

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.

4/28/17

Board Members Present:

Kelly Howard, president; Rob Westcott, treasurer; Sue Bauer, secretary; CJ Gallihugh, director at-large, David Taylor, director at-large;

1) Presidents Report:

ARC Membership-

There are 20 complimentary At Large Individual Memberships.
All members would get reduced cost trainings/events.
Promotional use of Supporter of ARC of Indiana.
ICEArc.
Identified in news letter.

Vote on Bronze ARC membership. \$2,500/year.
Rob will add a different category (line-item) into the budget.

Approved - ARC membership
Approved - Adding partnership category in budget.

Donation line - Voting for donation recipient.

Kelly Howard will be getting in touch with other organizations (i.e., self-advocates, DSPIN,) — offering our services to do a training or presentation. I.e., self-determination. Topics to be approved by board. Presenter could be reimbursed for expenses amount pre-approved by the board.

Erskine Greene/Costa Miller Scholarship - Donate to both equally \$500 each. — ARC of Indiana, IN-ARF Costa Miller.

2) **Treasurer's Report: (See attachment)**

3) **Secretary's Report:**

Update on 2017 Membership Drive

3) **Committee Reports –**

- a) **Professional Credentialing Committee** – Kim Adkins- chair. Discuss RBC.
- b) **Ethics Committee** – Mari Shawcroft- chair — no ethics complaints
- c) **Risk Management Committee** Trena Anderson. Provided resource for other options for individuals that are looking for psychiatric services. (add attachment)
- d) **Partners and Practice Committee** – Gail Kahl

- In consult with emergency services who provide services to individuals with mental health issues in Hamilton Co. One page smart sheet for emergency providers. Smart911. Coordinating with schools. Hamilton County Task group, not formalized. Jim Plew is information seeking to see if there's room for partnership with that task force.
- Another partnership with the transition teams with the Carmel Clay schools/Hamilton South Eastern. Students leaving the school system and entering adult days services are being denied services from some providers due to behavioral issues. Assisting families in transitions. Maybe a question/answer night for parents in that district.
- High School transition fairs. Idea of IN-ABC having a table at these fairs. Developing a brochure. Lack of communication from waiver case managers about our services. May need funds for brochure.

4) **Liaison's Report – Kelly Hartman (via written report) See attachment. Life course framework.**

Blue sheet first responder information description.

5) **Conference Update:**

- a) Voting to fill the positions of president, secretary and two directors-at-large and to be eligible to run for a position on the board you must attend 66% of the meetings in the previous 12 months
- b) Keynote and some breakouts secured.

Dr. Karen Harvey, Keynote, ARC of Baltimore/Assistant Director; Michelle Minor, Neuropsychologist at the Brains institute, ADHD; Ann Wellborne, BSP 101

November 2-3 Muncie— Horizon Convention Center

IN-ABC Meeting Minutes (4/28/17)

- c) Horizon Convention Center, Muncie
- d) Adding some type of event with Erskine Green
- e) Hotel reservation link will be sent within a week

11:30-1 p.m. – On your own

1-3 p.m. – Julie Reynolds, Director of Special Projects, and Kim Opsahl, DDRS, will do a CEU presentation on the LifeCourse Framework

Next IN-ABC Meeting: **Aug. 4 at Noblesville Library beginning at 9:30am**

Susanne Bauer, secretary

Indiana ABC Liaison Report

Friday April 28th, 2017

- 1) **Order of Selection:** The Bureau of Rehabilitation Services/VR has filed for “Order of Selection” and is currently taking public comment. What this means is that essentially due to circumstances of demand exceeding the ability of their division to meet the needs of all people currently eligible for VR services, they will restrict the number and types of individuals that they will serve. Specifically, VR will only provide services to the “most disabled” clients. While many of the folks we currently serve will not be impacted. This decision is likely to restrict services to many youth that are transition aged as well as those clients who are considered “less challenged” and who might actually be closer to “job readiness.” Further information can be found on the DDRS Website – the original announcement can be found: <http://www.in.gov/fssa/files/Vocational%20Rehabilitation%20Services%20Order%20of%20Selection.pdf>

- 2) **460 IAC 6:** I have been asked to participate in the 460 Task Force which will look at potential revisions to the rule. Our first meeting is today (which is why I am not at INABC) and will look at Article 6, Chapter 1-3. I will take INABC input we previously collected for public comment. Further, anyone having questions or input can contact me directly at KHartman@insightsonline.net

- 3) **Reimbursement increase:** The 2017 Legislative Session has wrapped up. Bills impacting our specific line of work include HB 1001, which was the State Budget. Within the State Budget an initiative was included to pass on a 5% increase to reimbursement for residential and day programming rates starting July 1, 2017. The mandate includes the provision that 75% of this increase must pass through directly to DSP wages. Providers will have to substantiate this is occurring to receive the increase.

- 4) **Dual Diagnosis/Crisis Task Force:** Myself and Stephanie Butler have been collaboratively working with Midtown Mental Health, DDRS, the Indianapolis Metropolitan Police Department and the courts to assess the issue of ID/DD folks who are frequently and sometimes unnecessarily accessing police/fire/emergency personnel. Specifically those people calling on “first responder”

resources more than 3 times a month are being considered. Currently we are revamping a simple system used in Washington State. There are copies available for input. We are working toward a pilot project that would include these “Blue Sheets” be used for people – first responders would know to ask for the “Blue Sheet” and we would be able to provide information that could assist the first responders in more effective management of that persons individual situation. DDRS is also looking at this as a potential tool included with the ISP. Discussions will continue. Please send any input or comments you might have to me directly at KHartman@insightsonline.net

- 5) **Licensure:** The ABA Work Group continues to work toward some summer study to start the conversation between Behavior Analysts and legislators around the issue of potential licensure. This group has thus far been coordinated by Dr. Cathy Pratt from IU and has looked t issues of transitioning youth and other ABA challenges in the school setting. The “Licensure Subcommittee” of which I am a member will be meeting with Kim Dodson for a strategizing session in late May or early June. INABC will support licensure efforts that look at either grandfathering or establishing licensure standards for Behavioral Consultants in parallel to the ABA Group as appropriate. Efforts are also being made to explore what kinds of licensure exams are already being used in other states (specifically Arkansas) in preparation for this. INABC will not support licensure that in any way serves to exclude any other group of behavioral professional in the provision of services.

- 6) **Billing:** There were a number of glitches in the transition within IHCP to new software. While some of us work in agencies that use a billing “tool” that electronically dumps batch claims....for those of us that manually bill there were various other issues. Thanks to Sue Bauer who was able to help a few members with the manual glitches! Other than global difficulty in managing the new system – it seems most issues have been resolved. Please let me know if anyone is continuing to have issues with billing, payment or concerns with the new system.

“BLUE SHEET” First Responder Information-Description

This form, with the permission and knowledge of the client and/or guardian, can be given to law enforcement officers and fire officials who respond to calls for assistance. Providing any suggestions from the client’s team may assist in the decisions they make during the course of a police and/or fire response.

The demographic and contact information at the top provides follow-up contact names and numbers, a physical description of the client, whether the client takes medications, and also provides information about supports currently in place for the individual.

In the first narrative box entitled **“What should first responders know to best support this individual?”** the following types of information should be considered for inclusion:

- An individual’s ability to understand and communicate
- A brief description of problem or dangerous behaviors and/or mental illness
- How the individual feels about police (e.g. fearful, dependent, combative, etc.)
- What typically upsets the individual
- The primary functions of the problem behavior (if identified)
- The role of service providers (if any)
- Any medical or physical problems that make the individual vulnerable
- Whether the individual uses assistive devices for mobility, communication and/or other critical functions

In the second narrative box entitled **“Describe potential interventions for first responders suggested by the Individual Support Team,”** the following types of information should be considered for inclusion:

- Effective ways to communicate, and words or statements to avoid that may exacerbate the client’s behavior
- The presence of a condition which may be related to the behavior of concern that might warrant an evaluation at the ER rather than an arrest (diabetes, seizures, etc.)
- Immediately available additional resources that might be helpful should officers decide against taking an individual into custody or if additional assistance is needed in response to an emergency
- Whether community mental health supports might be available to the individual, and how to reach a crisis team if that is an available resource

The client and/or guardian signature is required, and the form needs to be reviewed and signed by the client/guardian once a year. Please be sure that appropriate contact information is up to date at all times.

Please also attach a photo of the individual to this form in case police are asked to respond to a missing person call. As stated on the form, suggestions in this narrative in no way, are meant to restrict the discretion officers have in making decisions regarding their response.

BLUE SHEET: First Responder Information

Keep this form readily available. This will help responding police officers and fire department officials understand how to best interact with this individual when responding in an emergency.

Name:		Date updated:	
Address:		Phone:	
Legal Status:		DOB:	
Guardian:		Phone:	
Ht:	Wt:	Hair:	Mobility issues:

Residential Company:	Phone:
Residential Contact:	Phone:
Behavioral Consultant:	Phone:
Mental Health Provider:	Phone:
Preferred Hospital:	
Medications available via the Medication Administration Record	<i>Please attach a client photo</i>

What should first responders know to best support this individual?

Describe potential interventions for first responders suggested by the Individual Support Team:

This form is intended to be act as a support to this individual. Please assure this is reviewed no less than annually and kept up to date with appropriate information. Client or Legal Guardian Signature is required.

Guardian/Individual Consent:	date:
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