

# 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.

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## **11/2/17 IN-ABC Membership Meeting**

**Board Members Present:** Kelly Howard, president; Michelle Webster, vice president; Rob Westcott, treasurer; Susanne Bauer, secretary, CJ Gallihugh, director-at-large, David Taylor, director-at-large, Gina Schenk, director-at large.

- 1) **Presidents Report:** Conference greetings, review conference agenda.
- 2) **Treasurer Report:** (see attached)
- 3) **Secretary Report:** Review 2017 membership statistics
- 4) **Committee Reports:**
  - a) **Professional Credentialing Committee-**

60 Members that are RBC  
Requirement for RBC- 3 years developing, implementing, training on behavior plans
  - b) **Risk Management-** See handout
  - c) **Partners and Practice Committee-**
    - 2nd year for committee
    - Mission on the website.
    - Stephanie- Erskine task force
    - 2018 - Focusing on partnerships but will be identify best practices....
    - Conferences, transition fairs. To give more exposure to IN-ABC and what people should expect from people identifying themselves as members.
    - Welcome packet for new members in 2018..
    - Trade association for Direct Support Professionals

## 11/2/17 IN-ABC Membership Meeting

- Have had an annual conference since 2009. During week of recognition of direct support professionals. Supported by IN-ARF. Decided to stop doing so. At risk of disappearing, we've been ask to consider to being their sponsor. - NADSP
- They are working on getting tax id/account and 501C designation by 2020.
  - Consider being a mentor of DSP's. If each one of us became a mentor of a DSP... pay their \$10 a year membership. Broaden membership can come through our support..
  - Motion to become sponsor for DSPIN. Approved by membership.

5) **Liaison Report:** Kelly Hartman (see attachment State of the State report)

Board Elections- President, Secretary, 2 Directors-At-Large

### **2018 Board**

President - Gina Schenk

Vice President - Michelle Webster

Treasurer - Rob Westcott

Secretary - Susanne Bauer

Director-At-Large - Carrie Scherschel

Director-At-Large - Kim Adkins

Director-At-Large - CJ Gallihugh

Respectfully submitted,

Susanne Bauer, secretary

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## October 30, 2017 // Treasurer Report

### Current Balance / Funds as of 10/30/17:

Checking: \$ 87,349.48  
Savings: \$ 36,449.54  
Total Funds: \$ 125,599.02

and for reference:

Total Funds at this point one year prior, on 11/6/16: \$116,412.46

### Conference Registration Receipts:

\$31,664 (before any and all expenses)

and for reference:

Registration Receipts 2016 = \$41,527  
Registration Receipts 2015 = \$41,514  
Registration Receipts 2014 = \$35,243  
Registration Receipts 2013 = \$30,840  
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

\* conference receipts were down this year by \$9863 (24%) as compared to 2016

conference attendance:

2017: 160  
2016: 202  
2015: 201  
2014: 183

### Membership Revenue:

Membership Revenue 2017 = \$25,488

and for reference:

Membership Revenue 2016 = \$25,355  
Membership Revenue 2015 = \$22,176  
Membership Revenue 2014 = \$18,661  
Membership Revenue 2013 = \$20,200  
Membership Revenue 2012 = \$18,948  
Membership Revenue 2011 = \$11,021  
Membership Revenue 2010 = \$11,033  
Membership Revenue 2009 = \$10,480  
Membership Revenue 2008 = \$12,264  
Membership Revenue 2007 = \$ 9,155  
Membership Revenue 2006 = \$ 6,782

total membership:

2017: 383 members  
2016: 375 members  
2015: 337  
2014: 310  
2013: 314

***“State of the State 2017” -- Annual Report  
Kelly Hartman, IN-ABC: Professional Liaison  
November 2, 2017***

Good morning – for those of you I haven’t had the pleasure of meeting, my name is Kelly Hartman and I serve as your Professional Liaison. What that means – is that I represent you as an organization in appointed roles...and essentially act as a bridge between INABC, and organizations like the Division of Disability and Rehabilitative Services, INARF, The Arc of Indiana, DSPIN, Self Advocates of Indiana and other organizations that head-up initiatives that will directly impact either Behavioral Consultants or the people we support through related behavioral health initiatives.

I appreciate your support and patience as I have been on a medical leave. While I expect to be fully back in the swing of things in 2018, I wanted to offer a big thanks to Gail Kahl and the Partners & Practice Committee who have been champions all year, and especially now in supporting me in the roles I play for you as an Association.

- 1) **PARTNERSHIPS:** As professional Liaison, there are collaborative relationships I help to maintain on behalf INABC. This helps to increase our visibility – and also allows us opportunities to advocate for our profession and the people we support.
  - Arc of Indiana – statewide advocacy organization for individuals with disabilities and their families and friends [www.arcind.org](http://www.arcind.org)
    - Kim Dodson has now served more than a year as the Executive Director and she will soon be joined by Andy Kirby, as the new Associated Executive Director. Kirby comes from the Arc of Greater Boone County in Lebanon.
    - And today, we are happy to be in Muncie, home of the Erskine Green recognized model that supports training initiatives for people with ID/DD to work in hospitality and health care through achievements of the Arc of Indiana.
  - INARF – statewide trade association that advocates for service providers – mostly DAYS and Residential partners [www.inarf.org](http://www.inarf.org) Steve Cook continues to serve as their Executive Director.
    - One of the greatest accomplishments that was led by INARF in partnership with the Arc of Indiana and others is the legislation leading to a 5% rate increase in services delivered directly to our folks by direct support professionals. This is intended to increase wages statewide to help with the staffing shortage.
  - As you may have heard – DSPIN, the statewide association made up of Direct Support Professionals is no longer associated with their founding partner INARF....it was determined that it was no longer a great fit for the two organizations. We are

pursuing an exciting collaborating relationship with them – which will allow them to pursue their desired independence – I am super excited about this – as I believe that INABC members can be a great resource to their outreach efforts as we are all right there at the point of service delivery.....working in the trenches with our folks.

## **CURRENT INITIATIVES**

- 1) I have been working with a group of professionals under the direction of Dr. Cathy Pratt and in conjunction with members of HABA on ABA licensure. To date 28 states have passed licensure for BCBA's. As I shared last year, Indiana is moving forward with a licensure bill in the 2018 legislative session. Their reasons for pursuing this licensure is for 1) consumer protection 2) They want to assure some basic competencies are in place before someone can practice ABA services, and 3) Accountability by having a local authority to oversee the practice – thereby providing further protection to consumers and the entire group of professionals practicing ABA with competence. There is a clear statement in their position that says, "We acknowledge that there is some overlap in behavioral approaches across several professional practices. Licensure of professional behavior analysts is not intended to impinge on those practices."
- 2) Stephanie Butler from the P&P Committee and I have been collaborating with Midtown Mental Health here in Indy on a First Responder Task Force that specifically works through issues of Immediate Detentions and frequent police and EMT calls for people in group homes and waiver sites. This is a collaborative group with mental health, waiver case management, BQIS, the court system and IMPD. We are in hopes the work from this group can have impact reaching further than central Indiana as a model
- 3) Most significant are DDRS Initiatives that will impact our folks: The initiatives through DDRS that most impact us and can give some insight into the upcoming year for us.
  - ✓ From a staffing point of view –this is the first year I am able to say that there have been no significant staffing changes within DDRS....we have had more than a year of stability in each of the leadership areas, which allows us to move uniformly in a direction more consistently.
  - ✓ As a reminder, the DDRS Mission is 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.
    - a. First, there are few things you should be aware of - even though they may not directly involving Behavioral Consultants specifically.
      - **The Bureau of Rehabilitation Services** – otherwise known as VR continue to work on the Workforce Innovation and Opportunity Act federal

requirements that requires 15% of all VR funds be earmarked for pre employment Transition services for students with disabilities. VR is also working through the consequences of Order of Selection – which is a process whereby VR narrows the eligibility pool for VR services – limiting service availability only to those clients considered the most disabled. This decision was made based on the significant staffing and resource shortage state wide. While it make take some time, this is intended to lead to much more positive employment outcomes for people receiving VR funded services.

- **Bureau of Quality Improvement (BQIS)** Major initiatives or priorities currently in progress are : Updating Summary of Investigation form; Creating/Drafting Accreditation Policy; Creating a Welcome Letter for new providers
  - **First Steps:** Major priorities are educational initiatives including Home visiting Professional Development and collaborating with others states around fiscal initiatives in childhood development programs. First Steps has also been working on development and implementation of a Family Assessment Tool.
- b. Specific agenda items that will have a much greater impact on us as Behavioral Clinicians include:
- DSP wage amendment implementation: To summarize this rather complicated legislation referred to as House Bill 1001: The 5% increase is designated specifically for direct care staff wage increases (75% to increase wages, 25% for other related costs;) Providers must maintain appropriate records to document and support the increased wages and are subject to audit; If providers are not meeting the rule, recoupment of funds from the provider may occur if appropriate; These changes required a waiver amendment be approved by CMAS and they wre effective October 1<sup>st</sup>. An increase to the budget cap for services to minimize potential loss of services under the FSW (**\$16,545 to \$17,300**).
  - The Case Management Innovation Workgroup has been working to blend the Person Centered Plan with the Individual Service Plan. This obviously has involved a great deal of technical infrastructure as well as a better understanding of the Case Managers role. Overall the intent is to truly move the system toward outcomes for people, not so much simply compliance.
  - House Enacted Bill 1102 established a Task Force intended to assess service and support for people with intellectual disability and other developmental disabilities. This group will be asked to assess and analyze the effectiveness of services and make recommendations to the

legislative council by 11/1/2018. This Task Force is made up 17 different appointees and will be led by Lieutenant Suzanne Crouch. Issues addressed by this group will include the number of people served, the types of services availability, capacity and waiting lists, and an overall conceptualization of how needs are being met.

<https://www.in.gov/fssa/ddrs/5455.htm>

- 460 IAC 6 is being revised by a work group on which I am serving – I have gotten feedback from the membership via Survey Monkey and will likely ask again as I continue with this work.
- Last but not least – and probably most impactful to us is the roll out of the PCISP process. While this was going to start officially January 1<sup>st</sup>, DDRS may push this back. It is important to note however that previous “bucket” limits will go away allowing for more individual flexibility in planning for their supports.

## **TRANSPERENCY STATEMENT**

And annually -for the sake of total transparency – I like to share those non-INABC initiatives in which I am involved. I realize it is hard at times to keep roles clarified. Please know that I am quite aware of the difficult position I am in at times – but feel I have learned to balance this over the years. Rest assured however, my goal is to always advocate #1 for the people we support to have the best possible lives they can and 2) whenever possible and appropriate that Behavioral Consultants are a part of that success.

- 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.
- b. **President/ CEO of Insights Consulting** – a for-profit provider of behavioral, residential, musical therapy and an outpatient mental health clinic. 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 involved in training, consultation and collaboration with many different agencies across the state.
- c. **Advisory Board for CYACC the Center for Youth and Adults with Conditions of Childhood** at Eskanazi at the Direction of Dr. Mary Ciccarelli. CYACC primarily helps youth ages 11-22 with chronic health conditions move into adult care.
- d. **National Advisory Board for the Center for Start Services** out of the institute on disability out of the University of New Hampshire working to strengthen

efficiencies and service outcomes for individuals with intellectual and developmental disabilities (IDD) and behavioral health needs

- e. Recently appointed to the Advisory Board for **the Foundation for Complex Healthcare Solutions** with the purpose of developing specialty disease management initiatives and cost management programs for individuals with chronic, complex, and complicated conditions

### **RECOMMENDATION FOR FUTURE CONSIDERATION BY INABC:**

- 1) We need to consider whether this is the right time to pursue licensure of behavioral consultants. While HABA is escorting legislation into the 2018 session for their own licensure, there is some fear that financial demands will be constraining. In consideration of the same challenges that would face our membership – we should at least be open to a formal accreditation process as we are the only group of providers not currently accredited as a minimum.
- 2) BC Capacity & Quality: School aged kids. We need more BC's willing to work with these families after school. Clinically to best support these kids, we have to find ways to support their success across environments – which involves collaboration with the school system. While service definitions and reimbursement guidelines do indicate that we cannot delivery direct services TO the individual in a school setting. We are able to observe, collaborate with school personnel to best meet their needs in the home and community based settings.
- 3) Best Practices – Stay educated and understand our workforce: In the history of treatment methodologies for people with intellectual and developmental disabilities, all of the following have been used as acceptable: electric shock, institutionalization, aversive interventions, medications in dosages to control and sedate. Even simply looking at the antecedent-behavior-consequences has seemingly been enough; but as clinicians, we must look deeper into the WHY. I would challenge you to learn more about Trauma Informed Care and the role that abuse and trauma have played in an individual's lives. We must also assure that we are teaching and writing plans that can easily be understood and implemented by a workforce that is often challenged by language and culture barriers as well as a 7<sup>th</sup> grade reading level as an average.
- 4) Have you established a relationship with your client? Have you built a relationship on trust and integrity in a way that support that individual and their team to work toward best life outcomes? Are you working on real outcomes of life change – or are you showing up based on the number of units the office said you have to bill this month? Understand there is a difference between NEED and contracted services. This will be especially important as we consider the disassembling of the “buckets.”