



Who We Are

Title of Project, Name of Lead Entity, Partner, Counties in Indiana we are impacting.

Bridging the gap: Improving outcomes for BDDS consumers by addressing waitlist and systemic training barriers

Trustees of Indiana University, HANDS in Autism Interdisciplinary Training and Resource Center, Dept of Psychiatry, IUSM

Statewide access and impact

What We Expect if We Achieve our Vision

Expected short-term and long-term outcomes; and positive impacts on individuals if your project successfully carries out these actions.

- Accessible information and resource options for individuals and families
- Individuals and families with knowledge of and access to EBPs through locally trained providers
- Presence of novel mentoring and models of care to meet individuals and families where they are at
- Providers with access to training in EBPs designed to promote fidelity/quality
- Providers with improved retention and satisfaction
- Training options to meet providers where they are at (i.e., from awareness to implementation)
- Greater options for service access while on the waitlist leading to reduced wait time
- Decreased long-term service needs and reduced costs given advance care provided while on the waitlist
- Increased independence, skill, confidence, integration in local community of individuals and their families
- Improved coordinated care within teams and integration of care across systems and models
- Individuals and families living their idea of the best life

What We Will Do

Specific actions your agency will take to carry out pilot project.

- **Increase access to evidence-based practices:** Evaluate current waitlist needs while offering service, supports & resources across phases to inform standards that can support the waitlist while addressing workforce &/or provider gaps.
- **Provide novel mentoring & methods of care:** Evaluate interest & implement mentoring & support networks informed by stakeholders to increase local capacity & decrease areas of service/care disparity.
- **Inform novel workforce development & staffing strategies:** Evaluate, map, and improve workforce availability and growth across implementation phases.
- **Increase sustainable service fidelity & systemic readiness:** Inform & refine training, tools, & internal resources towards provider support, enhanced standards of training & improved quality of care.

How We Will Do It

Plan and implementation

- Increase service & support options thru alternative formats, improved service quality & accessibility monitoring
- Enhance awareness & use of potential waiver services (e.g., time-limited protocols, manualized interventions) with increased use of peer support, family-to-family (e.g., ECHO), and local coaching options (e.g., badging)
- Facilitate patient/consumer navigation of options due to service complexity or other barriers (e.g., locale, transportation, housing)
- Facilitate collaborative relationships with navigation & fidelity tools, mentoring & coaching models (e.g., internal coaching) informed by stakeholders, providers, & teams towards sustained local capacity thru gap analyses (e.g., surveys, interviews, FG)
- Increase training options for providers by area & diversity of workforce across service types, experience levels & availability

What Will Result

Long-term goals to transform services and/or better support individuals.

- Improved access times for services and family/caregiver skills for sustainable change
- Enhanced development and use of consumer behavioral, social, and functional skills
- Increased independence, involvement and engagement of consumers in community settings
- Improved local access to and quality of professional supports and coaching
- Improved collaboration & satisfaction with systems and community resources for families, caregivers, providers & systems
- Sustainable and supportive workforce with progressive development of readiness, use of technological assets and reduction of training & total costs

What We Want to Avoid

Outcomes that may take away from the vision and will serve as "red flags" to consider course correction.

- Crisis responding/reactivity and dearth of proactive planning efforts
- Disjointed teams/silos and lack of training and expertise of care providers in EBPs (i.e., use of experimental/untested/limited fidelity practices)
- Overly dependent individuals and families given lack of effective options for intervention/providers
- Team knowledge, perceptions and practice that are out of sync/inconsistent with the needs of individuals and their families

