



Blueprint for Change

Empowering families and people with I/DD

Nurturing and creating natural systems of support

Strengthening the foundation of programs and services



Building Pathways to Empowerment **Blueprint for Change**

The stakes are higher than at any time in our past. The status quo cannot be maintained. True reform and progress will not happen by nibbling around the edges. Now is the time for bold action.

In February, 2010 The Arc of Indiana embarked on a campaign, *Building Pathways to Empowerment*, to take a fresh and sometimes hard look at Indiana's system of programs and services for people with intellectual and developmental disabilities (I/DD).

The campaign began with the formation of the **Big Minds Group** made up of national leaders in the field of developmental disabilities who came together to generate new ideas and lead us in a new direction. Their ideas and recommendations led to five key principles to guide system reform and change:

- Building Career Pathways for All
- Discovering and Realizing Individual Gifts
- Supporting Resourcefulness of Individuals, Families and Communities
- Using What You Need
- Shifting the Power to What Works

Pathways Forums were held throughout the state to gather input on these major themes from families and people with I/DD. Next, Hoosier leaders came together to form the **Indiana Response Team**, taking this wealth of information to develop key goals and action steps to achieve the desired result—a system to better serve Indiana's citizens with I/DD and their families.

Months of hard work have come together to provide a transformational plan, a *Blueprint for Change*

A Time for Bold Action

The stakes are higher than at any time in our past. The status quo cannot be maintained. True reform and progress will not happen by nibbling around the edges. Now is the time for bold action.

We *Can* Do Better

In these difficult times, there are many voices telling us what we can and cannot do. Some tell us to step back and simply accept gray days of austerity. But as our founders taught us—those parents of children with intellectual and developmental disabilities who joined together in 1956 determined to build a better and more accepting world for their children—we *can* and *will* continue to build that better world.

- We *can* build a community that invests in families and supports their loved ones, brings help to people when they need it, keeps families together and builds community.
- We *can* build a system that does not just look to government for all the answers, but helps families and people with disabilities help one another—a system that asks for responsible use of public resources, but in return empowers individuals to use those resources in ways that best helps them as an individual, as a family and as a community.
- We *can* build a system that looks to righting wrongs rather than simply writing more rules.
- We *can* build a system that rewards creativity and quality, provides a fair reimbursement to providers and supports direct care staff with a living wage.
- We *can* build a system designed for this century that uses technology, embraces and rewards new ideas and replaces models of the past with modern approaches.

*... we **can** and will continue to build that better world.*

Building Community

Suzette lived her first few years as a healthy baby and toddler. Then, at age three, with no warning or explanation, she developed severe and uncontrolled seizures. At that time, programs, services and supports to families were limited. Suzette would spend many years living in state institutions. When New Castle State Developmental Center closed, funding through the Medicaid waiver program allowed Suzette to move to a home of her own, nearby her Mother in Indianapolis. Today, Suzette lives with two other women, close to family and friends. After many, many years, life is better for Suzette. She is a testament to the fact that we can do better for people with disabilities and their families.



Blueprint for Change

Guiding Principles

“We have a compass, few roads, but a good compass. The ‘We’ makes the path: individuals, families, community, providers and state leaders.”

Big Minds Group

“We have a compass, few roads, but a good compass. The “We” makes the path: individuals, families, community, providers and state leaders.” Big Minds Group

Building Career Pathways for All

Key Principles:

- Employment and work includes a range of options from full time employment with benefits to meaningful work as a volunteer
- Everyone means everyone, but does not mean the same thing for everyone

Discovering and Realizing Individual Gifts

Key Principles:

- Changing from a model based upon an individual’s deficits to a model that centers on an individual’s unique gifts
- Eliminating roadblocks that keep individuals from exploring their unique gifts

Supporting Resourcefulness of Individuals, Families and Communities

Key Principles:

- Changing Indiana’s high rate of out-of-home placements
- Redirecting resources to assist families supporting loved ones at home
- Empowering families to use resources in ways that best helps them

Using What You Need

Key Principles:

- Actively encourage and educate families and people with I/DD how to control costs
- Redirect savings to those needing additional support and to those waiting for services

Shifting the Power to What Works

Key Principles:

- Do more of what does work and adds value
- Stop doing what does not work or does not add value
- Place both the control and the responsibility for the wise use of resources in the hands of families and people with I/DD
- Eliminate and reduce regulations which add costs, but do not add value

To Achieve the Guiding Principles for Change, We Must:

□ Create cultural and structural change

Savings will result from effective implementation of change. Commitment will be required to strategically reinvest in new concepts supporting additional changes. Change will be necessary for everyone—advocates, families, people with I/DD, communities, government and funding sources. Stakeholders must interact in new ways to achieve the guiding principles.

□ Utilize technology and universal design

To achieve all of the guiding principles, new technologies will need to be utilized consistently by all stakeholders. Universal methods are necessary—from communicating with families and people with I/DD, to moving people through the bureaucracy, to connecting people with their friends, peers and community.

□ Build a new language

To begin sharing a new vision, language and terminology must speak to the core philosophy of the guiding principles. The power of language cannot be overstated. It is people with I/DD who have moved us away from the “R” word, demonstrating that words do in fact shape perceptions and philosophy.

□ Shift funding

Indiana has led the nation in redirecting public funding from institutional care to home and community supports. To achieve the guiding principles a shift must occur again by redirecting resources and savings to individuals in need of additional help and those who are waiting.

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Inspiring Achievement

Although Jonathan was born with cerebral palsy, early intervention services and the supports he now receives in public school give him endless possibilities. Perhaps one day he will work in construction, or be an engineer. To achieve his dreams, he may need a combination of ongoing supports from his family, community and perhaps the government. To assure Jonathan and other children of today can realize their dreams we must all work together in new ways to achieve the guiding principles of the *Blueprint for Change*.



Cultural Change

“Major policy shifts must be made to make the development of Natural Supports part of people’s lives ... especially as life changes.”

Big Minds Group

“Major policy shifts must be made to make the development of Natural Supports part of people’s lives—making natural supports and not just system supports the option families see, while recognizing employment and natural supports are not enough for some and that an efficient, responsive and flexible system of paid supports will always be needed and utilized to provide the support people need—especially as life changes.”
Big Minds Group

The key to change starts with families and people with I/DD.

A shift in culture, beginning with families and people with I/DD, is needed to achieve the change envisioned. The shift must take place over time to allow families to understand and embrace a new way of thinking, for providers to adjust and for the system to evolve. There must be a long-term vision coupled with ongoing short term strategies that move toward the guiding principles, but do not cause instability to a system already rocked by uncertainty.

Change will be viewed in different ways depending upon the life status of families and people with I/DD. Families with young children have very different goals than families in their 60’s and beyond. Cultural change must address different phases of families’ lives—those with young children, children leaving high school, children in their 20’s-30’s, and families of adult children. In addition, respect and consideration must be given to the effects of poverty, unemployment and individual capabilities. Flexible approaches are necessary for families’ socio-economic differences.



Empowering Families

Change must address different phases of families’ lives—those with young children, children leaving high school, children in their 20’s and 30’s, and families of adult children. Empowering families to use resources in ways that best helps them is key to supporting their inherent resourcefulness.

Creating Options

Lennon rents his own home, where he has transformed a bedroom into a studio to support his interests in music and television production. While he works at two part-time jobs, the majority of his spare time is spent as a volunteer at CATS TV, a local Bloomington television station. Volunteering, and the willingness of CATS TV to support his passion, allows Lennon to follow a non-traditional career pathway.



Structural Change

The financial processes and policies directing public resources are primarily driven by the state of Indiana. These governmental processes inherently drive the structure and direction for the I/DD community. Even though significant funding support comes from federal resources, the majority of policies affecting the I/DD community are controlled by the state, and that role may in fact increase given the current political climate.

Significant structural changes require cooperation and direction from state staff and policy makers, including legislators. Historically, those relationships have varied dependent upon the direction of the then-current administration. We must expect to achieve state funding goals, while guiding decision makers toward improving state supported services.

Our continued working relationship with the state will determine our success in achieving structural changes. We may encounter obstacles and naysayers. We must persevere.

Reinvestment and New Investment

To achieve this transformational change it will be essential to optimize the benefit from every dollar spent. All funds saved must be reinvested into the system to allow for continued change. This policy should be an incentive for families, self-advocates, providers, and policy makers who will see the impact of their investment multiplied. When new investment opportunities occur, decisions must be made strategically and follow a long-term plan with support by the state.

If families, individuals with disabilities and providers are to embrace transformational change, there must be a clear intention to use money wisely, maximize the benefits as far as possible, retain savings within the system, and support tremendous demands in new ways.

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Blueprint for Change

Goals and Action Steps

A diverse and broad-based group of families and self-advocates are at the heart of change. This effort must be people led—not system led. A Steering Committee of parents, self-advocates and organizational leaders will be established to continually refine goals and action steps and monitor progress of the *Blue Print for Change*.

The following goals and action steps are not listed in any specific order of priority and are not a definitively list. The *Blue Print for Change* is a dynamic process that will and should change over time.

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Cultural Change

Goals and Action Steps

1. Develop a strategic plan for family resourcefulness that addresses access to health care, Medicaid, asset limits and new approaches to family support.
2. Shift funding to support families who are caring for loved ones at home, with guaranteed access to more intensive supports when life changes affect the ability of the family to provide ongoing support.
3. Develop a 5% Campaign targeted to people receiving waiver services who believe they can save waiver dollars and share those savings with others - holding back 5% of their waiver budget allocation and providing these funds to people in services who need additional supports, those in crisis and those on the waiting list.
4. Create a time-bank and personal co-operative mechanism supported through local nonprofit agencies and organizations that provides supports to people on the waiting list and encourages families on the waiver to help support those on the waiting list.
5. Foster coordination among family-based and self-advocacy organizations to provide the most comprehensive network of support and information possible.
6. Develop a process to connect people on Medicaid waiver waiting lists with local support groups and natural supports to help them take advantage of any and all existing community resources.
7. Broaden the understanding of what can be done to address ongoing vocational exploration – including utilizing SSI to provide vocational training to individuals on waiting lists for Medicaid waiver services.
8. Increase the involvement of families and self-advocates receiving or waiting for services in the policy and decision making process of the Family and Social Services Administration, Division of Disability and Rehabilitative Services and the Bureau of Developmental Disabilities Services.
9. Develop methods, including working with community providers, to connect with waiver recipients and people on the waiting list via regular electronic communication and a web-based system to engage and include them in the cultural shift toward achieving the Guiding Principles.

10. Increase the utilization of technology by people with disabilities and their families through participating in existing technology, development of new media, and information sharing through an annual technology and disability conference.
11. Develop and utilize consistent, clear communications to educate the public, providers, families and people with I/DD that there are people who need more, people who need less and people who have nothing.
12. Develop a curriculum plan that begins with First Steps and carries through DOE providing guidance to families in developing a vision for their loved one's future, and provide practical guidance in how that vision can be achieved—starting at a young age and continuing through to adulthood.
13. Provide consistent and ongoing family training whenever families apply for services. For example, families applying for First Steps, Early Childhood Education, Bureau of Developmental Disabilities Services (BDDS) programs, Vocational Rehabilitation, or Medicaid should receive consistent information on how to connect with advocacy organizations, community supports and medical services.
14. Develop a “First Conversation” script that guides professionals in sharing consistent information with families on natural and community supports.
15. Require students pursuing degrees which may lead to working with people with disabilities and their families to receive classroom instruction on natural and community supports.
16. Develop and provide ongoing training for professionals supported by a variety of family-based and self-advocate organizations on recognizing and utilizing the unique gifts of individuals in new and meaningful ways.
17. Continually evaluate the effectiveness and impact of change through longitudinal studies.

... there are people who need more, people who need less and people who have nothing.

Fostering Connections

Mark and Fred became good friends when Fred began renting a house within walking distance of Mark's car repair shop. Their friendship led Mark to become an advocate for Fred, simply because he wanted to look out for his friend. Through a combination of supports from the Developmental Disabilities Medicaid Waiver and the help and support of a friend, Fred lives in his own home and enjoys all the benefits of living in a community, including getting together with a friend to enjoy a good laugh.



Structural Change Goals and Action Steps

1. **Reform Indiana’s Medicaid waiver program by creating a new waiver to provide a range of supports with greater flexibility in accessing and utilizing supports at a lower overall cost. This must include redirecting Indiana’s multiple funding streams for programs and services for people with I/DD—including funds currently spent to support Medicaid waivers and Medicaid funded group homes, nursing facilities and large ICFs/MR.**

Key components of Medicaid waiver reform include:

- a. Provide greater flexibility to move funds between budgeted areas to meet the needs of the individual and family.
- b. Provide an incentive to the state to offer this flexibility in return for a reduction in overall spending. For example, allow flexibility in the day services building block to move money to meet goals without having to submit a new budget.
- c. Provide a self-directed option similar to the Aged and Disabled Waiver for family hired respite and support staff at a rate less than the rate for agency staff.
- d. Create a waiver service to provide assistance in developing natural supports as an alternative to waiver funded services.
- e. Provide families who have placed their children in nursing homes with immediate access to alternatives providing in-home or out of home supports in a non-institutional setting appropriate to their needs.
- f. Develop an appeals process for waiver budgets that includes families and people with disabilities in the process of reviewing and making decisions on appeals.
- g. Create a cost savings incentive by developing a means for funds saved from an individual’s allocation to be used by individuals in need of services in the same geographic area of the state.
- h. Change the OBA process to allow people who feel their Medicaid waiver budget exceeds their current needs to “contribute back” a fixed amount to be used by individuals in need of services in the same geographic area of the state—provided those funds would be available to the individual in the future as his or her needs change.
- i. Offer cash incentives to providers, families and individuals with disabilities for new ideas and initiatives that provide on-going savings, increased efficiency, and improved outcomes.
- j. Develop a plan that puts resources into “wellness” rather than “illness” and looks to repurposing and redirecting health care and supports into a wellness model.
- k. Provide information on wellness, primary care and the emerging health care reform efforts to families on the waiting list and those receiving services.

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- l. Provide funding for people with or without disabilities to serve as community advocates to individuals without a guardian and who receive Medicaid waiver services to ensure their voice is heard in team meetings and decision making regarding their life. Community advocates could not be a staff member or have a direct connection with the person's provider.
- m. Provide funding for nonprofit organizations to serve as community support networks.
- n. Develop a peer-support network that would allow self-advocates to be hired as a community guide.
- o. Develop a pilot Community Connections program allowing families to volunteer or opt-in to programs that provide a daily or weekly "rate" of service at a lower cost to the state. Such a model would include a follow along study through an entity like IIDC to study and report outcomes. The agency providing the Community Connections program would be required to be a community nonprofit organization meeting FSSA standards.
- p. Develop a new planning process that assures individual and family input and direction including piloting of an AVATAR for personal planning. Provide an opt-in process for individuals and families to use this alternative to the current person centered planning process.
- q. Add a technology component to the waiver supporting mobile devices to connect individuals to natural supports and allowing for social networking and personal use. Funding for training as well as acquisition of hardware and software should be included.
- r. Provide stimulus funding to natural support organizations for developing apps to connect individuals with their organizations.
- s. Allow volunteering or interning to be funded as a work option under the day services building block.
- t. Allow self-directed employment and entrepreneurial support to be funded through the waiver through the day services block.
- u. Allow post-secondary education tuition support to be funded through the day services block.
- v. Allow vocational rehabilitation services to provide community connections and assistance to career path development.
- w. Include a cost-of-living wage increase in the waiver that provides direct support professionals with a wage offering incentives for the continued development of an effective workforce.
- x. Develop a preferred provider status with criteria identifying providers with experience and expertise in serving the highest need people, and provides a higher reimbursement rate contractually directed to increasing wages of their direct care staff who work with higher needs people.

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Transition the waiting list to a dynamic list of people recognizing their current needs, community engagement, and need for long-term supports beyond the family.

2. Fundamentally change access to services and utilization of natural supports.
 - a. Reduce the ratio of people in 24 hour supports to family/natural supports.
 - b. Offer everyone on the waiting list assistance in developing natural supports and accessing services from other agencies, including Social Security, Medicaid and Food Stamps.
 - c. Increase the number of people engaged in paid employment, self-employment, entrepreneurship, self-directed employment, volunteering, and meaningful community activities.
 - d. Increase the number of people served while maintaining aggregate spending within the appropriation of the General Assembly.
3. Develop a collaborative model for families of loved ones with substantial needs to mutually support one another, transcending provider and funding source barriers.
4. Develop a “529 like” savings plan allowing families to make tax exempt deposits to support their son-daughter in the future without disqualification from future benefits.
5. Transition the waiting list to a dynamic list of people recognizing their current needs, community engagement, and need for long-term supports beyond the family.
6. Develop transportation strategies promoting independence and employment with maximum planning for self-sufficiency.
7. Develop a robust electronic and social network coordinated through Self-Advocates of Indiana, partners of individuals receiving services and on waiting lists.
8. Develop and implement a plan for FSSA/DDRS to communicate electronically with all persons served by DDRS through the new Medicaid waiver as well as the majority of people on the waiting list.
9. Develop and implement a measurable plan to eliminate bureaucracy, paperwork and needless regulation. For example, end the requirement that a person with an intellectual disability must be recertified annually to remain eligible for Medicaid disability. Savings captured from eliminating non-essential administrative costs must be redirected back to programs and services to individuals and families.
10. In the spirit of the redesign of the Bureau of Motor Vehicles, overhaul Indiana’s system to create a true “Work First” initiative for employment and career pathways. This new “Work First” division within DDRS, empowered to develop new community partnerships, would be charged with significantly reducing the time to schedule an appointment for getting job assistance. “Work First” would also assist non-disabled family members in gaining employment.
11. Invite a group of community agencies interested in system redesign to regularly scheduled forums where qualified staff engages them in continued discussions on system transformation.
12. Establish a mechanism to voluntarily pool existing personnel training funds from state and local agencies to provide joint training on the transformational process.

13. Develop and implement a plan that ensures salaries and benefits attract and retain exemplary direct support staff.
14. Develop a consumer-based evaluation of FSSA to study the effectiveness of the agency, consider ways to build upon strong methods, and identify structural improvements. Consider the Marion County Health and Hospital Corporation model, a quasi-governmental agency, managed as a nonprofit organization.
15. Develop quantifiable measurements to gauge how well individual differences are recognized, respected, and honored within the resources available. Within financial limits, outcomes should look for relationships allowing individuals to maximize personal and family-to-family relationships.
16. Coordinate public/private outreach, with support from the highest levels in state government, to grant-making organizations for help in supporting these initiatives.

Reinvestment and New Investment Goals and Action Steps

1. Meet periodically with fiscal policy staff and brief them on the status and results of the *Blue Print for Change*.
2. Document the continued reinvestment and any new investment for the General Assembly each year and adjust the *Blue Print for Change* accordingly.
3. Continually review the impact of federal changes on the *Blue Print for Change* and adjust accordingly.
4. Publish the status and results of the *Blue Print for Change* for all stakeholders.
5. Utilize Dr. David Braddock, author of the State of The States in Developmental Disabilities, to conduct a 2012 update to his report and continue regular updates.

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Sharing Gifts

A unique ballroom dancing program, founded by Easter Seals Arc of Northeast Indiana, teams volunteers who enjoy ballroom dancing with people with I/DD who like to dance. Special Olympics now includes ballroom dancing in their sports competition program. Nitaya Lewis discovered a hidden talent and made new friends when she got involved in the dancing program. Volunteers like Al Clemens have been able to share their love of dance and become friends with people they might not otherwise have ever met.



Laying the Foundation, Beginning the Change

“We must lay the foundation for a framework.

It isn’t about the money;

it’s about a culture shift.”

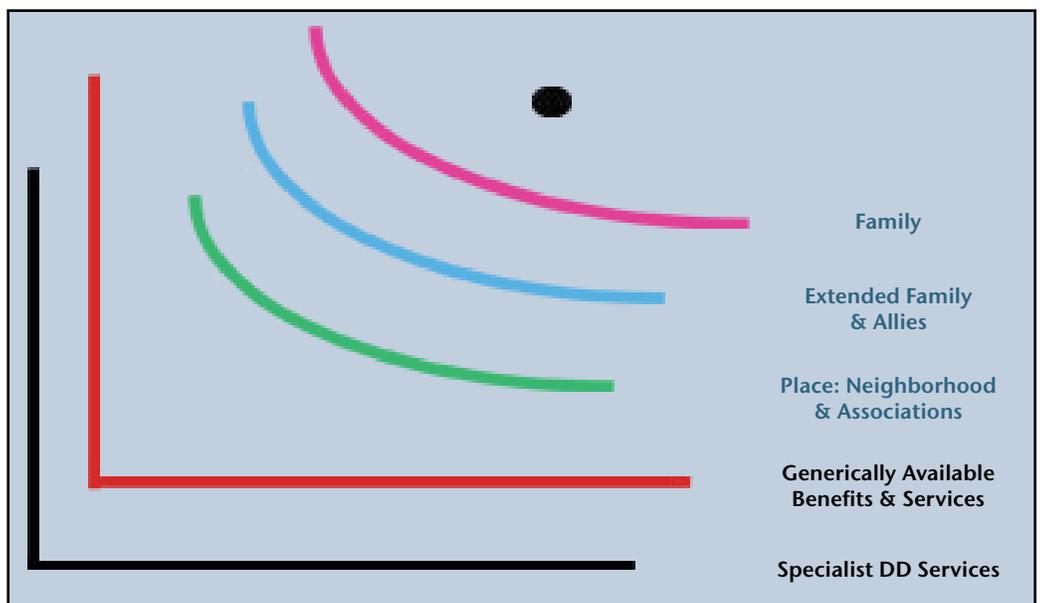
Big Minds Group

The Blueprint for Change is designed to build a successful system that empowers people to shape their own future, nurtures and creates natural systems of support, and strengthens the foundation of publicly funded services for those who need those supports.

As a member of the Big Minds Group, John O’Brien illustrated the situation people face and how a system must be built that supports them.

Individuals have the soft supports of family, extended family, allies and the community where they live. These are represented by the curved lines. A successful system will help nurture and build those natural systems of support. Then it will utilize hard supports, the right angle lines, when appropriate. Too often the current system causes individuals and families to jump right through those curved lines and go straight to supports that are both intrusive and expensive. In other cases, help is simply denied, leaving people without support and in crisis.

The **Blueprint for Change** is designed to build a successful system that empowers people to shape their own future, nurtures and creates natural systems of support, and strengthens the foundation of publicly funded services for those who need those supports.





The change must begin today.

But how?

Many actions will be necessary. Sometimes we will need to take many steps at one time, while at other times, change will begin with one small step; but, change begins when you don't give in to those who tell you it can't be done. *This* is the history and promise of The Arc. In the words of the poet Marge Piercy:

It goes on one at a time.

It starts when you care to act.

It starts when you do it again after they said,

"No."

*It starts when you say, "We," and know who
you mean, and each day you mean one more.*

The transformational change called for in the *Blueprint for Change* will not be easy and it will not happen through the work of The Arc alone. It will take many hands, joined together in a united effort for the *Blueprint* to move from paper to making a real and meaningful difference in the lives of people with I/DD and their families.

**Learn more by visiting us at www.arcind.org
or call us at 317-977-2375 or 800-382-9100.**



Pathways Partners

Special thanks to our Pathways Partners, for their support throughout the *Building Pathways to Empowerment Campaign*, that led us to the *Blueprint for Change*.

Advocacy Partners

About Special Kids (ASK)
InterMedius
INARF
Indiana Protection and Advocacy Services (IPAS)
Special Olympics Indiana
United Cerebral Palsy Association of Greater Indiana

Provider Partners

Capitol City Residential Health Care
Hillcroft Services
Stone Belt Arc
Respite Care Services

Sponsors

Rest Assured
Indiana Institute on Disability and Community

Supporters

Judy Abbott
Easter Seals Crossroads

Big Minds Group

The Arc called on national leaders in the field of developmental disabilities to form “The Big Minds Group.” Their ideas and recommendations led to the development of the guiding principles and core philosophy of the *Blueprint for Change*.

- Building Career Pathways for All
- Discovering and Realizing Individual Gifts
- Supporting Resourcefulness of Individuals, Families and Communities
- Using What You Need
- Shifting the Power to What Works

John O’Brien and Connie Lyle O’Brien, Georgia—National experts on building community and community supports for persons with intellectual disabilities

Nancy Thaler, Washington, DC—Executive Director, National Association of Directors of Developmental Disabilities Programs

John Agosta, Oregon—HRSI, leading consulting firm on programs for people with intellectual disabilities

Tim Shriver, Washington, DC—President and CEO of Special Olympics

Serena Lowe, Washington, DC—Coalition leader working on self-determination in the District of Columbia and across the country

Tom Pomeranz, Indiana—National speaker and consultant in the field of I/DD

John Lund, Washington—John developed one of the most extensive industries programs in the country, and went on to led the way in making the transition to community based employment

Steven Eidelman, Delaware—Working throughout the world, Steve works with emerging leaders in the field of I/DD through his leadership series at the University of Delaware

James Toews, Oregon—Oregon’s Assistant Secretary for Aging and Developmental Disabilities Services

Chester Finn, New York—Self-Advocates Becoming Empowered (SABE) Immediate Past President

David Mank, Indiana—Director of the Indiana Institute on Disability and Community and a national expert on employment of people with intellectual disabilities

Kathy Davis, Indiana—Former Lt. Governor, Budget Director and Secretary of the Indiana Family and Social Services Administration. Kathy’s company, Davis Designs, has developed a world class simulation software program that provides real time assessment of strategies to help policy makers plan for the future

Mike Fodrigill, Indiana—President, United Cerebral Palsy Association of Greater Indiana

Betty Williams, Indiana—President SABE; The Arc of Indiana Consumer Education and Training Coordinator

Jeff Bassett, Indiana—The Arc of Indiana Immediate Past President, active in his local Arc chapter, and father to an adult son with autism

Laura Vieck, Indiana—The Arc of Indiana Vice-President, Pathways Committee Chairman, mother to an adult son with Down syndrome

Kim Dodson, Indiana—The Arc of Indiana Associate Executive Director

Jane George Surges, Indiana—Facilitator of the Big Minds Group and Mentor in Residence at Butler University

Indiana Response Team

Jeff Bassett, Immediate Past President, The Arc of Indiana, Howe—Parent
Clint Bolser, CEO, Noble of Indiana, Indianapolis—Professional
Patrick Cockrum, CEO, Sycamore Services, Plainfield—Professional
Cheryl Crisp, President, ASK, Indianapolis—Parent
Lloyd Crowe, President, The Arc of Indiana, Lafayette—Parent
Kathy Davis, Indianapolis—Professional
Rita Davis, Noble of Indiana, Indianapolis—Professional
Bitta DeWees, Stone Belt Arc, Bloomington—Professional
John Dickerson, Executive Director, The Arc of Indiana—Professional
Andy Dietrick, Indianapolis—Parent
Connie Dillman, CEO, Tangram, Indianapolis—Professional
Kim Dodson, Associate Executive Director, The Arc of Indiana—Professional
Deb Easterday, President, The Arc of Greater Boone County, Lebanon—Parent
Mike Foddrill, President, United Cerebral Palsy Association of Greater Indiana, Indianapolis—Self-Advocate
Shawn Fulton, Marion—Self-Advocate
Mike Furnish, CEO, Indiana Special Olympics, Indianapolis—Professional
Leslie Green, CEO, Stonebelt Arc, Bloomington—Professional
Teresa Grossi, IIDC, Bloomington—Professional
Carole Guess, Down Syndrome Indiana, Indianapolis—Parent
Jim Hammond, CEO, INARF, Indianapolis—Professional
Linda Hankins, Plainfield—Parent
Kelly Hartman, CEO, Insights Consulting, Indianapolis—Professional
Jeff Huffman, Chairman, The Arc of Indiana Education Committee, Noblesville—Parent
David Mank, IIDC, Bloomington—Professional
Shawn Rector, The Arc of Indiana Board of Directors, Lafayette—Self-Advocate
Donna Roberts, Executive Director, United Cerebral Palsy Association of Greater Indiana, Indianapolis—Professional
Jane Ruff, CEO, Hopewell Center, Anderson—Professional
Willaine St. Pierre Sandy, Carmel—Parent
Tom Van Meter, CEO, Forte Residential, Kendallville—Parent/Professional
Laura Vieck, Chair, Pathways Campaign, Vincennes—Parent
Lisa Wells, Executive Director, Down Syndrome Indiana, Indianapolis—Professional
Betty Williams, President, SABE, Richmond—Self-Advocate

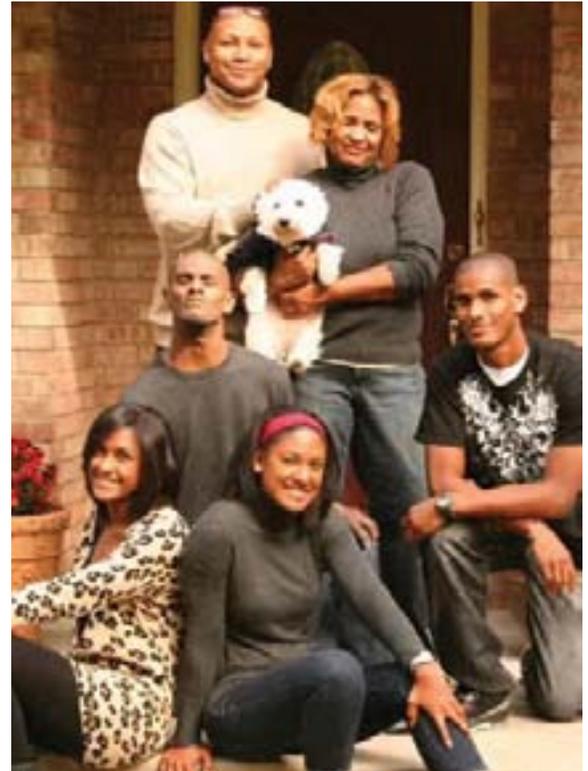
Hoosier leaders, including family members, self-advocates, and providers connected to the world of developmental disabilities were called on to form the Indiana Response Team. Together, they built on the wealth of information generated by the Big Minds Group to develop the key goals and action steps of the *Blueprint for Change*.



Michelle Fischer with her mother, Gayle

“The Blueprint for Change needs to happen to let others know that what they do on a daily basis can affect people with disabilities either negatively or for the good. No matter your role in life—parent, neighbor, caregiver, church member, community volunteer—be a force for good in the lives of people with disabilities; your influence will last a lifetime!”

Michelle Fischer, Host, A View from My Window



William Hawkins and family

“The Blueprint for Change will serve the needs of people with I/DD and families in many ways. Doing more with less is now the norm. The only way we can continue to progress is through change. I know this from my experience as a parent. As my son’s development improved, his independence grew, and his need for traditional services lessened. We were able to make use of new technology that catered to his new needs, freeing up supports that could be used by others in need. This is just one of the positive differences the Blueprint for Change can make.”

William Hawkins, The Arc of Indiana Board of Directors



Jessica Steuterman and her mother, Erika

“The Blueprint for Change should be mandatory reading for those who want or have the responsibility to improve the lives of those with disabilities—families, state legislators, professionals, care providers and people with disabilities themselves. It outlines a new way forward with specific actions that warrant implementation. It’s our best hope for a brighter future.”

Erika Steuterman,
The Arc of Indiana Board of Directors



Jeff, Jan and Nash Huffman

“In today’s economy, the redesign of supports and services will create a sustainable public policy for individuals being served today and for those needing supports in the future. Implementation of the Blue Print for Change will allow us to create a culture of employment and reliance on community, while using public resources in the most efficient way for everyone in need of support. We look forward to working with The Arc of Indiana on the implementation of this exciting public policy endeavor.”

Jeff Huffman, Chairman, The Arc of Indiana Education Committee

Achieve with us.

The Arc of Indiana was established in 1956 by parents of children with intellectual and developmental disabilities who joined together to build a better and more accepting world for their children. We are affiliated with The Arc of the United States and are proud to work with our forty-four local Arc chapters representing fifty nine counties and over 10,000 individual members.

Our Programs and Services

Public Policy Advocacy

Through volunteers and staff, The Arc has a full-time presence at the Indiana State House, and as an affiliate of The Arc of the United States, in the halls of Congress.

The Arc Master Trust

The nation's premier special needs trust, The Arc Master Trust serves Hoosiers of all disabilities.

The Arc Network

The Arc Network helps connect families and people with I/DD to information and resources on employment, community resources/natural supports, state and federal programs, and self-advocacy.

Family and Caregiver Training

Our Family and Caregiver Training Program allows The Arc to pay the up-front cost of approved training for individuals and families receiving services through Medicaid waivers.

COVOH Collaborative Work Lab

The COVOH Collaborative Work Lab is a state-of-the-art, computer-supported meeting space that allows users to share ideas via linked computers to reach group goals.

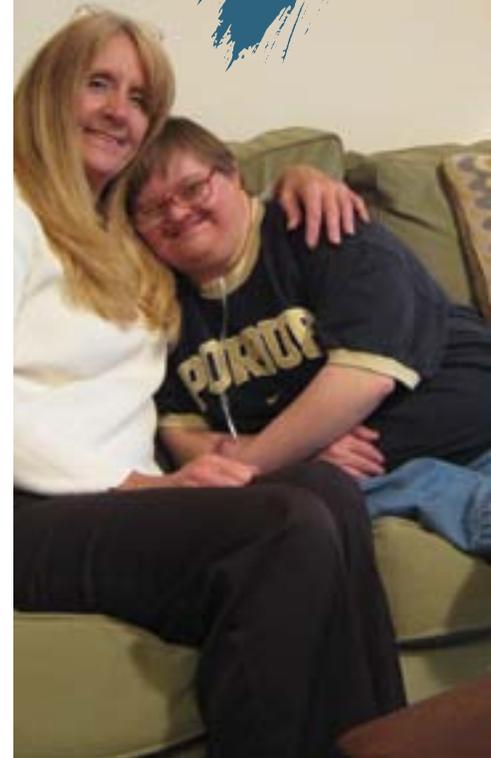
Membership

When you are a member of The Arc you belong to and support a respected local, state and national association committed to people with intellectual and developmental disabilities and their families.



The Arc[™]

*For people with intellectual
and developmental disabilities*



We're Here to Help

- Call: 800-382-9100 or 317-977-2375
- Visit The Arc of Indiana at: www.arcind.org

*Artwork by Angela Bruntlett,
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