

**Indiana Comprehensive State Plan for Individuals
with Autism Spectrum Disorder (ASD)
2015.2016**

Indiana Comprehensive State Plan for Individuals with ASD (2015.2016)

The Indiana State Comprehensive Plan reflects work done on the overarching goals of this document previously approved by the Indiana Commission on Autism and based on the Autism Spectrum Disorders (ASD) Roadmap presented to the Interagency Autism Coordinating Council on May 16, 2005. However, as a living document, the newly acquired data, information and collaborations as well as new directions nationally will necessitate changes reflective of the current state of the state (and field) in ASD.

This document is a continuation of the work-in-progress begun by previous state leaders and informants regarding the state of the state in ASD. Updates will be made throughout the grant period with input from the comprehensive state needs assessment, the member agencies/organizations of the Indiana Interagency Autism Coordinating Council (IIACC), professional stakeholder workshops, HANDS regional Local Community Cadres (LCCs), and from individual informant interviews and focus groups conducted with participants from across the state. Summative information regarding the data collected from these forums and related to the Comprehensive Plan will be shared regularly through the IIACC, workgroup and LCC forums as well as more formally documented and shared with the state office at the Family and Social Services Administration (FSSA) with recommendations culminating from the data and information gathered. Data and information to be analyzed will be compiled through the multiple aforementioned forums reflecting input from individuals across several regions and representing a diversity of systems and roles across the state of Indiana.

For the most recent culminating report of the state of the State of Indiana, readers may access the “Indiana Autism Support Services Gap Analysis: Brief Report” at the FSSA [website](#).

Goal One: Indiana Interagency Autism Coordinating Council (IIACC)

The creation of the IIACC is the first goal of the Indiana Comprehensive State Plan for Individuals with Autism Spectrum Disorders. The below reflect subgroups and representative organizations invited and participating within the IIACC and/or to inform the Comprehensive State Plan.

Currently, HANDS in Autism® serves to both facilitate and coordinate the Council as well as to manage the data collection and the evolution, activities and analysis of the status of services reflected within the Comprehensive State Plan.

Oversight/Administration	Bureau of Developmental Disabilities Services (BDDS)	Advocacy	Indiana Protection and Advocacy Services (IPAS)
	Division of Disability and Rehabilitative Services (DDRS)	Self-Advocacy	Self-Advocates of IN (ASD rep)
Families	Autism Society of Indiana (ASI)	Mental Health	Mental Health America of Indiana (MHAI)
	About Special Kids (ASK)		DMHA & System of Care & Children's Advisory Board
	Family Voices (FV)		Community Mental Health Centers
	INSOURCE		NAMI
	Autism Speaks	Education	IDOE
	Down Syndrome Indiana (DSI)		ICASE
	Family Member Representatives		
	Answers for Autism		Charter Schools
Policy/Legislation	Office of Medicaid & Policy Planning		Indiana Association of Public School Superintendents
	The Arc of IN		Indiana Association of School Principals

Indiana Comprehensive State Plan for Individuals with ASD (2015.2016)

	Commission on Public Health, Behavioral Health, & Human Services		Indiana Association for School Psychologists (IASP)
	Government/Legislative		Indiana Association of School Nurses (IASN)
	Division of Family Resources (DFR)		Indiana School Counselor Association (ISCA)
Early Childhood	Bureau of Child Development Services (First Steps)		Indiana State Teachers Association (ISTA)/ National Education Association (NEA)
			Indiana Non-Public Education Association (INPEA)
			Church, Church, Hittle, and Antrim (Special Education Law)
			State Board of Education
			Greene- Sullivan Special Education Coop.
	Office of Early Childhood & School Learning		Indiana Small and Rural Schools Association
	Head Start	Noble	
	Indiana Association of Child Care (INACCR)	Anthony Wayne Services (AWS)	
Infant & Toddler Institute	Adulthood		
Project Launch, DMHA & ISDH		Child-Adult Resource Services (CARS)	

Indiana Comprehensive State Plan for Individuals with ASD (2015.2016)

			BDDS
Medical	Riley Child Development/LEND	Community Providers	Easter Seals Crossroads
	Learn the Signs, Act Early (LSAE)/Center of Disease Control		Rauch Inc.
	Indiana Speech-Language Hearing Association (ISHA)		Logan Center/Sonya Ansari Autism Center
	ISDH (Maternal and Child Health (MCH) and Children's Special Health Care Services (CSHCS) Divisions at the Indiana State Department of Health)		IRCA
	Indiana American Academy of Pediatrics (INAAP)		Adult and Child Services
	Neurodevelopmental and Behavioral System (NDBS)		Indiana Association of Rehabilitation Facilities, Inc. (INARF)
	Indiana Academy of Family Practice (INAFP)		InPEAT
	Community Practices (Eskenazi)		Hamilton Center
	Christian Sarkine Autism Treatment Center (CSATC)	Vocational & Transition	Vocational Rehabilitation (VR)
	St. Vincent's Hospital		#Work4Life; Project Search
	Center for Youth Adults with Conditions of Childhood (CYACC)		Indiana Postsecondary Education Coalition (IPSEC)
	Developmental Pediatrics		SITE Program
	Indiana University Center for Aging Research/Regenstrief Institution		Indiana Association of People Supporting Employment (INAPSE)
		University	U of I

Indiana Comprehensive State Plan for Individuals with ASD (2015.2016)

			Ball State
Insurance	Department of Insurance		IUPUI, Psychology
	MetLife		IUPUI, Education
	Arc of Indiana		Purdue
		Behavioral	HABA
			INABC
Corrections	DOC	Regional	Community Advisory Group (LCCs)
	IDOC		BDDS District Managers and Providers
	Youth Law TEAM of Indiana, Inc.		Other Regional Representatives
	Ball State/YOC		
	DCS		
First Responders	Fire/Police		
	EMTs		
	Safety Store @ Riley		
	IN SRO Association		
	School Safety Academy		
	Indiana Sheriff's Association		
	Law Enforcement Academy		
	ALEC Program		
Indiana School Resource Officer Association			

Indiana Comprehensive State Plan for Individuals with ASD (2015.2016)

Authority

On October 24, 2005, the Indiana Commission on Autism passed the resolution that the Indiana Family and Social Services Agency (FSSA) would 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 Disorder.

Subsequently, FSSA through the Division of Disability and Rehabilitative Services (DDRS) contracted the Autism Society of Indiana from 2007-2012 and HANDS in Autism® from 2014 to present to facilitate the Indiana Comprehensive State Plan for Individuals with Autism Spectrum Disorder (“Comprehensive Plan”), of which the establishment of the IIACC is the first goal.

IIACC Mission

As stated in the latest version of the Comprehensive Plan, 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 to assist in implementation through informing the direction and assisting in increases of public understanding and awareness of the state’s collective priorities, activities, programs, policies, and research, and in bringing important matters of interest forward to enable and facilitate shared knowledge, discussion, and general access to the state resources and activities. In the current work, the IIACC serves as one essential forum and mechanism for information sharing as well as data driven decision making through review, discussion, and problem solving informed by the data collected through a comprehensive and systematic process facilitated and directed by the team at HANDS in Autism®. Further, subcommittees or expanded workgroups enhance the focus on particular goal areas from the Comprehensive State Plan while involving a more expansive group and facilitating greater involvement in the directed activities around these areas. Similarly, analogous activities will occur by regional involvements in the HANDS facilitated Local Community Cadres (LCCs) with representatives of these cadres also participating as part of the Community Advisory Groups (CAGs) with LCC representatives participating in the IIACC as necessary or desired. Ultimately, by utilizing the infrastructure of the IIACC, the subcommittee/workgroup extensions of the IIACC, the HANDS LCC regional networks, and data collected as part of the comprehensive needs assessment, the current status of the Comprehensive Plan will be assessed and adaptations proposed with renewed vision and action-based steps allowing for measurable progress aligned with state goals and efforts. Actions will be prioritized by the IIACC within each goal areas so as to limit the focus and ensure greater opportunity for directed efforts.

Indiana Comprehensive State Plan for Individuals with ASD (2015.2016)

IIACC Member Agencies

The IIACC will consist of members from a number of state agencies as well as members representing the following primary categories informed by the areas reflected within the Comprehensive Plan. A focus on increased representation and engagement from a broader range of stakeholders and with greater regional and community input has been emphasized with the current facilitators such that the data, resources and information gathered are more effectively disseminated and are more adequately representing the needs of the state. Other constituents will be added and considered as warranted for the tasks at hand:

- Policy and Legislation
- Advocacy/Self--Advocacy
- Families
- Mental Health
- Education
- Medical
- Behavioral
- Early Childhood
- Adult Transition and Employment
- Community Providers
- Rehab/Residential
- Corrections
- University
- Insurance
- First Responders
- Other

Input from IIACC members will be processed by the Council Chairs (i.e., HANDS) within the full group (IIACC), subgroup (subcommittees/workgroups) and other formats (LCCs, focus groups) for consideration and incorporation into the data pool for consideration. Further, with involvement from the LCCs, the regional areas will have both greater local capacity for accessing ASD-related information and services and engagement at a state level to ensure the continued bidirectional flow of information from community to state and state to community, informing and shaping progress at each level. Final approval of all recommendations will be provided by the Director of the Bureau of Developmental Disability Services (BDDS) upon final report and culmination of all systematic data collection and analyses efforts.

Indiana Comprehensive State Plan for Individuals with ASD (2015.2016)

Subcommittees

Subcommittees of the IIACC or IIACC work groups are formed around the overarching goals of the Indiana Comprehensive State Plan for Individuals with ASD postulated in the latest plan. Specifically:

- Family and professional partnerships
- Access and utilization of essential medical, mental health, education, and other community-based services (e.g., behavioral, respite, therapies; subsumed primarily within the primary setting in which those therapeutic activities take place—e.g., educational, medical, mental health)
- Early screening and identification
- Adult transition and employment
- Insurance
- Justice system

As data and information arise in the comprehensive and systematic needs assessment process, adaptations to the Comprehensive Plan and related goals will be adapted and realignment of workgroups and efforts to support the process will occur. Special consultants and ad hoc members may be added by the Council Chairs (HANDS) to perform functions that meet the IIACC's mission. IIACC meetings will primarily involve brief updates by Council Chairs followed by workgroup activities informed by data collected and represented by the team at HANDS in Autism® and informed by the IIACC as well as the subcommittees by goal area, regional LCCs, focus groups, informant interviews and full needs assessment process.

Objectives and Scope of Activities

The IIACC shall:

1. Engage in approximately quarterly meetings at the Indiana Government Center in downtown Indianapolis.
2. Engage in large group meetings (conducted live and via phone/web conference and/or online forum, as need to expand input opportunities) to clarify missions as well as action-based and measurable objectives. During these meetings and small group activities, the members of the IIACC will further identify data needed to inform progression and review any data compiled since the last meeting and towards update and revision of the Comprehensive Plan. Further, the group will identify collective messages for shared dissemination and focus and directed progress across the state.
3. Ultimately, the activities of the IIACC (as well as subcommittees, LCCs, focus groups, informant interviews) will provide substantiation for the summary and report delivered to the State regarding the state of the state and any needed modifications to the current plan in ASD related to primary areas of subcommittee or workgroup efforts:
 - a. Family and Professional Partnerships
 - b. Access to Community Based Services
 - c. Early Screening and Identification
 - d. Transition to Adulthood
 - e. Insurance (including Autism Mandates)
 - f. Justice System
4. Make policy and procedure recommendations to the FSSA/BDDS office regarding any appropriate changes to service and other activities related to ASD including but not limited to the areas noted above.

Indiana Comprehensive State Plan for Individuals with ASD (2015.2016)

Estimated Number and Frequency of Meetings

Meetings of the IIACC will be held approximately quarterly at the Indiana Government Center in downtown Indianapolis. Added communications and facilitation with Council and subcommittee members will occur by means of online workgroups with live calls/meetings as necessary and dependent on needs for progress.

Current Priorities Noted with the Indiana Comprehensive State Plan

The current activities noted are those derived after the final meeting of the IIACC for fiscal year 2014.2015 and based upon corroboration within IIACC subcommittees/workgroups based upon their discussion revolving around the previous iteration of the Plan as well as the data summaries pertaining to the current year Gap Analysis. Workgroups provided ratings related to the current noted activities to identify the current priorities for the upcoming year. The activities noted within the table under each goal were considered of urgent priority (score of 1) or high importance (score of 2) by the IIACC and thus considered the starting priorities for year 2015.2016. Among these priorities, a further polling was taken to isolate a primary activity for most immediate focus. This priority action item is listed within the grid under each goal area. The other priority areas are listed below the grid in bulleted form as options for further evaluation and discussion should the priority action item be addressed or resources allow. When possible, similar activities within a goal area have been combined or activities from one goal have been relocated under another goal for which it best relates. Activities rated as important but not pressing (score of 3) or somewhat important (score of 4) were not considered of priority for the current year and are not listed here. Those activities noted as not needed (score of 5) have similarly been tabled in that they are not at all considered a priority or are considered to be already have been completed based upon actions within the past year, per IIACC polling.

Goal Two – Family and Professional Partnerships

Establish the opportunity for all individuals and families to be supported by healthcare professionals who will listen, provide input and assist in the development of a prescribed and coordinated plan for reported concerns through knowledge, access and coordination of care in service delivery.

Key Short-Term Activities/Deliverables	Data Available/Needed for Evidence of Success	Potential Data Sources
<i>Activity proposed to most immediately address areas of needed growth, maintenance, and/or generalization needed per the data reviewed (e.g., past Comp Plan, current Gap Analysis)</i>	<i>Objective evidence that substantiates needed changes are progressing in the direction warranted.</i>	<i>Potential individuals, organizations and/or tools and materials important to sufficiently inform (or perform) the noted activities</i>
Identify committees and boards related to ASD as well as SOC and medical home initiatives and representation of leaders in ASD on such.	Identify committees relevant to ASD and assess membership listings of committees to identify representation of ASD leaders	NDBS, DMHA SOC, CHIP-IN, DOH Medical Home, INAAP; Survey developed in collaboration with IIACC/associated workgroups

Other Identified Priorities:

- N/A

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

Service providers and families will have knowledge of universal early screening and identification of signs of ASD, followed by appropriate referrals to coordinated and comprehensive service systems.

Key Short-Term Activities/Deliverables	Data Available/Needed for Evidence of Success	Potential Data Sources
<i>Activity proposed to most immediately address areas of needed growth, maintenance, and/or generalization needed per the data reviewed (e.g., past Comp Plan, current Gap Analysis)</i>	<i>Objective evidence that substantiates needed changes are progressing in the direction warranted.</i>	<i>Potential individuals, organizations and/or tools and materials important to sufficiently inform (or perform) the noted activities</i>
Identify and develop list of options available for the awareness/training of med students, residents, physicians in early screening and identification in general and specifically with regards to family practitioners, nurse practitioners and physician assistants	Current type, number and level of training options provided across common training sites (e.g., IUSM, Marian, other) and with note of specific disciplines to which training is offered	NDBS, HANDS, RCDC, CSATC, INAAP, INAFP, IAN, survey developed in collaboration with IIACC/associated workgroups

Other Identified Priorities:

- Identify standard set of information, training and support regarding choice of and use of developmental screens
- Identify and disseminate standard information regarding early screening, evaluation and identification to be disseminated across physicians, educators, providers and families as well as across systems, regions and cultures
- Increase reporting to state of the diagnosis by physicians
- Develop a repository of physicians doing early screening in the state, their cultural sensitivity, tools utilized and where they are referring to upon positive screens

Goal Four: Access to all needed ASD Health, Mental, Education, and Social Services

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

Key Short-Term Activities/Deliverables	Data Available/Needed for Evidence of Success	Potential Data Sources
<i>Activity proposed to most immediately address areas of needed growth, maintenance, and/or generalization needed per the data reviewed (e.g., past Comp Plan, current Gap Analysis)</i>	<i>Objective evidence that substantiates needed changes are progressing in the direction warranted.</i>	<i>Potential individuals, organizations and/or tools and materials important to sufficiently inform (or perform) the noted activities</i>
Develop a comprehensive list and set of annotated data of waiver providers, case managers, and other providers with info about expertise and payment structures	List and set of annotated data with specific provider expertise, access, payment structure available; number and range of participating state websites and state and private clinics carrying the list for ease of access and dissemination	ASI/ARNI, DDRS Waiver Pic List, IRCA, surveys generated and disseminated by IIACC workgroups

Other Identified Priorities:

- Identify options for sharing information across service agencies as a means for improving transition, collaboration and consistency for the individual and family
- Identify current information about a range of topics disseminated in various formats, translations and systems

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

Families and providers will understand the needs and process around transition planning and successful outcomes.

Key Short-Term Activities/Deliverables	Data Available/Needed for Evidence of Success	Potential Data Sources
<i>Activity proposed to most immediately address areas of needed growth, maintenance, and/or generalization needed per the data reviewed (e.g., past Comp Plan, current Gap Analysis)</i>	<i>Objective evidence that substantiates needed changes are progressing in the direction warranted.</i>	<i>Potential individuals, organizations and/or tools and materials important to sufficiently inform (or perform) the noted activities</i>
Identify and make available a standard set of information to disseminate across families, medical & school personnel, and individuals (middle to HS) to improve understanding about the transition process	Percentage of districts/corporations utilizing proposed options; number of consumers accessing standard materials disseminated; FSSA Autism Services Gap Analysis	Other states, CYACC, IIDC, VR, IPSEC, IDOE, ASK, INSOURCE, IN Transition Workbook

Other Identified Priorities:

- Identify trainings for educators on transition resources and options available within and outside of the state
- Develop a repository of opportunities for employment, internships, community activities for those with DD
- Identify courses/curriculum that are accessible post-secondary options and will promote a common awareness and standard used by those supporting transition and success of individuals with ASD in post-secondary programming (e.g., Think College)

Goal Six: Adequate Public/Private Insurance for All Affected by ASD

Standards will be identified for adequate private and public insurance coverage for the lifespan, for ASD and comorbid MH conditions that are accessible, affordable and adequately reimbursed.

Key Short-Term Activities/Deliverables	Data Available/Needed for Evidence of Success	Potential Data Sources
<i>Activity proposed to most immediately address areas of needed growth, maintenance, and/or generalization needed per the data reviewed (e.g., past Comp Plan, current Gap Analysis)</i>	<i>Objective evidence that substantiates needed changes are progressing in the direction warranted.</i>	<i>Potential individuals, organizations and/or tools and materials important to sufficiently inform (or perform) the noted activities</i>
Propose standard promulgated for oversight and enforcement of appropriate implementation of clinical services to IN policy makers and with suggested enforcement by legal/regulatory requirements.	Standards of oversight and enforcement presented to relevant policy makers and legislative bodies in IN by IIACC appointed representatives	INPEAT, OMPP, PLA, CQL, ARC, HABA, ASI, IRCA, HANDS, CSATC, RCDC; targeted surveys/interviews across IN practices and standards across other states

Other Identified Priorities:

- Work in collaboration with insurance carriers to establish ABA and other networks that maintain coverage for evidence-based strategies and providers with appropriate qualifications in education, training and practice
- Identify standard information to be provided to families, individuals, carriers about changes to DSM and coverage implications as well as insurance changes and guidelines
- Identify factors impinging on the access to Medicaid and other providers across the state
- Inform reimbursement rules that support medical necessity
- Monitor need for modifications to state mandate by monitoring health reform, relevant case law and IDOI bulletins and directives
- Identify a means to address the division of ASD as a neurological vs. a MH condition which has local/state policy implications
- Establish format for open deliberation and discussion regarding the multiple areas proposed with regards to the access to quality of ABA and other providers, the education of consumers as to the differentiation between providers, and the need for further standards regarding these practices.

***Goal Seven: Justice System & Public Safety**

*This group was not represented at the June, 2015 IIACC meeting to sufficiently finalize the goal and priorities for this important workgroup. This task itself will be a priority but deferred for the current calendar year to allow for sufficient input from this stakeholder group.

Key Short-Term Activities/Deliverables	Data Available/Needed for Evidence of Success	Potential Data Sources
<i>Activity proposed to most immediately address areas of needed growth, maintenance, and/or generalization needed per the data reviewed (e.g., past Comp Plan, current Gap Analysis)</i>	<i>Objective evidence that substantiates needed changes are progressing in the direction warranted.</i>	<i>Potential individuals, organizations and/or tools and materials important to sufficiently inform (or perform) the noted activities</i>
Identify standard amount/topics/formats needed for mandatory state-wide training of first responders and judiciary	Number and range of topics/formats currently and readily available as options for access and dissemination for first responders; number/range of personnel accessing the standards developed	Other state program options; MHA, NAMI, HANDS, ALEC Workgroup, ASI, IRCA, FSSA Gap Analysis and further survey

Other Identified Priorities:

- Identify risk assessment and diversion alternatives for individuals with DD/ASD/ID at county and state wide levels
- Determine standard trainings and forums for relatives of folks in legal system (juvenile and adult)
- Define effective justice system involvement for effective crisis intervention planning
- Identify need (and define) for registry with standard suggested processes for procedures, assessment, placement
- Define needs for an enhanced 911 system that is available universally and is updated by a reputable source
- Conduct study/white paper on those incarcerated/inmates who are with ASD

Summary

The facilitated activities encompassed by the work of the IIACC, workgroups, and LCCs as well as the prioritization of the activities in the multiple goal areas of the Comprehensive State Plan are designed to facilitate implementation of a process that will result in the following outcomes:

- State will have a systematic process for identifying the needs of the state
- State will have clarity on priority needs based upon the data/results of this systematic process
- Other potential outcomes:
 - Aligning activities with federal and state priorities
 - Gaining information needed to effectively evaluate and access services and resources
 - Engaging in education and dissemination activities and outlets to facilitate sharing with regards to autism services

These activities will continue to engage a wide range of stakeholders who will participate at different levels, regularity and formats. However, participation is necessary at all levels for the greatest impact. The IIACC will ultimately support implementation by understanding the premise of the implementation effort and informing the activities and vision that is further pursued by the subcommittees, workgroups, and LCCs. This combined work ultimately will assist individuals and communities involved to become aligned with the priorities outlined in this plan.

The Plan and this document will continue to evolve as priority areas are addressed, new activities are prioritized and the mechanism established to evaluate the state of the state continues. The structure and process of gap analysis and ongoing collaborations central to the IIACC, subcommittees/workgroups and LCCs will continue to inform State and local actions. The systematic and sustainable process and collaborations established will culminate in the impact on the individuals and families, the ultimate end users.

The co-chairs of the IIACC at HANDS in Autism® would like to thank everyone who informed the development of this plan. A special thanks to the individuals, families, professionals, service providers, and community members who provided insights and information to ensure the comprehensiveness of this plan. Thanks also to the staff and students innately involved in the hours of research, coordination, and formatting of this information leading to the plan. Finally, a thanks to the Bureau for Developmental Disabilities Services (BDDS) for the oversight and sponsorship of this process.