

MEETING MINUTES

The Intellectual & Developmental Disabilities Task Force met on Tuesday, August 23, 2022, from 1:00 pm - 3:00 pm EDT at the Indiana Government Conference Center at 402 West Washington Street Indianapolis, IN 46204 in Conference Room B. A recording of this meeting is available at the following link: https://www.youtube.com/c/FSSAIndianavideos.

I. Meeting Called to Order

II. Introduction of Task Force Members

PRESENT: Lt. Governor Suzanne Crouch, Rep. Ed Clere, David Reed, Jay Chaudhary, Jan Kulik, Austin Hollabaugh, Shawn Fulton, Katherine Barrow, Cathy Robinson, Kelly Mitchell, Kim Dodson, Pat Cockrum, Jason Meyer, John Barth, Kathleen McAllen, Brian Gilbert ABSENT: Dr. Nancy Holsapple, Vanessa Convard, Joe Langerak, Danie'l Mize, Senator Mike Bohacek, Senator Shelli Yoder, Representative Chris Campbell

- III. Review & Approval of Meeting Minutes from May 10th, 2022 Meeting minutes were approved.
- IV. Crisis Response Update Jay Chaudhary, DMHA Director
 Director Jay Chaudhary discussed priorities of building the crisis response
 program that includes individuals with Intellectual and Developmental
 disabilities in Indiana. The four strategies/ priorities: 1) sustainable
 infrastructure 2) access to services 3) quality systems and services 4) and an
 adequate workforce to provide services.

Katy Adams, **CEO/President Southwestern Behavioral Health**, presented a Treatment and Resource Center in Evansville, Indiana. There is funding for this project is through 2025. City of Evansville also donated \$5 million.

Kara Biro, State Director of Behavioral Health Crisis Care presented on the 988 Crisis Response Rollout Efforts for the mental health and behavior health crisis line. The efforts are based on best practices to build and equitable and accessible system for all within the state of Indiana. This system is built on three pillars: 1) Someone to contact 2) someone to respond and 3) a safe place for help. These three pillars, coupled with a state infrastructure to support and connect them, comprise a system capable of serving anyone, anytime, anywhere. Indiana is using one-time federal stimulus funds to upgrade the 988 call centers and run pilot programs of new services. A fully mature crisis system will take 7-10 years to build. Funding for that system will come from other sources. The projected annual cost of a mature crisis system is \$130 million.



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Ari Nassiri, Director of Primary Care and Behavioral Health Integration

presented on the Certified Community Behavioral Health Clinics (CCBHC) model overview. CCBHC Criteria and pathways were discussed and exploration of integrating persons with Intellectual and Developmental Disabilities. The Lt. Governor asked 1) if legislative changes are necessary for this and 2) who might oppose this and 3) what would be required around funding?

Legislative changes would be needed. CMHCs are the primary service delivery model – Indiana Code changes and restructuring of the state budget and more money is needed. So far this has been a collaboration with little pushback. Another positive of this is that the programs can be built for the specific needs of the individuals.

V. State Agency Report – Hiring People with Disabilities

Kelly Mitchell presented State Workforce Data. In May of this year, an employee self-service feature was added to the State Personnel PeopleSoft Human Resource management system. A total of 3,728 of the 34, 388 employees have updated their information. 10.9% of the 3, 728 reporting employees indicated that they have a disability. Also to note, 27% of those reporting to date indicate having a disability.

One thing noted is that this data can be enhanced through opportunities for employees to report out this information. To this end, State Personnel is working on an Identity Updating Campaign that is planned to go live later this year.

VI. Path Forward Update

Holly Wimsatt, Bureau of Developmental Disabilities Services Director, reported on the Path Forward initiative that provides annual updates on the waiver redesign process. This feedback began in 2018 and that has the core themes of: enhancing the case management system navigation, improving the team dynamics through shared outcomes, and focusing on key supports to build Independence. Holly further discussed progress toward these main goals.

VII. 1102 Recommendations Progress Report & Discussion

There was discussion on the progress of previous Task Force recommendations. Highlights of completed recommendations as presented by DDRS Director Kelly Mitchell were:

- ** A diverse group of stakeholders was convened, had successful completion of listening sessions, and continue to have Building Bridges sessions to gather feedback for waiver redesign.
- ** BRS Director Theresa Koleszar has been appointed to the Governor's Workforce Cabinet.
- ** Changes were made through waiver service delivery/amendment to provide support to active duty and veteran military families.

VIII. Study-Committees Recommendations & Discussion

Direct Support Professionals Training and Curriculum Subcommittee

Chair of the Committee Heather Dane presented the following recommendations that were approved after discussion by the Task Force:

Recommendation 1):

Establishment of a minimum standardized statewide training curriculum for individuals who provide supports and services to individuals with ID/DD.

Recommendation 2):

Establishment of a tiered direct support professional training certification process.

Recommendation 3):

Establishment of a direct support professional training registry.

Recommendation 4):

Design and launch a pilot project to evaluate the accessibility, reliability and usefulness of the system and identify one or more approved vendors to develop and administer the training for direct support professionals.

**After discussion, Rep. Clere suggested an amendment adding language that 'time limits' the pilot so reporting is submitted by July 1, 2024.

Incident Reporting Subcommittee

Subcommittee Chair Jessica Harlan-York and Co-Chair Kim Cauley presented the following recommendations that were approved after discussion by the Task Force:

Recommendation 1):

The State of Indiana (Specifically, the Bureau of Developmental Disabilities Services (BDDS)) should manage the process of incident reporting, including activities associated with:

- (1) developing an intake process for DSPs which includes personally identifiable information;
- (2) review the provider investigation and determine what, if any, additional investigation or follow up is needed;
- (3) Actions (when substantiated and as determined appropriate) being available on an accessible registry (including a status of "Substantiated Within Appeals Window" and "Substantiated- Final"); and
- (4) ensuring an appropriate appeal process that is timely and implements clear parameters for substantiation and registry inclusion.



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Recommendation 2):

The current definition of an incident is sufficient. State should provide clear guidance on what constitutes addition to the registry based on level of severity of substantiated incident.

Recommendation 3):

- **The State should develop a DSP registry that includes substantiated incidents available at the individual DSP level and includes individual identifiers (example: legal name, date of birth, social security number, driver's license number, or state ID number).
- **The state should provide clear guidance on what constitutes addition to the registry base on level of severity of substantiated incident.
- **The DSP registry should be made accessible to FSSA staff and BDDS providers as a report for each DSP with a substantiated incident.
- **In the event that an appeal finds that an incident is unsubstantiated, an individual's name will be removed from the DSP registry.

CIH Waiver/Special Service Review Team Subcommittee

Holly Wimsatt presented the following recommendations that were approved after discussion by the Task Force:

Recommendation 1):

The Division should establish a Special Service Review Team pilot to review certain requests for the CIH Waiver under the Health and Safety category and consider the circumstances of the applicant, collect data, and provide evaluative information that can be applied at the systems level to the Division.

Recommendation 2):

The Special Service Review Team, as part of the pilot, will provide a report every quarter regarding identified benchmarks.

Recommendation 3):

As part of the pilot, the Special Service Review team should be a multidisciplinary team and members should be paid.

Task Force had discussion around reducing or eliminating the age of caregivers in an additional recommendation. Special service review team pilot would be used to inform on rubric mentioned in Recommendation 1.

It was decided that Recommendation 2 should identify DDRS Advisory Council every quarter as recipient of report from the Special Service Review Team. In Recommendation 3, discussion around payment of members of the pilot multidisciplinary team/Special Services team determined that reimbursement for travel and time should be considered. Those members who provide services would be considered for payment.

The Task Force added **Recommendation 4):** To review the existing age of caregiver criteria or eliminate it as a priority category.

The Task Force added **Recommendation 5**): Develop a transparent rubric to allow family and stakeholders to understand how certain health and safety decisions are made.

IX. Next Meeting – October/November 2022

NOTE: Prior to meeting adjournment, public comment was given by Lindsay Wright with the Association for Indiana Music Therapy advocating for and highlighting the benefits and value of music therapy.

The Lt. Governor asked to convene the four legislators on the Task Force for further discussion. The Task Force will likely meet at the beginning of next year.

X. Meeting Adjourned