

Summary of Themes from DDS State System of Care Plan FY23-FY25

Autism Services Forums

- **Services should be individualized and based on disability, not diagnosis** – pressure on parents to get Autism diagnosis; do not single out by diagnosis
- **Training direct support workers** – understanding Autism/neurodiversity/movement – sensory differences; focus on positive support strategies/communication – choice and relationships; everyone trained better in FC for consistency and best practices; curriculum and training modules developed
- **Skill development** – soft skills, support people’s goals/interests
- **Focus on communication** – Role of Vermont Communication Task Force; Communication Access – iPads, apps, software, trained professionals, trained communication partners, supported typing/facilitated communication, funding, access to communication specialists, develop and consistently use comprehensive Communication Support Plans
- **Facilitated Communication** – takes time and commitment and support of statewide communication specialists – need plan on how to expand the resource around FC and what will these supports look like in the future, need more opportunities to use facilitated communication
- **Presumed Competence, Dignity of Risk**
- **Person-Centered Planning** – Autistics run the meeting, invite trusted people, focus not just on services
- **Community support** – social (friends, dating, emotional growth), educational, recreation, leisure, volunteering, pursuing special interests with others of like mind, enrichment, group activities, sensory activities, transportation
- **Clinical Services** – mental health, psychiatric services, behavioral supports, comorbidities, occupational therapy, speech/language therapy, ABA; access to Speech Language Pathologists who work with adults and are Medicaid providers; SLPs contracted to work within the DA/SSA service system similar to what happens in the school system
- **Medical Services** – Importance of having doctors and other medical professionals provide/schedule extra time to give autistic patients the time they need to communicate effectively during medical appointments; training and education regarding autism for medical professionals
- **Newest research and best practices** – Keep up to date on clinical and emerging practices

- **Increased living options** – Alternative home/housing/supported living options for people with similar interests, flexibility in number of people living together, shared community space, flexibility to meet needs over time, “Program Houses” (Families First)
- **Transition from school** into adulthood/employment
- **Adult services** – be clear as to what will be supported (not ABA); what services are available for adults with Autism – uniformity across state; concern about vulnerability, social isolation, trauma
- **Invest in the system** – reduce staff turnover, stabilize the system, transition to a place with the best possible services, make real investments in training staff, promote best/emerging practices, develop new/innovative options, invest in community/employment, develop resources for the best possible services
- **Professionalizing the work force** – credentialing; occupational profiles (DOL); elevating the role of direct support professionals
- **Recuperate from COVID losses** – loss of workers/employment/communication partners, increased anxiety
- **Technology** – technology to help people be more independent; “Technology First” states