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**ORAL HISTORY VIDEO INTERVIEW WITH
STEVE HINKLE
NOVEMBER 8, 2012
INTERVIEWER: JENNIE TODD
VIDEOGRAPHER: PEGGY HOLTZ
RECORD ID: 002-DO**

**SH: STEVE HINKLE
JT: JENNIE TODD
PH: PEGGY HOLTZ**

[00:00:10]

JT: Okay, all right so we're going to start off and I'd like you to tell me your name, you know, where you live and from where you're retired.

SH: Okay. My name is Steve Hinkle, formerly Stephen Hill Hinkle and I'm from Fort Wayne, Indiana. I retired in 2010 from Easter Seals Arc of Northeast Indiana as CEO.

JT: Okay. So what was the field of human services or the disability field like when you first got involved?

[00:00:40]

SH: The-- when I-- I first started as a CEO, or-- an executive director at the time was in Johnson County. And the average tenure for the position was 17 months and that's not just in Johnson County that's across the United States. So it was an area that people didn't hang around long. There was a lot of-- lot of turmoil, funds were hard to find, and the Boards of Directors were primarily composed of parents and-- and with that emotional involvement and everything else. It was a pretty risky field.

JT: Okay. What year was that?

SH: 19-- the year I started was 1974 in Franklin, Indiana, Johnson County ARC.

[00:01:36]

JT: Okay, so you probably know Jim McClish. [laughter] I used to work with Jim McClish. He's working, you know?

[00:01:43]

SH: I knew Jim McClish very well. In fact I believe I help him get his job.

JT: Yeah, yes I know Jim well too. So when you started in 1974 you said the average longevity was about 17 months, 18 months. And so obviously there was a great deal of turnover. So what were some other changes and what were some of the most noteworthy or the biggest changes in Indiana that you've seen in your tenure in this field?

SH: Well starting back in-- in '74 the issues that we were concerned with, we had a lot of people who needed services. Family needed support. They didn't know what to do. We had people that had children with autism, and that was absolutely nothing going on at that time. Shortly after that IU started a program in Bloomington for autistic children as a pilot kind of project. But everything was in turmoil. And fund raising was-- was extremely difficult. The public schools for the most part were not taking many of our people. And if they were, they were children who were mildly retarded or-- or handicapped. There were few schools that had programs on a long-term basis for more severely handicapped individuals. So you take funding, you take turmoil, you take parents, you take need, and then you add that into society and their reactions to a person with "mental retardation" then you kind of had a big challenge.

And I guess serving people with disabilities and seeing the growth that they made when I worked in the classroom that's what drew me to it.

[00:03:40]

JT: So over your years what-- what have been some of the biggest changes thinking back from that to where we are now would you say was really important or significant changes in a way that people with disabilities are supported, the way services are provided or just changes and attitude, anything you've been, you know.

SH: Well I think one of the biggest changes and it's probably different than what many people would say would be in-- in the attitude of the people with disabilities. They have in-- in spirit and in accomplishment and in looking at the future, look at the future. It's not that they get on the bus and they go here and get off and do this and then go back to some place where they're kind of just kept. They look at it. They've got life. They want to do things. They want to go places. They want to see things. And that attitude over the last 30 years has changed a whole lot. They've had-- they have hope. They have inspiration and they have pretty much in many cases a very normal life.

JT: Well I have to agree in our careers, in our lifetime that's one of the biggest changes I have seen too.

SH: Sure.

[00:04:54]

JT: People are empowered, I'm sure.

[00:04:56]

SH: If you go pass that and-- and you look at the field and the professionalism you have colleges now turning out people who work in not for profits, understand not for profit management. They-- they have a degree in-- in an area that is supported in that kind of a concept. So you come out with people who from the get-go have more knowledge than I ever started with about how the systems are supposed to work. How planning, budgeting, building objectives, all of those things that we kind of learned off the seat of our pants. They come out with a college degree and start right from the get-go. So they can-- they can jump off into everything.

JT: And people with disabilities are going to college now.

SH: Yes.

JT: Which is a very big change. So, okay, is there anything else you want to say about that other changes or anything else that comes to mind?

SH: I could probably talk all day long.

[00:06:02]

JT: Okay, well if there's something else you want to say, otherwise, I'm going to, okay, in general how do things differ from one administration to the other across this-- across your tenure in terms of policies, funding, program?

SH: How did the administration and primarily the administration in the state of Indiana. It started with-- with a couple of things. One was that-- that the legislature approved the funding for services to people of mental retardation through counties. So that we-- we had the ability to have not dedicated tax funds but tax funds that were available to us if we made the proper application to county councils for those. And those became the source of support that helped kick off everything. And then the next kind of thing that happened around that time was the right to free and public education in the state of Indiana and then of course United States so that children with disabilities could go to public schools.

And-- and sit in the classroom and learn. And-- and when I started that wasn't necessarily the case. And so we had school-- school age programs. We had not pre-school programs at that time. But after we sent kids to school then we were able to work in the pre-school area.

[00:07:47]

JT: Is there anything else that you want to talk about in terms of-- 'cause you probably went through a lot of different governors, a lot of different people in political roles? And were there noticeable changes depending on who was in power?

[00:08:03]

SH: When-- when we got involved in developing the programs and the services and-- and families we recognized that we had to work with the political process because as our funds were not dedicated and we needed funds to establish the programs then obviously we went to the political sources. Administrations over the years, Republican, Democrats, governors, the people that they hired in the Department of Mental Health made a big difference. And-- and it seemed as if the Republican administration wanted to guarantee that everything that you did met some kind of standard and that you were doing this paperwork, and you were receiving your funds based upon this information. And then two years later they would change that process and you would be, receive your funding based on this process.

And so we just-- we kind of just worked with that every two years we knew that there was going to be and I'm not being exact but it felt every two years there was going to be a change in how funding was and so as things developed and computers became more available and technology we were able to use that technology to solve a lot of the problems when they made those changes. So that we were computerized and they wanted to do A, B or C while we could do A, B or C or we could C, B, A with-- with modern technology and-- and so the changes were people in the leadership in the Department of Mental Health, and what their expectations were and since they had the bucks we had to follow.

[00:10:01]

JT: Okay, good. Okay. So we noticed you initiated the People First movement in Indiana. Can you tell me how that came about?

SH: How did the People's First program get started in the state of Indiana is kind of interesting. I-- I attend a lot of conference. I attended a lot of conference and talking with people and there was a movement developing around the United States with People First. And-- and identifying the fact that newspapers, televisions, public would talk about retarded people. And we-- we all felt that that was definitely wrong. And they sometimes would shorten that to the retarded or retards, and-- and it was all-- all pretty negative, and-- and I felt particularly strong about that. We didn't talk about bald.

[00:11:12]

We didn't talk about just other-- other things in the same manner. And-- and so we talked about our people in a denigrating way. And so I was talking with Suellen. And I said I'd like to kick off or do something with our people to get a People's First situation going. And ultimately we did and then talking with her we were able to get a 10,000 dollar grant to kick that off through out the State of Indiana. And our self advocates became the teachers across the state. And we made it possible for them, to get there, and go to a lot of the chapters-- Indianapolis, Marion, just all over the state of Indiana to-to implement the practices and procedures that took place for them to begin to govern themselves to talk about things that were interests to them and to support what they wanted to see happen.

[00:12:16]

JT: So is-- can you help me understand is there a difference between People First organization and self advocates of Indiana? Is the-- I guess are the values, the mission, the concept pretty much the same it's just different name or something, two different groups?

[00:12:37]

SH: The People's First movement across the United States and the Self Advocates of Indiana are primarily the same-- same kind of an organization. I believe that what transpired in Indiana was we asked the self-advocates what they wanted to use as a name for their organization. How they wanted to be identified and they picked the names Self Advocates of Indiana. But the-- the information or the procedures, the background primarily came-- came from People First across the United States.

JT: Good, that's a good explanation.

SH: But I don't think the philosophies were any different whatsoever.

JT: Right, 'cause I'm sure people would be thinking, okay, I wonder if People First steps but-- .

SH: Right.

[00:13:35]

JT: So have you seen some changes over the years in-- in that movement People First, of advocates of Indiana? And we're talking Indiana, have you seen growth, have you seen change? And if you have a story that you want to use to illustrate any change. [Laughter]

PH: Or again if you talk about any individuals that were leaders.

SH: Well has there been a change in the self-advocacy by individuals with disabilities and yes, absolutely. When we first started the program it was-- people didn't know how they were supposed to respond. Didn't, you know, a president in Self Advocates didn't know what role the president was supposed to take. I mean they liked the title and they wanted a big bunch of keys or a telephone. But what the actual practice was they weren't sure. So in-- in the initial set up from the start we had to talk about how do-- how do you get together as a group? How do you bring up issues? Where did the issues come from? How do you give the issues? How do you get somebody to listen to you? Are you angry? Do you have a discussion? Just all the processes that it takes for group interaction.

[00:15:01]

And when we were-- when we were first setting things up and I began to meet with our individuals and groups to hear back from them. And you talk about a blow right between the eyes. A young lady just nailed me perfectly. We were-- we had not moved in to our new building out on Projects Drive. We were at the old building. And I was meeting with half a dozen individuals. And one of the young ladies she looked at me and she gave me this smile. And she said, "Mister Hinkle why do our bathrooms have to smell like truck stop bathrooms?" Can you imagine what that said to me? And did she nail it? What

could I say? I mean she nailed it right-- right one the head. She didn't have to say another word. And we got those cleaned up immediately.

[00:16:07]

JT: What year was that?

SH: Oh golly, that was in the early '80s or the late '70s. And it was-- it was in the '80s. It seems like we, well we maybe we built that workshop in the '80s. I'd have to look at my notes to see when we built it. But-- but it was prior to moving out north. And-- and she just asked the question. And that to me was the perfect example of a self advocate advocating for the-- the group. And she nailed it right on the head. And-- and I've never forgotten [laughs].

JT: That's a good one. So I didn't ask you and I was I trying to get that in that when I ask you what year. What year did you start with the People First movement?

SH: What year did I start with the People First movement? Golly, I made all these notes and everything is so--

JT: It can be closer. If you don't know [inaudible].

SH: It was-- it was in the '80s. I mean we started with it before we got the state grant to train people in Indianapolis and around. So but it was in the early '80s. I just don't-- don't remember exactly.

[00:17:38]

JT: Good. Okay, and then I also read that you started some of the first group homes in Indiana. Can you talk about that in time frames? And then here's what I want to know in terms of that is where the people came from that moved into the big homes and then kind of the attitude about that movement.

SH: In-- in talking about group homes and how and when they started and-- and the first group home was opened here in Fort Wayne. I didn't-- I didn't open it. It actually was open before I started and it was on Thompson Avenue and Governor Bowen came up and dedicated it. Some of the early challenges that we had with opening group homes was the-- the regulations of the communities that then they had zoning practices. And they would fight the fact that you were going to have 4, 6, or 8 people living together who are not married. And we had to work against that for several years. And as a-- as a result of some of that we went to state legislature. We went to the national -- on political basis and parents talked to legislature, legislators.

[00:19:10]

And that both levels we got legislation that took care of those zoning issues which made it much easier for us to get group homes in any neighborhood. But in the early days and we opened up, I don't know, 3 or 4 or 5 before the-- the easier road became possible. And we would have to meet with -- with neighborhood associations. And get them to buy into signing off on allowing us to build a group home or to buy a home and turn into a group home in-- in a neighborhood. And one of the most effective challenges that we ever had from-- from a neighborhood is we set up a meeting. We had-- we'd

identified a house we wanted to buy it on the northeast side of town. And we made an appointment to meet with the neighborhood association, planned to do it at a little restaurant that had a back room so that we could have coffee and tea and that kind of thing.

[00:20:24]

And their attorney just said to them, "Well, one of the most effective ways for you to fight this is just don't show up," and not a soul came and we couldn't change an attitude. And consequently, we didn't buy that house. We could have fought it but I made the decision that I didn't want to go into the neighborhood where those attitudes were so prevalent that it would be a problem forever. The majority of the time with if we met with a neighborhood association. We talked about what we were doing. We talked and answered the questions about property values. We answered the questions about what if and do we have to worry about just crazy things that they had in their minds that people with mental retardation were all about what they did and we had our folks with us a lot of time.

We had parents, we had staff and I participated and made commitments about how we would keep the outside of the home up and how you wouldn't know it was our house that was the group home. And that nine times out of ten, the outside of our house would look better than the outside of your house and we just kept on that. And when we opened the group homes, whether we built them or bought one and rehabbed it into a group home, I always made my phone number available. And I got a call from a neighborhood association and it happened to be a gentleman that worked at the Ft Wayne National Bank that I knew and he was saying "Steve," he said, "you know, just three houses down the road, there's a Cadillac that sits in a driveway."

[00:22:28]

And I said "Well, I think that's really important because I've got a new van that's going be sitting there and I don't want to be a sloppy neighborhood." And he just, "ah-ah-ah." He didn't quite know how to respond and I didn't get mad, I didn't. I just said, "That's really great, we want that kind of neighborhood."

JT: What year was this?

SH: It was in the '80s, yeah.

JT: So how has it changed now? I mean, you want to do a home, buy a home, we have a home. Tell me how it would be now.

[00:23:04]

SH: Well actually, the manner in which it's changed is you can't open a group home. You have to have state approval and the state has closed the door on group homes. And that's how the development of the services has been because a group home was licensed as ICF/MR, an Intermediate Care Facility for the Mentally Retarded which is an institutional set up. It's a medical model and so several years ago, the states said we don't want medical models, we want people living in homes and more smaller facilities, more like everybody which is accurate. And today, you can't open a group home.

[00:24:06]

You just simply-- they won't give it a licensure and it has to do both with the type of program and the funding.

JT: But the current group homes that are still open, the ones that are in existence, talk about how they're staying open and if you think they will continue to get funding or if eventually, they'll all be not put out, just business that will be shuffled to other institutions.

SH: The funding that that supports the management of the current group homes comes through Medicaid. And the thing for providers is that those are very stable funds and they're not like state dollars in many respects that you have to worry in two or three years, they're going to change the program and change the funding and then you have to scramble to figure out how it's going to work. Through Medicare and the funding sources there, they have been very, very stable. On the program side, group homes in order to be financially stable and Indiana have primarily six or eight people. You couldn't go any bigger than eight and four didn't give you the kind of resources to fully staff and take care and maintain the home.

So the smallest generally was six and a lot of them were eight and those are too big. We had an association dinner and John Dickerson came up for the dinner and one of our gals was there and was speaking on something. And John asked her where she was living and she said well, she lived with so and so and-- but I used to live in a group home. And he said, "Well, why didn't you continue to live in group home?" And she said, "Well, do you want to live with seven other women?" And if you think about it, who wants to live with seven unrelated individuals? I mean, two people have difficult times in relationships living together, three people is really difficult.

[00:26:43]

Well, when you get eight, it's really difficult and she was right on.

JT: Well, particularly in most situations, you're talking about where there's two or three, you're usually chosen. You know, it's when you get to pick, you know, you get to pick from who you're going to live with. I mean the college kids or people that, you know, good people getting jobs or getting married, you're picking. It's like yeah, I can remember where people go and group them, they'd go without their roommate.

SH: Yeah.

JT: And couldn't understand why the staff didn't understand, they were annoyed.

[00:27:13]

SH: So part of the funding process has been to move from group homes to individual waivers and people living together with two people which in my estimation is the best. But funding is still a critical issue and so sometimes, three, maybe four but no more than four and then that's, that seems to be working. It's harder on agencies to staff and to make everything work and you don't have a staff person in the facility whenever an individual who lives there is there and with group homes, we always had. If there was somebody in the facility, there was somebody on a staff basis that was in that facility. So it's putting

more responsibility on the individual who lives there and sometimes, that's not comfortable for parents but it works.

[00:28:26]

JT: Well, you're doing really well.

PH: You're doing really well.

JT: Yeah, you're doing a really nice job.

SH: Thank you.

JT: So when you--

SH: No extra charge. [Laughing]

SH: When you first opened-- when these group homes first opened, where were the folks coming from? Are they coming from families' homes? Were they coming from state hospitals? Who filled the group homes?

[00:28:47]

SH: When we started with the group home development, when I started here in '76, the movement to group homes was fairly new in Indiana. It had come to us from Sweden and overseas and was starting throughout the United States. And you had two populations of people, you had people who lived in the state institutions and you had people who lived at home. And living here in Fort Wayne and having the Fort Wayne State Developmental Center in our backyard, we were concerned about both groups. There were-- when I started in Allen County, there were something like 2500 individuals living in the Fort Wayne State Development Center. And I think of that time-- oh, that goes way back, 80,000 dollars a year was spent on their annual programs and state hospital 24-hour care and that covered everything, food, shelter, security, transportation, everything.

And we anticipated that by opening a group home, we could cut that cost to about 25,000 dollars at that time. And so, you do the math, and talking with legislators and study committees, we went to Indianapolis and said, "Let's do a pilot project." And so, we were a part of the pilot project and I think we had an approval for ten homes, eight homes the first couple of years, and those really kicked off and worked out very well. People were happier. Families were happy for the most part. And the people coming out of the state institutions came out, and having lived where they lived, it took them a year or a year and a half to get acclimated to being more free, not having the regimental-- regimen that they would in a developmental center.

[00:31:22]

And so, quite often, when they moved in to the group home, you know, in a short period of time, you would see people who had what were identified in the institution, severe behaviors or problems, couldn't get along with so and so or whatever, just become very open. I mean, just-- it was night and day to see and it goes back to if you're locked up and confined and you have no rights and people can

say, do or whatever to you, why-- you do go into a shell and change. And so, we knew after a very short period of time that somebody who had lived in the institution and came out would change and 95-- 99 percent of that, it was for the positive.

[00:32:18]

JT: Good. So most of the people did come from institution?

SH: We had half and half.

JT: Could you say that in a sentence--

SH: Sure. So when we opened the group homes, we were looking at two possibilities. We were looking at people coming out of the institutions and families that had needs and were able-- or unable to keep their jobs up or have and take care of the 24-hour care that they were providing, we took people from both areas and it-- when we-- we used to laugh because we said that when we bought a building or built a home, it was like the field of dreams. You open it and they will come. And in my 35 or plus years, I never had an experience where that wasn't true.

JT: That was good. Okay, you doing okay?

SH: Oh, I'm doing fine, yeah.

[00:33:24]

JT: All right, well that's going to lead us into the next question which talks about the state hospital. So what I'm curious about is did you have a role in helping close down the state hospital? [Laughter] And so maybe you can talk about terms like that. Here are some of the questions that I'm going to ask you, so maybe you could think about something. You know, basically, where people went once the hospital was closed and how that was decided. How the community handled it. How the people that lived in the institution handled it. How their family handled it. You know, the attitudes, the resistance, the excitement. What motivated the closing and how you thought the closure went? So I will ask you some more of those questions.

SH: Yeah, you're going to. [Laughs]

JT: But that's the gist of what we're going to talk about, and plus whatever you want to talk about.

[00:34:15]

SH: Sure. As part of the backdrop for coming to Fort Wayne, I was very familiar with the fact that there was a state institution here. And when I-- where I came from, in Franklin, Indiana, the state institution was Muscatatuck and that was-- it was in my backyard but it was kind of in the back part of the backyard. It was in southern Indiana more. And so, I didn't have as close a relationship. And I quite frankly didn't have it staring at me and thinking about all those people sitting in there. I could go home and since it was in my backdoor and not worry about it quite as much, but moving to Fort Wayne, it was upfront and present. And in my mind, part of our role and responsibility as The Arc was shut it down. And when you talk about shutting down an institution and supporting the people who live there, and we had 2,500 to

start with, how do you do it, and how do you look at things like who's employed there and who works there, and what do the families who have-- people who live there think about, what's their concern.

[00:35:40]

It's not just, "Well, gee, I think it's terrible." I mean that's my attitude, but you have other people who-- and I can remember some parents who said, "Hey Hinkle, don't mess with this. We're very happy with our son living there." And there was a couple that man and wife who advocated and went to the legislature and said exactly those things. And we would have some, I won't say argumentative, I won't say heated, but very direct conversations about their philosophy and about my philosophy and about The Arc's philosophy on why we should. And it boiled down to-- I finally figured it out is that they didn't know and this is the perennial question for any parent who has a child with a disability, what's going to happen to that child when I'm gone.

And so, they had an answer to that question and they said, "Hinkle, don't screw that up. We've got an answer. We know what's going to happen to our child and we're comfortable with that. He will have a place and it's safe." And so, what we were talking about was taking that child out of those four walls, without the government's responsibility behind them to support the child. And if we were not successful and had them out, they might be on the street. So families that supported the state institutions were concerned and it's a real concern. And I would continue talk to them and say, "Think about the institution in a different manner. Think about the four walls that you're talking about that are out on St. Joe Boulevard or wherever it is, and think about those four walls setting there and we just expand them out."

[00:37:52]

So now, the four walls encompass the whole community of Fort Wayne. We will have standards and procedures and funding and responsibility to take care, provide for and support your son just like they do in the state hospital. The funding for that comes from the same place and it is a waiver program, and a waiver is a waiver from nursing homes to an intermediate care facility and those funds come from the federal government just like they do at the Fort Wayne State Developmental Center. So I continued to use that kind of language and open group homes and show families that were resistant how it was working. We would invite them to dinner. We would invite them at meetings that we would have. And we had families who were very resistant but over time, and saw the experience of what was happening in group homes, they would change.

[00:39:03]

One of the things that I remember in working with the State Developmental Center was that the state was having funding problems with the group-- with the State Developmental Center. And we were having funding problems, getting money, more money from the legislature in order to operate the programs, all of the programs. And senator-- the governor at that time was Governor Evan Bayh and-- so John Dickerson talked with the governor and their aids, and we talked in our professional group and said, "We'll make you a deal. We'll go in and we'll figure out what it's going to take and how we can improve upon the financial resources at the State Developmental Center.

[00:40:04]

And if we do that and we are able to capture 40 million dollars, then The Arc or the-- of that 40 million dollars, 17 million dollars would go towards community programs." And the governor said yes and his staff. So we did that. There were eight of us I believe, we formed a committee, and I went the Fort Wayne State Developmental Center, met with staff, found out what the problems were, found out that people were working two or three shifts. But in the end, the ultimate answer was that we determined that the state-- let me back up. We had become experts at funding and where to find the funding.

So we knew that with ICF/MR's, the regulation said that every year, so you could have your rates reviewed because of inflation and increase, and we knew down to the nickel when that could happen. And so, when we went into the state development center and we worked on the committee and we followed and looked at the funding and everything, we quickly realized that the state hadn't requested an increase and had their rates updated for, I don't know, ten years or-- I mean it was way too long. So we put together the information and ultimately we made it possible. I'm thinking it was 120 million dollars and maybe it was 140, but it was over 100 million dollars that we were responsible for increasing the state's income because of the Medicaid rates at the state institution.

That was the 140 million dollars that Governor Bayh used to take to the legislature and sell as state surplus. And we got taken on our 17 million dollars. We never ever got the 17 million dollars that was going to support the state-- or the day programs. So he welched on his-- and used that 140 million dollars as the basis for state surplus whether it was reelection or something, but it was something political.

[00:43:00]

JT: So the money never followed the people, so to speak? 'Cause they used to talk-- at least when they closed [inaudible], that was a lot of language they used that the money was going to follow the person that was going to support them, where they move in the community, so that wasn't so much the language that--

SH: Well, in the funding of the state hospitals, there was always the statement that if you took a client out of the state hospital that the funds that were there and supporting that individual would follow the person. And I believe that for the most part did happen. They were ICF/MR funds. And so, if they went into a group home, they became eligible for ICF/MR funds. The thing that didn't happen necessarily was that block of funds that was over there came out to this block of funds as support in the-- but it all came out of the same pot. And so, I don't know that it was a big issue. But when you talk about what we did, and it took us a year to identify what the issues were in the state hospitals, to look at the income and where all the financial things were hiding and to figure that out.

[00:44:19]

And we found other things. We found that staff would come in and work two and three shifts. And so, consequently, some of those things, if you think about it, a person would come in and work the first shift. Okay, that's eight hours. And they would know that they'd probably have to work the second shift, so they'll slough off the first eight hours to be relax so that the second eight hours wouldn't be as

difficult for them. Well, if they work the third shift, they didn't do anything. I mean quite literally, and I had staff at the developmental center tell me that, you know, so and so has worked three shifts and he didn't do anything in any shift. And so, you had-- that's where your concerns for the quality of care and it just highlighted and told you that you needed to solve those problems.

[00:45:27]

The state couldn't hire people in the institutions because they were on some kind of a hold on hiring staff. And so, working two or three shifts was not the answer because they still paid for somebody and the quality of care was just zip. And then you talked about the staff in the state hospital and there were a lot of good people and they took care of clients, they were concerned about them. A lot of the staff had-- took clients out of the state hospital and they lived in their home as foster parents. So you always had to be careful when you talk about closing the state institution. At the time, we had to be careful because that was our job and who wants to hear why are you going to close us down, so we had to plan for and be ready for staff to come out as well.

And at The Arc, we hired a lot of staff in state institution. Good people.

JT: So in general, the people that moved out of the state hospital, do you think they're doing better? Do you know where some of them are and do you have any stories about maybe some of the people that you followed or that you know of who are living a better life or-- in crisis or, you know, just some stories?

[00:47:11]

SH: What happens or what has happened with people who have lived in the state institution and moved out into group homes and on to their own places, and I can sit here and tell you story after story all day long about different scenarios. There-- I'd say 90 something percent were very positive. In a few cases, they weren't. There was change and peo-- change was difficult for some people. And so, there were some negative situations. But 97 percent, to throw a number out, I would say were-- or 98 percent were extremely positive. And we started a ballroom dance program at The Arc five or six years ago and I'm a ballroom dancer and it was my vision that our people love to dance.

[00:48:24]

You'd go to a gathering, I don't care where it was, whether it was here in the State of Indiana or if it was in Alaska or Washington, DC, if there was a party, our people were up dancing. And they were dancing what they saw on television. And all you saw on television was what I call the circle jerk. And it wasn't to me dancing. I mean it was dancing and there was music and they enjoyed themselves, but I felt like if they had the opportunity to learn to ballroom dance, they would enjoy that for a lot of different reasons more than they would what was going on at the time, individual dancing. So we took a survey and we started a ballroom dance program. And I can talk about the ballroom dance program a lot. But one of the people that signed up for the first year, his name is David, he looked like Daddy Warbucks and he was in my office and I said, "David we're going to get started on a ballroom dance program."

[00:49:32]

"Oh no, I don't think I want to do that Steve," and I looked at him and I said, "Well Dave, what do you have against holding a beautiful woman in your arms?" He's just a little bit taller than me and he-- "You've got a good idea there Steve. I think I'll do that." And I have a picture, newspaper clip that I kept from my retirement and it's a picture of David and he's dancing with this gorgeous redhead who is just as tall as he is and looks at him right straight in the eye and his smile is a mile long. And that exemplifies two things, the freedom and the inspirational aspects of ballroom dancing. David was in the state institution and so you take what he was able to accomplish there and after being out, holding a job, living on his own and learning a lifelong skill that can provide him enjoyment forever.

And that's a prime example of somebody who came out of the institution. We had a gal that moved in to one of our group homes from, where's Ball State? Muncie? No, New Castle and New Castle was primarily the place where individuals that had a lot of seizures were taken care of. And when we started to close New Castle, I mean this was an area that we didn't have a lot of experience in and certainly not any experience with the depth of the problem. We had a young lady that came to us and-- excuse me-- she was experiencing 120, 150 seizures a day and we didn't know whether we could continue or provide the nursing care to help her.

[00:51:57]

And it was three months after her-- she came to us that working with a medical practitioner and her family and her and adjusting her meds and all that. I think we got down to three seizures a week, I mean it was just night and day difference and it-- she was just delightful. And it was-- again, it was night and day so we had a lot of situations like that. There was a fellow named Fred and this was back when we started a bus training program so that people would have independence. At that time, they were riding on what called the JJR Blue vans. And I'm sure that if you've been around the system for a long time, you remember when people were hauled around in eight to ten passenger vans and you had see-through windows and you'd know that there goes people going some place to a rehab center or something.

We had a new manager come to town at the public transportation, PTC and he was on television at the-- shortly after he came and he said, "I'm here to improve on bus transportation and PTC and we've got a challenge ahead of us. So I want everybody to be aware that my goal is to get everybody who wants to ride the bus on the bus. So if you're driving a car and you don't want to ride the bus, I'm not after you but I want everybody to-- who wants to ride the bus to be able to ride the bus and have access to it." I was in his office the next day. We were transporting 80 to 100 maybe even more than that people at that point in time through JJR and it was fine.

[00:54:15]

If you look at it from the surface, they got to the programs, they got home safely, families didn't have to drive them. So in many cases, families didn't even have to stand on the corner for them to be picked up, they came to the house and the driver would come up and get them so families could work which is part of the goal so that they could have a real life. So we looked at that and I was in his office the next day

and I said, "I've got 120 people who want to ride the bus." He said, "We can do that." So we sat down and we talked about how we could do it and we came up with a plan. I went back to the office and talked to the appropriate leadership on the board of directors and I said, "Here is what I want to do." Now, from a parent's perspective, what I was talking about doing was not very exciting and I had a bunch of opposition.

[00:55:19]

But we got through it. We had maybe half a dozen parents who elected to provide their own transportation. And the deal was we will train your son or daughter to ride a bus. And we will determine if they're successful. If they're not successful, we'll provide transportation. But you have to have the training. And if you don't want to take the training, if you don't want your son or daughter to have the training, then you provide the transportation. And I stuck to my guns. And so we had maybe five or six people that initially could not learn that we felt were safe in riding the bus. But after that, I mean we had people on the bus, I never did re-implement transportation. It was a fantastic program.

It gave our people independence.

JT: Right. And I'm sure it was a big cost-saving to the agency.

[00:56:25]

SH: It saved us about 80,000 dollars, I mean, that first year that we did it. But I was going to tell you about Fred. And Fred came in from riding the bus and he gets off the bus and he's got this red IU hat on, he walks to the workshop door and he kind of, "I rode the bus." And he was just as proud as he could be. It was stigma to be in the van, to be hauled around, here I am, 40 years old, riding a little blue van, somebody has got to take me every place I go. Many of our people can use the transportation and use the buses today, and they have independence. We had a situation, we were in staff-- my staff meetings were on Monday morning. We, sitting in staff meeting, we're going through some staff and got a call that, so-and-so hadn't shown up, I guess it wasn't in the morning, it had to have been in the afternoon-- hadn't shown up home.

So it would've been 2 or 3 o'clock in the afternoon. So we left the staff meeting and each of us went a different place. I went to the transfer station at Baker Street because that's where he would come from the workshop to the transfer station and after transfer station, to the house on Thompson Avenue. And I went to Baker Street thinking, what if there's a problem, that's where the problem is going to be. So I get there and I'm looking around for him and bus pulls in coming from the other direction and he gets off the bus. So I went over to him, his name is Dale and I said, "Dale, you want to ride to Thompson House?" "Yeah." So we get in the car, I said, "Dale, where did you go?" He didn't say a word.

[00:58:36]

He sat there and I just let the question sit. Finally, he said, "To the end." "Why did you go to the end?" Sat there and mulled it over and I didn't understand, I don't know but it was another minute or two and, "Wanted to see where I was." He was exploring. I was ecstatic. He had come back to the transfer station. He would've most likely taken the next bus to where he needed it taken and been fine. But he

wanted to see where it was, wanted to see what was the end. And that said millions to me, just absolutely wonderful. And I would've done the same thing [laughs].

[00:59:29]

JT: That's a good story, yeah, to see just he had a ride and he won't take bus and--

SH: Well, he wanted to explore.

JT: That's right. That's right.

SH: I mean, I do that all of the time.

JT: So do I. And it's good. So I think we have enough of the ballroom dancing?

PH: Yeah.

JT: Okay, we talked about self-advocacy. This is the question, I don't know, kind of a strange question, you didn't tell me if you wanted the answer or not. Okay, were there times in your career that you wondered if what you were doing was making an impact? Did you have times where there were internal conflicts, personal beliefs versus job expectations? Which-- [Laughter]

[01:00:19]

SH: So how do I summarize that and get into the answer?

JT: Well, no, I mean, you don't have to say all of that. My question and-- it's just something to think about, I mean, were there times that you wondered, you know, if this is really what I should be doing or things that you really believe in that you didn't have support? And being in your position probably had more support than someone maybe in middle management? So I don't know, but maybe you still had--

SH: I can answer that question.

JT: Okay.

SH: You know, in 35 years, working in a not-for-profit, you work with a lot of different people. You work with politicians, educators, school systems, psychologists, boards of directors, staff. So you're kind of like in the middle. You're-- you've got-- I like to think of it as two pyramids. And you're right there at the point of both of them. And the board and the community is up here and the agency and the staff are down here, and they're both putting all of that force right under your head. And it's been interesting. For the most part, I had wonderful support from the board of directors. And that's not to say that there weren't individual problems but the most part, just wonderful support and the same with staff.

[01:01:57]

If you're working in the kind of programs that we are, you had issues, the staff come up and you had to deal with them. But I can remember a situation where I was getting ready to interview somebody in the financial area so that we would have a CFO. And one of my people was the treasurer of an international

corporation that was-- main office was here in Fort Wayne. And so I had to ask him to do a second interview on this person. And in the course of the interview that he conducted, he said to the person, he said "Now, if I ask you to do something, I want you to do it. If I ask you to tell me something, I want you to tell me." He said, "It doesn't matter what Hinkle says." I mean, and the guy didn't take the job.

[01:02:58]

He came to me and he said, "Here's what it was said and I don't want the job, I'm not going to be put in that position." So we had a half-- a strong, long talk about that. We got it sorted out and maybe I'm not using the right language that he used but it was, "Yeah, I'm the volunteer and if I ask you a question, I want it to come to me." So-- but over the years, we also had people that were family members and I'm thinking a couple of times when I went in for a raise in my salary and one of the-- this was told to me later because it was a conversation I didn't set in on, but the family members said about my increase as well, my spouse could do exactly what he's doing and wouldn't have to have as much money.

He didn't make that much money doing what he's doing, and he could do that job. So you're out fighting these battles and you come back, and want to be rewarded or when you have positive results and there's a question about your salary. That's sometimes a kick in the teeth and we had that. There were years that we didn't have all the money we wanted. And would we get an increase? Could we get staff increases? I think, in our agency, a couple of the greatest things that we accomplished was when we put an insurance program in so staff would have health insurance. And we were one of the first not-for-profits in the state that did that and certainly in our field and then the second benefit that we implemented was retirement.

[01:05:14]

And I think those two things made it possible for us to hire and maintain and keep people to professionalize our staff and that was something-- we did something else that in the financial field which started in the middle '80s, we started what was called The Arc Society which was a precursor to a foundation. But it -- long-term planning and talking with families, and community members, and board members about leaving their state or leaving something in their will or their trust to The Arc so that we could plan for the future. And we titled that as to be able to take the peaks and valleys out of our funding. And again, we were way ahead of the crowd in the disability field in doing that.

And we finally went in '95, I believe it was. It became a formal foundation. And we had a financial situation where that foundation did take the peaks and valleys. We had a situation where we, we had been working on our software and we implemented a new software package and our staff were primarily the developers working with a computer firm out of New York. But they did the implementation and when we crossed over from the previous software to the new, we had not implemented a switch. And the switch would identify between individuals who were on Title 20 and individuals who are on another funding source.

[01:07:21]

And so what we did was double bill for 18 months on that billing because of not having that little switch. And we caught it and we identified it, and that telephone call to my board president at the time was one

of the most difficult, difficult calls I'd ever had because he didn't know what to think. He didn't know whether somebody had been in the till or just-- so anyway, I called him and then I called the state and the upshot of it was, was that we had to pay it back. We had done it for 18 months and it was approximately 30,000 dollars extra billing a month. So do the math 18 times 30, about when it was all said and done, it was a million eight that we had to put together in order to solve that financial problem.

[01:08:31]

And when that happened, we went to the foundation and had resources that supported that effort. And it helped to take the peaks and valleys out of it. And we had to do some things on benefits and salaries and everything in order to figure out and make it work. But it was a year, a little over a year and we had paid back all of the money and had things established so that we were okay. It was extremely good and the state worked with us. They didn't penalize us. They wouldn't have caught it because they would come in and they would check the books on Medicaid, they'd check the books on Title 20 but they didn't combine them. So we caught the mistake and we told them [Chuckle], when I went down to talk to the staff at the state about it and she said, "Well Steve, what would you like to do?" And I said, "Well I'd like for you to just write it off."

And I smile just like I'm doing now. I anticipated that they might do that. But they were having financial difficulties and she said, "No I can't do that, but we won't charge you penalties and you tell me, how you want to pay it back. You can pay an X amount a month or --" and I said, well, we'll just pay it at I think it was 12 months up. And we'll just pay it at the end and our CFO at the time figured out that that saved us I don't know how many thousands of dollars by not having to borrow the money and doing it at that time. So we solved the problem and the board supported us. I mean it was conceivable that they could have said, well Steve, you know, this was on your watch, we're going to bring somebody in you would feel more comfortable with and so I was given the opportunity to clean up the mess and did.

[01:10:50]

And you know that's one of the highlights when you talk about board, staff, relationships that that kind of experience can work.

JT: That was really good. We have a couple more questions, how are we doing on the time, can we have [inaudible]. I don't know, did we tell you two hours?

SH: Yeah, I think so.

JT: All right, well I've got a couple more questions. This one is basically in looking forward. What do you see as foreseeable trends or what do you hope are the next big things for people with disabilities to continue to improve quality of life?

[01:11:43]

SH: I retired in 2010 and after 35 years working in The Arc, I felt it was time that somebody else have a shot at it. Having said that, my mind hasn't stopped working about issues that face people with disabilities and their families. The truth of the matter is we have three percent of the population, I think it's still the

number who are people that are born with a disability. So we're going to continue unless we do something medically to have people with those kinds of needs. And what does the future hold for them? Well we know that a lot of the things that have been problems in the past, state institutions, the asylums that they were called years ago.

[01:12:42]

Group homes, med-waiver homes, what's next? And I think attitudes about our people, about people with disabilities have changed somewhat. You still run into people that you think are still on the Ice Age with their attitudes but our people are having the opportunity for jobs. They're living more independent. You have actors, you have people, ballroom dancing. You have people that are going to college that have a disability that-- an intellectual disability. But what do they really need? And I guess it's, it mirrors their growth.

They go to school, they're born, they go to school. They graduate from whatever their school program is. They need a place to live. They need a place to work. And I think the next area is play. How do they, how do our people get from their work day and go ballroom dancing? How do they go clubbing? How can they be interactive in the community? How can they be on the board of directors at XYZ or how can they be involved in politics? And that takes more than just the people who are the professionals working with them on a daily basis. It takes involvement. It takes being invited into the Republican offices or the Democratic offices.

[01:14:55]

People who are willing to facilitate and make that possible, it takes a community that has transportation that is beyond 7 o'clock in the evening. It takes places where they can go. And I think its access and they've come a long way. And as professionals, we've come a long way. But-- or we has to get bigger. It has to be the community that invites our folks more than what is happening there. And I'm not exactly sure. I know how to answer that question.

JT: So, this has kind of given you my idea of the answer, but it sounds like what you might be getting at. We've done a lot of work around community membership, building community around people so we can guide you and teaching people to be leaders, and also around relationships because like you were saying, now, you go to work, we have the work piece which is still a struggle.

SH: Oh, yeah.

JT: But then, how do you make friends? How do you have people in your life that are going to expand the things that you do or help you get the next job or help you, you know, do some of those things. So, it sounds like that that's-- you know, kind of what your thinking that was some of those.

[01:16:25]

SH: The problem that's associated with what I just said is you still have people who are able to interact in the community in some way, shape or form who because of their intellectual disability have challenges but they're able to ride the bus. They're able to maybe get a driver's license. They're able to hold a job

down and do a lot of things. But then, you also have people who are more substantially in need that don't have those capabilities and don't-- or cannot ride the bus necessarily. And that's a whole different challenge, and it's going on. What's in store and how do we improve upon the programs and services for them and they're not setting into-- in a smaller institution if you want?

[01:17:32]

How can they grow? What can we do to facilitate that? And I suppose, in my mind, one of the answers is eliminate the problem in the first place. Figure out what causes the intellectual disability and our scientist and our doctors and find out what can solve that at the beginning so that we don't have people who are born with disabilities. I think that's the ideal answer. And that's probably the one that is the hardest then what we do, do we do with the folks who have a greater need. And I don't have an answer to that. The family still needs support.

You still have time for place to go. You still have to have a meaningful day. And what's meaningful to them may be different than what's meaningful to you and I. And I guess that's why I retired [laughs].

JT: That was good. Well, the last thing that I was going to ask you and maybe you feel you have touched on this, but if you haven't, are there any career, highlights, or anything that-- [Laughter] You would like to talk about that I didn't ask you?

[01:19:05]

SH: That's why I brought that cheat sheet was -- [laughs].

JT: Oh, that's right. I'll tell you, when you used-- and I'm thinking that I'm just going to ask you things from your sheet. So now, it's your time to talk to us again.

SH: This sheet, we started putting this together when we started planning. And we started-- Peter Drucker, talking about planning. Peter Drucker was the fellow that wrote man-- beha-- I see. What did he-- "Management by Objectives" and I kept trying to think of OBM. But "Management by Objectives," in other words, if you don't plan, you don't have a plan, how do you know when you're going to get there? And I went to a training session. I think it was 1978 on that and came back just full of enthusiasm on here's how we're going to get from A to Z. And so we put together staff, put together the first management by objectives plan and it was-- it was about an inch thick.

[01:20:25]

And it was 5 years out but it was my bible. Out of that plan, we build group homes. We built Arc Industries. We moved things and preschool programs. I mean we had a logical sequence on what we were going to do, when we were going to do it and when it was going to take to do it and how much it was going to cost. And everything that we had planned for happened with the exception of the dollars. I mean we built the buildings. We hired the staff. We identified the programs. And as our career, it was that planning process that made it all possible. And I don't know what I hadn't done if I hadn't gone to that seminar.

[01:21:28]

But that's one of the things that I've been extremely proud of. I supposed the ballroom dancing and the independence teaching people on how to ride the bus and giving them independence are two things that really stick out in my mind. We had a program and this is back in the '80s, working with identification of children and helping families called "Check Under the Hood". And we would-- we worked with Parkview Hospital. We had professionals that were associated in the field come into the room and look at the child and to evaluate the child and work with the parents and determine what the child's difficulties were. And so, we had pediatricians, we had psychologist, they had a group of professionals that helped to figure out if that child -- and we're talking about babies and children that they would look at the skin tone, they would look at the graphs, I mean, they look at just developmental steps that were there and help the parent and the family understand and know and if there was a concern.

And that was extremely helpful and I just loved that program. I mean I love the title of it, "Check Under the Hoods." And we marketed it by a baby in a hoody. And so it was tremendous and Dr. Bill Louise [phonetic] at Fort Wayne State -- or at Parkview Hospital helped us on that and was really a great inspiration. And it was so many things like that when we wanted children not to be in our program, our preschool program. We worked with local childcare facilities and provided support and staff to them so that they could take children with disabilities so that they would be in with other children. When we opened our child care center, we had been working with our kids that were kids of the staff and they would bring their kids, their kids without disabilities in and we would do reverse mainstreaming so that we would have it and laugh with my daughter and my son.

[01:24:17]

You went to Johnny Appleseed there. [Laughter] Not my daughter. My son did. It was all those kinds of things that we tried in working with and we had some really great staff who had great ideas that boiled up and made some of those things possible. And I suppose that the bottom line is that it took the whole community to make the program work.

JT: Is there anything you want to say, you know, you didn't refer to your notes--

SH: Well, no.

JT: But I don't know if there's something on this that I didn't ask you that you might want to talk about.

SH: I--

JT: And so-- and this is--we don't know that muck about you, so this is something--

SH: Well, you know, it's not about me.

JT: Well, we are trying to hear your version of--

[01:25:13]

SH: [Laugh] You're getting it.

[01:25:14]

JT: -- of what you think about things. So, if there's something that we didn't ask you to-- your opinions on such work, your opinion on this and that, or I don't know, anything that you feel as relevant from that.

PH: Yeah, something from your career that we didn't hit on.

SH: Well, you know, I could probably sit here and talk for another eight hours [Laughter] if I started going through this because each one of these highlights came out of our planning system. And we just started putting together a list of accomplishments so that we wouldn't forget 'em. And I called the office and got this because this is-- this-- I mean this is the target of the goals by an objectives.

JT: Well, are there some highlights from there that you'd like to talk?

SH: I think I've got most of them in there.

PH: Is it kind of like a timeline? I mean you could pass it on to us because that's I think--

SH: You have it.

PH: -- oh, because that is one thing that won't be building as a timeline of the history throughout Indiana so you might have some information in there that can lead to--

[01:26:22]

JT: Because what we want to look at is how Indiana paired, were we ahead of other states? Are we behind? Other states in terms of laws and policy and the way things went for free services and supports with-- for people with disability and their family. So, timelines would be really helpful doing that.

SH: I assume that you're talking about John Dickerson and--

JT: We haven't yet, but he's on our list.

SH: One of the things that we had that was very helpful was the professional organization, ICE, Indiana Conference of Execs. And we would meet on a monthly basis during September through June and whether or not we would meet anytime during the summer depending on issues. But that's where we got together and did a lot of brainstorming. And that's where we got together when we did the study and the work at the State Hospital during the tenure of Governor Bayh. And we shared stories, we shared help. That's where we did our battleground work. That's where we talked about the legislature. That's where we highlighted some of those things who would make the pitch, who would appear at the hearings, who was the best person to accomplish something.

We talked to our different legislators and we found so and so was interested on this or that. I mean, it's that ICE conference that really provided for a lot of that brainstorming on the professional end.

[01:28:14]

JT: And what was the timeframe with that? Was that all through your career or was that--

[01:28:18]

SH: Oh, yeah.

JT: Okay, so that was available back in the '70s.

SH: We started it in the '70s, yeah. The national conference-- there was a national conference going on as well. And I attended the first national conference in '74. And so that was going on, on a national basis. And we implemented and put into the place the Indiana conference of that.

JT: Sounds like you got a wonderful career and you've done a lot of really interesting progressive things.

SH: It's been extremely positive. And you talked about-- you talk about do you get burn out?" or "are there times when you get down? Is it a tough day? And yeah, there were a lot of those, a lot of those. And if you're in the CEO position, you know, how do you put yourself in front of a crowd when you've got XYZ working back here and it scares the dickens out of you or I mean, and you've got to come in to the classroom or you've got to come to the board room or the staff room and you've got to have the positive face on and here's what we're going to do. And when I came to Fort Wayne as a job, it was a real stretch for me. I came from an agency that had a budget of 250,000 dollars.

[01:29:56]

I mean, it was a good agency and we were moving. And when I left I think they had 80,000 dollars in the bank, I mean, they were in a good position and, I mean, it was a real stretch for me. But it took some time to get acclimated that when I started up here, we were at a budget of 750,000 I think. And when I retired, we were at a budget of 17 million. So, I mean, it's-- and it was just one step at a time but it never wavered and it never wavered from what's the best for our people. And then that's whether it's "I don't want our people riding in a little blue van" or "I don't want our people having to live in the basement" or "I don't want our people being just a second class citizens."

So we'll buy a new van and park it in the driveway just like you do to your Cadillac, and that was always the driver. And one of my staff said at one time, he said, "I know you're tight as hell Hinkle, but you'll always find money that will support something for the clients," and we did, but some of the other things we worked on, you see, I'm proud of that.

JT: Okay [Inaudible] because we didn't talk about the fact that it's connected to Special Olympics either. We talked about you starting it.

SH: Yeah.

[01:31:44]

JT: But we didn't talk so may we just-- is it back on?

[01:31:47]

PH: Yeah.

JT: All right

SH: Our ballroom dance program that we implemented and I've said it came about as a result of my wanting to give our clients a lifelong skill. We started that and the first blush on it we did a survey internally and we have 50 people who said that they wanted to learn to ballroom dance. And we didn't have money, it was-- I mean, it was recreation program and our recreation program wasn't funded, we did the funding for ourselves. So I went to the ballroom dance community and talked to people that I know in the studios who said, "Well, Steve, we'll volunteer that will do that as a-- " and I said, "No. I don't want a free ballroom dance program, for a couple of reasons but one them is, is that I wanted at your studio and if we have a class, I want the class to be at whatever time we set up because we're going to have to have transportation.

And if you call at 2 o'clock and you've got a paying customer and I'm free, then I don't want you cancelling the class." And so, we set it up where we pay for dance classes and had people come in. And it came about, the president of Special Olympics called me and wanted to meet with me and he wanted to talk with me about helping to grow the Special Olympics program in Allen County. And he had come to me because we had been a singular agency in place in the community that had supported Special Olympics for over 30 years, and that's primarily because I went to Special Olympics in the early '6-- or the late '60s and early '70s as a teacher with my people and I highly supported that.

[01:34:07]

And I said to him, "Well, I'll be happy to help you grow Special Olympics in Allen County if you'll do something for me." And he said, "What's that?" And I said, "Well, I want to start a ballroom dance program. And I think that the professional side of special Olympics and everything that you do with volunteers and how you check and make sure that they're good people is something that would be an attribute that we would want and I see it as the potential that it could be duplicated all over the United States. And by doing that in Allen County, it would help grow your image in Allen County as well. So, one will support the other and then I'll do whatever else you want me to do to help the rest of it grow.

[01:35:09]

So he agreed. About two weeks later, I had a lady come through the door and she was a person that was working with the what we called the USABDA, United States Ballroom Dance Association, it's' been changed and it's called Dance Sport. But she was involved in the chapter here and she came to me and asked me if I would be in charge or if I would chair the fundraising committee for USABDA. And I said, "Well, I'll tell you what. I'll help you and be the chair of that fundraising committee if you'll help me." And she said, "Well, what do you want?" And I said, "I want to start a ballroom dance program for our people." And she bought into the program and supported it and as did Mike at Special Olympics, and we started that year.

[01:36:25]

The first year, we did dance classes and trained and taught and then at the end of that year, we had the first competition and this is going on the 6th year, I think, now.

JT: What did you say about the Nation?

SH: This is the program to teach people with disabilities, with intellectual disabilities, ballroom dance has not been, it's-- this is the first in the nation. It's the first in the world. Now, since we started, there have been some other places that have done pieces of what we've done but they haven't implemented a yearlong training program, they haven't associated necessarily with several studios, they've had pieces of it but not to what we have. And I think that my goal at one time was to get our program accepted and highlighted on Dancing with the Stars. And I still think that's possible.

JT: Well, don't you do a local Dancing with the Stars?

SH: Yes.

SH: It's actually, it's a fundraiser. And it raises 50-- 60,000 dollars. And it helps to support the recreation program not just the ballroom dance program.

JT: And we didn't talk about that, you know, about people getting married, you know. And--

SH: And divorced.

[01:38:04]

JT: -- and divorced, and having children, and not having children, you know, because that's probably going to be, you know, a trend that we'll probably continue to see, maybe more support that way, or I don't know, maybe come a long way from--

SH: You know, I don't think it's as prevalent as what people once thought it would be.

JT: With education, people are making smart choices.

SH: Well, and still it boils down to access. How can I have a date if I can't-- don't have a transportation? And families, brothers and sisters discourage that. In fact, one of our two or three divorces that I'm familiar with, I think the family caused the divorce and that's sad. I had one situation, we didn't talked about children with autism either, but this was back in Franklin and mom came to me and, she would just, at her wits end, she was a single mom now, she had two sons who were autistic, and she didn't have any help, and she didn't know what to do.

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And she described one time that the only way that she could get any respite is that instead of putting the children in the playpen, she put the playpen over the children. And put something on top of it and then she could lay down and get some rest because nights, they're time clocked when they wanted to be up - they were up. And I ultimately got her involved in the-- at IU when they started the Institute for

children with autism early, early -- I got her, she was one of the first families or first people involved in that with her two boys. Then we started a group home. Well, two or three years ago, we had a 25th – 25th year anniversary for-- we started the group home and had teens with autism in the group home and the 25th year anniversary, all of them were still there and doing just great, just absolutely great.

[END OF INTERVIEW]