling together data and performing a “gap” analysis.
- While quantitative data collection has been going on behind the scenes, important qualitative data has been obtained from the Advisory Committee and the focus groups.
- Our target groups have many training needs; we will determine priorities and recommend what can be provided to make the best use of resources.
- As part of our recommendations, the Emory team will include a location for a proposed pilot training program.

Darlene Meador updated the group on the timetable for bringing the gap analysis contract work to a close:

- The current plan is to bring the Advisory Committee together in October for a closing meeting and review after the final analysis report is finished and submitted. The exact date and location is to be determined.
- When all five deliverable reports are done, the final analysis and recommendations can be written and submitted. The reports are nearing completion.
- There will be a new proposal developed by the Emory team based on the findings of the gap analysis for review and consideration by DBHDD leadership.

### **Topic: Results from Focus Groups and Structured Interviews – Part I**

Silke von Esenwein and Evelina Sterling presented a preliminary qualitative analysis based on the results gathered and analyzed from the focus groups held with family members in Atlanta, Savannah, Dalton, and Thomasville, and structured interviews with two DBHDD field office administrators, a chief executive officer of a provider organization, and a family advocate.

The results and recommendations were presented in a PowerPoint presentation, which will be posted on the DBHDD website along with the minutes of the meeting.

After the introduction and background, the topics of *training, access to information and care, and provider shortages*, were addressed and discussed.

Breakout groups were formed to discuss, give feedback, and add to the solution-focused recommendations proposed by the Emory team.

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## **Breakout Groups**

**Training Group:** Theresa Heard, Deborah Conway, Shelley Walls, April Umstead

Action Steps: Partner with providers and higher education institutions. Connect them with family support groups or non-profits. Goals are to include: consistent training throughout the year; cohort training with targeted learning; and clinics for intense (more detailed) training.

DBHDD should connect with law enforcement, education, and others to break down silos and form a *system of care*.

**Access to Information Group:** Julie Prescott, Danielle Belva, Darlene Meador, Pauline Shaw

Action Steps: Consider the access to information for and through different groups and at various locations and events to include, but not be limited to, the following:

1. School: parent mentors/transition coordinators; parents/universities; open houses; personal contact with teachers and administrators;
2. Person-centered providers: development of a resource manual should be considered; the resource manual, if developed, should be updated yearly by either regional field office or by contract; a useful resource manual would be organized by region and begin with identification of autism-specific resources and later expand to include resources for other intellectual and developmental disability populations served; a good organization of the resources in the manual would be by key lifespan points, such as, medical and other qualified professional providers who diagnose the condition, Babies Can't Wait, Head Start, school system, and so forth; and
3. Home: access to Internet, libraries, other parents; resource fairs; support groups (e.g., navigator teams); community vendors and organizations, such as private businesses and YMCAs

**Provider Shortage Group:** Scott Bales, Stacey Lane, Emily Myers, Greta O'Dell

Action Steps: Address provider shortage through multiple strategies to include, but not be limited to, the following:

1. Provide support and reinforcement for current staff;
2. Recruit within the individual's current network (i.e., grow your own);
3. Adopt an all-hands-on-deck attitude as a whole system/society (public, private, non-profit and families);
4. Consider training on models to recruit from current providers;
5. View provider shortage as a training issue; and
6. Use untapped/overlooked resources – e.g., retirees, older individuals, responsible teens, and young adults with good skill sets and work ethics who can be trained.

## **Topic: Results from Focus Groups and Structured Interviews – Part II**

Silke von Esenwein and Evelina Sterling continued to Part II of the focus group presentation and addressed the topics of policy changes and transitions. Because of time constraints, a second group of breakouts was not possible. In its place, a general discussion was held to give feedback and add to the solution-focused recommendations proposed by the Emory team.

### **Group Comments on Policy Changes**

- Families face a considerable burden concerning estate planning and establishment of a special needs trust. The ABLE Act will assist with addressing some needs in this area as implementation of the new law occurs. DBHDD should provide information on resources, including workshops and other training events, for families to assist with estate planning, special needs trusts, and life planning.
- A recommendation was made for DBHDD to consider approaches to encouraging the development of a family community for autism. Many families know a little bit, but they need opportunities to share information, such as information on long-term planning.

### **Group Comments on Transitions**

- Transitions differ greatly by school system. The Department of Education should be at the table to address issues with transition and education in schools.
- The whole transition issue needs to be reframed. We have to do a SWOT (Strength, Weaknesses, Opportunities, and Threats) analysis on each individual. It is a matter of developing strengths and mitigating weaknesses. Transition planning should begin in pre-adolescence.
- The use of the geographic information system, coupled with modeling, should be considered to provide an index to rate needs versus resources.

**Next Steps:** Darlene Meador and Katherine Roeder will inform the group via email of the time, day, and place to bring together the Advisory Committee for a closing meeting and review of the final findings of the completed gap analysis for the Autism Services Initiative for Adults.

**Adjournment:** Scott Bales adjourned the meeting at 1:15 p.m.