

Members

Sen. Brent Waltz, Chairperson
Sen. Randall Head
Sen. Jean Breaux
Sen. Timothy Skinner
Rep. Robert Heaton
Rep. Vanessa Summers
Rep. Dennis Tyler
John Taylor
Dr. Robin Murphy
Mary Rosswurm
Hugh Beebe
Dr. Gladys Beale
Michael Carmin



INDIANA COMMISSION ON AUTISM

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Authority: IC 12-11-7-2

MEETING MINUTES¹

Meeting Date: October 24, 2011
Meeting Time: 1:00 P.M.
Meeting Place: State House, 200 W. Washington
St., Room 431
Meeting City: Indianapolis, Indiana
Meeting Number: 2

Members Present: Sen. Brent Waltz, Chairperson; Sen. Randall Head; Sen. Jean Breaux; Sen. Timothy Skinner; Rep. Robert Heaton; Rep. Vanessa Summers; Rep. Dennis Tyler; John Taylor; Mary Rosswurm; Hugh Beebe; Michael Carmin.

Members Absent: Dr. Robin Murphy; Dr. Gladys Beale.

Senator Waltz called the meeting to order at 1:05 p.m. and presented the topics to be discussed at the meeting.

Autism Training For First Responders

Senator Waltz distributed the Autism Safety Project handout (Exhibit A) provided to the Commission by Dr. Gladys Beale to begin the discussion on improving autism training for first responders. The handout is a tool kit for communicating with individuals with autism in emergency situations. It also lists resources for emergency services related to autism.

¹ These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at <http://www.in.gov/legislative> Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for hard copies.

Dana Renay, Autism Society of Indiana, explained that training in autism is available for first responders on a voluntary basis and advocated for making the training mandatory through legislation based on the required autism training for emergency medical services personnel statute. She also advocated for expanding the training to all public safety personnel.

Mark Scherer, Indiana Fire Chiefs Association, stated that paramedics and emergency medical services personnel receive four hours of training in autism every two years.

Waiting List Process for Autism Waivers

Kim Dodson and John Dickerson, Arc of Indiana (Arc), discussed Arc's recommendations concerning how to improve the waiting list process for autism waivers. A task force has been created to address the issue and has come up with the following proposals:

- (1) Supplement the current waiting list process with an electronic filing and account management system.
- (2) Replace the current developmental disabilities profile process for getting on the waiting list with a criteria based process that lists the following categories for qualifying for the waiver:
 - (A) A child receiving special education services with diagnosis or another appropriate Indiana Department of Education category.
 - (B) Vocational rehabilitation eligibility from the Indiana Family and Social Services Administration with appropriate diagnosis.
 - (C) Doctor's diagnosis of autism.
 - (D) Other collateral information.
- (3) Allow individuals who apply for waiver services to opt in to receive detailed information about advocacy organizations, community supports, and other resources.
- (4) Develop a transparent and clear process for making distribution of funds determinations based upon need rather than length of time on the waiting list, as well as:
 - (A) continue the priority waivers for emergency placement situations;
 - (B) make Medicaid available to children under 18, with emphasis given to children with significant medical or behavioral needs that if left unsupported will lead to out of home placement more quickly;
 - (C) provide service coordination to individuals on the waiting list who are over 18;
 - (D) update the waiting list on the Internet; and
 - (E) provide referral services for individuals who are on the waiting list.

(Exhibit B)

Early Interventions for Individuals with Autism and Eliminating Disparate Care Based on Geography

Naomi Swiezy, Psychologist, Christian Sarkine Autism Treatment Center, explained how the Modified Checklist for Autism in Toddlers (Exhibit C) is used to screen toddlers between 16 and 30 months of age to assess risk for autism.

Dawn Downer, First Steps, stated that First Steps is taking action to improve early interventions for individuals with autism by doing the following:

- (1) Conducting assessments and communicating the results with parents.
- (2) Surveying service providers on their comfort level with talking to parents about autism diagnoses.
- (3) Distributing a provider update newsletter to service providers that includes best practices in early interventions.

There was Commission discussion concerning whether screening for autism should be mandatory for infants, and as a result Ms. Downer was encouraged by the Commission to continue to survey service providers in an effort to gather information on how to improve early diagnosis and interventions.

The Commission also discussed what could be done to eliminate the disparity of care and services for individuals with autism across the state, and as a result of the discussions Senator Waltz agreed to draft a letter to the Indiana Primary Health Care Association, the American Academy of Pediatrics Indiana Chapter, the Indiana Rural Health Association, and the Indiana State Medical Association to:

- (1) encourage dialogue between the medical pediatric society and the Autism Society; and
- (2) facilitate improvement in early intervention for individuals with autism by encouraging continuing education and training in autism for medical doctors.

Adult Group Homes

Tracy Myzak and Shane Spotts, FSSA, DDRS, discussed the review process for adult group homes in Indiana. The process involves surveying advocacy groups, families, and service providers in order to gather information to determine the deficiencies in the services provided at adult group homes. The review process also helps FSSA to determine:

- (1) where in the state adult group homes can be beneficial;
- (2) what type of adult group homes are needed; and
- (3) how services overall can be improved.

Commission Discussion

After Commission discussion concerning all of the topics listed on the Commission's agenda, the following recommendations were agreed upon by the remaining nine members present:

- (1) The Commission recommended that legislation requiring training in autism for law enforcement and fire personnel based on the required autism training for emergency medical services personnel under IC 16-31-3 be considered for introduction in the 2012 General Assembly.
- (2) The Commission recommended that FSSA, in collaboration with the Arc of Indiana:
 - (A) develop an electronic filing system for autism waivers;
 - (B) improve the electronic management of accounts;
 - (C) based on a study of best practices from other states, determine whether placement on the autism waiting list should be need based or time based; and
 - (D) submit a status report on its actions concerning improvements

made to the electronic filing and account management systems for autism waivers and placement on the autism waiver waiting list to the General Assembly by April 1, 2012.

(3) The Commission recommended that First Steps continue to survey families and service providers to improve early diagnoses and early interventions for individuals with autism.

(4) The Commission recommended that a letter be drafted by Senator Waltz to the American Academy of Pediatrics Indiana Chapter, the Indiana State Medical Association, the Indiana Rural Health Association, and the Indiana Primary Health Care Association to facilitate improvement in early intervention for individuals with autism by encouraging continued education and training in autism for medical doctors.

(5) The Commission recommended that FSSA survey advocacy groups, families, and service providers across the state of Indiana to determine:

(A) deficiencies in autism services;

(B) how services can be improved;

(C) types of group homes that may be beneficial for individuals with autism; and

(D) where group homes are needed in Indiana.

A copy of the 2011 annual report of Indiana's Comprehensive State Plan to Guide Services for Individuals with Autism Spectrum Disorders (Exhibit D) was distributed to each Commission member.

The Commission unanimously adopted its draft final report with nine members present and with the understanding that the actions taken during this meeting would also be included in the final report. The meeting was adjourned at 3:30 p.m.

AUTISM SPEAKS™

Autism Safety Project

*A tool kit about communicating with individuals
with autism in emergency situations*

Autism Speaks does not provide medical or legal advice or services. Rather, Autism Speaks provides general information about autism as a service to the community. The information provided in this kit is not a recommendation, referral or endorsement of any resource, therapeutic method, or service provider and does not replace the advice of medical, legal or educational professionals. This kit is not intended as a tool for verifying the credentials, qualifications, or abilities of any organization, product or professional. Autism Speaks has not validated and is not responsible for any information or services provided by third parties. You are urged to use independent judgment and request references when considering any resource associated with the provision of services related to autism.

Indiana Commission on Autism
Meeting--October 24, 2011

Exhibit A





Autism Alliance for Local Emergency Responder Training - www.AutismAlert.org

- This website includes areas for professionals to blog, a calendar of events, training sessions, news and links for both parents and professionals.

The Autism and Law Enforcement Education Coalition - www.sncarc.org/alec.htm

- The ALEC program provides training to First Responders so that they are able to recognize situations involving children and adults with Autism Spectrum Disorders (ASD).

Autism Risk and Safety Management - www.autismriskmanagement.com

- This website provides information and resources for law enforcement, first responders, parents, educators and care providers.

Autism Spectrum Disorders from A to Z - www.asdatoz.com/info.html

- This website provides links to books, resources and information about Autism Spectrum Disorders. There are also articles and speaking dates by the authors.

Caretrak Systems – www.caretrak.com

- Caretrak aims to protect children with special needs with home monitoring systems and tracking units. These are used by hundreds of parents across the country and abroad. Their devices alert parents when their child leaves a certain area and the tracking unit can find a child within a mile radius.

Community and Law Enforcement Aware Response – www.clearscv.org

- The Los Angeles Police Department (LAPD) and the Autism Society of America- Los Angeles Chapter (ASA-LA) have partnered to develop an Autism Awareness Roll Call Training Program targeted to LAPD officers. Volunteers from the Los Angeles area autism community will present key information about Autism Spectrum Disorders during roll call briefings

Disability, Abuse & Personal Rights Project – www.disability-abuse.com

- This website is dedicated to the personal rights of children and adults with disabilities, with a mission to prevent abuse of these individuals.

Inclusive Preparedness Center - www.inclusivepreparedness.org

- The Inclusive Preparedness Center works to ensure that all individuals are included in the development and implementation of plans for protection from natural and man-made emergencies.

The Law Enforcement Awareness Network – www.leanonus.org

- It is the mission of L.E.A.N. On Us to provide first responders with information and resources that will allow them to better serve individuals within their communities affected by disabilities and mental illness.

National Autism Association – www.nationalautismassociation.org/found.php

- Autism presents a unique set of safety concerns for parents. Unlocking Autism and the NAA have teamed up to provide safety information for parents and families.

National Center for Missing and Exploited Children – www.missingkids.com

- NCMEC's mission is to help prevent child abduction and sexual exploitation, help find missing children and assist victims of child abduction and sexual exploitation, their families, and the professionals who serve them.



Pacer Center – www.pacer.org

- The mission of the PACER Center (Parent Advocacy Coalition for Educational Rights) is to expand opportunities and enhance the quality of life of children and young adults with disabilities and their families, based on the concept of parents helping parents.

Project Lifesaver – www.projectlifesaver.org

- Project Lifesaver's primary mission is to locate and rescue missing persons. They have established many partnerships with local law enforcement to help save money and time for taxpayers. They also have many partnerships that help to strengthen the awareness and provide information about their technologies and services.

Safe and Sound – www.autism-society.org

- The Safe and Sound initiative provides much-needed information to the autism community on topics such as general safety, emergency preparedness, prevention, and risk management. Safe and Sound works to develop information and strategies that are beneficial to individuals on the spectrum, their families and the professionals who work with them. Another significant goal of Safe and Sound is to provide information and training to those who are first on the scene in an emergency situation.

Select Autism Merchandise – www.SelectAutismMerchandise.com

- This website allows for both parents and professionals to buy merchandise to help keep individuals on the spectrum safe. Additionally, this website provides a forum for people to discuss their concerns and ask for products that they might need.

Additional Readings

- Autism and Law Enforcement Education Coalition www.sncarc.org/images/brochurealec.pdf
- Debbaudt, D. "Avoiding Unfortunate Situations: Autism & Law Enforcement Handouts" - PDF Format: [Debbaudt AUS Handout.pdf](#) & Word Format: [Debbaudt AUS Handout.doc](#)
- Debbaudt, D. and D. Rothman. "Contact with Individuals with Autism" : FBI Law Enforcement Bulletin, April 2001 at www.findarticles.com
- Doyle, B. "And Justice for All: Unless You Have Autism: What the Legal System Needs to Know About People with Autism Spectrum Disorders" www.barbaradoyle.com
- Gerald Hasselbrink Law Offices "Autism Safety Techniques: Assessing and Approaching Individuals With Autism" Information Sheet at www.hasselbrink.com/autsafety.html
- National Organization on Disability, "Prepare Yourself: [Disaster Readiness Tips for People with Disabilities](#)"





Autism Basics

What does autism look like?

Autism is a term commonly used for a group of neuro-developmental disorders also known as Pervasive Developmental Disorders (PDD) or Autism Spectrum Disorders (ASD). The core symptoms of autism are challenges related to:

- *communication*
- *social interaction*
- *restrictive or repetitive behaviors and interests*

Individuals with autism can also experience other difficulties, including medical issues, differences in coordination and muscle tone, sleep disturbances, altered eating habits, anxiety or disordered sensory perceptions. The features, abilities and severity of symptoms vary considerably among individuals with autism.

An individual with autism may display some or all of the following characteristics:

- Difficulty understanding language, gestures and/or social cues
- Limited or no speech, or verbalizations that repeat or maintain a particular topic
- Limited or no eye contact
- Difficulty relating or participating in a back-and-forth conversation or interaction
- Social awkwardness
- Repetitive behaviors, such as pacing or lining things up, spinning, hand flapping, or rocking
- More or less sensitivity to light, sound, smell, taste or touch than usual
- Abnormal fears and/or lack of appropriate fear of real dangers
- Understanding and retention of concrete concepts, patterns, rules

Where does it come from?

There is no known cause of most cases of autism, though the best scientific evidence points toward a combination of genetic and environmental influences. Autism is a neurological/biological disorder, not a psychological/emotional condition. Autism is found in all social, racial and ethnic groups, and is 3-4 times more prevalent in boys than in girls. Autism occurs in 1 out of 150 children, up from 1 in 10,000 in 1980.

What do I need to keep in mind?

- Communication challenges can encompass a broad range, both in terms of understanding and speaking (understanding gestures or spoken language, delays in processing, inability to form sounds or full sentences, word retrieval difficulties, misunderstanding idioms or sarcasm, timing of body movements or conversational exchanges, remaining on topic, etc.)
- Most are concrete thinkers and literally interpret jokes, idioms or sarcasm
- Social skills are underdeveloped, but interest in friendships and social interaction is often present
- Anxiety and frustration are common



Autism Safety Project	www.Autismsafetyproject.org
In case of emergency: Call 911	
Poison Control Center: 800-222-1222	

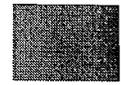
Emergency Information at a glance

PERSONAL INFORMATION	
Family Name	
Address	
City	
State	
Zip	
Home Phone	
Work Phone	
Mobile Phone	
Pager Number	
Individual's Name	
Diagnosis	
Medical Diagnosis	
LOCAL EMERGENCY CONTACT INFORMATION	
Name	
Phone	
Name	
Phone	
Name	
Phone	
PRIMARY CARE PHYSICIAN	
Name	
Phone	
INSURANCE	
Policy	
Group #	
ACTIVITY SCHEDULE SPECIAL INSTRUCTIONS	
OTHER IMPORTANT INFORMATION	

*Display this form in a handy place for caregivers and others who may need emergency information.

Autism Safety Project

www.autismsafetyproject.org



Emergency Information for Individuals with Autism Spectrum Disorder

PERSONAL INFORMATION	
Legal Name	
Nickname	
Sibling(s) Names	
Parent/Guardian	
Signature Consent*	
Address	
City	
State	
Zip	
Home Phone	
Mobile Phone	
Work Phone	
Pager Number	
PHYSICAL DESCRIPTION	
Date of Birth/Age/Gender	
Male <input type="checkbox"/> Female <input type="checkbox"/>	
Height	
Weight	
Eye Color	
Hair Color	
Scars: Identifying Marks	
Photo Date (attach to back)	
MEDICAL INFORMATION	
Diagnosis	
Medical Diagnosis	
Special Diet Diet Restrictions	
Medications (list) Name Dose When	
Medication Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	
Allergies Yes <input type="checkbox"/> No <input type="checkbox"/> Food <input type="checkbox"/>	
Health Insurance Plan Policy	
Pharmacy Name Phone	

*Consent for release of this form to Emergency Responders

Autism Safety Project

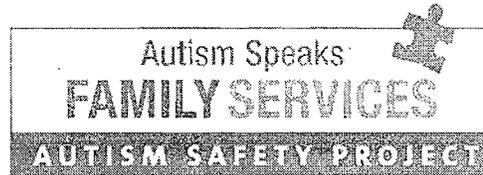
www.autismsafetyproject.org

Emergency Information for Individuals with Autism Spectrum Disorder

PHYSICIANS	
Primary Care Physician	
Primary Care Physician Phone	
Specialist	
Specialist Phone	
EMERGENCY CONTACTS	
1. Name	
Address	
City	
State	
Zip	
Home Phone	
Mobile Phone	
Work Phone	
Relationship	
2. Name	
Address	
City	
State	
Zip	
Home phone	
Mobile phone	
Work phone	
Relationship	
3. Name	
Address	
City	
State	
Zip	
Home Phone	
Mobile Phone	
Work Phone	
Relationship	
ADDITIONAL INFORMATION ABOUT THE INDIVIDUAL	
Common Presenting Problems	Photo
Things to Avoid	
Favorite Places	

Date form completed:
By Whom:
Relationship:

*Consent for release of this form to Emergency Responders



Creating Safety Plans For Individuals with Autism Spectrum Disorders

When it comes to identifying safety risks and preventing emergencies for an individual with autism, you and your family are the best advocates and the most likely people to take the necessary steps to develop a Safety Plan.

A Safety Plan should include key participants - school personnel, daycare providers, neighbors, caretakers, and extended family, anyone involved in your network that has daily contact with the individual at risk.

It is critical to take the time to evaluate what your family member needs to be safe and protected at home, school and in his or her community. Preventative measures help ensure the wellbeing of individuals with autism.

Be Prepared with Emergency Information at your Fingertips!

Emergency Information at a Glance (PDF)

Create an Informational Handout for First Responders!

Emergency Information for Individuals with the Autism Spectrum Disorder (PDF)

Top Safety Risks for Individuals with ASD:

- Wandering
- Pica
- Drowning
- Household toxings

Safety Plan Checklist:

- Does the individual with autism wander, run away or get lost in a crowd?
- Are your home, school and community activities evaluated for safety? Are preventative measures put in place?
- Does the individual ALWAYS wear identification with a contact number listed?
- Have you let your neighbors/community know about your child with special needs?
- Are safety skills included in the Individual Education Program in your school district?
- Have you contacted your local 911 call centers?

Research Publication:

Parents and caregivers should be aware that their loved ones with Autism Spectrum Disorders are at increased risk of accidental deaths due to drowning and suffocation, particularly younger individuals. Increased understanding of the most common causes of death can help parents and professionals focus on reducing associated risks and ultimately the rate of mortality among individuals with autism.

Mortality and Causes of Death in Autism Spectrum Disorders: An Update. Mouridsen SE, et al. Autism. 2008 Jul;12(4):403-14.



Resources

- American Red Cross - www.redcross.org (includes advice in mp3 audio format)
- Centers for Disease Control and Prevention - emergency.cdc.gov
- Federal Interagency Coordinating Council on Emergency Preparedness and People with Disabilities - disabilitypreparedness.gov
- Get Pandemic Ready - getpandemicready.org
- Kind Find: Keeping Spectrum Kids Safe - www.kind-find.com
- National Organization on Disability, Emergency Preparedness Initiative - nod.org
- pandemicflu.gov
- U.S. Department of Homeland Security, Ready America - www.ready.gov
- ReadyMoms Alliance - readymoms.org

Fire Safety Book Designed for Kids with Autism: [I Know My Fire Safety Plan: A Children's Book](#)

[Tots in Mind: Leaders in Child Safety Products](#)

Products for Identification

[Medical ID Store](#)

[My Precious Child ID Bracelet](#)

[Temporary Tattoos with a Purpose](#)

[Lean on Us Child Safety ID Card](#)

[SafetyTats](#)

Personal Tracking Devices

[Gemini GPS Tracking Unit](#)

[Ion Kid's Tracking Wristband](#)

[Project Lifesaver Tracking Systems](#)

[Care Trak Transmitters](#)

[MyContact411](#)

Additional Resources

[Social Story Book - PPT](#)

[Protecting Loved one with Autism - PDF](#)

[Keeping Children and Adults with Autism Safe - PDF](#)

[National Autism Association – Safety Tool Kit](#)

[Unlocking Autism – Safety Tool Kit](#)





Law Enforcement

On a daily basis police officers encounter a multitude of individuals in emergency situations. Just as each emergency differs from the next, so does the individual involved, especially in regards to individuals with autism spectrum disorders (ASD). Police are trained to respond to a crisis situation with a certain protocol, but this protocol may not always be the best way to interact with individuals with ASD. Because police are usually the first to respond to an emergency, it is critical that these officers have a working knowledge of ASD, and the wide variety of behaviors individuals with ASD can exhibit in emergency situations.

Quick Facts for Law Enforcement

- Interacting with a child or adult who has an autism spectrum disorder will challenge your experience and training.
- You will hear terms such as low functioning/high-functioning autism and Asperger's Disorder to identify the level of their condition. In most cases, the person will have difficulties following verbal commands, reading your body language, and have deficits in social understanding.
- Law enforcement agencies should proactively train their sworn workforce, especially trainers, patrol supervisors, and school resource officers, to recognize the behavioral symptoms and characteristics of a child or adult who has autism, and learn basic response techniques.
- A training program should be designed to allow officers to better protect and serve the public and make the best use of your valuable time, and avoid mistakes that can lead to lawsuits and negative media scrutiny, loss of confidence from the community, morale problems, and lifelong trauma for all involved.
- A good autism recognition and response workshop is designed to inform law enforcement professionals about the risks associated with autism, and offers suggestions and options about how to address those risks.

Debbaudt, D. (2003 second edition) *Managing Autism Safety*, Advocate p.29

The Law Enforcement Awareness Network – www.leanonus.org

Autism Alliance for Local Emergency Responder Training - www.AutismAlert.org

The Autism and Law Enforcement Education Coalition - www.sncarc.org/alec.htm

Autism Risk and Safety Management - www.autismriskmanagement.com

Community and Law Enforcement Aware Response - www.clearscv.org

Avoiding Unfortunate Situations - policeandautism.cjb.net

National Center for Missing and Exploited Children – www.missingkids.com

Project Lifesaver – www.projectlifesaver.org

Caretrak Systems – www.caretrak.com

Autism Society of America - [Information for Law Enforcement and Other First Responders](#) (PDF)

The Autism Program of Illinois - www.theautismprogram.org

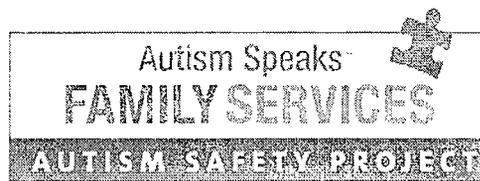
[ASA LAPD Autism Awareness Project](#) - (Document)

[Disaster Prep](#) - (PDF)

[And Justice for All: Unless you have Autism](#) - (Document)

[ALEC Brochure](#) - (PDF)





Fire Fighters

When a team of fire fighters responds to a call, there is usually a dangerous situation at hand. Upon reaching the scene it is critical for these first responders to immediately get to work in order to keep the people in these situations safe. When encountering a person with an autism spectrum disorder, the fire fighters may need to adjust their emergency response accordingly. In situations where the individual may be at risk, it is vital that the fire fighters be able to identify certain signs that may indicate that the person has ASD. The proper training and knowledge of autism spectrum disorders will help the fire fighters to deal with the emergency in the most successful way. With the correct information and preparation regarding autism spectrum disorders, these fire fighters will be more equipped to rescue these individuals and ensure their safety.

Quick Facts for Fire Fighters

- Individuals with autism can't be identified by appearance. They look the same as anyone else. They're identified by their behavior.
- Some individuals with autism do not have a normal range of sensations and may not feel the cold, heat, or pain in a typical manner. In fact they may fail to acknowledge pain in spite of significant pathology being present. They may show an unusual pain response that could include laughter, humming, singing and removing of clothing.
- Speak in short clear phrases "Get in." "Sit Down." "Wait here." An individual with autism may take longer to respond to directives, and that can be because they don't understand what's being demanded of them, or even just because they're scared, they may not be able to process the language and understand a directive when fearful.
- When restraint is necessary, be aware that many individuals with autism have a poorly developed upper trunk area. Positional asphyxiation could occur if steps are not taken to prevent it: frequent change of position, not keeping them face down. Individuals with autism may continue to resist restraint.
- Adults with autism are just as likely to hide, like children, in a fire situation. Closets, under bed and behind furniture checks need to be done during search and rescue.
- These individuals are a bolt risk after rescue. Firefighter must stay with the individual with autism.

Cannata, W. (2007). *Autism 101 for Fire and Rescue*, from SPEAK Web site: www.papremisealert.com

Resources for Fire Fighters

Autism Alliance for Local Emergency Responder Training - www.AutismAlert.org

Avoiding Unfortunate Situations - policeandautism.cjb.net

Select Autism Merchandise - www.SelectAutismMerchandise.com

The Law Enforcement Awareness Network – www.leanonus.org

The Autism and Law Enforcement Education Coalition - www.sncarc.org/alec.htm

Autism Risk and Safety Management - www.autismriskmanagement.com

Project Lifesaver - www.projectlifesaver.org

Community and Law Enforcement Aware Response - www.clearscv.org

Autism 101 for Fire and Rescue - www.autismlink.com/pages/emergency_firerescue

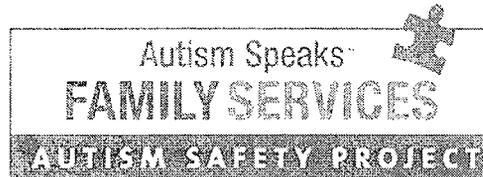
Caretrak Systems – www.caretrak.com

Autism Society of America - [Information for Law Enforcement and Other First Responders \(PDF\)](#)

[Disaster Prep - \(PDF\)](#)

[ALEC Brochure - \(PDF\)](#)





EMS (Emergency Medical Services)

In response to an emergency, EMS workers are often the first people at the scene. As they attend to the person or people involved in the crisis, they may not be aware that the individual has an autism spectrum disorder. If this is the case, the EMS worker will need to respond in a different way, while providing the quickest and most efficient care possible. Sometimes the ability of these EMS workers to respond in an effective timely manner will save the individual's life. Since individuals with autism spectrum disorders may respond differently to certain stimuli and medical examinations, it is crucial for EMS workers to be able to recognize certain signs that may indicate the individual is on the spectrum and alter their method of treatment accordingly.

Quick Facts for EMS

- Some individuals with autism do not have a normal range of sensations and may not feel the cold, heat, or pain in a typical manner. In fact they may fail to acknowledge pain in spite of significant pathology being present. They may show an unusual pain response that could include laughter, humming, singing and removing of clothing.
- Individuals with autism often have tactile sensory issues. Band-aids or other adhesive products could increase anxiety and aggression.
- Move slowly, performing exams distal to proximal. Explain what you plan to do in advance and as you do it. Explain where you are going and what they may see and who might be there. This may avert unnecessary anxiety and/or outbursts or aggressions from the patient. Individuals who appear not to understand may have better receptive language, which is not entirely evident.
- Expect the unexpected. Children with autism may ingest something or get into something without their parents realizing it. Look for less obvious causality and inspect carefully for other injuries.
- If possible ask a caregiver what the functional level of the individual with autism is, then treat accordingly. Stickers, stuffed animals and such which are used to calm young children may be helpful even in older patients.
- Attempt to perform exams in a quiet spot if at all possible, depending on the severity of injury and safety of the scene. Demonstrating what the exam will consist of on another person first may help the person with autism have a visual knowledge of what your intentions are.

Rzucidlo, S.F. (2007). *Autism 101 for EMS*, from SPEAK Web site: www.papremisealert.com

Resources for EMS

Autism Alliance for Local Emergency Responder Training - www.AutismAlert.org

Avoiding Unfortunate Situations - policeandautism.cjb.net

Select Autism Merchandise - www.SelectAutismMerchandise.com

The Law Enforcement Awareness Network – www.leanonus.org

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Autism Risk and Safety Management - www.autismriskmanagement.com

Community and Law Enforcement Aware Response - www.clearscv.org

Project Lifesaver – www.projectlifesaver.org

Autism 101 for Fire and Rescue - www.autismlink.com/pages/emergency_fireandrescue

Caretrak Systems – www.caretrak.com

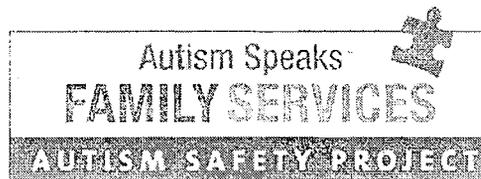
Autism Society of America - [Information for Paramedics and Emergency Room Staff \(PDF\)](#)

Autism 101 for EMS - www.autismlink.com/pages/emergency_ems

Disaster Prep - (PDF)

ALEC Brochure - (PDF)





Hospital Emergency Staff

Hospital emergency staff deals directly with the individual in crisis. This personal interaction makes it essential that these doctors, nurses and hospital staff have the proper knowledge about autism spectrum disorders and are trained to deal with these situations effectively. Everyone from the intake coordinator to the doctors treating the patient will have an impact on the crisis at hand, making their skills critical to the successful and safe resolution of the medical situation. Since each person on a hospital staff is trained to respond to an emergency in a certain way, the additional knowledge about autism spectrum disorders will help them to adjust their responses to best treat the individual at hand.

Quick Facts for Hospital Emergency Staff

- During instances of heightened anxiety or when they do not know what is expected of them, individuals with ASD may also lose some of their abilities more readily. Providing reassurance will assist in alleviating the individual's anxiety and discomfort; however, the characteristics of autism may pose challenges to providing medical care.
- Medical professionals should be aware that most individuals on the autism spectrum have sensory issues that could affect their ability to be treated.
- Many individuals with autism also have either a hyper or hypo tolerance of pain and may not feel typical sensations to heat or cold.
- When providing emergency services to individuals with ASD it is important to establish what is typical behavior and communication for the individual. This is vital and will assist you in monitoring levels of anxiety or stress.
- If there is a need to move or transport persons with ASD , explain what will be happening and use gestures so individuals can follow where they will need to go.
- Presume the person's competence. If they cannot speak, this does not mean they will not understand you and comprehend what you say. Adjust your language level as necessary. If unable to speak, make sure individuals have a method of communication familiar to them, such as a communication device, paper and pen, picture symbols, etc.

Autism Society of America, *Safe and Sound* (2007): www.autism-society.org

Resources for Hospital Emergency Room Staff

Autism Alliance for Local Emergency Responder Training - www.AutismAlert.org

Autism Spectrum Disorders from A to Z - www.asdatoz.com

Autism Risk and Safety Management - www.autismriskmanagement.com

Autism Society of America - [Information for Paramedics and Emergency Room Staff \(PDF\)](#)

[Disaster Prep - \(PDF\)](#)





Judicial System

If an individual involved in a crime is on the autism spectrum, the way in which the people involved in the judicial system communicate with them must be altered accordingly. Ensuring that these individuals understand the judicial system, the situation at hand and the court process is essential. Enlisting an autism expert to help guide the process is also helpful to both those in the judicial system and the individual involved. If an attorney, judge, or victims rights advocate is assigned a case involving someone on the autism spectrum, it is critical that these professionals have basic knowledge about autism spectrum disorders. Understanding these individuals strengths and the most effective ways to communicate with them will help ensure that those on the spectrum get fair and appropriate treatment while involved in the court system.

Quick Facts for the Judicial System

- The diagnosis of an autism spectrum disorder (autism, autism spectrum disorder, pervasive developmental disorders, Asperger Syndrome and related disorders) is ALWAYS relevant and needs to be explained to police and legal personnel.
- If an individual has been assessed to be “autistic like” or to have “autistic tendencies,” providers and families need to explain the features of ASD that the person does have. It is safest to do the same type of explaining as you would if the person carried an official diagnosis of an ASD.
- A diagnosis of an autism spectrum disorder is as relevant to police and legal proceedings as a diagnosis of mental retardation or mental illness would be, no matter how bright, high functioning, and/or verbal the individual may be.
- A diagnosis of an ASD means that the person does have a developmental disability if criteria for developmental disability are met, even if there is no cognitive impairment.
- If a person with an ASD is involved in legal or police matters, others who know the individual well need to quickly provide information about how the individual thinks, communicates, interacts and understands others. Always provide that information in writing AND in person to all involved authorities.
- Each person with an autism spectrum disorder is unique. However, they share some common features. Assess to determine impact of autism on the individual.
- The individual will usually be responding to the best of her or his neurological ability at that time and in that place. Responses to others may be driven by internal state, material from various media, sensory input, and previous learning.
- People with an ASD respond and perform neurologically inconsistently depending on emotional state, familiarity with the people and situation and various sensory experiences. For example, they may be very talkative in one setting at a particular time and later be UNABLE to speak well in the same setting.

Doyle, B.T. (2009) *And Justice for All: Unless You Have Autism - What the Legal System Needs to Know About People With Autism Spectrum Disorders* www.asdatoz.com (Document)

Resources for the Judicial System

Autism Spectrum Disorders from A to Z - www.asdatoz.com

Avoiding Unfortunate Situations - policeandautism.cjb.net

Pacer Center - www.pacer.org/publications/daap.asp

The Autism Program of Illinois - www.theautismprogram.org

The Autism Society of America - [Information for Advocates, Attorneys and Judges](#) - (PDF)





Search and Rescue

When an individual has gone missing, it is the Search and Rescue team that will be out trying to bring them to safety. If this search team is looking for and finds an individual on the autism spectrum, they will need to approach the individual using different skills and tactics than the ones they may use in ordinary situations. If these teams are armed with information and skills, both from consultation with the missing persons family and from professional trainings, they will be able to better ensure the safety of the individual. Additionally, knowing how this individual may respond, or where they may have gone will ensure the timely and safe return of this person to their family.

Quick Facts for Search and Rescue

- Make sure you understand the degree of Autism you are dealing with. It will make a difference in dealing with the person when located.
- Find out if there has been anything that has attracted the attention of the person within the past 24 hrs. Have they been obsessed with a location or object, at a location, within that time.
- Do not expect the person to reply if you are calling their name. You'll most likely have to make visual contact to locate them.
- On many of the searches we have had, the person has hidden from us.
- Check any location that has water, such as, pools, ponds, lakes, rivers, et al. immediately. These are points of attraction for those with Autism.
- Remember that someone with Autism will, most likely, not experience fear, as we do. Don't discount searching any location because you feel a reasonable person would not go there.

Saunders, G. (2009). From Project Lifesaver Website: www.projectlifesaver.org

Resources for Search and Rescue Professionals

The Autism and Law Enforcement Education Coalition - www.sncarc.org/alec.htm

Autism 101 for Fire and Rescue - www.autismlink.com/pages/emergency_firerescue

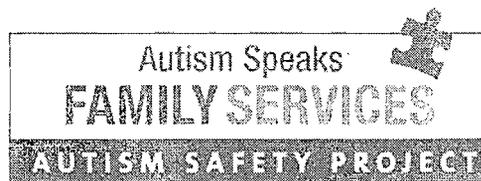
National Center for Missing and Exploited Children – www.missingkids.com

Caretrak Systems – www.caretrak.com

Autism Society of America - [Information for Law Enforcement and Other First Responders](#) (PDF)

[Disaster Prep](#) - (PDF)





Teachers and Administrators

Teachers and administrators may not typically be thought of as “First Responders”, but when a situation arises at school, they will in fact be the first ones to respond to a crisis or escalated situation involving an individual with Autism Spectrum Disorder. With this in mind, it is essential that school personnel understand the basics of autism spectrum disorders and the best ways to respond to an individual on the spectrum. With proper training and information, teachers and administrators will not only have the ability to de-escalate a situation but also to respond to crises in a more safe and effective way. Equipping teachers and administrators with the proper knowledge base and skill set will allow them to ensure the safest learning environment for children on the autism spectrum.

Quick Facts for Teachers and Administrators

- *Step 1: Educate Yourself*
You must have a working understanding of autism and what that means for your particular student(s). Your education about autism will evolve as your relationship with the family and the student develops and your knowledge about the disorder and skills in dealing with its impact on the classroom grows.
- *Step 2: Reach Out to the Parents*
Parents are your first and best source of information about their child. Establish a working partnership with your student’s parents. Building trust with the parents is essential. After that, establishing mutually agreed modes and patterns of communication with the family throughout the school year is critical.
- *Step 3: Prepare the Classroom*
There are ways you can accommodate some of the needs of children with autism in your classroom that will enhance their opportunity to learn without sacrificing your plans for the class in general. Of course, there are practical limitations on how much you can modify the physical characteristics of your classroom, but even a few accommodations to support a child with autism may have remarkable results.
- *Step 4: Educate Peers and Promote Social Goals*
You must make every effort to promote acceptance of the child with autism as a full member and integral part of the class, even if that student only attends class for a few hours a week. As the teacher of a child with autism, you must create a social environment that encourages positive interactions between the child with autism and his or her typically developing peers throughout the day.
- *Step 5: Collaborate on the Implementation of an Educational Plan*
Since your student with autism has special needs beyond academics, his or her educational plan is defined by an Individualized Education Program (IEP). The IEP is a blueprint for everything that will happen to a child in the next school year.
- *Step 6: Manage Behavioral Challenges*
For students with autism, problem behaviors may be triggered for a variety of reasons. Such behaviors may include temper tantrums, running about the room, loud vocalizations, self-injurious activities, or other disruptive or distracting behaviors. The key is to be consistent with how you react to the behaviors over time and to use as many positive strategies to promote pro-social behaviors as possible.

Organization for Autism Research, adapted from *6 Steps Success for Autism (2009)*
www.researchautism.org/educators/autismsteps



Resources for Teachers and Administrators

Autism Speaks School Community Toolkit : www.autismspeaks.org/community/family_services/school_kit.php

Organization for Autism Research : www.researchautism.org

Select Autism Merchandise : www.SelectAutismMerchandise.com

Autism Spectrum Disorders from A to Z : www.asdatoz.com

Caretrak Systems : www.caretrak.com

PACER Center : www.pacercenter.org

Schools with Open Arms : www.schoolswithopenarms.com

The Autism Program of Illinois : www.theautismprogram.org

Autism Risk and Safety Management - www.autismriskmanagement.com





Waiting List Task Force

Recommendations

August 2011

ISSUE 1: How can the waiting list be managed and what should the eligibility criteria be?

The current waiting list is over 19,000 people and includes people who signed up over 12 years ago. Recently over 250 people were targeted for the DD Waiver from the waiting list. Often it is difficult to contact people who signed up 12 years ago. How should we manage the waiting list, what steps should be taken to assure people have up-to-date information and know what can be done? What should be the criteria for eligibility to be on the waiting list? For example FSSA is preparing a policy statement that children under six can apply for Medicaid waivers but must come back into the office to have a Developmental Disabilities Profile completed to assure they are eligible.

PROPOSAL 1:

1. The Waiting List Management must move into an electronic environment to supplement the paper process:
 - a. Develop a website to apply for waiting list, update information and send requests
 - b. Add email and cell phone lines to current waiting list document
 - c. Ask community agencies to volunteer to host a web access point with info on other community natural supports on site and be available to families
 - d. Ask Community Centers to offer web access point with same info – could partner with community agencies to support
 - e. Send regular snail mail post card – annually to people on the list sharing info about website and need to update addresses
 - f. Every contact with individuals (or their guardians) on the waiting list should ask for their interest in getting more information about community supports and advocacy groups that relate to the individual who has a disability

Indiana Commission on Autism
Meeting--October 24, 2011

Exhibit B

- g. Seek support from BMV to host web access point and include info on DD services in BMVTV on site and to consider simple flyer in license plate renewal information – could focus also on employment and jobs
 - h. Add to states website at BMV info box on DDRS
 - i. Get all related Disability groups to add a box on their website
 - j. Twice a year have waiting list day or week when every agency in the state reaches out to families and consumers to sign up and update records:
 - i. March for Disability Awareness Month
 - ii. October for Employment Awareness Month
 - k. Develop commitment from other disability groups to respond to requests for information from people on the waiting list for support
2. Who should go on the waiting list:
- a. There is a legitimate argument that it can give people false hope to be put on a waiting list that they clearly will not meet eligibility
 - b. There is also a legitimate argument that screening people just to be on the list is costly and very time consuming. For example if 2,000 people apply to be on the waiting list each year and it takes approximately three hours of staff time to schedule a DDP, conduct the DDP, communicate back to the family and then report on the findings; that would mean the state would spend approximately 6,000 staff hours or three full-time positions just to screen people to put them on a waiting list
 - c. In this case we believe the costs far exceed the value received and there is a middle way:
 - i. We recommend elimination of the DDP process for people applying to be on the waiting list
 - ii. Replace the DDP with a very clear explanation to families applying of the criteria, the information needed to be affirmed on the application to be on the waiting list, a clear statement that just being placed on the waiting list is no guarantee that you will meet future criteria at the time you reach the top of the list, and you will be responsible for keeping the contact information and child's status updated on the list

- iii. Any of the following categories should qualify someone to be on the waiting list (again, not a guarantee of eligibility):
 - a. A child receiving special education services with diagnosis or another appropriate DOE category
 - b. VR eligibility with appropriate diagnosis
 - c. Doctor's appropriate diagnosis
 - d. Served by First Steps with appropriate diagnosis
 - e. Other collateral information
- d. Some may feel this opens up the waiting list for exploitation by families looking to obtain something for which they are not eligible. We disagree. Trying to get on a waiting list that may be 12 years long is not something that will appeal to people that are looking to scam the system
- e. In addition to this process, we would suggest only giving a DDP to anyone that does not have documentation to support one of the above categories. BDDS would not have the documentation submitted to avoid the paper collection and storage process
- f. Again, there would be clear and strong language that getting on the waiting list does not promise eligibility at some time in the future
- g. Placing individuals on the waiting list also allows FSSA to maintain contact with people who then can be directed to natural supports, get electronic information about employment and other ways to develop greater independence and help people not need so many services in the future

ISSUE 2: How can individuals get help and information while waiting?

While waiting, how can we assist these people, (the over 19,000 on the waiting list) with other community supports and services – both state programs like Vocational Rehabilitation as well as non-paid supports and community involvement, and how do we help them connect with Medicaid and SSI when appropriate.

PROPOSAL 2:

1. When a person applies for the waiver they have to sign a release of information. A box should be added to the application that would indicate the individual would like to be contacted by an advocacy group to talk about what to do while you are on the waiting list. Then BDDS would give the contact information directly to the advocacy organization to make the contact after the individual/family had “opted in.”

HIPAA

Additionally, after an individual applies for waiver services, the confirmation letter they receive should include information including name, contact information and details about advocacy organizations --- not just a list, but an explanation of each group and how the group might help if you contact them. BDDS should also have an advocacy organization information page to distribute to families with details and contact information for statewide advocacy organizations.

2. Develop a presentation about community supports and other resources that could be given at a variety of events like kindergarten roundups, transition events, conferences like GPCPD and First Steps transition events (like Cluster G has). It would be important to give the presentation at events targeted for a variety of ages and in a variety of ways like in person and a webinar to reach the largest audience.
3. Utilize case conferences at all ages, much like VR does for transition, to provide information to families about community supports. It would be important to share this information at multiple ages and early while individuals are waiting for waivers like during First Steps transition, entering elementary school, and beginning Jr. High.

ISSUE 3: What is the most effective and fair way to distribute resources?

Evaluate the current recommendations including priorities, waiting list and monies available and then make recommendations back to FSSA.

PROPOSAL 3:

The current recommendations start from the premise that we are making short-term recommendations regarding the waiting list, and we need to develop a more transparent and clear process for making determination based upon need before any major change is made. The identification of need and the extent of that need must be done in an open and clear process to avoid families and consumers misunderstanding the process and becoming both discouraged or disbelieving that there is any process. A lack of transparency and understanding gives way to the idea that somehow personal preferential treatment is given to some cases and denied to others in some subjective manner.

1. SSW:

- a. Continue what is being done to bring as many people on the SSW as possible. Allocate some portion of the waivers for those leaving high school using a sub-list, since the state is emphasizing obtaining employment, and the remainder to those on the waiting list based upon date of application. Allocation to be determined based upon the total number of slots available
- b. Do NOT eliminate SSW allocation to students who are still in school. Continue with the sub-waiting list for those coming out of high school
- c. Make Medicaid available to children under 18 to help families better cope with the additional costs of caring for a child/children with significant disabilities. Particular emphasis should be given to children with significant medical or behavioral needs that if left unsupported will lead to sooner out-of-home placements
- d. Provide service coordination to those on the waiting list who are over 18 in a coordinated effort to access community supports and programs through Medicaid, Vocational Rehabilitation, and SSI to provide greater access to work and community participation

2. DDW/Autism Waiver:

- a. Being targeted for a waiver should be primarily needs based rather than length of time on waiting list
- b. Continue priority waivers for emergency placement situations (previously categorized as Health and Welfare Threatened, Loss/Incapacitation of primary caregiver, Ageing primary caregiver, and crisis management.) Utilize a group (like the Human Rights Committee) to determine whether a case meets the level of crisis. Other priority categories including no longer need/receive active treatment in a group home, transition from 100% state funded, aging out of DOE/DCS/SGL, and institutional transitions need to have some evaluation to determine the level of need and the critical nature of the situation

- c. Remainder of waivers should go to those who have been on the waiting list the longest
- d. Make Medicaid available to children under 18 to help families better cope with the additional costs of caring for a child/children with significant disabilities. Particular emphasis should be given to children with significant medical or behavioral needs that if left unsupported will lead to sooner out-of-home placements
- e. Provide service coordination to those on the waiting list who are over 18 in a coordinated effort to access community supports and programs through Medicaid, Vocational Rehabilitation, and SSI to provide greater access to work and community participation
- f. Allocation to be determined based upon the total number of slots available – but the first priority is the crisis cases
- g. Develop a means to communicate with those waiting about the process and publish the results of targeting/ priorities and what can be done while waiting

ISSUE 4: What eligibility factors should be taken into account to receive waiver services?

Language in the recently passed Budget Bill H.B. 1001 directs FSSA to study the issues of parental income and suggests a co-pay for families of minor children who earn over 500% of the federal poverty level – approximately \$110,000 per year for a family of four. What should our position be on this issue?

PROPOSAL 4:

1. The Arc of Indiana has looked carefully at the issue of establishing, for the first time, a co-pay system for the parents of minor children receiving Medicaid waiver services.
 - a. Considerable pressure on the Medicaid system necessitates The Arc of Indiana and FSSA to continue to find ways together to develop a more cost effective system
 - b. The Arc strongly believes requiring families who earn over 500% of the federal poverty level to make a co-payment for Medicaid waiver services for their child who has a significant disability is neither cost effective for the state nor the waiver
2. A study of families currently receiving waiver services would show a very small number with incomes over 500% FPL – some estimates are as few as 60 families.
 - a. Relatively few children under the age of 18 are currently on the DD or Autism waiver, and even fewer are in families above 500% FPL meaning a system to collect financial data and assess and collect co-pays would not be cost effective when measured against the amount of time and money spent to develop and maintain the system
 - b. We believe the cost would far exceed what might be collected from a reasonable co-pay, and might have unintended consequences. For example, many families continue to carry private health insurance for their child even after they become Medicaid eligible. When faced with a co-pay, families might be forced to give up private health insurance for their child in order to afford the co-payment. This would result in a greater cost to Medicaid to cover the child's health care needs – far more than what would be collected from a copayment
3. The Arc and the Task Force strongly believe that requiring a co-pay goes against a primary goal of a community-based system - to allow children to live with their families rather than in children's institutions. The cost to care for a child in a children's facility now approaches \$500 per day in state funds as these facilities are not Medicaid funded. Moreover, keeping families together is the right thing to do.
4. The Arc of Indiana and the Task Force strongly oppose co-pays for children under age 18 receiving Medicaid waiver services. We do support and are actively engaged in creating system reforms that will address the overall cost effectiveness of the waiver program.

The Arc of Indiana

Waiting List Task Force

Erika Steuterman (Chairperson), Parent
Judy Abbott, Parent
Jennifer Akers, Parent, Family Voices
Denise Arland, Parent, FUSE
Courtney Clark, Self Advocates of Indiana
Melody Cooper, Self Advocates of Indiana
Heather Dane, Parent, Family Voices
Brenda Darrol, Parent, The Arc Network
Jill Dunn, INARF President, Bona Vista
Debra Easterday, Parent
Laura Fife, Parent
Kerry Fletcher, Parent
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The Arc of Indiana
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Instructions and Permissions for Use of the M-CHAT

The Modified Checklist for Autism in Toddlers (M-CHAT; Robins, Fein, & Barton, 1999) is available for free download for clinical, research, and educational purposes. There are two authorized websites: the M-CHAT and supplemental materials can be downloaded from www.firstsigns.org or from Dr. Robins' website, at <http://www2.gsu.edu/~wwwpsy/faculty/robins.htm>

Users should be aware that the M-CHAT continues to be studied, and may be revised in the future. Any revisions will be posted to the two websites noted above.

Furthermore, the M-CHAT is a copyrighted instrument, and use of the M-CHAT must follow these guidelines:

- (1) Reprints/reproductions of the M-CHAT must include the copyright at the bottom (© 1999 Robins, Fein, & Barton). No modifications can be made to items or instructions without permission from the authors.
- (2) The M-CHAT must be used in its entirety. There is no evidence that using a subset of items will be valid.
- (3) Parties interested in reproducing the M-CHAT in print (e.g., a book or journal article) or electronically (e.g., as part of digital medical records or software packages) must contact Diana Robins to request permission (drobins@gsu.edu).

Instructions for Use

The M-CHAT is validated for screening toddlers between 16 and 30 months of age, to assess risk for autism spectrum disorders (ASD). The M-CHAT can be administered and scored as part of a well-child check-up, and also can be used by specialists or other professionals to assess risk for ASD. The primary goal of the M-CHAT was to maximize sensitivity, meaning to detect as many cases of ASD as possible. Therefore, there is a high false positive rate, meaning that not all children who score at risk for ASD will be diagnosed with ASD. To address this, we have developed a structured follow-up interview for use in conjunction with the M-CHAT; it is available at the two websites listed above. Users should be aware that even with the follow-up questions, a significant number of the children who fail the M-CHAT will not be diagnosed with an ASD; however, these children are at risk for other developmental disorders or delays, and therefore, evaluation is warranted for any child who fails the screening.

The M-CHAT can be scored in less than two minutes. Scoring instructions can be downloaded from <http://www2.gsu.edu/~wwwpsy/faculty/robins.htm> or www.firstsigns.org. We also have developed a scoring template, which is available on these websites; when printed on an overhead transparency and laid over the completed M-CHAT, it facilitates scoring. Please note that minor differences in printers may cause your scoring template not to line up exactly with the printed M-CHAT.

Children who fail more than 3 items total or 2 critical items (particularly if these scores remain elevated after the follow-up interview) should be referred for diagnostic evaluation by a specialist trained to evaluate ASD in very young children. In addition, children for whom there are physician, parent, or other professional's concerns about ASD should be referred for evaluation, given that it is unlikely for any screening instrument to have 100% sensitivity.

M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc.? Yes No
2. Does your child take an interest in other children? Yes No
3. Does your child like climbing on things, such as up stairs? Yes No
4. Does your child enjoy playing peek-a-boo/hide-and-seek? Yes No
5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? Yes No
6. Does your child ever use his/her index finger to point, to ask for something? Yes No
7. Does your child ever use his/her index finger to point, to indicate interest in something? Yes No
8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? Yes No
9. Does your child ever bring objects over to you (parent) to show you something? Yes No
10. Does your child look you in the eye for more than a second or two? Yes No
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) Yes No
12. Does your child smile in response to your face or your smile? Yes No
13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) Yes No
14. Does your child respond to his/her name when you call? Yes No
15. If you point at a toy across the room, does your child look at it? Yes No
16. Does your child walk? Yes No
17. Does your child look at things you are looking at? Yes No
18. Does your child make unusual finger movements near his/her face? Yes No
19. Does your child try to attract your attention to his/her own activity? Yes No
20. Have you ever wondered if your child is deaf? Yes No
21. Does your child understand what people say? Yes No
22. Does your child sometimes stare at nothing or wander with no purpose? Yes No
23. Does your child look at your face to check your reaction when faced with something unfamiliar? Yes No

Indiana's Comprehensive State Plan to Guide Services for Individuals with Autism Spectrum Disorders

2011 Annual Report

Funded by



**Division of Disability and
Rehabilitative Services**

**Indiana Commission on Autism
Meeting--October 24, 2011**

Exhibit D

Table of Contents

<u>INDIANA'S COMPREHENSIVE STATE PLAN TO GUIDE SERVICES FOR INDIVIDUALS WITH AUTISM SPECTRUM DISORDERS</u>	1
<u>2011 ANNUAL REPORT</u>	1
<u>TABLE OF CONTENTS</u>	2
<u>INDIANA COMPREHENSIVE STATE PLAN - BACKGROUND</u>	3
<u>NATIONAL INTERAGENCY AUTISM COORDINATING COUNCIL</u>	3
<u>INDIANA'S 2011 OUTCOMES</u>	4
GOAL ONE: INDIANA INTERAGENCY AUTISM COORDINATING COUNCIL (IIACC)	4
GOAL TWO: FAMILY AND PROFESSIONAL PARTNERSHIPS	5
OUTPUTS	5
GOAL THREE: EARLY AND CONTINUOUS DEVELOPMENTAL AND MEDICAL SCREENING FOR ASD	
REPOSSES	7
GOAL FOUR: ACCESS TO ALL NEEDED ASD HEALTH, MENTAL, EDUCATION, AND SOCIAL SERVICES	8
GOAL FIVE: ORGANIZATION OF COMMUNITY-BASED SERVICES FOR EASY USE	9
GOAL SIX: SUCCESSFUL YOUTH TRANSITION TO ADULT SERVICES, WORK, AND INDEPENDENCE	10
GOAL SEVEN: ADEQUATE PUBLIC/PRIVATE INSURANCE FOR CHILDREN, YOUTH, AND ADULTS WITH ASD	11
GOAL EIGHT: JUSTICE SYSTEM	12
<u>AUTISM RESOURCE NETWORK OF INDIANA (ARNI)</u>	12
<u>ATTACHMENT A</u>	14
INDIANA INTERAGENCY AUTISM COORDINATING COUNCIL CHARTER	14
FOR MORE INFORMATION....	16

Indiana Comprehensive State Plan – Background

In 2006, The Indiana Commission on Autism (Commission) mandated in IC 12-11-7-5 that a comprehensive state plan for individuals affected by Autism Spectrum Disorders (ASD) should be developed for all people, across the lifespan, affected by autism in Indiana. Based on this mandate, the Commission then mandated that the Family and Social Services Administration (FSSA) manage and develop the Comprehensive Plan on an ongoing basis. Keeping in mind that in 1987, the original Indiana State Comprehensive Plan was developed, but was not updated in several years.

From these mandates, FSSA contracted with first the Indiana Autism Coalition, and then the Autism Society of Indiana (the two organizations combined in 2008) to perform a State-wide needs analysis, and then to develop the initial Comprehensive Plan proposal. In 2007, the Commission approved this Plan, and the Indiana Interagency Autism Coordinating Council (IIACC) was formed as the first goal of the Plan.

The Autism Society of Indiana (ASI) has been working for several years, funded by a contract with FSSA, to manage the IIACC and the goals within the Plan.

In accordance with the National Interagency Autism Coordinating Council (IACC), the Indiana Comprehensive Plan has the following overarching goals:

1. Creation of an Indiana Interagency Autism Coordinating Council
2. Family and professional partnerships
3. Early and continuous developmental and medical screenings
4. Availability of all needed health, education, and social services
5. Organization of community-based services for easy use
6. Effective youth transition to adult services, work, and independence
7. Access to adequate public/private insurance or other financing mechanisms
8. Justice System

National Interagency Autism Coordinating Council

The Interagency Autism Coordinating Council, at a National Level is working on large-scale priorities around some of the same topics as our Indiana Interagency Autism Coordinating Council.

The IACC Strategic Plan for ASD Research was created with the intent to accelerate and inspire research that will profoundly improve the health and well-being of every person on the autism spectrum across the lifespan. The IACC Strategic Plan provides a blueprint for autism research that is advisory to the Department of Health and Human Services and serves as a basis for partnerships with other agencies and private organizations involved in autism research and services. Under the Combating Autism Act of 2006 (PDF – 49 KB), it must be updated on an annual basis. To this end, the 2011 Plan has been updated by the IACC to reflect important new scientific advances in the field over the past year, emerging areas of opportunity, and areas where more research is necessary. Input from the ASD community, advocacy groups, research funding organizations, and the scientific community has continued to be a critical aspect of the updating process. To access the plan, visit <http://iacc.hhs.gov/strategic-plan/2011/index.shtml>

The IACC has adopted the following core values, which are reflected throughout their work:

Sense of Urgency: We will focus on what steps we can take to respond rapidly and efficiently to the needs and challenges of people and families affected by ASD.

Excellence: We will pursue innovative basic and clinical research of the highest quality to protect the safety of and to advance the interests of people affected by ASD.

Spirit of Collaboration: We will treat others with respect, listen to diverse views with open minds, discuss submitted public comments, and foster discussions where participants can comfortably offer opposing opinions.

Consumer Focus: We will focus on making a difference in the lives of people affected by ASD, including people with ASD, their families, medical practitioners, educators, and scientists. It is important to consider the impact of research on the human rights, dignity, and quality of life of people with ASD, from prenatal development forward.

Partnerships in Action: We will value cross-disciplinary approaches, data sharing, teamwork, and partnerships with clearly defined roles and responsibilities.

Accountability: We will develop SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) research objectives aligned with funding priorities and develop systems for evaluation, assessing impact, and course corrections.

It is the goal of the Indiana Interagency Autism Coordinating Council to mirror the values and the plans of the National IACC.

Indiana's 2011 Goals and Outputs

Goal One: Indiana Interagency Autism Coordinating Council (IIACC)

Establish the Indiana Interagency Autism Coordinating Council or other entity to determine service gaps and establish benchmarks for achieving goals set forth in this plan.

The IIACC, led by the Autism Society of Indiana, has met 5 times in 2011, with approximately 75% attendance by members. One key outcome of the IIACC was the development of a Charter (attachment A), which delineates the specific mission and goals of the Council.

The IIACC's primary mission is to facilitate the efficient and effective exchange of information on autism-related activities among the member agencies, and to leverage resources and experiences to address common issues and outcomes, and to fill identified gaps. The Council will serve as a forum to assist in increasing public understanding of the member agencies' activities, programs, policies, and research, and in bringing important matters of interest forward for discussion.

Outputs

**Indiana Interagency
Autism Coordinating
Council (IIACC)**

Current Members:

Family Members (Kylee Hope, Dana Renay)
Autism Society of Indiana (Dana Renay)

Rauch, Inc (Bettye Dunham)
Indiana Resource Center for Autism (Dr. Cathy Pratt)
Easter Seals Crossroads (Jim Vento, Patrick Sandy, Scott Fogo)
Logan Center (Dan Ryan)
Christian Sarkine Autism Center (Dr. Naomi Swiezy, Dr. Noha Minshawi)
Division of Developmental Disabilities (Julia Holloway, Tracy Myszak)
Bureau of Child Development Services (Dawn Downer)
IU Medical Center / LEND program (Dr. Angela Tomlin)
Vocational Rehabilitation (Sharon Porter)
Department of Mental Health and Addictions (open)
Indiana Department of Health (Shirley Payne, Kimberly Minnear)
Arc of Indiana (John Dickerson, Kim Dodson)
Department of Health (Shirley Payne, Kim Minnear, Bob Bowman)
Department of Education (Anne Davis, Nicole Norville)
Department of Child Services (Paige Heath)
Department of Insurance (Tyler Ann McGuffee, Logan Harrison)
Department of Corrections (Tim Brown, Jamie Wiles)
Office of Medicaid (Angela Amos)
Community Mental Health Center (Evan Reinhardt)
Mental Health America (Steve McCaffrey)
Autism Commission (Senator Randall Head)
St. Vincent's Hospital (Dr. Ernie Smith)
About Special Kids (Jane Scott)
Indiana Governor's Council for People with Disabilities (Suellen Boner)

Outstanding issues:

1. There continues to be a need for representation from a Self- Advocate.
2. Need representation from the Department of Mental Health and Addictions

Goal Two: Family and Professional Partnerships

All individuals with Autism Spectrum Disorders and their families will have a well-established, trusting, and mutually respectful relationship with a healthcare professional (medical home) who listens and responds to concerns, and who acts as an equal partner in providing a clearly defined plan of coordinated services.

The Family and Professional Partnerships goal is one that covers the entire lifespan of people affected by autism in Indiana. Subcommittee members have specifically worked on the following outcomes during the past year.

Outputs

Collaborate with the Medical Home Initiative.

Through the IDOH, the IN CISS program is transitioning to the CHIP IN for Families program, which will continue to have partnerships with many of the IACC members, as well as the Indiana Chapter of the AAP and the AFP.

Create Statewide opportunities to train and educate families regarding service delivery systems and working with professionals

In 2011, the following are examples of opportunities available for families:

- 2011 Autism Expo (ASI / Easter Seals Crossroads) in Carmel and Evansville
- Indiana Summer Institute – Evidence Based Practices (IRCA)
- Family Support group meetings and trainings through a variety of organizations around the State
- Variety of websites, email blasts, and list serve information dissemination that reach educators, providers, advocates, support groups, parents, and individuals with autism.
- IRCA has provided a significant amount of training for educators and providers statewide.
- HANDS have Cadres in a variety of locations around the state to bring together local organizations focusing on autism.
- HANDS in Autism received the grant for an autism resource center for schools around the state from the Indiana Department of Education.
- IDC received DOE grants for transition to adulthood.
- Indiana Allies (Autism Society of Indiana) have provided training to families and providers including Autism 101 workshops around the state.

Ensure colleges and universities have the resources needed to prepare future human service professionals to serve individuals with ASD and their families

The National Professional Development Center in ASD is an OSEP-funded project. Through IRCA, Indiana was one of the first states involved. During the last 4 years, 15 school districts have received intensive coaching resulting in noticeable student outcomes. These outcomes have impacted school wide practices.

Expand access to services for families in rural areas

FSSA has contracted with the Christian Sarkine Autism Treatment Center, Dr. Erickson, to provide tele-health for individuals with autism and other mental health issues.

Create Speakers Bureau

Members of the Autism Society of Indiana, IRCA, Easter Seals Crossroads, and others speak to groups around the state around: Early Intervention, Autism 101, Best Practices / Evidence Based Practices, Education for people with Developmental Disabilities, Screening, and

Create ASD curriculum / training modules for all IDOH and FSSA Staff

more.

Public training modules are now available through IRCA website as well as OCALI. These training modules are free for use by professionals (serves all ages).

Ensure Post Secondary Education Institutions have the resources needed to prepare future human service professionals to serve individuals with ASD and their families.

Several organizations are working on this:

- Vocational Rehabilitation
- Autism Society of Indiana
- Arc of Indiana
- Down Syndrome Indiana
- IUPUI
- Ball State University
- Notre Dame
- Peer Exchange Program (Ball state, University of Indianapolis, Ivy Tech, Butler)

Goal Three: Early and Continuous Developmental and Medical Screening for ASD Responses

Universal early identification of signs of ASD, followed by appropriate referrals to a coordinate and comprehensive service system.

Aspects of this goal cover mainly birth-5, however as more information about autism is collected, it is clear that there is a need for screening and diagnosis for adolescents and adults on the Autism Spectrum. For birth – 5, significant amount of work has been done in this area by the Indiana University School of Medicine, the LEND program, the Christian Sarkine Autism Treatment Center. Additionally, First Steps providers are trained on working with children with ASD and/or the characteristics of ASD, as well as how to communicate with families on screening and resources.

Outcomes:

Promote existing CDC awareness program “Learn the signs, Act early”

In September 2010, the Learn the Signs, Act Early regional summit was hosted in Indianapolis. Several members of the IIACC were a part of the group, who identified specific ways to promote this awareness program.

Thousands of screening posters continue to be distributed throughout Indiana.

Riley Child Development center and the LEND program will distribute materials based on the CDC and AAP screening guidelines to referring physicians and providers.

The Riley Child Development Center, Indiana

Screening for Adults

Ensure that state service providers are trained in routine screening (First Steps, Justice system, Community Mental Health Centers, Foster Care, Head Start, etc)

Consistent knowledge about screening tools among physicians, educators, providers, and families

State Department of Health, and IRCA are submitting a proposal for funding around this program.

The RCDC has begun working on a project to identify and/or create screening tools for adults on the Autism spectrum.

First Steps (BCS) are working to ensure that First Steps providers are aware of and are able to utilize screening tools relevant to autism spectrum disorder. IIDC and RCDC are working with First Steps to provide training materials for inclusion in their monthly newsletter. ASI has provided information to First Steps agencies around Indiana on how to utilize ARNI and the Allies.

Beginning to brand CDC Act Early materials for Indiana.

IRCA has updated the "What to do if your child has Autism" book.

A document has been written and published around "what to do when you suspect your child has ASD," written by: Drs. Pratt, Tomlin, Minshawi, and Dana Renay

In progress:

- Screening Learning Collaborative – agree upon screening guidelines (CDC / AAP).
- Continue to work with the Screening Committee (RCDC/LEND, IRCA, CSATC), In-AAP, In-AFP, and Chip-In for Families.
- Ensure that screening materials are accessible to all areas of the state
- Translate materials into other languages as needed.
- Determine how to increase the number of physicians who report ASD diagnosis into the Births and Defects registry – and how we will use that information.
- Develop guidelines as to what data sets to capture for First Steps providers.

Goal Four: Access to all Needed ASD health, mental, education, and social services

Individuals and families with ASD have ready access to integrated and coordinated health, mental health, education, and social services provided by well-qualified ASD providers throughout the life cycle.

While it is clear that there are comprehensive services for children with autism, it is equally clear that there are not enough services in any area for adolescents, teens, and adults. It is critical to continue training practitioners to work with older children and adults to ensure that their lives can be as fulfilling as possible.

Outcomes

Disseminate and promote use of ASD practice guidelines to define standards of care in health, mental health, social services, and education

Several toolkits have been assembled and distributed around the state including:

- Toolkit for Medical Professionals
- First Signs/Autism Toolkit

IRCA has several trainings for families, educators, and providers on a variety of Evidence Based Practices throughout the year.

Search out and apply alternate career/independent living curriculum with goals for self-determination beginning in elementary school

A significant amount of parent training is provided by InSource, ASK, IRCA and the HANDS in Autism program at Riley Hospital.

The Post Secondary Education Coalition (Arc of Indiana, Autism Society of Indiana, Down Syndrome Indiana, IIDC, Ivy Tech, etc) has been working on identifying ways to educate parents, teachers, and others around the possibilities post-graduation in education as well as employment.

Continue educating parents about IEP's, Article 7, and other means of ensuring that IEP's are effectively implemented

InSource, About Special Kids, and ASI provide individualize IEP and case conference support to families (including Spanish speaking families) at no cost to them.

The HANDS program was a DOE grant recipient to aid with educational aspects of autism in schools.

IRCA has training on ABA strategies in the home and school, and is working on the Autism House model classroom project.

Outstanding Issues:

- Measure the number of "toolkits" distributed.
- Work to understand what is needed around educating Medical and Educational professionals post graduation.

Goal Five: Organization of Community-based Services for Easy Use

Community based services will be organized so that individuals with ASD and their families can use them easily.

Outputs:

Help state and private agencies determine effective delivery systems and collaboration for provision of adequate ASD services

In conjunction with the work within the IIACC and respective subcommittees, ASI has worked with several state agencies for information dissemination and training including:

- IARCCA (State-wide inclusion specialists)
- Child Care Answers
- Government Agencies

Also, ASI is participating in curriculum development for family case managers in the Department of Child Services.

Goal Six: Successful Youth Transition to Adult Services, Work, and Independence

Outputs:

Disseminate information about the enforcement of Indiana’s Special Education Rules, Title 511, Article 7, supporting the transition planning at age 14 or 9th grade, whichever occurs first.

Various transition groups are meeting to determine how to ensure that transition begins at 14/9th grade.

ASI, along with several other groups, started a Post Secondary Education Coalition to identify opportunities in Post Secondary education including: commuter campuses, residential campuses, 4-year colleges/universities, vocational technology schools, etc.

Part of the consortium will educate families on the possibilities children with disabilities have after graduation from High School.

A campaign to encourage parents to begin considering life after high school will be implemented by the Coalition, as well as several webinars to provide specific information and education about how to plan for the future.

IIDC also received a Transition Grant from the IDOE, and has held a large Transition Fair in the summer of 2011 to educate providers; family members, educators, and others about transition and adulthood.

Employment, internships, and community activities / opportunities are explored for individuals with ASD

BRS (Vocational Rehabilitation) has worked closely with a variety of agencies around the state through five demonstration sites to develop Work First initiatives. Each location is working on developing a cost-neutral opportunity to increase employment for individuals with DD / ID around the state.

Self-Determination around living arrangements / roommates

The Arc of Indiana has reinstated it’s effort around identifying roommates / selection of individuals to live with and share resources.

Work in Progress:

1. Need to add goals around Independent Living / Residential Homes.
2. Determine if there is an Adult Guardianship program in Indiana.

Goal Seven: Adequate Public/Private Insurance for Children, Youth, and Adults with ASD

The Insurance Committee has continued to develop relationships with Anthem, Advantage Health, and New Avenues Behavioral Health. Specifically focusing on insurance coverage for Applied Behavior Analysis (ABA).

Outputs:

Expand health insurance benefits for ASD while recognizing the need for a broad array of services including social skills, behavioral intervention, and counseling based on evidence based practices

IDOI is working on understanding the effects of the new health care reform, building exchanges.

Work with insurance companies to increase reimbursement to an adequate level for in-home support for behavioral and other ASD related challenges

IDOI did release a document stating that other providers, not just the primary physician, may sign treatment plans.

ASI has lead a number of meetings with an ABA Taskforce, comprised of Center directors, Behavior Therapists, IDOI, Arc of Indiana, and Consumer representation to identify the objectives of ABA, how it should work, ethical considerations, and minimum standards.

Ensure that individuals on the Medicaid Waiver Waiting list are given information and support during their wait.

The Arc of Indiana spearheaded a Waiting List Taskforce that was comprised of providers, and consumers who both had and were waiting for a Medicaid Waiver. The outcome of the project was delivered to the Commission on Developmental Disabilities in 2011.

Work in Progress:

1. Continue to develop relationships with United Healthcare, Blue Cross/Blue Shield.
2. Maintain information on Health Care Exchanges, and how that might relate to the Insurance Mandate.
3. Continue to work on the ABA taskforce as needed.

Members of the ABA Taskforce include individuals from the following organizations: Indiana Department of Insurance, Autism Society of Indiana, Arc of Indiana, Governors Taskforce on Insurance, Hoosier ABA, Little Star Center, Cornerstone, BACA, VBCA, Applied Behavior Center, Vince LaMarca (Lovaas), Advantage Health Solutions, New Avenues, Anthem.

Goal Eight: Justice System

Based on the growing number of incidents related to people with autism in the justice system, a new goal is being developed.

Outputs:

Ensure that state service providers are trained in ASD screening including: Juvenile Justice, DOJ, DOC, CMHC

IIDC, Arc of Indiana, and ASI have collaborated on reviving the Indiana Partners in Justice Committee to focus on :

- Compliance with First Responder Training.
- Appropriate Diversion alternatives for individuals with DD/ASD/ID
- Identify the feasibility of registry programs in counties throughout the state.
- Develop a screening tool for use during the intake process.

Work in Progress

1. Continue First Responder training around the state by IRCA
2. Identify needs of both the Executive and Judicial branches around autism in the courts.
3. Work with the Bartholomew County School Corporation to determine if their model of autism teams is feasible to be replicated around the state.
4. Special Needs Court Appointed Special Advocate (CASA) for individuals within the legal system who need proper representation.

Members of the Partners in Justice Team include individuals from the following organizations: Arc of Indiana, Indiana Institute on Disability and Community, Mental Health America, NAMI, Autism Society of Indiana, Youth Law Team, Indiana Resource Center for Autism, Indiana State Police Association, Indiana Association of State Prosecutors, Association of Public Defenders, Marion County Juvenile Court, Marion County Mental Health Court, Indiana State CASA, Insights Consulting.

Autism Resource Network of Indiana (ARNI)

The Autism Resource Network of Indiana (ARNI) is an accessible website which presents information in a variety of ways to suit the needs of the user. The first phase of this will be the creation of a powerful search strategy. For example, a user will be able to use pull down menus to choose descriptors like: age 7, boy, potty training, and Muncie, Indiana. The hypothetical results of the search would list where there are workshops on potty training, articles on potty training, and behaviorists in Muncie who could provide information and support around boys and potty training.

Since October 2010, ARNI has grown significantly. As of October 2011:

- 5,952 unique visitors
- 8,223 total visits

The ARNI database is continuously being updated by the Indiana Allies, who are responsible for ensuring that the data is accurate, and does not show preference to one provider over another.

To access the site, visit: www.arnionline.org

Attachment A

Indiana Interagency Autism Coordinating Council Charter

Authority

On October 24, 2005, the Indiana Commission on Autism passed the resolution that the Indiana Family and Social Services Agency (FSSA) will serve as the lead agency to oversee and update the development of a comprehensive plan for services for individuals of all ages with Autism Spectrum Disorders.

Subsequently, FSSA through the Division of Disability and Rehabilitative Services (DDRS) has contracted with the Autism Society of Indiana since 2007 to facilitate the Indiana Comprehensive State Plan for Individuals with Autism Spectrum Disorders ("Comprehensive Plan"), of which the establishment of the IIACC is the first goal.

IIACC Mission

The IIACC's primary mission is to facilitate the efficient and effective exchange of information on autism-related activities among the member agencies, and to leverage resources and experiences to address common issues and outcomes, and to fill identified gaps. The Committee will serve as a forum and assist in increasing public understanding of the member agencies' activities, programs, policies, and research, and in bringing important matters of interest forward for discussion.

IIACC Member Agencies

At a minimum, based on the directive from the Indiana Commission on Autism, the IIACC will consist of members from the following State agencies:

- Division of Disability and Rehabilitative Services
 - Bureau of Child Development Services
 - Bureau of Rehabilitative Services
 - Bureau of Developmental Disabilities Services
- Division of Family Resources
- Department of Mental Health and Addictions
- Department of Education

Additionally the following people, Agencies and Organizations and their Chapters or Affiliates may be invited:

- Department of Child Services
- Department of Insurance
- Department of Corrections
- Office of Medicaid and Policy Planning
- Indiana State Department of Health
- Arc of Indiana
- Autism Society of Indiana
- Indiana Institute on Disability and Community
- Indiana Resource Center for Autism
- Riley Child Development Center / LEND
- Christian Sarkine Autism Treatment Center
- HANDS in Autism
- Easter Seals

- Logan Center
- Sonya Ansari Autism Resource Center
- Members of the Indiana Commission on Autism
- Individuals on the Autism Spectrum and/or Family Members

Input will be made to the Council Chair and will be approved by the Director of the Bureau of Disability and Rehabilitative Services.

Subcommittees

Subcommittees are formed around the overarching goals of the Indiana Comprehensive State Plan for Individuals with ASD. Specifically:

- Family and professional partnerships
- Access to all needed ASD health, mental, education, and social services
- Organization of community based services for easy use.
- Early screening and detection
- Transition to adulthood
- Insurance
- Justice System

Special consultants and ad hoc members may be called upon to perform functions to meet the IIACC's mission. Subcommittee's will report on the specific outputs and activities within their specific section of the Comprehensive Plan at each IIACC meeting.

Objectives and Scope of Activities

The IIACC shall:

1. Update, annually, a summary of advances in autism related to:
 - a. Family and Professional Partnerships
 - b. Access to Community Based Services
 - c. Early Screening and Detection
 - d. Transition to Adulthood
 - e. Insurance (including Autism Mandates)
 - f. Justice System
2. Monitor State activities with respect to autism spectrum disorder
3. Make policy recommendations to the Indiana Commission on Autism regarding any appropriate changes to such activities as needed, including but not limited to:
 - a. Education
 - b. Justice
 - c. Developmental Disabilities
 - d. Mental Health

Estimated Number and Frequency of Meetings

Meetings of the full Committee will be held not less than 4 times within a calendar year. Meetings shall be open to the public except as determined otherwise by the Council. Notice of all meetings will be published on the Autism Resource Network of Indiana (www.arnionline.org) portal, and the meeting minutes will be posted within two weeks following any public meeting.

Support

Based on the contract with the Family and Social Services Administration, the Autism Society of Indiana will serve as Chair, and offer support for the IIACC and for the Comprehensive Plan. There is not a budget for implementation of any goals listed within the Comprehensive Plan. Work on the Comprehensive Plan by IIACC members.

For more information....

Visit www.arnionline.org or contact the Autism Society of Indiana at:
www.inautism.org info@inautism.org 800-609-8449