



Membership Meeting Minutes
Friday, April 19, 2024, 9:00am
Virtually

Meeting Facilitator: Veronica Fox, Vice President

INABC Mission – Through professional advocacy, support and development, IN-ABC promotes effective, ethical, and quality behavior services.

- I. Call to Order/Roll Call/Introductions – Ronnie called meeting to order and announced that INABC president, Jenn David, resigned her position yesterday with INABC. We wish her well. Ronnie will temporarily serve as the president and ask the membership for nominations/recommendations to fill the open board position. Please send these to contactinabc@gmail.com.
- II. Old Business
 - a. 2024 Membership Meetings & CEU's– Jan 19, April 19, & July 19th
 - b. Membership drive is now over. Please contact Kim Adkins, secretary for membership questions, kadkins@opgrowth.com
 - c. 2024 Conference – October 24 and 25 in Muncie
- III. New Business
 - a. Today's CEU – Functional Behavior Assessments, presented by Kelly Hartman, ViaQuest/INABC Liaison
 - b. Board Reports
 - i. Treasurer – Liz Wriighthouse, INABC Treasurer – Liz reviewed the bank account balances, conference expenses, and proposed budget. See report.
 1. Treasurer report – Kelly Hartman motioned for report to be approved and accepted.
 2. Jenna Conklin – gave 2nd
 3. Motion passed with no “nays”
 - ii. Secretary – Kim Adkins, INABC Secretary – approximately 640 members as of end of membership drive, 4/15/24. However, verification is needed due to some agencies not sharing all their member names/emails. Kim explained that this is highly important to verify for CEUs. If agencies do not wish to have all the emails on the distribution list, those can be left off that list and only be on secretary spreadsheet to verify CEUs.
 1. Stephanie Shank motion to approve secretary report
 2. Liz Wriighthouse gave 2nd to approve report
 3. Report passed with no ‘nays’

- c. Committee Updates, Call Outs, & Assigned Board Member
 - i. Professional Credentialing Committee – Kim Adkins (board member) – Jennifer Jones is the new chair. Current RBC’s are at 70. Committee is working on promoting and rebranding the committee. They are asking for those who are RBC’s to send in notes of why it has been important for them to be an RBC. Committee also would like to update the process with more technology to be quicker and easier to complete the process. The committee will be meeting monthly to get to work on the progress improvements. Please email contactinabc@gmail.com.
 - ii. Risk Management Committee – Liz Wrighthouse (board member), Michelle Webster (chair) gave report. This committee has met a couple of times and provided the board with suggestions for conference. They will meet again in May. Michelle did mention concerns for people supported getting to a point where their medical needs prevent them from waiver services.
 - iii. Ethics Committee – Jenna Conklin/Kayla Loucks (board members) – Brian Kriebel is the new chair. Committee met last month as a meet and greet. Committee is reviewing ethics code especially related to settings rule. The committee will meet again next week.
 - iv. Education Committee (previously Partners in Practice Committee) - Veronica Fox (board member), - Brittany Richter is new chair – committee has met. The name of the committee is now Education Committee. Looking more at evaluating speakers and content presented to the association. Looking at evidence based practice and will provide a rubric and procedure for submitting presentations for review.
 - v. Diversity Committee –Stephanie Shank (board member) – Cierra Hazelett chair – Cierra is a new BC and is excited to be the chair. First couple meetings were to get to know each other. The committee is looking at diversity more broad and wants to increase inclusiveness for people we support. How do we interpret these diverse lives. Looking at increasing inclusion in community settings. Awareness, education, etc. Committee will meet next month.

IV. INABC Liaison Report – Kelly Hartman

- a. Clarification on roles – As liaison, support INABC, to be the role between INABC and state. Kelly has represented INABC at the DDRS advisory committee. INABC will continue to have a seat at the table. No other behavioral providers or associations are at this table. Kelly is only employed with ViaQuest to do the IPP project. Employment will likely end when IPP grant is over. Kelly discussed both roles with DDRS and they were supportive for Kelly to be on both and DDRS did not feel it was a conflict of interest. It is a benefit to INABC that someone from our leadership is part of the IPP grant process.
- b. Waiver transitions – See Kelly’s slides from presentation.
- c. Behavior health commission - See Kelly’s slides from presentation
- d. IPP grant project - See Kelly’s slides from presentation

V. Adjournment

VI. Next Membership meeting will be 7/19/24 via Zoom at 9am EST



Membership Meeting Agenda Friday, April 19, 2024

9:00 am Membership Meeting

10:15 am CEU Presentation

Meeting Facilitator: Veronica Fox, Interim President

INABC Mission:

Through professional advocacy, support and development, INABC promotes effective, ethical, and quality behavior services.

- I. Call to Order/Roll Call/Introductions
- II. Old Business
 - a. Membership Meeting: July 19th (CEU: TBA)
 - b. Membership Drive
 - c. 2024 Conference: October 24th-25th (Save the date)
- III. New Business
 - a. Today's CEU: (FBA, presented by Kelly Hartman)
 - b. Board reports
Treasurer: Liz Wriighthouse, INABC Treasurer
Secretary: Kim Adkins, INABC Secretary
 - c. Committee Reports/updates
Professional Credentialing Committee: (Kim Adkins, board member; Jennifer Jones chair)
Risk Management Committee: (Liz Wriighthouse, board member; Michelle Webster, chair)
Ethics Committee: (Jenna Conklin, board member; chair?)
Partners in Practice Committee (Veronica Fox, board member; Brittany Richter, chair)
Diversity (Stephanie Shanks, board member; chair?)
- IV. INABC Liaison Report: Kelly Hartman
- V. Adjournment



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www.inabc.org

April 15, 2024 // Treasurer Report

Current Balance / Funds as of 4/19/23:

Checking: \$ 78,303.27

Savings: \$ 45,001.22

Total Funds: \$ 123,304.49

* Total Funds at this point one year prior, on 4/19/2023: \$ 153,766.85

Current Membership Revenue as of April 15, 2024 = \$26,877.08

Historical Membership Revenue:

2024 = TBD	2020 = \$25,322	2016 = \$25,455	2012 = \$18,948	2008 = \$12,264
2023 = \$26,691	2019 = \$26,368	2015 = \$22,176	2011 = \$11,021	2007 = \$ 9,155
2022 = \$28,791	2018 = \$26,169	2014 = \$18,661	2010 = \$11,033	2006 = \$ 6,782
2021 = \$30,225	2017 = \$26,288	2013 = \$20,200	2009 = \$10,480	

Registered Members:

2024: TBD

2023: 647 2020: 457 2017: 383 2014: 310

2022: 585 2019: 424 2016: 375 2013: 314

2021: 550 2018: 432 2015: 337

Indiana Association of Behavioral Consultants Continuing Education Protocol



INABC is approved to be a Behavior Health and Human Services CEU Sponsor through the Indiana Professional Licensing Agency. For INABC to maintain its professionalism and be able to continue to provide CEU's, INABC has outlined the following protocol that attendees must follow to receive the credit for each CEU presentation that they attend virtually. **ALL CEUs are on Eastern Standard Time.**



Attendees must watch the CEU presentation using the **ZOOM app** on a phone, tablet or computer. **THIS IS IMPORTANT** as the attendance/attestation form will not pop up at the end of the presentation unless the attendee is using the ZOOM app.

Attendees who are more than **10 minutes** late will not be given a CEU certificate. An attendance log is generated that shows the time that attendees log into and out of the ZOOM session.

Please keep in mind that CEU's are worth 2 learning hours therefore, the CEU presentation may last up to 2 hours. However, our CEU's typically last and one hour and 30 minutes to one hour and 45 minutes.

Attendees should mute their microphone at the start of the presentation; this is especially important during live CEU presentations as it is disruptive to the presenter.



All Attendees must complete the CEU attendance/attestation form that will pop up once the CEU is complete.

There may be times when the attendance/attestation form may include code words that are given throughout the presentation. In these situations, attendees will be notified at the beginning of the CEU presentation. Any code words that are used will be easily identified by the presenter or host during the presentation.



CEU certificates may take up to a week or more before they are sent to attendees, please do not email INABC for your CEU unless it has been more than 2 weeks.

CEU presentation slides and resources are often shared with attendees and typically are emailed with the CEU certificate or in a separate email.

CEU presentations recordings are not typically distributed to attendees, however, there may be times when a presenter does wish to share a recording of the presentation. When this occurs, a recording link will be sent automatically to all attendees.

Professional Liaison Report (04.19.24)

Kelly Hartman



- Clarification of Roles
- Waiver transitions
- Behavioral Health Commission
- IPP Grant Project

What I am doing now

- Supporting INABC efforts to achieve mission

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

- DDRS Advisory Committee
- IPP Grant: Behavioral Support Services: A Foundation for Redesign (*and collaboration with other projects*)
- NASDDDS/Indiana NCBIY2 (Jim Wiltz and I)
- Employed by ViaQuest Community Solutions
- Consulting (training, assessment, leadership development)
- Serve on Board of Directors for Outside the Box
- National Advisory Board for Center for START Services



Eligibility

- Intellectual disability, developmental disability, or related condition with an onset prior to age 22 years and is expected to continue indefinitely
- Intermediate Care Facilities for individuals with Intellectual or Developmental Disability (ICF / ID) Level of Care (LOC)
 - Substantial functional limitations in at least 3 of the 6 major life areas
 1. Self Care
 2. Learning
 3. Self-Direction
 4. Capacity for independent living
 5. Understanding and Use of Language
 6. Mobility
- Medicaid
 - Must meet eligibility requirements for compatible Medicaid categories
 - Under the age of 18 years, parental income/assets are disregarded





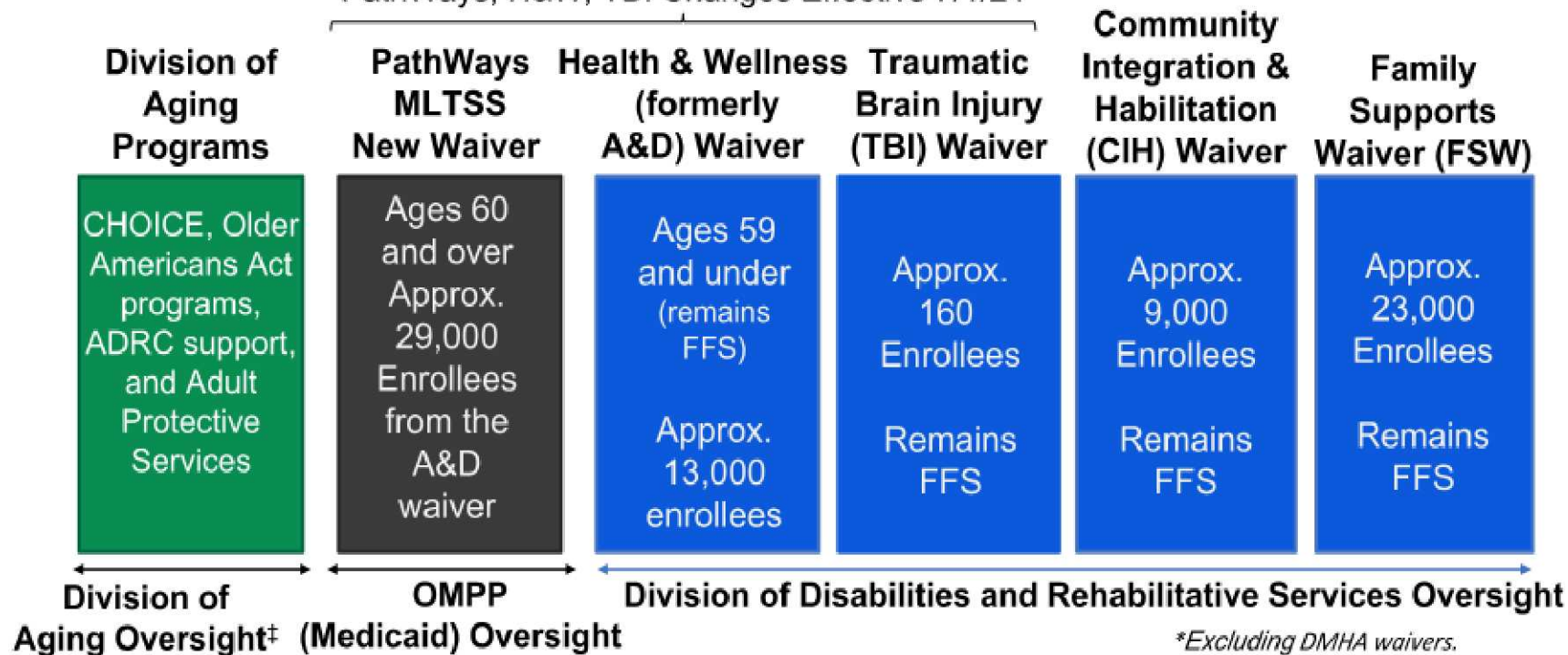
Waiver Transition – July 2024

- Individuals aged 60 and over on the Aged & Disabled waiver will transition to PathWays for Aging program.
- The Aged & Disabled waiver for individuals 59 and under will become the Health & Wellness waiver.
- The Health & Wellness waiver and Traumatic Brain Injury waiver will move from Division of Aging oversight to Division of Disability & Rehabilitative Services/Bureau of Disabilities Services oversight.



Future FSSA HCBS Programs*

PathWAYS, H&W, TBI Changes Effective 7/1/24

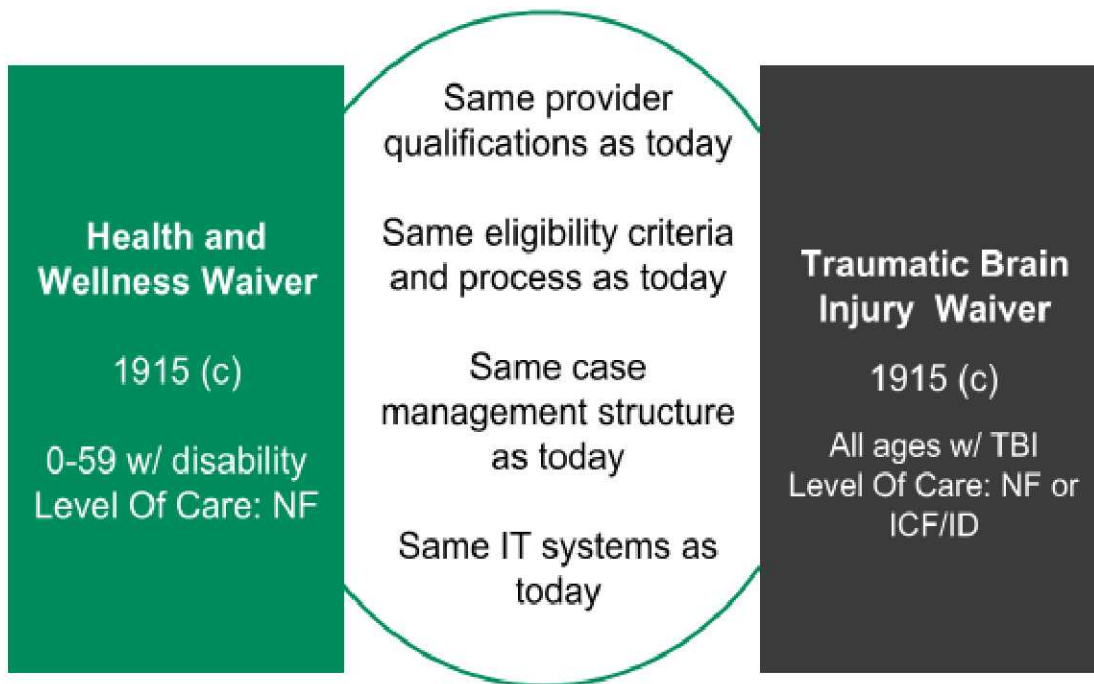


*Excluding DMHA waivers.

‡The Division of Aging will continue to provide support and subject matter expertise to OMPP and DDRS in managing HCBS waivers.



Working Toward Alignment Across DDRS & Other FSSA Programs – 2024 Transition Step





On-Going Initiatives

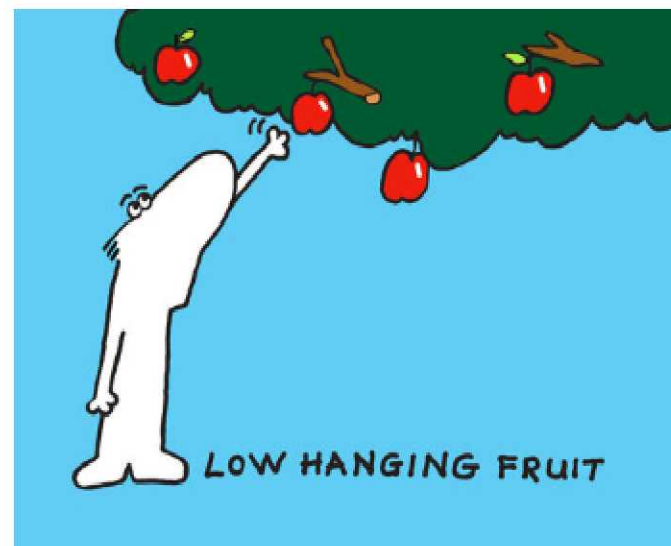
- National Capacity Building Institute
- Innovative Pilot Projects
- Systems Transformation – Competitive Integrated Employment
- Institutional Modernization
- Waiver Redesign/Reset



Behavioral Health Commission

Reduce Confusion

- Treat people like people, not diagnoses (address diagnostic overshadowing)
- Simplify navigation of the silos
- Reduce duplicative efforts
 - Clarify titles/roles
 - Increase awareness across disciplines
- Address myth that CMHC's don't serve people with Autism



Consider systemic gaps & address

100,000 Hoosiers have I/DD

More than 35,000 in services

At least 17,500 in services currently have dual diagnoses

Services Trajectory for people with Intellectual/Developmental Disability

- SGL: Group Home (*4-8 people settings, 2,500+ beds*)
- ESN Homes: Exceptional Support Needs (*4 beds each x 22 homes: 88 total - behavioral*)
- EMN Homes: Extensive Medical Needs (*4 beds each x 20 homes: 80 total – complex healthcare*)
- Home & Community Based Waivers (*intermittent 23,407 or full time 9,050 – February 2024 BDS data*)

GAP – What if there is a crisis?

- ❑ **No specialized technical assistance or resources**
- ❑ **No specialized Mobile Crisis Program**
- ❑ **No dedicated inpatient (acute) psychiatric beds for people with dual diagnoses**
- ❑ **No specialized behavioral health workforce (in CMHC's) for people with dual diagnoses**
- ❑ **No sub-acute residential supports**
 - CRMNF: Community Residential Facilities for Persons with Developmental Disabilities (2 locked facilities with 50 total beds)
 - State Psychiatric Facility (100+ currently with I/DD)
 - Department of Corrections (national average: more than 10,000 incarcerated in Indiana participated in some kind of Special Education services while school aged, assumptions based on population data would indicate that more than 5,000 have disability eligibility based on needs in self care/independent living)

Explore Health Home Model

- Section 2703 of the Affordable Care Act authorized incentives for states to establish Medicaid Health Homes
- Health Homes are for people on Medicaid who have two or more chronic conditions; have one chronic condition and are at risk for a second; or have one serious and persistent mental health condition
 - Improve person centered care for people with dual diagnoses
 - Improve access to primary, specialty and preventative care
 - Reduce costs of reactive health care
 - Improved transitions between settings and referral to needed resources

Behavioral Support Technical Assistance & Resource Team

DMHA/DDRS in partnership* could create a high acuity “clinical dream team” as a proactive/preventative resource for HCBS clinicians, CMHC staff, families and teams challenged with dual diagnoses.**

- Build capacity at every level – support efforts for cross system improvement
- Objective high acuity interdisciplinary assessment with recommendations
- Create/source/maintain “best practice” training and national standards
- Work with quality systems to address trending issues with high acuity behavioral cases
- Exploration and potential sourcing or development of mobile crisis program***
- Support efficiencies in policy development and service delivery between divisions
- Collaborate with DDRS/DMHA liaisons as needed

* *Alabama, Delaware, Maryland, New York, Tennessee*

** *Louisiana, Pennsylvania, Alabama, Missouri*

*** *UNH Certified START mobile crisis program currently in 16 states*

IPP Grant:

Behavioral Supports – A Foundation for Redesign

Initial proposed outcomes:

1. Address variability in clinician through foundational curriculum
2. Explore tiered service delivery system with related tiered reimbursement methodology
3. Service definition revisions
4. Limited service delivery options – explore group

Pivot and Progress:

- Professional training series – excellent feedback
- Lots of research on best practices, pockets of excellence, national trends
- PLEASE give feedback when asked (surveys, participation)
- Will recommend group option but not demonstrate in pilot
- Capacity Building/Resource demonstration for high acuity behavioral cases
- Exploring templates for FBA/BSP/Quarterly Reports
- Exploring ideas through lens of cost efficiency, adjusting rates, purpose of service

EMAIL QUESTIONS/CONCERNS/TEMPLATES TO: in.bxsup.ipp@gmail.com



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