MEETING MINUTES

Meeting Date: August 20, 2013
Meeting Time: 1:30 P.M.
Meeting Place: State House, 200 W. Washington St., Room 130
Meeting City: Indianapolis, Indiana
Meeting Number: 1


Members Absent: Hugh Beebe.

Chairman Head called the meeting to order at 1:34 p.m.

Indiana Family and Social Services Administration

Nicole Norvell, Director of the Division of Disability and Rehabilitative Services, Indiana Family and Social Services Administration (FSSA), updated the Commission on state services for individuals diagnosed with an autism spectrum disorder (ASD). FSSA offers services for individuals with ASD within the following programs and divisions:

1 First Steps.

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.
Ms. Norvell presented the following data concerning services provided by FSSA to individuals with ASD (Exhibit A):

1. 6,698 individuals are receiving the Family Supports Waiver (FSW).
2. 8,220 individuals are receiving the Community Integration and Habilitation Waiver.
3. 3,740 individuals with intellectual disabilities are being served through 522 intermediate care facilities.

Ms. Norvell added that 4,747 individuals are currently on the FSW waiting list.

**Autism Society of Indiana**

Dana Renay, Executive Director, Autism Society of Indiana (ASI), gave an overview of the Indiana State Comprehensive Plan for Individuals with Autism Spectrum Disorders, including its guiding principles, goals, successes, and challenges (Exhibits B and C).

Chairman Head inquired about the Allies Program. Ms. Renay informed the Commission that the program is funded through FSSA. Ms. Renay explained that the program:

1. provides a toll free telephone number;
2. provides one-on-one peer support for individuals with ASD and their families; and
3. teaches individuals with ASD how to advocate for themselves.

Senator Breaux asked whether the number of individuals with ASD who are incarcerated by the Department of Correction (DOC) is documented and whether autism training is provided to DOC employees. Ms. Renay replied that there are no documented individuals with ASD incarcerated by DOC. She added that a mental health model intake checklist used by DOC to document individuals with mental disabilities could be altered to document individuals with ASD and that ASI will look into the matter.

Representative Summers made a motion that the Commission investigate the number of incarcerated adults and juveniles with ASD. She included in her motion that the Commission study what is being done in the court system for individuals with ASD. Senator Breaux seconded the motion. Chairman Head, with the approval of the Commission, agreed to consider discussing the issues with DOC and the courts at a future meeting.

Chairman Head adjourned the meeting at 2:20 p.m.
Indiana Commission on Autism

Nicole Norvell
Director
Division of Disability and Rehabilitative Services

August 20, 2013
FSSA's Division of Disabilities and Rehabilitative Services (DDRS)

**First Steps**
- Assistive Technology
- Developmental Therapy
- OT/PT Services

**Bureau of Developmental Disabilities (BDDS)**
- Medicaid Waiver Services
- Supervised Group Living

**Bureau of Rehabilitative Services (BRS)**
- Vocational Rehabilitation Services (VRS)
- Blind Entrepreneurs Program
- Deaf/Hard of Hearing Services

**Provider Relations**
- Approval of Medicaid Providers
- Point of contact for Consumers/Families and Provider Community

**Bureau of Quality Improvement Services (BQIS)**
- Monitors services to individuals by organizations and providers
Bureau of Developmental Disabilities

- Bureau of Developmental Disabilities Services (BDDS) provides services for individuals with developmental disabilities that enable them to live as independently as possible in their communities. BDDS assists individuals in receiving community supports and residential services.

- Home and Community Based Medicaid Waivers
  - Community Integration and Habilitation Waiver (CIH)
  - Family Supports Waiver (FSW)
Family Supports Waiver (FSW)

- The amount of funding for individuals receiving the FSW $16,250 annually.
- Services available on the FSW include but are not limited to:
  - Physical/Occupational Therapy
  - Behavioral Supports
  - Community Based Habilitation- Individual and Group
  - Family and Caregiver Training
  - Case Management
The CIH Waiver is a needs-based waiver, which means that an individual must meet one of the following emergency priority criteria to access this waiver.

- Loss of primary caregiver
- Caregivers over the age of 80
- Evidence of abuse or neglect in current institutional or home placement
- Extraordinary health & safety risk
## Waiver Numbers

<table>
<thead>
<tr>
<th>Waiver Type</th>
<th>Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Supports Waiver (FSW)</td>
<td>6,698</td>
</tr>
<tr>
<td>Community Integration and Habilitation Waiver (CIH)</td>
<td>8,220</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14,918</strong></td>
</tr>
</tbody>
</table>
Waiver Waitlists

- Number of individuals on the Waiver waiting list
- Number of individuals on the FSW waiting list

SFY 2011: 19,357
SFY 2012: 13,441
August 2013: 4,747
Supervised Group Living (SGL) and State Line Services

- Currently, there are 522 Intermediate Care Facilities for persons with Intellectual Disabilities (ICF/ID, aka Supervised Group Living (SGLs) in Indiana that serve 3,740 consumers.
Vocational Rehabilitation Services (VRS)

- Provides quality individualized services to enhance and support people with disabilities to prepare for, obtain or retain employment.
  - A consumer is eligible for VR Services if a determination is made that:
    - he or she has a **physical or mental impairment**;
    - the physical or mental **impairment constitutes or results in a substantial impediment to employment**; and
    - the individual **requires vocational rehabilitation services to prepare for, enter, engage in, or retain an employment outcome** consistent with his or her abilities, capacities, career interests, and informed choice.
Questions?
Indiana Comprehensive State Plan For Individuals with ASD

2013 Update presented to the Indiana Commission on Autism
August 20, 2013
Dana Renay, Chief Executive Ally
317-658-2973 dana@inautism.org
Guiding Principles

- Autism is a spectrum disorder with a wide variability among the population. Every person with a diagnosis of autism is unique, with individual needs and individual progress through interventions.

- Autism is a lifelong disability, and occurs in every geographic, demographic, racial, and socio-economic group.

- Individuals with autism deserve to have the same opportunities and rights as anyone else.

- Families and caregivers of people with autism need coordinated, individualized care.

- The diagnosis of an Autism Spectrum Disorder is subjective, based on the Diagnostic Statistical Manual of Mental Disorders (DSM).

- Hoosiers with autism deserve a timely diagnosis and support in all aspects of their lives including: education, access to services, transition to adulthood, medical care, employment, and housing.
Autism in Indiana
Comprehensive Plan - Goals

- Creation of an Indiana Interagency Autism Coordinating Council (IIACC)
- Early and continuous developmental and medical screenings
- Availability of all needed health, education, and social services
- Effective youth transition to adult services, work, and independence
- Access to adequate public/private insurance or other financing mechanisms
- Justice System
Successes

- **EMPLOYMENT** – Vocational Rehabilitation is taking a strong interest in finding meaningful employment for individuals with ASD.

- **SECLUSION & RESTRAINT** – Model plan draft is complete; Commission is moving ahead with the rules.

- **ASSESSMENT / DIAGNOSIS** – Act Early Ambassador housed at Riley Child Development Center; strong collaboration among providers.

- **JUSTICE SYSTEM** – Training to Juvenile Detention Centers.

- **TRANSITION** – Many organizations are focusing on transition earlier in the school career.
Challenges

- **INSURANCE** - ensure that the Essential Health Benefits cover autism-specific behavioral health and that interventions are covered inside and outside of the mandate.

- **EMPLOYMENT** – ensure that individuals with high-functioning autism find meaningful employment.

- **MENTAL HEALTH / AUTISM** – support individuals with a dual diagnosis.

- **RURAL OUTREACH** – outreach to rural areas that lack internet access and services.

- **CARE COORDINATION** – support individuals across all aspects of their lives.
IIACC – State Agencies

• Indiana Interagency Autism Coordinating Council
  • Bureau of Developmental Disability Services (BDDS)
  • Vocational Rehabilitation (VR)
  • First Steps (0-3)
  • Department of Corrections (DOC)
  • Department of Education (DOE)
  • Office of Medicaid and Policy (OMPP)
  • Department of Insurance (IDOI)
  • Indiana State Department of Health (ISDH)
  • Indiana Protection and Advocacy Services (IPAS)
IIACC - non-State Agencies

- About Special Kids
- Arc of Indiana
- Autism Society of Indiana
- Christian Sarkine Autism Treatment Center (Riley)
- Easter Seals Crossroads
- HANDS in Autism (Riley)
- Hoosier Applied Behavior Analyst Association (HABA)
- Indiana Association for Behavior Consultants
- Indiana Resource Center for Autism (IRCA)
- InSource
- Logan Center
- Mental Health America Indiana (MHAI)
- National Association on Mental Illness (NAMI)
- Parent / Family representative
- Riley Child Development Center / LEND program
Indiana State Comprehensive Plan for Individuals with ASD

2013 Update
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Executive Summary

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. Effective youth transition to adult services, work, and independence
6. Access to adequate public/private insurance or other financing mechanisms
7. 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 2012 IACC Strategic plan, visit http://iacc.hhs.gov/strategic-plan/2012/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 (IIACC) to mirror the values and the plans of the National IACC.
Overview

Facts and Guiding Principles

The Indiana State Comprehensive Plan for Individuals with Autism Spectrum Disorders (ASD) is found on the following facts and guiding principles:

• Autism is a spectrum disorder with a wide variability among the population. Every person with a diagnosis of autism is unique; with individual needs and individual progress through interventions.

• Autism is a lifelong disability, and occurs in every geographic, demographic, racial, and socio-economic group.

• Individuals with autism deserve to have the same opportunities and rights as anyone else.

• Families and caregivers of people with autism need coordinated, individualized care.

• The diagnosis of an Autism Spectrum Disorder is subjective; based on the Diagnostic Statistical Manual of Mental Disorders (DSM).

• Hoosiers with autism deserve a timely diagnosis and support in all aspects of their lives including: education, access to services, transition to adulthood, medical care, employment, and housing.

In March of 2012, the Centers for Disease Control (CDC) estimated that 1 in 88 children in the United States has been identified as having autism. This information comes from data collection through the CDC sponsored ADDMN (Autism / Developmental Disabilities Monitoring Network). Child count data received from the Indiana Department of Education and compiled by the Indiana Resource Center for Autism (IRCA) reported that in
Indiana, 1 in 77 children is affected by an autism spectrum disorder\(^1\). Then, in March of 2013, the CDC released new figures stating that the incidence of autism has increased to 1 in 50 children, per parent report.

Based on the estimated population of Indiana in 2012 (6,537,334\(^2\)) by the United States Census Bureau, and applying the rate of 1:50\(^3\), there are approximately 130,747 children with autism in Indiana. Unfortunately, while the incidence of autism is increasing, there is not a proportional increase in services available to individuals in Indiana.

\(^1\) http://www.iidc.indiana.edu/index.php?pageId=361
\(^2\) http://quickfacts.census.gov/qfd/states/18000.html
\(^3\) http://www.cdc.gov/nchs/data/nhsr/nhsr065.pdf
Acknowledgments

The Indiana State Comprehensive Plan for Individuals with ASD is a collaborative project that began in 2005 and continues to evolve as programs, challenges, and research develop. As a part of the development of the Comprehensive Plan, the Indiana Interagency Autism Coordinating Council (IIACC) was developed, and although some members have come and gone over the years, their commitment and participation in the development of the Plan has been needed and appreciated by all.

Mandated by the Indiana Commission on Autism, the Indiana Family and Social Services Administration (FSSA) through the Division of Developmental and Rehabilitative Services (DDRS) has contracted with the Autism Society of Indiana to manage the Comprehensive Plan, and to coordinate the IIACC and related activities.

The following is a list of participating Indiana State Agencies:

Department of Corrections

Department of Education

Department of Insurance

Division of Disability and Rehabilitative Services

- Bureau of Developmental Disabilities
- Bureau of Rehabilitative Services (Vocational Rehabilitation)
- First Steps (0-3)
- Office of Medicaid and Policy Planning

Indiana State Department of Health (Children with Special Healthcare Needs)
The following is a list of past and present member organizations:

About Special Kids (ASK)
Arc of Indiana
Autism Society of Indiana (ASI)
Christian Sarkine Autism Treatment Center / HANDS in Autism
Easter Seals Crossroads
Indiana Association for Behavior Consultants (IN-ABC)
Indiana Resource Center for Autism (IRCA)
InSource
Indiana Protection and Advocacy Services
Mental Health America - Indiana
Rauch, Incorporated
Riley Child Development Center
Sonya Ansari Autism Resource Center / Logan Center
Parent / Family Member Representative

The IIACC is open to the public, and if others would like to attend or participate as an active member on a subcommittee, contact Dana Renay 800-609-8449 x11 or dana@iautism.org.
Goal One: Establish an Indiana Interagency Autism Coordinating Council (IIACC)

In 2012, members of the Indiana Interagency Autism Coordinating Council (IIACC) agreed on the following as the Charter for the group. Past and present members of the IIACC are listed in the acknowledgement section of this report.

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.

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

Input will be made to the Council Chair and will be approved by the Director of the Division for Disability and Rehabilitative Services (DDRS).

Subcommittees

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

- Family and professional partnerships
- Access to all needed ASD health, mental, education, and social services
• 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. Subcommittees 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. Early Screening and Detection
   c. Transition to Adulthood
   d. Insurance (including Autism Mandates)
   e. 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. 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.arnonline.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 outside of the IIACC meetings will be limited.
Goal Two: Family and Professional Partnerships

All individuals with ASD and their families / caregivers will have a well established, trusting, and mutually respectful relationship with a healthcare professional who listens and responds to concerns, and who acts as an equal partner in providing a clearly defined plan of coordinated services.

Committee Members: Scott Fogo, Tracy Myszak, Dawn Downer, Kylee Hope, Dana Renay

IMPACT:
1) Families understand what the Medical Home model is, and the importance of coordinated care.
2) Improved care for patients.
3) Providers have the tools they need to provide total services and supports for their patients.

Subgoal One:
Coordinated systems of care are used by those working with individuals, regardless of age.

Resources Used:
Indiana Comprehensive Systems of Services (IN-CISS) which transitioned into the CHIP-IN program in partnership with the Indiana State Department of Health (Children with Special Healthcare Needs / Maternal and Child Health), Family Voices, Neurodevelopmental and Behavioral Center (part of IU Health), HANDS in Autism, Autism Society of Indiana, and others.

Subgoal Two:
Create statewide opportunities to train / educate families and providers about services and how to access them.

Resources used:
Subgoal Three:  
Ensure Post-Secondary Education Institutions have the resources needed to prepare future human service professionals to serve individuals with ASD and their families.

Resources used: Vocational Rehabilitation, Autism Society of Indiana, Arc of Indiana, Down Syndrome Indiana, Riley Child Development Center, Indiana Institute for Disability and Community, IUPUI START program, Indiana Post Secondary Education Coalition, Peer Exchange Program

Outcomes:

1. Autism Resource Network of Indiana- www.ARNonline.org is an online portal / website with data, articles, events, books, providers, organizations, intervention information, websites, and more focusing on the needs of individuals affected by autism.

2. CHIP-IN for Quality - Optimal health for Indiana's children through collaboration and support of measurement-based improvement efforts within communities. Their 2013 autism-related goals are: 1) measuring the baseline of autism screening; 2) improving the proportion of children receiving autism screening by 30% over 6 months; 3) increase the proportion of children with autism who receive a diagnosis before 42 months old.

3. Medical Home Resource Team - series of six medical home videos. The first three are ready to view on the CHIP IN YouTube site:  
http://www.youtube.com/user/CHIPINforQuality?feature=watch
   1. "Primary Care Medical Home and Community Based Organizations in Indiana"
   3. "Indiana's Center for Youth and Adults with Conditions of Childhood (CYACC)"
      http://www.wishard.edu/cyacc

4. Think College Indiana- www.ThinkCollegeIndiana.org is an online website developed through the collaboration of the Indiana Post Secondary Education Coalition. This group
Goal Three: Early and continuous developmental and medical screening for ASD

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

Committee members: Dana Renay and Drs. Angela Tomlin, Cathy Pratt, Noha Minshawi, Naomi Swiezy.

Impact:
Reduce average age of diagnosis in Indiana, which will then get children into early intervention. Physicians will be more likely to use screening tools and use resources available.

Subgoal One: Increased education for Medical professionals on what tools should be used for screening, how often to screen, and what to look for.

Resources used: Christian Sarkine Autism Treatment Center, CISS, Indiana Resource Center for Autism, Indiana Institute for Disability and Community.

Subgoal Two: Increased education for families about the importance of early screening and diagnosis – physicians should be screening according to the AAP guidelines.

Resources used: Indiana Association for the Academy of Pediatrics, ARNI, CHIP-IN, IRCA, LEND, Autism Society of Indiana

Subgoal Three: Increase the number of physicians who report ASD diagnosis into the Births and Defects online registry.

Resources used: Indiana State Department of Health - Birth and Defects Registry
Subgoal Four: Recommended screening tools for use by Medical, Educational providers as well as childcare and early intervention providers. Increase Information for families on early screening – what to look for.

Resources used: in progress

Outcomes:
1. Indiana specific branding for the CDC Act Early, Learn the Signs materials in English and Spanish.
2. Updated resources including “What do you do when you suspect your child has an ASD?” published by the Indiana Resource Center for Autism.
4. Article published by Dr. Noha Minshawi, Dr. Cathy Pratt, Dr. Angela Tomlin, and Dana Renay “Where do you go when you are waiting for an evaluation and a diagnosis.”
Goal Four: Access to all needed ASD Health, Mental, Education, and Social Services

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

Committee members: Dana Renay, Cathy Pratt, Angela Tomlin, Scott Fogo

**Impact:** Provider information will be accessible statewide by individuals and their families. Families will then be able to access the provider information and providers themselves in their communities.

**Subgoal one:** Collaboration between waiver and private providers to increase coordination of services.

Resources used: LEND program, Act Early Learn the Signs program, Riley Family Leadership Initiative, Ease of Access coalition

**Subgoal two:** Train parents and educators on Article 7 and IDEA.

Resources used: InSource, Arc Family Advocates, Autism Society of Indiana Allies, About Special Kids

InSource and About Special Kids provide frequent training on Article 7 and IDEA at little to no cost. Training is both on-line and in person.
**Subgoal three:** Develop marketing collateral around early screening, and the importance of knowing the milestones to look for (in English, Spanish, and other languages to be determined).

**Outcomes:**
1. Roadmap to Services - when you are concerned your young child may have an autism spectrum disorder developed by ISDH, UCEDD (IRCA), LEND (RCDC) to create the Act Early Learn the Signs Roadmap to Services (funding from the Indiana State Department of Health / Children's Special Health Care Services and the Act Early State Systems Grant through the CDC.
2. Autism Resource Network of Indiana (ARNI) developed and maintained by the Autism Society of Indiana (www.ARNlonline.org)
Goal Five: Successful youth transition to adult services, work, and independence

Committee Members: Patrick Sandy, Sharon Porter, Dr. Dawn McGrath, Dr. Mary Ciccarelli, Erin Gladstone, Nicole Norville, Tracy Myszak, Dana Renay, Jean Updike

Impact: Appropriate post-secondary education opportunities will be available for all individuals with autism, and self-determination is an option for anyone with autism.

Subgoal one: There will be documentation within an IEP that there is a post-education plan.

Subgoal two: Adult Service / Direct Service providers are appropriately trained on serving individuals with ASD

Subgoal three: Effective Transition Assessment must be done to drive post secondary goals and include – Education, Employment, and Independent Living

Subgoal four: Employment, internships and community activities/ opportunities are explored for people w/ DD.

Subgoal five: Continue partnerships with the Arc of Indiana, Down Syndrome Indiana, IUPUI, Ivy Tech, Anderson University and the rest of the Post Secondary Education Coalition.

Outcomes:
1. CYACC transition clinic - Wishard Primary Care Center
   http://www.wishard.edu/our-services/center-for-youth-and-adults-with-conditions-of-childhood/clinic
2. IDOE Secondary Transition Resource Center (housed at the Indiana Institute on Disability and Community) http://www.iidc.indiana.edu/index.php?pageld=3283

3. Employment programs are being developed within the Bureau of Rehabilitative Services, along with other employment specialists. http://www.in.gov/fssalddrs/2636.htm

4. Think College Indiana (www.thinkcollegeindiana.org) for all people with intellectual and developmental disabilities is part of the Indiana Post Secondary Education Coalition.
Goal Six: Adequate public and private insurance for all affected by ASD

To ensure that people of all ages have access to autism specific interventions, regardless of financial status

Committee members: Kim Dodson, Dana Renay, Scott Fogo, Tyler Ann McGuffee, Susan Wilczynski, Carol Farzetta, Dawn Downer

Subgoal one: Health insurance benefits cover the broad array of services based on evidence based practices.

Outcomes:

1. Subcommittee members have met frequently with the Indiana Department of Insurance and with Anthem to discuss coverage of autism-related services. Anthem has restructured their approval process, and are now requesting more information around necessity for ABA coverage. This continues to be an ongoing discussion between providers and Anthem.

2. Subcommittee members have begun working on a Provider Taskforce to understand how to ensure that ABA and Behavior Consultants are providing appropriate services, and are billing in a fair and meaningful way. Currently, waiver program does have guidelines for provision of “behavior services” but no requirements to provide specifically an ABA program.
3. The Arc of Indiana organized and led the Waiting List Task force to gather ideas and recommendations to reduce the immense length of the three Waiver wait lists. In 2012, DDRS changed the waiver structure, following a clean-up of their databases.

a. The former Support Services waiver became the Family Support Waiver. This is the first point of contact for individuals requesting services from DDRS. There continues to be a waiting list equivalent to approximately five years.

b. The former Developmental Disability (DD) and Autism (ASD) waivers were converted to the Community Integration and Habilitation Waiver (CIH). Anyone who was formerly on the wait list for the DD or ASD Waiver were moved to the FSW wait list. Anyone receiving services from the DD/ASD waivers should have continued to receive services under those guidelines.
Goal Seven: Justice system

Committee members: Dana Renay, Kylee Hope, Karen Pedevilla, Tina Frayer, Kellie Whitcomb

Subgoal one: Compliance with First Responder Training

Subgoal two: Identify appropriate diversion alternatives for individuals with DD/ASD/ID

Subgoal three: Screening during intake process for DD/ASD/ID

Subgoal four: Ongoing training for law enforcement, DOC, Judges/Magistrates

Outcomes:
1. ASI has been working with the Department of Corrections, particularly the Juvenile Detention system, to help identify additional behavioral supports for the students in the Detention centers around the states. At least one training is scheduled at each of the 5 main detention centers around the state.
2. IPAS has revised their guidebooks around civil rights for individuals with disabilities.
3. IPAS and ASI are working together on a smartphone App that will replace the previously developed TIPS guide. The app will be free for download from the iTunes and Android stores.
2013 Goals

Below is a list of potential issues that the IIACC can focus on in 2013

• Direct Service Workforce Training
• Bi-Lingual service providers
• Rural outreach
  • Screening
  • Family Support
  • Interventions
  • Education services
• Housing options for adults with ASD
• In-patient options for youth and adults with significant behavior problems