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**ORAL HISTORY INTERVIEW WITH
BETTYE DUNHAM
AUGUST 20, 2013
INTERVIEWER: JANE HARLAN-SIMMONS
VIDEOGRAPHER: PEGGY HOLTZ
RECORD ID: 023-DO**

**BD: BETTYE DUNHAM
JHS: JANE HARLAN-SIMMONS
PH: PEGGY HOLTZ**

[00:00:10]

BD: My name is Bettye Dunham, and I am C.E.O. of Rauch Incorporated in New Albany, Indiana. I've been here at Rauch for twenty years now.

JHS: Maybe you can just tell us what Rauch does. What is the agency doing?

BD: Rauch is a community based organization. Do you want me to say Rauch, is that a good way because I was trying to incorporate your question.

JHS: No, that's great.

BD: Okay. All right. That will work.

JHS: That's perfect. Yeah.

BD: Rauch is a community based organization that has a variety of services supporting people with disabilities. We work both with children from birth to three, as well as adult services, including vocational, non-vocational, residential services. We also provide American Sign Language interpreting to this community as well as in the state of Kentucky as well.

[00:01:12]

JHS: So how and when did you get into this line of work.

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[00:01:16]

BD: I got into the field back in 1975. I had moved to Indiana from New York City, and I was working -- starting to apply for jobs in the field of business and there was an individual who was attending Indiana University who had cerebral palsy, and he needed someone to assist him. So while I was in the process of applying for jobs, I agreed to become his assistant and take him and help him to take notes and study. His mother was a national advocate in the field of disabilities, and so as I worked with Chris and his mother, she helped me sort of spurred my interest in being in this field and so I did apply and that's history [laughs].

BD: The things I'd learned from Chris that really endeared me to the field, were to look at our community and how our community responds to people with disabilities from his eyes. To understand, you know, the types of barriers that he faced and the types of things that he had to go through. A story would be, for example, that he'd say, you know, that he would go into, say a shopping mall, and people would look at him and assume that he wasn't cognitive and they would come over and drop coins on his table and that was very frustrating for him, that that assumption was made that he was not intelligent or that he couldn't speak or have communication with people. And also then just in terms of other aspects of his life and how that figured for him. And one of the things his parents would often go off on vacation and I would stay with Chris and take care of him.

[00:03:09]

And, you know, we had some very heart-to-heart conversations about what it was like for him as a young man to have to be in the total care of someone who, you know, had to bathe him and take care of his every need, and just sort of his expression of what that felt like from his perspective.

JHS: Not every person in a C.E.O. position has necessarily worked in a direct assistance capacity with someone with disabilities, so do you think it is important that you have that kind of experience, and if so how did it inform the decisions you've made as an administrator?

BD: In my early career, I had the contact not only with the contact with Chris, as I before I got into the field, but then as I grew in my career, I worked at Developmental Services in Columbus, Indiana for 19 years. And I started out sort of as an intake person, and so I had contact with families who had children with disabilities, and got to understand, you know, their frustrations and their barriers. Then, I worked in a placement position, so I worked directly with individuals in that position, and sort of worked in several positions before getting into a management position in this field. And I feel that was very important in terms of helping me to understand, not only the needs of the individuals we were serving, but also the needs of the staff people that I now supervise and some of the frustrations and daily types of things that they need to work with as well.

[00:04:57]

JHS: Lets go back to some of that. What would you say were a couple of your biggest career highlights? Just sort of looking at the big picture right now.

[00:05:12]

BD: Certainly one of my career highlights, at Developmental Services I was asked to help start up a workshop program in Jennings County. They did not have a program there and one of the things that we were going to do there was also include people who were at Muscatatuck State Institution in that workshop program. So I worked with the VR counselors. The VR counselors and I interviewed around 300 individuals, three to 400 individuals, residents of Muscatatuck, to talk with them about -- so we could choose who might be the best fit to come into the workshop from Muscatatuck, and that was probably one of the most interesting points of my career. Talking with individuals who had lived in an institution. Talking with them about what they felt about being there, what their dreams and hopes were.

And finding out so much about that they understood, for example, you know, that was at a time period where, you know, the institution used to use the residence there to grow the corn and to help with the different jobs and help with the coal plant, but at some point, they stopped doing that because, you know, it was considered exploitation of the residents. And so, I was talking with them after that had occurred and they were no longer doing that kind of work; but it was interesting to talk with them about how they always remembered enjoying doing the work. But, yes, they understood, yeah, why did you stop being picked, stopped working. Well, because we weren't being paid to do it and so they had that cognitive understanding of why, but it was interesting that they certainly had that fondness for being able to work, for being able to contribute to their own situation. Another situation, let me think about it.

[00:07:12]

- another key point I think, that I remember when I think back about my history in this field, has been how we have learned so much as we have gone through the years. For example, you know, it used to be we all did vocational evaluation, where we'd do all these testing on individuals to see, you know, how their hand strength was, and various tests. And we do that in an isolated environment where, we're now, we certainly know and understand that actually working with them in the settings that they're going to be in is the best way to find that out and to learn; because there is no transfer, transfer of that information.

Vocational evaluations were certainly interesting from the standpoint of you got to know the individual and that was probably the most valuable piece of it, is you spend a lot of time with them and you got to know them. But at the same time, you know, the type of setting you were in was totally different, and I think we've learned the same as we've gone through many different evolutions of the field, that understanding that, you know, actually working with people, for example, on placement, you know, going in and working with them in the setting and looking at the environment they're in and their surroundings and working from that aspect rather than trying to teach before you put them in the setting, has been another one that we continuously relearn and we'll probably still be learning new things from in that regards down the road. I have another one. [Laughs]

[00:09:02]

PH: You might think of something else to as we go through the questions.

[00:09:05]

BD: Okay.

JHS: Yeah, if something comes up [inaudible]. [Laughs] But I'd really like to go back and talk a little bit more about some of the things that you were mentioning about your time in Jennings County, that you were doing and maybe you could explain a little bit about what workshops, you know, what a workshop was back then, what that looked like and again VR, if you could say vocational rehabilitation --

BD: Okay.

JHS: -- at least once, that way people feel can be able to connect them with the acronym.

BD: Okay. Okay.

JHS: So yeah, what did those early workshops look like and were they called sheltered workshops, if so, we could use that expression.

[00:09:51]

BD: Okay, okay. Back in the seventies, when I was working with Jennings Training Center, it was called Jennings Training Center at that time. It was considered a sheltered workshop, and actually it wasn't great, but different than today's sheltered workshops. Certainly individuals were provided with work. Staff went out and found and solicited different work from companies to bring in, so that individuals could be paid to do the work in an environment that provided a lot of supports. For the workshop in Jennings, working with Muscatatuck was interesting because individuals had never had that opportunity to actually be out in the community and do work in the community. Many of them were from Jennings, and as well as other parts of the state, but it did provide them a different environment and got them away from the institution. So I think that was what was important for them, and of interest to them.

But, probably the way shelter workshops have changed a bit has been, certainly when early on sheltered workshops took a lot of charity work. Companies would say, well I understand and agree with what -- I want to support what you're doing and so I'll give you some work. And, it wasn't necessarily anything that was going to be of importance back to the business. Well, that's changed a great deal. Certainly, now sheltered workshop operate as any other business would operate in the sense of making sure that the people are paid the fair wage that they are according to their level of productivity, but also, that the overhead is built in. That the sheltered workshops are not competing against others in the business, that they have to quote jobs in a similar fashion, that all of the safety precautions and OSHA regulations and other regulations that any business has to go through are applied to the sheltered workshops.

[00:12:02]

JHS: What kind of interview did you do? What did the interview entail that was used to select people for the workshop?

[00:12:10]

BD: When we were interviewing the people from Muscatatuck we really would just to ask them questions about had they done work before, what did they know about work. We also asked them a bit about, you know, what their day consisted of out at Muscatatuck and talked with and some about, you know, how they got along with other residents as well as staff. And really were just looking to choose that group of people and actually out of the 300 interviews we were only choosing about 20 individuals. But, you know, just use individuals that we felt would benefit most quickly from the workshop setting. The stories, you know, it was just, I wish I had recorded all of the stories that we heard during those interviews, because everybody, you know, came from different families and many of them knew why they had been put at Muscatatuck and certainly, you know, understood that that was the place where their families felt they could best be served.

JHS: What were, I don't know if you remember any of the stories, but what were the things that really impressed you about those stories?

[00:13:25]

BD: One of the things that impressed me about this story was just that by and large most of the individuals really had a sense of a work ethic, that they wanted to not only work to support, you know, to contribute to their own well being, but because it was fun, and it gave them something meaningful in their life, to work, and the frustration that that was not something that they were currently able to do. Probably one of the sadder stories was an individual, and again we didn't walk through to verify that, but one of the individuals said that the reason he was placed in Muscatatuck was because his family had so many kids they couldn't afford to feed the family. And that that was -- and he'd been there for many years before our interview, and that his family had placed him there, in order to make sure he could be fed.

And so that made you think about, you know, some of the others in the institution that if that had have taken place over the years and if, and because of being in that environment, that they probably would assume that the individual was disabled, whether they technically were not and, you know, there wasn't as much testing of individuals to determine those levels earlier on. So I guess that was probably one of the saddest thoughts, were that that many people were placed there inappropriately even in that setting.

JHS: [Inaudible] a lot of stories [inaudible]. Where were the folks living, now are they still living at Muscatatuck, and if not, where were they living and what happened to the people that the training center did not -- workshop did not accept?

[00:15:28]

BD: The individuals we interviewed were living, were all residents of Muscatatuck and they had them in the different dorms and buildings scattered throughout Muscatatuck. And when we started the program we would bring, there was a bus that would bring them into the workshop every day and come and pick them up and take them home at night. Again, it was a small group that we were able to serve.

Eventually, I believe the --Muscatatuck did start a workshop on grounds to also serve a number of -- to sort of get that initial start also for them, somewhat as a feeder system, but really to just be able to offer an additional type of service for those individuals. Eventually, of course, you know, Muscatatuck started decreasing their numbers, and so over a long course of years it took for that to happen.

[00:16:33]

But, that was also one of the significant things I think in my career, was seeing those institutions close. Also, another thing that did remind me of another significant part of my career, I also sat on what was considered the 317 Task Force at the state level, and Kathy, I can think of her last name.

PH: Davis. Davis.

BD: Davis, sorry, okay. Kathy Davis was the person that put that 317 Task Force together, and she did such a wonderful job of bringing those groups together. People talking about, you know, what should happen in the future for people with developmental disabilities. She had people from the institution there that talked about, you know, their view of seeing individuals be able to evolve and start going into the community. Certainly, there was a lot of fear expressed by them that they had a difficult time imagining many of the individuals being able to survive in the community, being accepted in and being able to live in the community. But she did a nice job of organizing that conversation and having people share that information. I think we all learned a lot from each other through that process, and that was probably, to me one of the most significant steps in the history of our field in Indiana; was that 317 Task Force and putting some blueprints in place for what the future of services should look like.

[00:18:17]

JHS: That's great, maybe we can just backup for, you know, somebody who just doesn't know anything about it to mention the time period, what the purpose of the task force was, in which department was spearheading that, and if you remember Kathy Davis' position, you know, just kind of --

BD: Yeah.

JHS: -- some background for somebody who doesn't know.

[00:18:38]

BD: She was head of FSA, I believe at the time. The 317 Commission was a group, again, that was pulled together by Kathy Davis who was at the time head of the State administration for Family and Social Services Administration. It pulled together not only people from the institution, staff from the institution and administration from the institution, but providers to pull together -- individuals with disabilities. It was a task force that met regularly over a course of several years, and the outcome was to change the future for people with developmental disabilities in the state of Indiana to look towards a better future, and come up with ideas that would lay that out as well as support how we would go down that road and what could happen to support that.

[00:19:37]

JHS: Which administration was that during and did you feel that that particular governor had some involvement in getting that, you know, where did that come out of do you think that initiative? Was it just Kathy Davis?

BD: I think because Kathy Davis was in the position she was in that she, you know, and I think she really took this view on her job as a whole, but she really wanted to get to the bottom of it and make sure she understood what the needs of people with disabilities were and what those struggles and those barriers and she wanted to really grasp that. And so I think because she was in that position, she was the one that drove the process.

JHS: What do you see as areas where Rauch has been a leader in services for people with disabilities?

BD: I think Rauch has been a leader in services for people with disabilities really across the board, with all services. You know, we have, I think you know, we started as many, as most agencies did as a small grassroots effort started by parents who had needs. We have stayed, you know, a lot of different agencies have gone off on a lot of different, you know, have gotten into a lot of different fields, as well as serving the population. We've stayed pretty true to our core services being for people with developmental disabilities and made an effort to improve services for them and in the areas including vocational, non-vocational. Probably the one area we have gone into is American Sign Language interpreting. And, you know, we sort of look at are there things that we can pick up and do in the community, in addition to our core services, that helps reinforce and stabilize our core services.

[00:21:55]

And so if there are, then we look to that. Healthy families would be another service that we got into while it's not a service, it's for people with disabilities. It is a service that met a need in the community that we felt, because of what we were doing with people with disabilities, it would strengthen our community for us to provide that service, but also then would provide some strength and funding back to the agency at the same time. Placement, we continue to do a good job in placing people out in the community and that's certainly always our top obligation is to work with individuals to get them to their highest level of independence that's possible. We have continued shelter workshops and I know for some agencies and groups that can be controversial, but we feel strongly that there are still many that choose the option of sheltered workshop. That for many, if there wasn't a workshop for them to come to, to work they would be still be doing day service programs.

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And, they strongly feel very, very much that they want to work, and do something meaningful and earn whatever level of pay they are able to work. So we have continued that. Certainly, we always relook at it and we look at whether that fits where things are in the field today, but at this point we still have individuals that choose that. And their families, for in a large extent, the families still feel that the outside world is not necessarily going to treat their son or daughter as kindly and probably provide the

support for the individuals that we can in that more supported environment, so we also do it for the families as well.

[00:23:53]

JHS: Can you tell us what supported employment is and how you work with businesses in the area.

BD: Supported employment is a program for individuals to be able to work out in the community, who need some other supports to really get into their job and get started on their job. We send job coaches in with the individual, if they need help in learning the job. We're teaching not only the individual, but we're teaching the business as well, and the business learns how to best be able to work with that individual. How to give them keys about the job, how to give them information in terms of how to do the job and so we're sort of creating inner working environment there between the employers and the individual with always keeping in mind that our main task is to fade out and to make that relationship work without the need for a person to intervene and give those support, so. For some, it may be a few weeks or a few days. For others, it may be several months before that happens. Some individuals certainly, it may be we'll find that's not the right environment and so we'll need to help them find another environment that is better for them.

But, again, back also going in and helping provide those support initially that they need to be able to be successful.

[00:25:20]

JHS: And you mentioned Healthy Families, maybe you can tell us what the Healthy Families program is.

BD: Okay, Healthy Families is a program that helps individuals that are having their first child that may have several factors or barriers that might interfere with them being as good a parent as what they want to be. So Healthy Families will provide family support workers that will go in to in – it's a volunteer program for the family. We get referrals from the doctors or from WIC clinics or health departments saying this family may need some help in being new parents. We'll go in, we help the parents learn parenting skills. It may be, you know what do I do when my kid keeps crying and I don't know what to do in that situation, I get frustrated. So helping them learn how to do that. Also ensuring that the child's getting everything they need. Do they have a family doctor? Are they're getting their vaccinations? Are they keeping up with all of the developmental stages?

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And also referring them out, if they need referral out to First Steps program or to another program that can help them advance further to do that and also help the families. If the families are unemployed or they need assistance. Making sure they get the right connection with others in the community. So we'll work with them. We can work with them up to the age of five to assure that that family and that child is striving and thriving.

[00:27:05]

- JHS:** When was Rauch founded? I should have asked you that, and back at that point, what would it be like for these families that are now being helped by your Healthy Families project. How is it different back then for those families and, you know, in comparison with what your offer now.
- BD:** Rauch was started back in 1953 and there were parents that had children with disabilities, all different ages of disabilities, that came together. And they said, you know, there ought to be something. There ought to be some service or something that can help our children down the road and help them develop. At that time special ed was not in the school system, so children didn't automatically go into special ed if they had a disability. There was also not many programs, there were not many programs available such as Rauch Services that receive funding through the government, that came really on in 1973 through the Rehabilitation Act. So these families really went to the community and said, "We need your help, we need you to be able to help us provide these services and help us get off the ground." They relied quite a bit on volunteers. In Rauch's case they found there was a church that let us start in the basement, as so many agencies like Rauch did.

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And, then we were able to go back to the community and put a community together, grouped together that built our first building over on Charleston Road and provided a space. We went to the WHAS Crusade for Children out of Louisville, and we were the first agency in Indiana that was served by the WHAS Crusade for Children. There was a rabbi on the board of the crusade named Rabbi Rauch who sort of took Rauch under the wings – under his wings and said, "I believe this is a good cause and we should support it." And got us some additional funding that helped us with transportation and some other parts of the service and then we took his name in honor of all the work that he had done to help us get started. So that's how we became named after Rabbi Rauch.

- JHS:** Is there still a Rauch family that's involved with the agency or is that no longer [inaudible]?
- BD:** There is not. We have, we did a lot of history on Rabbi Rauch. There's still a church that's very much knows about his history. He was a big figure in Louisville. The planetarium over in Louisville is named after him as well and he was, you know, just such a philanthropist in his life. And when he died apparently there were thousands of people that came to his funeral. And we have that information, we have a picture of him up front in our main lobby. There are not any family that still exist, but some of the members of the church that he was involved with have been over and gotten to know us as well. But it was sort of surprising when I first came here in 1992 and started doing some of that history and connecting with them, they were not even aware that we had named the name after Rabbi Rauch, so that was a nice information for them.

[00:30:30]

- JHS:** So he obviously was Jewish, he was a rabbi, but this was a church that you were originally affiliated with, I mean, [inaudible]?

[00:30:38]

BD: That he was affiliated with and then since then as well we've, you know, also got the connection now with WHAS in terms of, we're celebrating our 60th anniversary this year. And so, we have talked with the Crusade and talked about their history and when they started and that connection between Rabbi Rauch and our services.

JHS: What are some of the -- when I ask about areas where Rauch has been a leader, what are some the difficult challenges that rehabilitation agencies have faced, and you as a CEO in that role? I guess we could talk about, funding, you know, where your funding comes from and how that's changed. But, you know, the overall question is what are some of the difficult challenges that rehab agencies have faced?

BD: Certainly one of the most difficult challenges that rehab agencies faced has been the funding. You know, and that has gone very so much over the years. You know, during the 70s is the Rehabilitation Act got into place and we started seeing what impact services could have on individuals with disabilities, those services started to grow and we grew our programs as well. And that funding then was in a growing cycle and, but certainly as the economy ebbs and flows that gets reconsidered. And, you know, same as other nonprofits go through that as well. And so, at this point we are probably in a period of time where funding has decreased and we're all having to reconsider how we do our jobs and what benefits, what new things we can try that will help us continue those.

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I think that we're in a period of time now where there will never be the government funding needed to serve all the people that we serve. We have to become self-sufficient. We have to find ways to generate our own funding, and when we do that by looking at, you know, what new business ventures can we start. You know, some that involve certainly whenever possible that they involve our mission. But also realizing that we may need to get into businesses that don't necessarily fit our mission in order to raise the funds needed to continue to provide the services. But that's always an ongoing challenge. Certainly today another major challenge that we're all facing is the workforce, and trying to find people. It somewhat comes back to money because we're trying to find people at the level that we can afford to pay. There are a lot of opportunities for people out there to make more money than they would make in serving our people and working directly with our individuals and that's probably equally alongside of funding one of the biggest issues for us today, is being able to find those people who have that interest in caring, and can do the job that needs to be done in helping individuals learn these skills and new talents. But able to pay them to stay in the field and pay them too at the level that that they deserve.

JHS: What are some of the impacts that the reduction in government funding has had on Rauch and other agencies such as Rauch?

[00:34:21]

BD: The reduction in funding, government funding has had the impact of we -- let me think. The reduction in funding is really had the impact that we can't be as creative perhaps as we were before. For example, an example from Rauch is we had an art studio downtown New Albany where we were serving people

with disabilities. They could be creative, we were bringing in people from the outside community to come in and work with them on art. And again, because of the funding we had to move that back into one of our other buildings and while it's still going, it's still a good program, the visual sense of them being able to be part of the community, it was in a storefront in downtown New Albany. So people would just walk in and get to meet the individual artist and that was a real, you know, that was an important for them because they found out about people with disabilities and how to communicate with people with disabilities without meaning to.

[00:35:34]

And so it helped us bridge that gap between the community and people with disabilities. It's harder now. Again, we have to struggle on how do we create that same type of situation by having it in-house. And we're working on it, but so far we haven't been able to get back to that level that we were with having the storefront in the community. And that sort of, I guess an example of what we're, you know, we're spending more time again trying to chase dollars, trying to put money towards fundraising efforts when before when we didn't have to focus so much on that we could spend more time trying to just improve the services and build those links with the community and work more individually with people rather than having to spend that much time and energy chasing dollars.

JHS: What has been the role of, first of all, families and then secondly of clients in shaping direction of the agency?

[00:36:52]

BD: The direction of families and helping shape the agency has been there from the beginning. The families, --the group that we talk to when we start doing our strategic planning the families are always the first group that we talk to. Because we need to make sure that we understand what their desires are for each person that we serve and build our services based on that. And they have had a tremendous voice in everything that we do. The client voice I think has come along more in the last many several years of our history as self-advocate groups have gotten started and we've always asked them about their satisfaction with the services. But really getting to that point where they are empowered to step up and talk about what they want to see and how they want things to be operated I think has been more of more recent part of our history. And I think that's really going to be continue in the evolution of our agency and our services them having -- be more empowered to determine where we go.

JHS: Is there an advisory council that [inaudible] clients serve on?

[00:38:20]

BD: We have in terms of clients being able to share their voice about the agency, we have in our shelter workshop we have a business council where they meet on a monthly basis. We also over in our non-vocational programs we have a council that meets on a regular basis there as well. So they have the opportunity to give us feedback. We also certainly do satisfaction surveys. As part of our strategic plan we bring together a group of individuals that will bring in a person to interview them without any of the

management staff or supervisors being there, so that they feel free to voice anything that they would like about where they think we need to go in the future.

[00:39:08]

JHS: Does Rauch have a self-advocacy group?

BD: Yes. Yes, we have and do. We also have one of our clients is on the statewide self-advocates council too. Actually two people from Albany are on that so. Sorry, I might be making some noise here.

JHS: Would you like a glass of water?

BD: No, I'm fine. I'm fine, thank you.

JHS: Doing great.

PH: Yeah, you're doing a great job of putting the question and the answer.

JHS: Yeah, right. Not everybody can get that. I don't blame them. It's hard to keep thinking about that throughout the time that you're talking. Regarding supports and services to promote good and meaningful lives for people with disabilities, what do you see is the trends in this areas at present and in the perceivable future?

[00:40:08]

BD: In looking at how we support individuals with disabilities. That's changing. I think that, but the change really will come when we figure out how to fund the various supports. Sometimes the funding streams can be so restrictive and regimented that it doesn't always fit every individual in the ways that they need those supports. Certainly the trend towards individuals speaking for themselves rather than their family speaking for them is very much part of that support system now making sure that we you know, that we ask them. But we certainly want to keep the families involved too. You know, in looking at the families, you know, one of the things that we constantly keep in front of us is although the clients want to be independent and may often want to get away from their families in certain respects, that family is going to be there forever.

[00:41:12]

If we're not here, that family will be the group that supports them, so trying to build that relationship and keep that relationship strong for them is something that we always encourage to happen as well. I think supports from the -- as they call it natural supports in the community, that takes a lot of effort to develop that and find that with each individual, for each individual on helping them learn how to do that for themselves is also always got to be part of that equation in terms of, you know, who can they connect with and letting them be the person that connects rather than us connect to get those supports.

[00:41:55]

JHS: Since you mentioned that, maybe you can explain what natural supports means and also, you know, has there been any impact on that with funding reductions on being able to cultivate those natural supports?

BD: Natural supports – the term natural supports came along is as we started getting better with getting people integrated in the community and getting them living and working in the community. And the natural supports then were looking at are there people or places in the community that can become a natural support where it's not a paid staff person that goes into make that support happen. Where just like we have friends that support us in different ways or family that support us in different ways, it's not a service that we pay to happen. Can we create the same thing for an individual with disabilities so that it's more because they developed a relationship that someone supports them or because that they chose in a certain place to live where there are supports that will be there for them.

JHS: That's great. Do you think that natural supports can in some cases reduce the amount of public funding that is needed to support an individual and if so, you know, has there been any impact on the budget cuts that agencies have experienced?

[00:43:29]

BD: Natural supports have certainly come along and been more emphasized because of funding cuts and not being able to provide everything a person need. It's certainly a plus on the side of -- it is more integrated into the community when you can use natural supports. It's not there for everyone and so the problem with funding issues I believe is that we certainly want to get natural supports whenever possible, but for those individuals where that's not going to develop or that can happen we want to make sure we are being able to provide the same types of supports that they need. So that can be very frustrating and difficult to be able to stay at the same level for everyone, if they can't and don't have those natural supports available.

JHS: What do you see as future training needs for people? You know, people that will be getting into this field, what kinds of things will they need to be learning to do a good job? Perhaps that haven't been needed in the past, you know, are there some new things that people need to be proficient at in the future?

[00:45:07]

BD: I think the type of training that people will need to be proficient at in the future is relationship building, being able to assist the individuals we serve in how to develop and maintain relationships, but also as we try to develop natural supports or we try to develop the right placement for an individual that we developed those -- that we understand the importance of how we're communicating with the people in the community about the future for the individuals. And that can be hard in terms of because you have to be quite diverse yourself, so that you can reach out to the community and all of the various ways and people that are in the community, so you need to be good at really talking and creating relationships

with everyone and understanding where they're coming from, so that you can address whatever barriers that they might have in their mind.

[00:46:16]

JHS: That's very interesting. And earlier you had talked about how your experience in coming up in the field gave you a better understanding of what it was like to direct support staff, could you elaborate on that a little bit?

BD: Okay. I think it's important for anybody in a management level to be able to put themselves in the shoes of not only the person we're serving, but also their family and particularly the staff person to understand the different situations that we place them in. You know, so often we might place them in situations that might not be safe for the staff and that we have to think through all of those situations and know, you know, have a good feel for what that day-to-day work life is going to be for the staff people, so that we can do our best job in terms of training them for all different types of circumstances.

JHS: You spent a lot of years in this field and in a variety of capacities, in looking at your tenure what are some of the most noteworthy changes and struggles within the state of Indiana, kind of looking at the state as a whole? What should Indiana be most proud of and where does Indiana still need to push harder? I mean, maybe from I'm sure you go to national conferences and you network with people from other states or in having that perspective of how Indiana might be different both in positive and negative ways, especially looking at it from a historical perspective how things have changed over the years? That's just kind of the question, but see what you can do with that. [Laughs].

[00:48:10]

BD: Okay. Let me think a second about that. [Laughs]

JHS: There's a lot there. [Laughs] You could break that down.

BD: [Laughs] I think the state of Indiana has certainly shown aggressiveness in closing our institutions. You know, a lot -- there's still states out there that still maintain institutions or large congregate settings and I feel very proud that Indiana has for many years now has moved past that and is able to allow everybody to be able to work or live and recreate in communities. I think that certainly job placement is always one that, not only Indiana, but I think all states struggle with. Such a large percent of individuals with disabilities who aren't working. I think the important thing there, you know, so often as funds get low it's like, okay, you can have choice, but you can't have this choice.

[00:49:24]

And I think it's important for Indiana to continue to maintain all the choices to provide options so that people don't just face, well this is, you know, I get a choice, but this is all I get a choice to do. So I think continuing to expand and provide as many options and alternatives for services is important and then finding a way how can we make the funding flexible to allow them to be able to choose to make those choices. Let's see, there was something else in that whole question that I was going to answer as well.

[00:50:05]

JHS: What should Indiana be proud of? Where does Indiana need to push harder I guess kind of looking, you know, in a comparative way from what you know of say what it would be like to have your job at a similar agency in another state? I mean because Indiana kind of stand out in certain areas in a positive or negative way as being different, distinctive from other states? And that may be a hard question to answer.

BD: Yeah, because I think, you know, you go online and look at what different states are doing and everybody has creative niches, you know, that they may be doing something and that's probably one of the best things too, we can look at that and pick up and say, oh well, let's try, they are doing this in Montana, maybe we could try to do that as well. And -- and so I think that sharing is important, finding out, you know, how the different states are approaching it is important. And I think that we're the state of Indiana certainly, you know, I feel we're ahead in many ways, but then I'm not always certain, you know, I don't really know all the detail of the day in and day out detail for other states in terms of what, you know, what they're dealing with. I think certainly the future, one of the future challenges is going to be what happens to managed care and healthcare and how our population survives through that change, if that change comes about.

[00:51:42]

I know a lot of states are struggling with that now. Some have found solutions. I think Indiana is sort of more on the front end of determining what it's going to do with managed care and again, just hopefully our state will put a lot of study into making sure that it has been effective for our population as they look at that future.

JHS: You're talking about so-called Obamacare being the legislation? Is that what you mean?

BD: More really Obamacare, I think will have some affect, but I'm thinking more on the managed care, you know, healthcare as a whole affects each other, but the managed care and how states, you know, regulate. You know, oftentimes with managed care it means there's fewer choices for individuals because they'll all have to, you know, to cut costs they have to go sort of to a cookie-cutter approach. Some states have carved out the DD population and allowed a different system for the DD population. So I think it's just it's in the process of, you know, let's study all that to say, okay, some people have been in that new system of managed care for several years now. Let's look at that history to see how it's impacted our population. But, yeah, we certainly know and understand that the federal government is going to be forced into that, you know, if there are not funds there to continue to do everything then they have to look at alternatives.

[00:53:25]

But I think to do it carefully and thoughtfully, so that we're looking at what are the outcome for people, what is the best system under managed care that provide the best outcomes for our developmental disability population.

[00:53:49]

JHS: And just, you know, we were talking about geographical distinctions, within the state do you feel that doing your work -- kind of work the agency does down here in the southern part of the state, maybe even southern, southeastern part of the state is different than say doing this kind of work in Indianapolis or the northern part of the state and other regional differences as part of funding or culture or [inaudible]?

BD: Certainly in different regions there's going to be a little bit different culture. There's going to be a little bit different feel, but I feel that really the services are somewhat balanced across the state, that we would offer the same things here and probably face the same challenges and benefits that people in the northern part of the state or in Indianapolis would face. I think certainly our trade association in the Indiana Association of Rehab Facilities, INARF, as well as The Arc, those two organizations have really -- pull us as providers together, so that we do learn from each other. And we do keep that consistency and that balance and knowledge somewhat equal across the states and they've been doing that for years and that's been a really good resource for all of us to have.

JHS: All right. I think --

[00:55:26]

PH: Early on you mentioned that you serve up to three years old, right. I don't know we really covered what some of those services -- [Inaudible]

BD: Okay. I can talk just a bit about that. When I first came into the field, we -- agencies like Rauch were serving children, birth to five years old. Through the process of different regulations changing and the IDEA Act coming into place, we began serving the population of four to five-year-olds then we're able to go into the school systems. The birth to three that we serve now and have served through that period of time starts with going into the parents home, finding out, you know, what the disability is or what is the developmental delay that the child has and then providing therapist figuring out what types of developmental skills that they need to work on, providing therapists to address those needs that go into the home.

[00:56:43]

It used to be earlier on we would serve children in the home up until about the age of 18 months and then we might provide a preschool for them to come into from 18 months up to three or five years. It used to be five years and then three years. With the new regulations on IDEA that changed, so that all of the services will take place in the home. That's certainly been a positive in a lot of ways, but some negatives as well. The positives have been that family, that mother, that father, the family learn the techniques that the therapists are using to help the child develop more fully. And so it gets -- it probably from that sense gets implemented better across the board for all aspects of the child's life. The only negative I think that is there is that before when we were able to serve them in center-based programs, we were able to bring all of the disciplines together, so that the occupational therapist and the speech therapist and the physical therapist all talked together around that child.

[00:57:59]

And we'd share ideas and thoughts about what might better help that child. That's more difficult to do under the current regulations of serving a person in the home. It just makes it funding wise it's a more expensive type of a model. So while we got a lot of really good things from that change, there were one or two things that probably we took a back step on.

JHS: Sometimes [inaudible] as well as forward steps, that's an interesting part of doing a history [inaudible]. Are there any other samples of that that you can think of where there wasn't necessarily progress and things have either changed for the worse or you kind of had to reverse that and move on and take a new direction?

BD: In theory of transitions from school is always a factor in services that is sometimes stronger and sometimes weaker. I don't think we have a good system in place at this point or that, again, we'll have periods of time or places in this state where it's strong, but that transition of the schools working with the agencies or the afterschool or the services that they are going to go to after school, that needs to be a close bond. We need to know who's coming out of the school, what their needs are. Oftentimes schools view, well, my goal is just to get them through the age of 21 and so that making that link to the community services often doesn't happen. That result in many times, you know, parents don't think about what they're going to do once the person can no longer go to school and certainly I think we see and I'm sure agencies all around the states still see times where, you know a person has been at home for four or five years before they ever get linked back with services.

[01:00:15]

And so oftentimes they've lost a lot of their skills and abilities during that time, so you have to really start work again to get them, you know, back to the level of their maximum level of independence. So that's an area I think that we probably can do a better job on. Again, we have done some good things in the past, but it might last for a year or two years and then we end up because of the different funding reasons going back to dropping it so --

JHS: Anything that we haven't asked you about that you want to say or so many other things that have popped up that you didn't think of before?

BD: I don't think so. I sort of was trying to think through my different jobs and, you know, what I remember from that aspect.

JHS: You know, if you know anything about how things have changed over the years, because, you know, for example with the transition. A lot of people might not realize those challenges wouldn't -- didn't even exist before, because people really didn't have a transition.

[01:01:39]

BD: Yeah, exactly.

[01:01:40]

JHS: You know there wasn't, so, you know, you've seen a lot of changes over the decades that you've been doing this kind of work, so [inaudible].

BD: You know, the field has also changed in the sense of earlier on where the funding went to a particular county and whatever agency was in that county received the services. And that's changed quite a bit, you know, where we have for-profit and nonprofit agencies now. The state certainly through their change in systems set it up to be competitive, so that, you know, we do compete with each other. So, you know, we need to make sure our services are the best they can be, so that individuals choose us and that they do have a range of choices to pick from. So I think that's been a change that's been positive as well.

JHS: [Inaudible] choices

BD: I'm sure I could come up with something else but --

JHS: I'm sure you could of, yeah.

[Laughs]

JHS: This is great. I really think it's going to be very helpful. You know, you're really clear and good delivery, which, you know, does make a difference for this kind of medium [laughs] so, yeah.

[01:02:59]

PH: It makes it easier to edit.

JHS: Yeah.

[Laughs]

JHS: Makes her job easier. [Laughs]

[01:03:06]

BD: One other thing I think may have changed or maybe not, but the partnership of agencies working together I think is critical. And it's not always there or has not always been there at least in my history. You know, when you compete with each other you have some boundaries there, but I think I think particularly in this day and time the idea that we need to partner together, we need to figure out how to be as efficient in working together as we can and that that will benefit us overall that's that that's important. And I think that's a change that we'll see continue either through mergers or just through partnerships.

[01:03:55]

JHS: I think in some ways there's more competition, but there's also more cooperation [inaudible].

BD: And really we always say, you know, that we're glad to have for instance, New Hope Services is near us and Blue River Services is near us, because we might be providing services to an individual and we can't get through to them. We can't find that that one piece that makes them successful and so we'll often say maybe you should go try services at New Hope. Maybe they can figure it out, so that it's nice to have that option to say, you know, we're not going to be everything to everyone. We know they do good services as well and maybe in this particular set of circumstances they can do the best job so that kind of partnership I think is important.

JHS: Great!

BD: So, okay.

[01:04:56]

JHS: That's wonderful. [Inaudible].

[END OF INTERVIEW]