ORAL HISTORY VIDEO INTERVIEW WITH
JIM HAMMOND
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JH: JIM HAMMOND
JT: JENNIE TODD
PH: PEGGY HOLTZ

[00:00:10]

JT: Your name is?

JH: My name is Jim Hammond, I've spent 34 years with the Indiana Association of Rehabilitation Facilities, commonly known as INARF to the industry. I'm originally from New Albany, Indiana, and now I reside -- during my time at INARF, I reside in Indianapolis, Indiana.

[00:00:36]

JT: Okay, how and when did you get into this line of work?

JH: Well, it's interesting you ask. It began in 1967 -- actually prior to going to Indiana University while I was in high school, I worked for the New Albany Department of Parks and Recreation and when I started at IU I was looking for some part-time work and Rauch, Inc. -- it was formerly called something else, Joseph Rauch School, but it's Rauch, Inc. right now. They had a position opening for what you would call adapted PE but as a recreational leader. Because at that time there was no mandatory public education for students with disabilities and so from the ages of -- whether it's early childhood programs until adult -- there were classroom programs but they didn't have any recreation time or any adapted PE and so I was hired to work there about 20 hours a week. What that developed into was during summertime I started working in their adult work services program helping and assisting and supporting individuals complete contract manufacturing work, etc. for local business and industry.

[00:01:56]

So, what began in 1967 and then continued until just December of this year was a lifelong love of working in the industry. Now some of my other experiences after I finished college, I worked at New Hope Services in Jeffersonville, Indiana. I worked at Stone Belt Center in Bloomington from '74 to '76 and then I was appointed executive director of New Albany Goodwill Industries which is now merged and it's, I think it's Easter Seal Rehabilitation and Goodwill Industries in Clarksville, but anyway I worked there as their executive director from '76 to '78. In 1978, actually it was October of '78, Costa Miller, the founding chief executive officer of INARF invited me and kind of recruited me to come to work at INARF basically to implement a newly found program or newly created program that is fairly obscure even until today, that's Indiana State Use Program, which is a program that provides employment and training opportunities for individuals with disabilities, and right now it focuses on people with significant disabilities.

[00:03:17]

JT: Okay, well let's talk about INARF. Some people might not know what INARF does. So, can you tell me kind of what the role of INARF is in the state of Indiana, what the purpose is, some of their biggest successes and some of the challenges.

JH: Right, well, first of all INARF is a trade association and it's a membership association much like the chamber of commerce is, and its services to its members are providing information, marketing services, consultation, technical assistance, education and training programs and governmental affairs, and I think probably most people identify with INARF as its effort in the governmental affairs arena. I guess simply put though, INARF provides leadership and builds and develops resources and promotes quality services among its members for people with disabilities.

[00:04:19]

JT: Who typically are its members?

JH: Well, INARF began through the network of community-based organizations. Typically organizations like local Arcs, the associations for people with intellectual and developmental disabilities but it wasn't exclusively for those individuals. There were some free standing rehabilitations around the state such as Easter Seals Crossroads, Tradewinds Rehabilitation Center, the rehab center in Jeffersonville, Evansville Association for the Blind, the rehab center down in Evansville but anyway, it's generally community-based organizations. But it has evolved to such a point now that because of the larger and more expanded provider network, you have proprietorships, you have partnerships, you have multiple state corporations, some of which like ResCare are listed on the New York Stock Exchange.

So we have multi-state companies, huge organizations and we still have -- our base is community-based organizations.

JT: Okay, and in layman terms, how would you describe what INARF would do for its members? I mean what would they look to INARF to you know once they joined leadership or support. You know talk about that.

[00:05:44]

JH: Well, I guess there is a couple things that you would consider if you were to choose to invest in a trade association. One, information. Nowadays though information is so readily available but it's still being able to hear from your colleagues, sharing information between and among the different members. Having it back and forth and I think that information or having access to information, is a critical element. Having INARF have a seat at the table on behalf of the industry, if you look at really what the hallmark of INARF is, everybody thinks legislative activities. Well, legislative activities are important but it's the regulatory bodies, the administrative entities where day in and day out, INARF has a seat at the table representing its members and the industry. And we have a very strong partnership with The Arc of Indiana. We are very fortunate in Indiana that so many times consumers and families are represented in tandem within INARF the provider group.

And so John Dickerson, and Costa, John and I have worked extremely well and probably if you look at it throughout in the context of the larger industry and throughout the country, we're envied by many states because of the partnership that exists between The Arc of Indiana and INARF.

JT: Okay, well then that would be one of the successes and one of the ways that Indiana is different than other states.

JH: Correct.

[00:07:20]

JT: Can you elaborate a little bit more about how Indiana is different than other states?

JH: Well, I mean, first of all, every state human service delivery system or in this case, the developmental disability service system is maybe different. For instance in Indiana right now, there are no state institutions for individuals with intellectual and developmental disabilities. We -- when we closed Fort Wayne State Developmental Center around 2006 I believe it was. That was the last state institution that specialized I guess or had residents who were intellectually and developmentally disabled. We also are different in that some states have county systems. You know, ours are all private systems, not-for-profit and for-profit systems. In Indiana, we probably only have two primary trade associations being -- even though The Arc is a consumer advocacy organization, INARF is the trade association for providers of services.

Many times in other states like Ohio, there may be a multitude of organizations; it's more fragmented. There may be the Association of Rehabilitation Facilities, there may be the county-based organizations, there may be association of Goodwills, The Arc, there may be the Ohio Providers Association, which is these are so that it's not an easy to get on the same page maybe and again, I said we're fairly fortunate here.

JT: Okay, good. You're doing a good job.

JH: Okay [laughter].

[00:09:09]

JT: And I'm just nodding my head so that you know, that's what I do [laughter]. One of the things that I'm curious about is has INARF's philosophy over the years changed in terms of supports and services, attitudes towards people with disabilities? You know I know in the early days, you know we had [inaudible] providers with work activity programs, a lot of sheltered work...

JH: Right.

[00:09:37]

JT: and I know that's changed. Can you talk about in the tenure that you've been involved with INARF, the changes in philosophy?

JH: Yes. I think INARF's philosophy is more an emerging and refinement if you will, but I think it was about in the mid '90s when we met by retreat. All the leaders within the industry of INARF, past chairs, maybe CEOs on the board, and we wrote and embraced a set of values and vision for the industry. But I guess the cornerstone of all this was access, you know, choice and options, access and choice. And if you don't have options, you wouldn't have a choice. And if you didn't have a choice, you know -- let me see [inaudible] do that again. Well options, access and choice were the three points that we -- that was a takeaway from that strategic retreat and that is if you don't have options you don't have choice but if you don't have access to options, you have no choice whatsoever.

And I guess one of the things I guess that was important to recognize is the fact that the emerging philosophical shift was more or less informed consumer choice versus a "we know best" attitude and that was the bottom line takeaway I think.

[00:11:08]

JT: And so how does that filter out? You know what changes did you see in what was happening for people with disabilities and how agencies were providing that service?

JH: Well, first of all if I may go back for a second, the context of our industry was that there were a number of laws which govern us and there was funding mechanisms that provided the resources and then the organizations that founded them; you had blend initially. In the early times that was the blend and you had to juggle that, but that's how you help design and pay for services. What was an emerging added addition, best addition was the consumer involvement in the process and so it wasn't just the federal or state laws, it wasn't just the funding streams and it wasn't just a governing body and the staff, but the consumer had a role. So that emerging role made a better holistic service delivery system and I think that was something that INARF helped foster and our members helped foster and I think it was great that the consumers decided to take an active role in this process.

I don't know if that answered, okay.

JT: Yeah, that was good.

JH: I lost my train of thought a couple of times there.

[00:12:31]

JT: No, you know, basically, I just wandered how the values of the organization changed.

JH: Well, I think the best, easiest I guess sound bite would be that you know the informed choice in making that a reality versus you know, the "we know best" telling you here's the only option you have. And I think -- but then the marketplace changed to because there were four huge laws I guess that had a profound impact on the way services were provided from the late ‘70s until the mid '90s and those were -- maybe not, they were started in 1975, the Developmental Disability Civil Rights Act. It was a forerunner to the Americans with Disabilities Act. Then you had the Rehabilitation Act of 1973 and its subsequent amendments. Then you had the Education of Handicap Children Act renamed Individuals with Disabilities Education Act and then of course the hallmark legislation in 1990, the Americans with Disabilities Act.

If you look in the context, let's just take the Rehab Act since everybody is familiar with it. In 1973, that required that persons with disabilities had an individual, written rehabilitation plan. It was a forerunner to the person-centered plan. Now it's called the Individual Plan for Employment. Then you had the Education of All Handicap Children Act of ‘75. It created the ability to graduate thousands of students with disabilities and what that meant also was that he had a right to more integrated classroom and educational activities. They had planning, educational planning, individual education plans and there was choices woven into the fabric of that act. And then of course a very small, which nobody realized, was it was probably in the last paragraph of the act, it wasn't the last paragraph, but it was way deep in the act, was creating supportive employment the ability for students to transition from school to work to independent living.

So those, you know, little small clauses in a paragraph here and a paragraph there were really some of the forerunners for the way modern day rehabilitation services are planned and designed and paid for today in the era of Medicaid, you know.

JT: That was really good. So like we haven't had anyone talk about this particular aspect...

JH: Oh!

JT: ...so that's really good. I'm probably going to ask you some more questions [inaudible] ...

JH: [Laughter] [inaudible] I need to study for that test! [Laughter]

[00:15:15]

JT: Well, basically what I wanted, what I'll ask you, and if you don't know that's fine, how does Indiana fair with other states in terms of implementing these laws and implementing these new policies?

JH: Well, I mean I think there is a couple things you might [cough] excuse me, might recognize. In the '90s when everybody was wrestling with all the different ways to offer services and how to provide services in the community and meet the market demands and the emerging market demands of families and consumers that it wasn't just one set of services in a facility, but community they wanted to be not only integrated in the community [cough] excuse me...

JT: That's fine.

[00:16:08]

JH: ...but they wanted to ensure that inclusion was a central theme of this whole process. I believe there are a couple things that occurred was that Indiana switched from developmental model, which was implemented in the facility to more of a medical model, the Medicaid model but woven into that was much more choice of program, choice of service provider, choice of who your direct support professionals, people who are providing the supports and services, and so all those things and it was then a few for service versus a block grant or a money -- if you recall back in the '90s and up until 2001 and actually it was Governor Daniels who was the Director of the Office of Management and Budget who helped us get the support services waiver in place, before that, the Department of Mental Health and it's successor the Department of Human Services and now FSSA, they ran out of money about April of every year, but when you went to the fee for service versus a block grant, we'll use a block grant because everybody understands what a grant for those services for MR services or DD services, what happened basically, you know, you pulled it out on a unit basis but it wasn't truly fee for service system and then once the Medicaid program, it became just like any other insurance program.

You walked in, the first thing you had to make sure you were eligible for Medicaid, you showed your card, and then if you had a day service, you got paid for a day and the federal government would ensure that it would match whatever the state's allotments were. So that occurred under Governor Bush, I mean under President Bush, back in 2001, but that was a major change and I see were going to evolve into possibly a managed care program in the future. I don't know when it's going to happen; they're all kind of pilot programs approved by the Centers for Medicare and Medicare Services, CMS right now that's allowing managed care programs outside typical healthcare services.

[00:18:36]

JT: Okay, are there areas that you think Indiana does especially well in or areas where they face some challenges?

JH: Well, they've done particularly well in a couple of things. One, employment. Let's look at it...

JT: We need to say Indiana because they're not going to hear me ask you.

JH: Oh that, okay.

JT: Yeah, so Indiana has done especially [inaudible].

JH: The service system in Indiana has done exceedingly well in three areas: One, employment -- and in fact, in the mid '80s or 1986 when Kelly Wagner and Governor Orr was there, sponsored by the Governor's Planning Council, by Department of Education and Department of Workforce Development and Indiana Rehab Services joint grants to create the Supportive Employment Service System, the beginning, the infancy of that, so early in front between say '86 and '93, Indiana got ahead of the curve. Now, it has lagged behind in recent times because there hasn't been the same resource emphasis on employment of people with significant disabilities as maybe some other states, but we've still had because of those early times, everybody has adopted that model and there's been an investment to some extent in that model and so no one else did that back in the mid '80s.

[00:20:09]

…There were maybe isolated areas where there were special grants for like Tom Bellamy, he had some support employment grants in Oregon, David Mank has always been ahead of the game wherever he was, but of course when then he came to Indiana, you know he brought with us the priority towards employment. Indiana was very good on working initially to set up the ICFIDD system. I know it's a small group home system where as other states, Indiana kept the number of residents from eight or less, in other states maybe you had from 8-16 but now Indiana also is behind the whole nation in terms of having too many out of home placements. I think we had about 50% of our persons with intellectual and developmental disabilities living in Medicaid waiver sites, group homes and or prior to 2005 in private or state-operated DD centers.

JT: Good.

JH: [Laughter].

[00:21:28]

JT: Okay, now we're going to talk a little bit about lobbying and, basically, I'm not sure if you personally did a lot of lobbying or not but INARF does lobbying and what INARF's role is with lobbying. So, if you could tell me about the experience of lobbying, you know what legislators you worked with, how you worked to make things successful.

JH: Well, one of the most valued services that INARF provides to its members and I think to the industry at large because I always kind of joke that even if you're not a member, you got a piece of the insurance, you know, a little bit of coverage there. But INARF has long been recognized, ever since it was started in 1974 when it had its first paid staff Costa, it had a strong presence in governmental affairs. Costa made that happen. He not only wanted a seat at the table, he ensured that INARF members had a reservation at the table. And if you think in terms of -- whose the guy that does, Chris Matthews, the author of "Now Let Me Tell You What I Really Think" and "Hardball," he had a seat at the table because he was chief of staff for Tip O'Neill but if you're at the table, number one familiarity between buyer and seller always helps the seller.

Secondly, you know what the issues are, you know what your members are, you're able to articulate that message and then you're looked to as a resource for that information. Well, transfer that from a regulatory or administrative entity and you get to the point in the general assembly. Well, I think the Indiana General Assembly -- INARF didn't have, we hired our first lobbyist in 1982, before that it was just Costa. But what we have perfected from 1982 until right now through 2012 is that number one, a strong grassroots mechanism whereby all of our members invite legislators in, we have a strong governmental affairs platform, we discuss the key issues with the legislators, the leaders, not only the leaders of both parties but the key appropriations, ways and means, and we have individual one-on-one sessions, both in their home areas as well as in the halls of the state house.

[00:24:15]

…I think secondly, what the legislators rely on INARF is that we've told them is accurate and when you have that two-way trust between and among the key leaders you're going to have an opportunity to share what your stories are number one, and secondly to influence what the decisions are. Now disability politics, you know, is not republican or democrats, it's really nonpartisan but you still have to be recognized as someone who's reliable and trustworthy and truthful and I think INARF brought that to the table through Costa and I tried to carry that at these last eight years. Another thing we've done was we've always supported the summer study committees. In the past I guess back in the '80s and '90s, I didn't think there was the same utilization of interim study commissions like the DD Study Commission you may be familiar with, but there is the Autism Study Commission, there is the Medicaid Oversight Study Commission.

Almost everything has a study commission; that's where the opportunity is to really discuss, explore, share and make public various positions on potential pieces of legislation or getting legislature drafted and introduced during the following session. INARF has always been vitally involved in the summer study sessions if you will, primarily the DD Commission but the Commerce Commission. I can just name a number of different study commissions and so that. And then finally we recognize the fact that it does cost money to run an election and in 2006 INARF created its own political action committee, the INARF Pac, it's an LLC. So it's one of the three corporations and as a result, we were able to get our members to invest and it's as a complimentary piece, to pool their money if you will so we could write small checks to legislators, the leaders, people who supported the industry, supported families and people with disabilities and they understood that we needed a rationale business environment in which to provide services [laughter].

PH: Rattles it off. [Laughter]

JT: See, I told you this would be easy. [Laughter]

JH: I haven't had a chance to look and see if I've made everything.

JT: Take a look then [inaudible].

JH: Okay. [Laughter] [inaudible].

JT: [Inaudible] want to say.

JH: What's your next question? Oh, you know you asked me about certification and rehab facilities I know that.

JT: Okay, I'm going to ask you about Costa next.

JH: Okay.

JT: Or if you'd like, I can save that for last if you'd rather?

JH: There's some career highlights, maybe that can be with Costa too.

[00:27:23]

JT: Okay, yeah, this is just a guide so however you want to to [inaudible] these things.

JH: Okay. Well, I think there was one thing we needed to talk about in the context of the most monumental piece of state legislation was the 317 report and...

JT: Do you want to talk about that now?

JH: ...well, I think maybe you can start with Costa...

JT: Okay.

JH: Because he really introduced Senate Bill 317 that helped set the stage for the 317 report having the commission in place and then you know.

JT: All right, did that work or do you want to start out...

PH: Let's do it again.

[00:27:58]

JT: So let's -- I know that you are a longtime friend, I know Costa was a mentor, I know you have a longtime relationship with Costa so who better to talk about Costa than you. So I'd really like to hear some thoughts that you have about Costa. You know, what his legacy to the state of Indiana was, what people remember about him, the impact he had on people with disabilities and on Indiana history.

JH: Well, first of all Costa was one of the passionate individuals you would ever meet. I mean there was only black or white, it was not gray. Beyond God and family he loved this industry that he invested so heavily in. He would put everybody on his back if you had to and he would protect them from harm's way, he was that type of person. You may consider Patton a wartime general and Omar Bradley a peacetime general, well Costa in my opinion, you wouldn't want any better person, any better leader, to lead you into an adverse situation because I'm sure that he would bring the resources to bear that would prevail and I think everybody could, whether it's the Medicaid Wars of early '90s with Jim Verdier or whatever, Costa was always there part of the industry.

What people didn't realize was that his uncompromising love and support for people with -- who the most vulnerable citizens were and primarily the individuals whether they were of color or whether or not they were people with significant disabilities. He wanted to ensure nobody would mistreat them and that they would be given every opportunity to succeed and I think he said that so many times and over and over. He was appointed as Justin Dart's vice chair of the President's Committee of Employment with People with Disabilities. He lived the life like that. He created the Office of Consumer Affairs Initiatives within INARF for a period of time. He served as the president of the Governor's Planning Council for People with Disabilities for many years. So, he embodied not only his value, but he implemented it in his lifelong work.

[00:30:28]

…I think John Dickerson who, he and John worked tremendously well together. I mentioned that earlier but I think you would find Costa worked to ensure that the Senate bill 317 I think was in the '97 legislature was enacted and that created the 317 Commission which wrote a plan which became part of the 317 Plan which basically changed the way and manner in which services for people with intellectual and developmental disabilities were planned, designed and paid for and it took money and invested in the service delivery system that helped set the stage for modernized services in the 21st century. Kathy Davis was the chair and she was also the head of the Family and Social Services Administration, obviously she became state budget director and lieutenant governor of the state under Joe Kernan's administration.

But anyway, that was a hallmark, I mean a centerpiece that should not be forgotten by anyone and the report has application in today's world.

JT: Good, that's good. So do you have any personal Costa stories? Do you have some ways that you would describe him? They can be funny stories. They can be work-related stories.

JH: [Laughter] I have to think about those right now. I mean I could...

JT: Do you want me to skip that then?

JH: Yeah, let me come back to that...

JT: Okay, okay.

JH: ...let me think.

[00:32:11]

JT: Are there some things, projects [inaudible], I know you said the 317, would there be other projects that Costa would be most proud of?

JH: Well, yes, I think he died before the last state developmental center was closed but he and John Dickerson and some key people within the family and social services administration, helped to close New Castle and Muscatatuck State Hospital and he really believed that everyone should be in the community. I think he also was very proud of the way the state use program has grown from just an idea in '74 and I think that was INARF's first legislative success because that was passed in 1976 and you know Costa was only in Indiana for two years at the time but that created an opportunity for the state of Indiana to contract with local rehabilitation facilities and by products and services that were either produced or provided by them and the program is a $10 million program today.

And approximately 1500-2000 people work annually at least part time or at least by one hour a year, you know, through that program.

[00:33:39]

JT: That's good. Are there any other, other than coming back to some stories later, are there any other thoughts that you have about Costa, what people in general, people that didn't know him as well but knew

of his work or things they might say about him? Because we do want to have a little blurb about Costa so just anything you can think of to add to that would be and hopefully we'll get some pictures from you of different things, you know, that you might have.

JH: Yeah, I do have something, I didn't bring any pictures. I guess when we had the march on the Statehouse during the Medicaid crisis in the early '90s, I mean Costa was up there waving his hand, you know, in his own amenable way and calling on the Bayh administration to not close group homes and to fund them the way they should be so that people could live in a smaller setting and I mean I'm telling you, he stood up there and railed against this administration and I mean again, through Governor Bayh's administration and it was Jim Verdier in particular who was the director of the Office of Medicaid Policy and Planning at that time. And -- epitomized is his fierceness and his commitment, but yet he wouldn't back away even if he thought he would be ostracized or chastised or having being removed from a seat at the table.

And then he -- he was such a loving guy too. I mean -- as much as he could get upset with the director of the Division of Disability and Rehab Services or the secretary of FSSA or the head of the -- Marie Greer [phonetic] who was the -- after he just railed against them and just took them to task for some inept, he would say, "Jim, go and buy them some flowers," and you know you can't do that in this day, "Go and buy them some flowers and go and make peace with them." You know because he really had a soft side but you know, at the time he would get so excited and so agitated. You know, he wasn't going to let someone intimidate him. In fact, probably his preference was you know to intimidate them. [laughter]

JT: He was an intimidating force.

JH: Yeah, I don't know if that's a story you want but...

JT: That was good.

[00:36:08]

JT: That was very good. Okay, so in terms of the field of disability, in terms of human services, from your perspective, what areas have you seen the most significant changes occur and how? What are some of the biggest changes in Indiana? And you may have said some of these before, but if you could just...

JH: Well, when I started in the industry and when Costa began INARF in ‘74, I think we had a $22 or $24 million total budget, that was the resources that were committed to agencies that provided services. There were no purchase of services agreement to speak of with vocation rehabilitation and you know it was mostly bake sales, cake walks, United Ways and whatever local fundraising to have these day programs. Currently, fast forward to 2012, we got a $1 billion industry and a $1 billion industry, that's a huge, that's a seismic shift and if you look at the Medicaid waiver program which is really the modern day program of the way most consumers and families like services planned and designed and provided, you know that's $500 million, and you have another $350 million for the group home service system.

[00:37:35]

…You have money for employment and VR another $80 million, you cobble all that together and you got a $1 billion industry and that's a remarkable change and Indiana probably on a per capita basis is way ahead of it's counterparts in other states. Another thing I think in the context of today's world is Indiana is only one of eight states that has a surplus. Now, that's good and bad. It's good because it's about time that the paybacks begin because we endured 7% cuts in 2009 and the waiver program, 3% and group homes, 10% in vocational rehabilitation, and so when will the time be right to get our money back and to invest in the future. So I think you're going to see since the state has about a $2 billion surplus right now, even though that's total money, not the money they owe for other bills, but $2 billion in the coffers and we're only one of eight states.

I think this year, the human service delivery system, especially the DD system, should be able to get another investment of dollars and cents and of resources.

[00:38:54]

JT: And where do you see those dollars going? To new service delivery systems to existing service delivery?

JH: Well, I don't know if there is going to be new services such as to shore up exactly some of the existing services, but I think you're going to have a greater use of technology not only in just video monitoring but I'm talking about employment and employment-related activities such as increasing an individual's productivity. I think there is going to be a use of smart homes and I think you're going to find that there is going to have to be shared staff in the future, but I think there's going to be a healthcare coordination will be a new investment of resources having non-goal directed support and services, I think they call it the participant -- it's the impact services, I'm blocking on the acronym but anyway, so I think there are some new services which will help improve the service delivery system and they'll be paid for with this new investment.

And then of course, managed care, what's going to -- what will the impact of managed care be? But right now I think healthcare coordination and transportation, those are two that have to be funded better and I think this administration will be funding them and I think so that all goes well for the next 2-4 years.

[00:40:33]

JT: Okay, good. All right, let's see. So do you feel like there were a lot of differences for INARF and -- I guess we could look at [inaudible] services for people with disabilities with a different administration?

JH: Oh, well typically if you look at the two major political parties, republican and democratic parties and you look at their platforms, whether it's a national platform or state platforms, most people feel that social services should be in a better position with the Democrats but it hasn't worked out that way in Indiana. The biggest gains ever made by this industry were during Otis Bowen's and Bob Orr's administration in the '80s and then under Mitch Daniels' administration which is just finishing up. And I think part of that was because there has been an effort to change the model in each of those times and there has been adequate resources, the economy was good. You know we had a terrible time in the early '90s.

[00:41:56]

…We had a terrible time in the early '80s, but in the late '80s, you know economic times it was a robust time and we had it until just the downturn in 2008, we had a robust time in the early 21st Century. You know, so I mean you have to look at a whole lot of factors but I think we have done well with the Republicans in state government but we haven't taken a back seat with the Democrats. It's just that so many times there were other factors beyond their control. I guess what the outlook right now is that for Governor Pence is that we should be positioned well because his road map for Indiana incorporates some of the things that we value ourselves. Number one, he believes in keeping individuals in the homes where possible. And so the Family Support Waiver, the new waiver that's replacing the DD, Developmental Disabilities Services Waiver, that will do what it can to keep people in the homes.

The Family Support Waiver also will give a few dollars more towards individuals and families, not only for day programs, again to help families who need it. I think -- let me take a break here...

JT: That's good. Do you need a drink a water?

[00:43:24]

JH: Okay, yeah I was going to have a drink of water, I was getting ready to cough again. But I need to talk about that a little bit more but, I didn't make a lot of notes but it's the CIH, I used the wrong -- the state of Indiana has created two new waivers. The Community Integration and Habilitation replacing the DD waiver because that was wrong before and then the Family Support Waiver which replaced the support services waiver and the idea behind that is to eliminate the wait list and it is intended to give as many families a little bit of something to provide for supports and services where there is day services, respite, in-home services versus the individual DD waiver, having a long wait list for people to get the platinum card or the gold card to have 24/7 services.

And so the Community Integration and Habilitation Waiver is now based on need alone so.

JT: That's good.

JH: [Laughter] I guess that's still technical.

[00:44:39]

JT: No, I mean it's a lot of good information and that's going to be the challenge is how we get it all out there to people that want to know about [inaudible] can do that. All right, do you want to talk about certification of rehab agencies?

JH: Oh yes.

JT: [Inaudible] was that a good question? Okay.

[00:44:56]

JH: Yeah, that was one of your questions, that's a good topic. INARF, like many of its other allied organizations were always committed to professional accreditation or certification. We just didn't believe people should be able to hang their shingle up unless they met minimum standards. In the late '80s, there were three independent state agencies that were certifying community organizations: Indiana Rehabilitation Services -- which housed Vocation and Rehabilitation, Department of Education and the Department of Mental Health. And they were running around the state constantly surveying early intervention programs, day service programs and then employment programs. What INARF proposed that they merged these together into a set of unified standards and so there was one set of unified standards and the state agency were applying, they had teams that go out but you had accredited to do business with the state so we were very pleased with that.

However as changes occurred and we realized that kind of it could be an incestuous arrangement, people in the state surveying individuals and we thought maybe an independent third party national accreditation program was preferable and so we helped close out the unified standards, the state agency doing its own accreditation reviews and we adopted the position that at that time, CARF [phonetic] should be the one. Now, there is one of maybe four, five or six national accrediting bodies that can be utilized for accreditation purposes but CARF, C-A-R-F which stands for the Commission on Accreditation and Rehabilitation Facilities, but it goes by CARF more than the long name. It's there -- and the Council of Quality is another one and National Accreditation Council and then some people even use ISO 9000 to Human Service Standards as their accrediting group.

But I think Indiana is in better shape and the legislature looked at it, endorsed it right now so to be an employment service provider, you have to do that, to be a residential provider, a day service provider and it's like having a good housekeeping seal of approval in my opinion.

JT: I remember [Inaudible] evaluation and the joke was always the [inaudible].

JH: Yeah [laughter] that's right [inaudible]. That's right [inaudible].

JT: Yeah, [inaudible] through several.

JH: Let's see if there is anything else. There is...

JT: Well, in terms of [inaudible].

JH: No, I'm just thinking of this -- options [inaudible]. Yeah, I was trying to think of your questions here.

JT: Well, I'm still going to talk to you about looking forward and that sort of thing, and career highlights.

JH: Okay, oh yeah, career highlights.

[00:48:21]

JT: [Inaudible] talk to you about in looking forward, what do you hope for in terms of supports and services to promote meaningful lives?

JH: Well, I believe as we change the model of service delivery from a medical model to a lifespan model, I think that it won't be just an element of where a person is at that time. It'll be the focal point of his or her individual service plan or person-centered plan. I believe planning has to be more comprehensive and more futuristic and you have to ensure that it's not just the service providers that have participated, friends, family, state agency folks, and I think you have to really have a living document, the person-centered plan has to be that. I think most importantly, a wiser and better use of technology. Technology is critical to the future services and supports.

If in fact everyone right now who is living at their home needed 24/7, the system may or may not be able to respond it. So having individuals, having video monitoring as one aspect, having a well trained direct support professional service group and having upper mobility opportunities and in service and pre-service training, all these things will help with improving quality services and ensure that individuals won't have to rely on one-on-one 24/7, shared staff while doing it smarter, better like that and quicker and really cheaper and the only way you can do that is having technology at the forefront I think.

[00:50:28]

JT: Okay, now explain to me how technology will improve that. What you're meaning by that, could you be a little more clear?

JH: Okay, well, and this is going to get into some area which I'm not an expert in technology...

JT: Well, just give your opinion.

JH: ...let's say a smart home, okay. If in fact there are sensors within the home and individuals in a sleep-time mode and they get up and leave their bedroom, not their restroom, their bedroom, if something goes off maybe an attendant can focus in through a webcam, web-based cam or maybe someone could say, "I better go over and check on Johnny or Jerry." You know if in fact they are cooking on the stove and sensors for heat, -- prevents, that would be a health and safety issue. If in fact an individual is working and they don't need a job coach one-on-one but they need a teleprompter or they may need some sort of auditory cue. You know, I think those things would help individuals and you wouldn't have to worry about having a one-on-one support service to have there but they can be monitored. You might be able to monitor five or six or seven people in a given setting.

Then record keeping and retention and things of this nature, instead of writing pencil and paper notes and having weekly summaries and monthly summaries but having it all being able to be dumped and focusing on what the plan is, not just isolated situations, and then if you have all this aggregated data, then you can look at trends. Good trends and bad trends. How can we improve quality outcomes? So I mean I think the future of technology and I just don't know enough about true technology other than tell you what I see the potential future is, you know.

[00:52:30]

JT: That was a good explanation because some people associate just the word technology with [inaudible] giving everyone an iPad or a computer so that's you know, what I was looking for.

JH: [Laughter] Okay, well if I would have a chance to think back, I could probably come up with some other good...

JT: Yeah, but I mean those were really good...

JH: Okay.

JT: You know, it's people that are going to see this aren't going to even really know necessarily what specifically we were talking about what led to that conversation.

JH: Okay, well if I need to do any filming over, if you want me to focus in on something at some point in time you know, just call me up so I can be prepared because I didn't...

JT: [Laughter] [Inaudible]. You're doing fine.

JH: I just stayed with these answers. Okay.

[00:53:10]

JT: You're doing fine. No this is great, this is exactly what you know we want and that's why I ask you those other questions just so someone who doesn't know what we're talking about will think, "Is he talking about iPads?" No, he's talking about sensors so that when you get out of bed, there's a little beep so that's that.

JH: But you can see how the economies of scale would work. If let's say in a duplex, and I'm saying duplex even though it could be a multi-family apartment living but you have individual apartments but you only have one attendant for four individuals possibly. You know that's a shared staff, you know, because if you had in the past, if you have individual [inaudible] -- and we can't really afford that but you have to have Jennie on Jim, you know and it's just, you can't do that, you don't have the luxury of having that.

JT: Good. So are their places currently, and I think there are, are there places currently [inaudible] in Indiana?

JH: Yes, there are.

JT: Hang on [inaudible].

JH: I was looking for something and I thought I had it but I don't have it. I didn't bring any, I was going to bring a residential discussion piece I didn't do -- I was looking one, two, three, seven -- no, I guess I didn't bring it, I'm sorry.

JT: That's okay.

JH: I was going to bring about this smart home called...

[00:54:37]

JT: Well, you can just tell us what you know and [inaudible]. Are there smart homes in Indiana? [Inaudible].

JH: Yes, to some extent. There are three; there are video monitoring systems in place. There are three distinct types and then there are some home which have been equipped and I think the programs for oh, it's for people with really significant behavioral needs, have some smart homes and there are about 54 -- 14 homes around the state that have some features that are equipped like a smart home or have certain aspects.

JT: Okay, good.

JH: The extensive support needs homes I think have incorporated a lot of the smart home technology. Some people call them hard homes but they're smart homes.

JT: I like that.

JH: So people can't break walls down and you know, they have acting out issues.

[00:55:43]

JT: Okay, so besides the technology in smart homes, what do you see as [inaudible] foreseeable future [inaudible] providing services [inaudible]?

[Silence] Like what's the next step for providing quality of life for people with disabilities, making it better or keeping it [inaudible].

JH: Well, I think there are two or three things. One, for health and health-related activities. We need to do a better job with prevention. Whether it's having cancer screening test, better dental hygiene, most of the times an individual who is residing in our service delivery system, they go to the emergency room. Everybody has to because they don't want to take a chance that there will be a problem. If we could invest the same in healthcare prevention and prevention activities and in healthcare coordination, you could eliminate costly primary physicians care and costly emergency room runs that not only is a drain on the system but also doesn't help the individual, that's one area, I think the future also of having a well-trained direct support professional workforce, having pre-service, in-service training and a varying multitude of services and having career opportunities and career advancement that have better retention rates within the organizations and have better requirement opportunities and therefore I think you have better quality outcomes.

[00:57:33]

JT: What does the training and education look like if you had the resources and you could direct it? What do you think new people coming into the field, what kind of training should they have and what sort of education should they have to do good work?

[00:57:51]

JH: Well, I mean you don't need a four-year college degree for this, but I think we should work with our vocational technical schools including Ivy Tech to develop a curriculum that specialize in design and work with our four-year institutions as well so that once you get the direct service core curriculum completed and you meet the minimum standards, then if you had management aspirations you'll be able to slot and go right into a business administration curriculum and/or work for the school of education, you know because paraprofessionals and professionals, education-related activities would be a natural. I think that the component is important but I think it's been an emerging area of interest, but there's not really a core degree program as far as I know and most colleges and most Indiana four-year institutions, you know, if you look in the home health arena, you have home nursing assistants and you have the certified nursing assistants, CNA program, we need to have similar-type programs and certification programs whether you do it online or whether you do it face to face supported by mentoring and internships, etc. I think that will all help out and then people will feel good about their career, feel good about the job their doing and not feel it's a dead-end street.

JT: Good. All right now then the last question I have and then we're going to just chat...

JH: [Laughter].

[00:59:39]

JT: Is [laughter] that's where we get some of the really good stuff, is career highlights. If you want to talk about some of the things that you're most proud of, some of the things that were most challenging but you know you just muscled through it.

JH: I guess looking at career highlights, I have a lot. First of all, I was fortunate enough after I finished student teaching to be offered a position in this field because I certainly didn't go to school thinking that I was going to be an association executive or an association manager, most people don't [laughter]. But I guess a career highlight of mine was being appointed chief executive officer, president chief executive officer of INARF in 2004 after Costa's untimely death. My goal at the time, -- because I wanted to ensure our members had the confidence in me and that I wanted to preserve the core and stimulate progress and that was critical to the success early in my term as president of INARF and I think I was able to do that.

I wanted to make sure -- cast aside the notion that it was a good old boy institution and ensure there was more inclusive. Everybody had a seat at the table, everybody had an opportunity to get out of Indianapolis to get away from the beltway mentality that I-465, meet with our members, find out what are members wanted and what they wanted from INARF and how they wanted services to meet their individual community needs and so I think these last years were great. What I also was proud about going back is that we were able to put together the first pool loan program, a tax-exempt financing for our members in 1992. I was responsible for those business services and so INARF offered that to its members and at that time the banks were not consolidated banks, almost everybody had a county or community bank and they were charging our members double-digit interest rates and so we put together a pool loan program where we combined the borrowings of about 17 of our members and borrowed $21 million for about 5% interest and you know, just like other not-for-profits, do tax-exempt financing.

[01:02:30]

…I also was pleased with the fact that the state use program not only I was hired to get it started but we helped modernize it by a couple legislative changes. And so that program has continued to run exceedingly well. I think ensuring that the lay of the land, the environment, was economically, it was one that would support a rational business model and we did get increases for our services for three consecutive years during Governor Daniels first four years in office so we felt good about that. I think we -- being able to recruit and retain a good working staff at INARF, that enabled me to do what our board wanted us to do and so we had good quality staff and good volunteer leadership.

If you look at your board of directors, your volunteer leaders, that's volunteer capital, their investing you in this service system versus doing something else with their discretionary time. Take a break here. Oh, I think also continuing my good, strong working relationship with John Dickerson, The Arc of Indiana and other allied organizations like the Indiana Council of Community Mental Health Centers, the Indiana Association for Community Economic Development. One thing I think that our members were able to do in Indiana versus not too many other states, typical DD centers did was getting involved in affordable housing issues. Not only home ownership issues, but being able to offer multifamily housing, affordable -- decent quality, affordable housing and about a third of our members are players, developments -- either developers and/or providing essential social services to residents of these affordable housing units throughout the state of Indiana.

JT: That's good.

[END OF INTERVIEW]