

IN-ABC

Indiana Association of Behavioral Consultants
www.inabc.org

Through professional advocacy, support and development, IN-ABC promotes effective, ethical and quality behavioral services.

10/24/13 IN-ABC Meeting Minutes

2013 Board Members present:

President: Gail Kahl
Vice President: Fritz Kruggel
Director: CJ Gallihugh
Director: Kelly Howard
Treasurer: Rob Westcott
Secretary: Sue Bauer

Call to order:

President's Report: Announced that goal of ensuring members have the opportunity to obtain 10 CEUs via annual membership will occur by December 2013.

The Boards of Directors of INABC and HABA will host each other at respective membership meetings the Spring of 2014. The focus at those membership meetings is to educate the mission of each trade association. More information will be provided of specific dates, times and locations.

INARF Sub-Committee – Goal is to develop a white paper to address risks and alternatives for people with developmental and psychological disabilities within the judicial system. Gail Kahl is representative for INABC.

Elections-

2014 Board Members are:

President: Kelly Howard

Vice-President: Fritz Kruggel

Treasurer: Rob Westcott

Secretary: Sue Bauer

At-Large: Gail Kahl, Amy Pickett, CJ Gallihugh

Vice President's Report:

Fritz Kruggel is representing INABC in Committee Work- Advancing the needs of people with autism. This committee is hosted by Kim Dodson, ARC of Indiana.

Treasurer Report:

Rob Westcott.

See Attached

Secretary Report: Sue Bauer

Conference numbers:

2008 – 123

2009 – 142

2010 – 111

2011 – 128

2012 – 144

2013 – 175

Membership Numbers:

2013- 314

2012-268

2011- 215

2010- 189

2009 -191

2008- 166

Liaison Report: Kelly Hartman.

State of the State

See attachment

Vice President's Report:

Committee Reports:

Ethics Committee:

Mari Shawcroft

No ethics complaints this year.

Professional Credentialing Committee:

Bob Phillips

Building the committee-

Contact Bob if you'd like to be on the committee

Professional Development Committee:

5 new RBC's for this calendar year.

Risk Management:

Steve O'dore

-inactive

Initially formed to address physical interventions

Marketing committee:

No updates

Respectfully submitted by: Sue Bauer, Secretary

“State of the State 2014” -- Annual Report

Kelly Hartman, IN-ABC: Professional Liaison

INTRO

Hartman, opened by noting her appreciation to Gail Kahl who has served as our President for the past seven years.

Reviewed history of institutionalization in the state of Indiana, noting that legislators approved a plan in 1827 to open Central State Hospital for the Insane, which in fact welcomed its first residents in 1848. It was later closed in 1994 as the beginning of the “deinstitutionalization movement” in the state of Indiana. In 1999, a Federal Supreme Court ruling - often referred to as “Olmstead” affirmed that people with intellectual disabilities should have the right to live in the least restrictive environment possible (with an awareness of fiscal responsibility.) With this came an increase in the presence of federal follow along from CMS, the Department Of Justice, etc. In 2001 – Behavioral Supports provided actually was threatened due to questions of quality and expertise – hence the development of INABC. Indiana is currently the largest state (by population) in the country that has no institutional beds set aside for admission of people with ID/DD.

In Indiana, there are currently:

- 522 ICF/MR (group homes settings) that serve 3740 consumers
- 14,826 consumers are served in home/community based services (waiver)
 - 6,535 consumers served via the Family Support Waiver
 - 8,291 consumers served via the Community Integration & Habilitation Waiver (CIH)

DDRS CHANGES/FOCUS:

- Nicole Norvell, Director (formerly Director of Special Ed/ Department of Education)
- Dawn Downer, Chief of Staff (formerly the Director of First Steps)
- Matt Rodway, handling client services issues from central office for unresolved BDDS issues
- Kylee Hope, Director of the Bureau of Rehabilitative Services (VR)

DDRS Mission: To develop, finance, and **compassionately** administer programs to provide healthcare and other social services to Hoosiers in need in order to enable them to achieve healthy, self-sufficient, and productive lives.

With many changes and rate cuts in 2010 – DDRS has announced a 1% rate increase anticipated to become effective 1/1/2014 for all residential supports (RHS1, RHS2, Respite Services, Facility Habilitation (Individual), and Community Habilitation (Individual)).

Rates will remain the same for non-residential supports – like BMAN
DDRS is requesting feedback regarding the identification of the main goals to be accomplished over the next 24 months

- Vocational Rehabilitation Employment Rate Structure
- Crisis Intervention
- Case Management Improvement
- Level of Care and Algo Methodology

CURRENT INITIATIVES/ISSUES:

- 1) PARTNERSHIPS: As professional Liaison, Hartman outlined pertinent agencies that we align with to achieve collaboration with the state and others.
 - Arc of Indiana – statewide advocacy organization for individuals with disabilities and their families and friends www.arcind.org
 - Arc of Indiana now allows “Organization Members” which allows agencies to support the Arc and their mission without being a local chapter.
 - New project - \$25M project called the Teaching Hotel and Training Institute in Muncie, Indiana to support training initiatives for people with ID/DD to work in hospitality
 - INARF – statewide trade association that advocates for service providers – mostly DAYS and Residential partners www.inarf.org
 - Jim Hammond, retired after 30+ years of service – after a national search, Kim Opsahl was named the new president/CEO.
- 2) CONSUMER HEALTH CARE: Health Home Model tabled in 2013, and will be addressed by implementing Health Care Coordination. Rate structure to support this services is being written now – and definitions will be forthcoming. Supports will be available based on health addendum data collected during the OBA process. CIH waiver only at this time – anticipated effective 1/1/2013
- 3) QUALITY ASSURANCE: Liberty will no longer be the BQIS vendor for data and technical assistance. While the anticipated effective date was originally 2/1/2014, this will most likely be sometime later in first quarter 2014. Advocare will be the new vendor – some outcomes expected will be clearer data collection, transparency of information collected, and meaningful direction provided from incident reporting.
- 4) CRISIS/CONTINUUM OF SUPPORTS: The DD Commission is finalizing draft language to have a “gap analysis” completed to assess our strengths and needs in the continuum of

crisis services available to our consumers.....input will be sought from both DDRS and DMHA...process to take place in early 2014 if approved. Assessment proposes a “strengths based approach” to determining what our current system can accomplish with our current assets and what we need to work toward to enhance supports in crisis for our folks. GAP Analysis will be completed by an objective, third party from outside of Indiana. *(note: Adrienne Shields, former Deputy Director of DDRS is now the Deputy Director of Division of Mental Health and Addictions – Hartman noted it was great to have someone who knew our system in DMHA.)*

- 5) **GROUP HOME CONVERSIONS:** While it was previously suggested that all group homes settings could be converted to waiver or community based slots, further fiscal assessment has led current administration to change course and reconsider this mandate. Group homes wishing to convert will still be afforded the opportunity – but at least for small ICF’s (5-8 bed homes) this will not be mandatory at this time.
- 6) **CASE MANAGEMENT:** Currently 5 approved providers. Issues continue with stability for the system. Hartman encouraged careful review of all NOA updates that come through as many case managers are switching from company to company. She also encouraged advocacy for individual’s right to choose with informed consent. No one “owns” consumers and each change should dictate the opportunity for interviewing – whether a new company or new case managers.
- 7) **WAIVER CHANGES:** In the Fall of 2012, the DD and AUT waivers were combined and are now called the CIH waiver. Individuals may qualify for this via “priority criteria” – which includes “other crisis” situations. You are able to apply for a CIH waiver and should call the local BDDS office to inquire about this for specific consumers. Otherwise – there is NOT a waiting list per se....as the point of entry waiver now is the FSW.

The Family Support Waiver, formerly known as the Support Services Waiver, is a capped waiver – currently of \$16,250 annually.

See http://www.in.gov/fssa/files/CIH_Waiver_WebexQA_DDRS_06.29.12.pdf as a resource to review in this area

PROFESSIONAL LIAISON ROLE/RESPONSIBILITY TO INABC

- 1) **DD Advisory Council:** The DDRS Advisory Council was established by IC 12-9-4 to assist the Division of Disability and Rehabilitative Services in ensuring individuals with disabilities are as independent and self-sufficient as possible.

Essentially the role of this council is to look at policy, procedure and processes of the division to achieve specific outcomes through BDDS programs – this is a global

perspective and we often act as a “sounding board” with key DDRS personnel in a problem-resolution format.

- 2) **DDRS Director Stakeholder Group** (formerly known as the Advocates Group): This group takes many of the DD Advisory Council issues and looks at them in more from a perspective of implementation. More specific/detailed discussion happens at this level. In other words, once the “resolutions” are proposed.....this group determines feasibility and strategic planning for making it happen.
- 3) **Arc Health and Wellness Committee** – a committee formed to make recommendations for legislation related to health/wellness outcomes for people with ID/DD – has nothing to do with crisis or behavior directly though
- 4) Hartman noted, that for the sake of total transparency – she also wears these hats:
 - a. **President of the Board/CoFounder of Outside the Box** – a not for profit that provides day programming, an expressive arts program and employment services funded by VR. OTB is an organizational member of the Arc of Indiana. The combination of this with a behavioral background has me involved in the following:
 - i. **An Employment Advisory Group** – head up by Patrick Sandy in collaboration with VR Director, Kylee Hope.
 - ii. **Bridging the Gaps.** This is a group that is assessing the systemic efficiencies and gaps in current VR services.
 - b. **President/ CEO of Insights Consulting** – a for-profit provider of behavioral and residential services. Insights is an organizational member of the Arc of Indiana and INARF. As a result of my longstanding professional presence in Behavioral Supports, (since the waivers inception in Indiana in 1994,) I am often asked to do training and systems consulting across the state.

RECOMMENDATION FOR FUTURE CONSIDERATION BY INABC:

- 1) Let us all consider the difference between being collaborative and competitive. We have much to learn from each other. Hartman encouraged people to provide supports that are needed – not contracted; consider cross training when appropriate; referring to peers when ethically warranted.
- 2) Consider the theme of ACCOUNTABILITY and how important it is as we examine our systems and see the outcomes of others. Anything you see that is “sub-standard” or seemingly unsafe, or not of quality -- will remain unacceptable without us holding the system to a higher standard. Our consumers deserve better.

- 3) Consider a workgroup or “think tank” around ways to attract, secure and design more resources for our clients with regard to psychotropic med management. We are facing a desperate shortage of practitioners who will work with our population. The amount of money we spend “reactively” far exceeds what we might pay if we could secure and sustain some real capacity in this area.
- 4) Consider some collaborative opportunity for CEU’s or further training regarding legal/liability issues for BC’s. Examples: suicidal caregivers, financial exploitation by legal guardians, rights and choice issues that face a team, injury in training of physical interventions.

Additional Notes:

Per the discussion about FQHC’s (Federally Qualified Health Center)

Federally Qualified Health Centers care for people regardless of their ability to pay and their health insurance status. They provide primary and preventive health care, as well as enabling services such as transportation and translation. Many FQHCs also offer dental, mental health, and substance abuse care on-site.

Indiana Map can be found: <http://www.indianapca.org/aboutchcs/sitesandmap.html>

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October 21, 2013

Treasurer Report

Current Balance / Funds as of 10/21/13:

Checking: \$ 46,622.01
Savings 1: \$ 3,033.98
Savings 2: \$ 9,384.28

Total Funds: \$ 59,040.27

and for reference:

Total Funds at this point last year: \$34,900

Membership Revenue:

Membership Revenue 2013 = \$19,684 (as of 10/21/13)

and for reference:

Membership Revenue 2012 = \$18,648
Membership Revenue 2011 = \$10,924
Membership Revenue 2010 = \$11,033
Membership Revenue 2009 = \$11,776
Membership Revenue 2008 = \$10,968
Membership Revenue 2007 = \$ 9,450
Membership Revenue 2006 = \$ 6,782

Conference Registration Receipts:

\$30,840 (before any and all expenses)

and for reference:

Registration Receipts 2012 = \$27,193
Registration Receipts 2011 = \$23,000
Registration Receipts 2010 = \$22,399
Registration Receipts 2009 = \$26,078
Registration Receipts 2008 = \$25,324