

# The Path Forward

## Vision for System Transformation

July 2022



This report was prepared by:



Indiana Family & Social Services Administration  
Division of Disability and Rehabilitative Services  
Bureau of Developmental Disabilities Services

<https://www.in.gov/fssa/ddrs/developmental-disability-services/>



Human Services Research Institute

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### **About the Human Services Research Institute**

The Human Services Research Institute ([www.hsri.org](http://www.hsri.org)) is a nonprofit, mission-driven organization that works with government agencies and others to improve health and human services and systems, enhance the quality of data to guide policy, and engage stakeholders to effect meaningful systems change.

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## About the Artist

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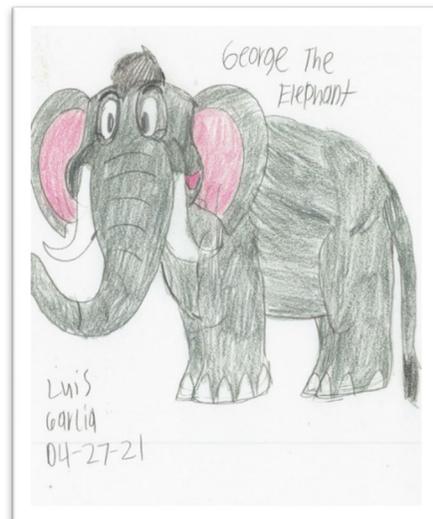
The featured artist for *The Path Forward* is Luis. Luis has a love and passion for drawing. He takes inspiration from lots of places and experiences, like his trips to the Ft. Wayne Zoo. His creative style is influenced by his love of Looney Tunes, *The Flintstones*, Disney's *The Jungle Book* movie, Dr. Seuss, and various types of anime. Luis is also fond of combining animal characteristics to create unique creatures from his own imagination. In his spare time, Luis enjoys going to the zoo, and playing his favorite video game, *Crash Bandicoot*.

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# Contents

1	Introduction .....	1
1.1	Background .....	1
1.2	Current Context .....	1
2	Enhance Case Management .....	2
2.1	Quality Case Management .....	3
3	Improve Team Dynamics .....	4
3.1	Communication .....	4
3.2	Shared Understanding & Outcomes .....	5
4	Key Supports .....	7
4.1	Community Living Options .....	7
4.2	Innovative Services & Supports .....	8
4.3	Enhance HCBS Waiver Structures & Offerings .....	8
4.4	American Rescue Plan .....	10
5	Next Steps .....	13
5.1	Readiness Markers for Future Phases .....	13
5.2	Innovation Pilot Project (IPP) .....	13
5.3	Opportunities to Stay Connected .....	14



# 1 Introduction

Welcome to the Path Forward! This paper is the follow up to our initial concept paper on waiver redesign. This is the first in planned annual updates on waiver redesign and our envisioned path forward.

## 1.1 Background

The Bureau of Developmental Disabilities Services (BDDS) began a process in 2018 to redesign its Home and Community-Based Services (HCBS) waivers for people with intellectual and developmental disabilities (IDD). The purpose of this work is broader than reform of the paid services and supports being offered. The aim is to build a structure that supports individuals and families in living their best life.

In January 2020, BDDS issued an initial draft concept paper, [Indiana Waiver Redesign](#), that described ideas for redesign. To make sure the redesign effort reflects what people want and need from waiver services, input on the ideas presented in the initial concept paper was gathered from individuals with IDD, family members, service providers, advocates, and others. The following core themes emerged from the response to the initial concept paper.

- Enhance case management and system navigation
- Improve team dynamics through shared outcomes and communication
- Focus on key supports to build independence

## 1.2 Current Context

BDDS remains committed to building the system of supports that was envisioned in collaboration with the stakeholder community in Indiana over the past few years. The global pandemic of COVID-19 impacted our efforts as we worked to enact emergency measures to support individuals and families through the extraordinary experience. While life in Indiana is now starting to feel like a new normal, the long-term impacts remain unclear. A regular and collaborative dialogue with individuals, families and our system partners has been imperative as part of the redesign work and pandemic response. BDDS will continue this engagement as it begins the work of greater system redesign.

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*“We still have the same underlying goals and principles in mind as originally pursued as part of the redesign. The manner we go about it may feel different, but we are committed to ensuring the voice and preferences from individuals and families remain at the forefront and are the guiding path.”*

*Cathy Robinson, Associate Director  
Division of Disability and Rehabilitative Services*

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## 2 Enhance Case Management

Individuals, families, and our system partners gave feedback that focused on a desire for case managers to have an increased skill set for relationship building with individuals and their families, to have additional training, and to have increased expectation for coordination across paid and unpaid supports. Through this feedback we were able to identify key foundational concerns with the current case management service delivery.

- Inconsistency: case management companies' approaches to case management were vastly different in many areas of service delivery. Which has led to:
  - Inequity: individuals and families had different levels of access to services, information and supports based upon the experience and knowledge of their case manager.
  - Disparity: individuals and families experienced case management differently and therefore have an inaccurate perception of how the service can support them.

Case management is the foundational service through which all other supports and services are coordinated. Case managers are tasked with getting to know an individual and their family and supporting them to navigate complex systems, connecting them to community resources, exploring opportunities for supports through technology, assisting in building relationships, and leveraging the personal strengths of the person and family.

Through establishing a good relationship with the individual, the case manager is able to effectively assist the individual in developing a strong Person-Centered Individualized Support Plan (PCISP) that becomes a roadmap to their good life. This is achieved through identifying not only those waiver services that will support the individual in achieving their good life but also identifying and exploring an array of paid and nonpaid supports and resources that foster skill building, allow for maintaining of skills, and build greater self-determination.

***If case management is not working effectively, the promise of any number of other systems improvements will not be realized by individuals and families.***

***Staffing needs are and will continue to be a struggle for many. When case management is not working effectively and individuals and families find themselves struggling to find support and staffing, the case manager is pivotal in connecting them to ALL the available resources for support.***



## 2.1 Quality Case Management

### Contracting with Case Management Companies

To address the key foundational concerns, BDDS established a 1915(b)(4) waiver for case management. This provides an avenue for case management organizations to become contractors of BDDS while continuing to be an established approved Medicaid provider. The purpose is to strengthen the collaborative working relationship between BDDS and the awarded case management organizations. Under this new arrangement, BDDS will enhance quality through a more coordinated and robust oversight and monitoring structure of this pivotal service. Using this structure will provide the case management organizations with the tools necessary to ensure consistently delivered quality case management to all individuals and families.

### Beyond Basic Compliance

BDDS recently engaged in the Culture of Quality initiative led by the National Association of State Directors of Developmental Disabilities Services (NASDDDS). The goal was to explore and establish better system-wide quality assurance. This quality assurance effort shifts away from compliance with minimum standards, to one that considers individualized needs of people in BDDS services and how to best support them in living their best life. Through this work, BDDS identified avenues that can directly strengthen and support the delivery of case management. Examples include:

- **Case Management Quality Guide:** a comprehensive guide that details the activities and responsibilities of case managers including ethical practices and philosophical considerations.
- **Person-Centered Individualized Support Plans (PCISP) Rubric:** a quality measure tool that evaluates plans effectiveness to be person centered, strength based and offers integrated supports.
- **Case Management Certification:** utilizing foundational principles of the LifeCourse Framework, a training and exam for all case managers that will be required initially and annually.

### Alignment of Expectations

Individuals, families, and our system partners feedback related to individuals' disparity of experience with case management led BDDS to work to align all the supporting rules, policies, and procedures that pertain to case management including the waiver service definition. In late July 2021, BDDS released waiver amendments for public comment that include revisions to the service definition for case management. The proposed service definition for case management includes clarifying language to make sure that it fully reflects the overall goals and expectations for the service, and to describe what case managers more transparently are required to do.

## 3 Improve Team Dynamics

For an individual to achieve positive outcomes, it is imperative that all members of an individual's support team have a shared understanding of the individual's vision and their role in supporting the individual to achieve those positive outcomes.

Individuals, families and our system partners identified that conflicting priorities and expectations among team members were at times a cause of strife among teams which ended up negatively impacting the person receiving services. As part of this, it was found that a lack of clear information about the available services and supports and their role contributed to the ineffectiveness of the team. Efforts to improve the flow of information to team members, improve team dynamics, and build greater consistency across the program are underway and will continue to be a priority.



### 3.1 Communication

#### Systems Consolidation Project

Case managers, providers, individuals and families specifically requested improved access to information and navigation within the service system, and technology limitations were identified as one of the barriers for those improvements. The systems consolidation project is an existing multiyear project aimed at modernizing and consolidating the BDDS case management technology systems, and one way that BDDS can improve how information is shared and accessed among teams. The BDDS Portal will retire an outdated information technology system and create additional functionality to allow for regular updates of information among providers and case managers.

This project will also support improvements to the provider choice list, which has been a common area of frustration for individuals and families.

#### Individual and Family Perspective

BDDS remains committed to incorporating feedback from individuals and families as we plan for system changes. BDDS will continue to survey individuals and families

through National Core Indicators and will begin collecting the information from satisfaction surveys conducted by case management companies. Through activities such as participation on various workgroups and councils, individual conversations, surveys, and Building Bridges meetings, BDDS is able to hear directly from the individuals and families who utilize waiver services.

This information provides BDDS with insight into what is working and not working in how services are offered and how information is communicated. It is BDDS' aim to develop a system that is responsive to individuals with disabilities and well-equipped to achieve the outcomes they desire. Information directly from individuals and their families is key in building such a system. The information gained will support BDDS in their mission to connect people with disabilities and their families to resources and supports to live their best lives.

## **3.2 Shared Understanding & Outcomes**

Providers of waiver services have shared a need for more opportunities to build their staffs' skills and knowledge to provide better overall services. Based on this consistently expressed need, DDRS and FSSA included significant elements of provider capacity building and training in its overall plan for utilization of American Rescue Plan funds.

In conversations with individuals and families through Building Bridges, live webinars, and family listening sessions, BDDS was able to identify areas where individuals and families could benefit from information and resources on HCBS waivers to support them to live their best life through the use integrated supports. Waiver services are to act as a compliment to those other supports available which include Medicaid State Plan and other federal, state and local public programs as well as community supports, relationships, technology and personal strengths and assets.

### **Provider Training**

To develop a shared vision, it is important that everyone involved in the provision of those services has a shared understanding of the philosophy and principles of the services and supports, that they understand the expectations of those providing the services, and they share the belief that the person with a disability is in the driver seat and at the center of everything. Through a series of new trainings, resources and videos for providers that includes topics such as the HCBS settings rule, dignity of risk, and person-centered thinking, BDDS aims to build the capacity and knowledge of all service providers. The topics selected for trainings and resources reflect the foundational areas of need to support a shared understanding among all team members.

In addition, the 1102 taskforce has developed a subcommittee focused on Direct Support Professional Curriculum and Training committed to providing recommendations to the legislative council by September 2022. The recommendations will include:

- Establishment of a statewide training curriculum for individuals who provide services to individuals with I/DD
- Feasibility of establishing training certification;
- Establishment of a statewide training registry;
- Feasibility of a pilot project to implement any recommendations made

### **Individual & Family Participation and Understanding**

The Living Well grant was awarded in 2018 to the DDRS Bureau of Quality Improvement Services (BQIS) through the U.S. Department of Health and Human Services' (DHHS) Administration for Community Living (ACL). The purpose of the grant is to increase access to meaningful and active participation for people with intellectual and developmental disabilities in their own community. Therefore, the work in this grant will provide resources, trainings and peer support programs to increase individual and family comfort level in leading their team meetings, advocating for their wants and needs, and understanding HCBS waivers and the role waiver services play in their quest for their best life.

### **Front Door Experience**

BDDS is working with district office staff, advocacy organizations and system partners on developing and providing clear information initially and ongoing to appropriately frame the goal and intent of BDDS services and supports to individuals and families. In recognition of the feedback indicating a lack of clear information about the available services and supports, BDDS is evaluating our intake process, implementing new procedures to ensure that individuals and families are connected to resources within their community, and identifying approaches to improve the experience of individuals and families as they are introduced to our service system.

# 4 Key Supports

Much of the Individuals, families and our system partners feedback received following the release of the initial concept paper referenced the need to provide individuals with more robust supports prior to a crisis, to facilitate greater long-term independence and achievement of the desired goals and outcomes identified by the individual.

As BDDS continues to enhance service offerings through waiver redesign the views and opinions of individuals, families and guardians, providers, and other system stakeholders will be integral in shaping the path toward a strong network of supports and initiatives that enable people served to lead the most independent lives possible.

## 4.1 Community Living Options

### Institutional Modernization

A workgroup consisting of individuals with disabilities, advocacy organizations, state regulatory agencies, provider organizations, and representatives from the 1102 task force was assembled in September 2019 and charged with developing a plan to “ensure that individuals in all living settings are provided with informed choice at every level inclusive of person-centered thinking and principles including living situations, housemates, and types of services.”

### Money Follows the Person

BDDS was able to re-engage with the Money Follows the Person (MFP) program in 2020. BDDS will be using the MFP grant to:

- Establish promising practices in Indiana for transitioning individuals out of institutions, with particular focus on nursing facilities.
- Improve program outreach and education efforts for receipt of services and supports via HCBS.
- Facilitate successful transitions out of institutional settings to HCBS and other community-based services.



## 4.2 Innovative Services & Supports

### Employment First

Indiana has been an Employment First state since 2017, and employment remains a key priority for DDRS as it pursues systems change. DDRS houses both BDDS, which administers programs such as the FSW and CIH waivers, and Vocational Rehabilitation (VR), which helps eligible individuals with disabilities with their employment goals. This close working relationship between the two departments enables DDRS to continue to seek creative ways to bolster the employment supports offered through all bureaus. This ensures the division can maximize resources and collectively leverage all employment resources and supports, not just those offered through DDRS.



### Remote Supports

Remote supports offer an alternative to in-person services that can be customized based on the needs of the individual. Remote support was added to the FSW waiver in 2020 to make this option available to more individuals and BDDS will continue to offer remote supports as a waiver service on both the CIH and FSW waiver into the future.

BDDS is also adjusting the definition of remote supports as part of its upcoming set of amendments to better reflect the full scope of what this service can offer. BDDS will continue to work with remote support providers and subject matter experts to ensure the full benefits of this service is available to all individuals and families who choose this option as part of their plan.

## 4.3 Enhance HCBS Waiver Structures & Offerings

### Service Definitions

BDDS began developing early drafts of alterations to the definitions of existing services based on the feedback provided by individuals, families, and providers. These changes are aimed at providing clarity and clearer expectations of service outcomes. These enhancements are not intended to change the scope of the covered service but to ensure the definition is fully reflective of the service aim and expected outcome. Many of these changes can be completed through upcoming amendments to the FSW and CIH waivers.

## Add New Services

BDDS will also be considering adding new services based on Individuals, families and our system partners feedback. Through various mechanisms, stakeholders shared strong support for adding services that increase independence:

- Housing Supports,
- Healthy Living Supports,
- Additional Expressive Therapies such as dance, theater, and hippo/equine,
- Peer Support and Community Connection,
- Assistive Technology, and Independent Living Set-up.

The addition of new services to the FSW and CIH waivers require the establishment of new rates, provider qualifications, and development of a provider base to offer said services. Due to the considerable effort and cost associated with offering new services, this change will likely be done incrementally with input from individuals, families and our system partners on what new services should be prioritized and an evaluation by BDDS as to the relative feasibility of getting each new service off the ground. For more information on what these services could potentially entail, please see [Indiana Waiver Redesign Concept Paper January 2020](#)<sup>1</sup>.

## Build a Self-Directed Option

Another takeaway from Individuals, families and our system partners response to the initial concept paper was support for self-direction. The initial concept paper outlined two options for building infrastructure to support increased self-direction options. These include adding a new service called Participant-Directed Goods and Services and formalizing an existing practice through the Agency with Choice employment model.

Individuals, families, and our system partners expressed a great deal of excitement around the addition of a service that would allow them to self-direct a certain portion of their waiver dollars, known as Participant-Directed Goods and Services. The addition of this new service will require more substantial planning and infrastructure development than the addition of the other new services outlined above because the process to approve, monitor, and procure such goods and services will be wholly different than how waiver services are provided today. BDDS is actively receiving technical assistance and participating in a learning collaborative to gain the knowledge and understanding necessary to build an accessible and meaningful self-direction option into the current waivers through the use of a 1915(j) waiver. BDDS has a goal to have the submission and approval from CMS for implementation by 2024. As BDDS begins to develop the outline for the self-directed model, they will share more specifics with individuals, families and our system partners including what such a service can include and what the process to obtain the service will look like.

<sup>1</sup> [https://www.in.gov/fssa/ddrs/files/IndianaConceptPaper\\_FINAL.pdf](https://www.in.gov/fssa/ddrs/files/IndianaConceptPaper_FINAL.pdf)

## Create an Additional 1915 (c) Waiver

The initial concept paper laid out two waiver redesign options. One option would keep the same structure as today but would focus on updating existing services and potentially adding new services and create flexibility of ways to access the current emergency needs waiver.

The other option involved the same general structure, but with the addition of a third, middle waiver between the FSW and CIH waiver. This third, middle waiver would support individuals who need more than the budget cap on the family supports waiver and who can be well-supported at a level lower than the emergency needs waiver. Like the two-waiver option, this option would also include a focus on updating existing services and the possibility of adding new services.

Major structural changes to the waivers, or the addition of a new waiver to the existing two-waiver system, are change ideas that BDDS plans to have in place by 2024. BDDS will continue to solicit feedback from individuals, families and our system partners as it makes certain changes toward systems transformation and waiver structure. This feedback will help determine what short and long-term waiver changes might look like and how these can best meet the needs of all Hoosiers served by the BDDS waivers.

## 4.4 American Rescue Plan

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARP). This provides states with a temporary increase in funds for home and community-based services (HCBS), also known as Medicaid waivers. The Indiana Family and Social Services Administration (FSSA) plans to distribute these funds across all its home and community-based services which includes the Division of Disability and Rehabilitative Services, the Division of Aging and the Division of Mental Health and Addiction. The four overarching goals are:

1. Support the provider workforce
2. Enhance HCBS to ensure all individuals have easy and equitable access
3. Build provider capacity to meet the growing HCBS needs
4. Support families and caregivers of individuals receiving HCBS

DDRS is taking advantage of this opportunity by using funds received through the ARP to further the work of systems redesign that address the feedback received thus far from our stakeholders.

In July, the Indiana Family and Social Services Administration submitted its [proposed spending plan for implementation of Home-and Community-Based Services Enhanced Federal Medical Assistance Percentage](#) to the Centers for Medicare and Medicaid Services for approval. The opportunity for enhanced FMAP was a part of the American Rescue Plan Act and allows for an additional 10% federal match on Medicaid HCBS expenditures from April 1, 2021, through March 31, 2022. The

additional resources must be expended by March 2024. Based on stakeholder feedback, FSSA prioritized the use of the dollars as follows:

<b>Plan component</b>	<b>Percent of total</b>
Stabilization (provider, workforce and caregiver)	20%
Workforce (Support and expand the HCBS provider workforce)	25%
Enhance HCBS (Includes increasing competitive employment opportunities)	20%
Build provider capacity (Increase access to services/promote self-direction)	30%
Caregiver training and support	5%

Phase 1 of the FSSA HCBS Spend Plan launched in January 2022, with stabilization grant opportunities for Division of Disability and Rehabilitative Services, Division of Mental Health and Addiction and Division of Aging providers of home and community-based services. Eligible providers will receive a one-time grant calculated as a flat percentage (7-8%) of the provider's highest annual claims total across calendar years 2019, 2020, and 2021. FSSA's commitment to recruiting and retaining a qualified workforce is a key emphasis of the funding as providers are required to spend 75% of the funds on direct support workforce compensation and benefits.

Divisions within FSSA developed proposals aligned with the aforementioned priorities. Within the overall spend plan, DDRS identified projects in alignment with person-first philosophy, 1102 Task Force recommendations, Indiana's Employment First plan, waiver redesign and stakeholder feedback. Those projects include grants to pilot innovative employment approaches, support for voluntary efforts to transition individuals from sub-minimum wage employment/sheltered work, and support for creative approaches to pre-vocational and employment services for providers who have closed sheltered workshops within the last 24 months. These activities will be utilized to inform waiver redesign, policy and procedure and the design of a value-based payment model to support quality outcomes for individuals with intellectual and developmental disabilities.

DDRS seeks to enhance home and community-based services through projects aimed at improving outcomes for individuals with intellectual and developmental disabilities, systems access and navigation, individual access to resources, provider approval process, quality monitoring and tracking systems, and enhanced training in person-centered approaches for providers, case managers, individuals and families.

Funds are also allocated to improve outcomes for individuals and family members through expanded peer mentoring/support, self-advocacy training, and tools to

support establishing expectations for a full and meaningful life. Additionally, the funds will be leveraged for identification of other promising service delivery approaches or models that may further enhance and support outcomes for individuals and families and could be incorporated into the service array offerings in the future.

DDRS is now preparing to initiate Phase 2 of the HCBS Spend Plan. As we develop our implementation plans, stakeholders should anticipate communication from DDRS over the next few weeks as follows:

**Quarter 1 2022:**

- Increased amount of quality on-site provider reviews as well as additional consultation
- Opportunities for participation in Charting the LifeCourse Innovation Collaboratives and Employment Network Cohorts
- Opportunities for Open Future Learning and Provider Engagement for Enhanced Training

**Quarter 2 2022:**

- Release of request for funding for employment innovation pilots
- Launch of 14c Transition Learning Collaborative
- Announcement of 14c Pre and Post Transition Grant Opportunities to support voluntary conversion, innovative pre-vocational supports and improved competitive employment outcomes
- Grants to build and strengthen the network of self-advocates
- Pilots and grant opportunities for innovative approaches to community support, such as creative use of technology and other services, that address system resource needs and family caregiver supports
- Begin the development of a behavioral services technical guide

**Quarter 3 2022:**

- Begin update and enhancement of the incident reporting system
- Begin update and enhancement of the provider application process and experience
- Begin research as well as strategize on how to improve communication and marketing
- Announcement of state hospital transition pilots

# 5 Next Steps

## 5.1 Readiness Markers for Future Phases

For DDRS to undertake many of the later phases of systems change, it is necessary to establish the program's capacity and readiness. For each area of desired waiver changes, BDDS will define readiness markers prior to making the programmatic change. While the specific markers will vary dependent upon the change being considered they fall into the following broad categories:

- Leadership
- Communication
- Policy and procedures
- Technical administration and infrastructure
- Monitoring and reporting
- Adaptation and innovation
- Resources and funding

Each category covers a variety of factors that must be considered when determining the feasibility of moving forward with a given change. BDDS will ensure an open line of communication is maintained with individuals, families and our system partners and that progress in meeting readiness markers is shared on an ongoing basis during this system's change effort. As the needs and desires of individuals and families change, it is possible that some items currently being considered for future waiver changes may shift or fall away entirely.

## 5.2 Innovation Pilot Project (IPP)

The Division of Disability and Rehabilitative Services (DDRS) recently announced funding opportunities for HCBS providers, non-provider community entities, self-advocates, and families interested in exploring new means to support and address areas of outstanding need among Hoosiers receiving services from the Bureau of Developmental Disabilities Services (BDDS).

This innovation opportunity is designed for providers, community partners, and self-advocates who are interested in engaging in novel efforts and approaches in the next 18-24 months to inform HCBS waiver redesign, further explore existing recommendations from the 1102 Taskforce ([https://www.in.gov/fssa/ddrs/files/1102\\_Final\\_Report\\_11.1.2018.pdf](https://www.in.gov/fssa/ddrs/files/1102_Final_Report_11.1.2018.pdf)), and individual and family stakeholder feedback ([https://www.in.gov/fssa/ddrs/files/IndianaConceptPaper\\_FINAL.pdf](https://www.in.gov/fssa/ddrs/files/IndianaConceptPaper_FINAL.pdf)).

## General Information

Funding available: Up to \$50,000 for Phase 1 (Development of comprehensive proposal); Phase 2 grants will be awarded dependent upon project need and scope

Phase 1 Application Period: June 17, 2022- September 30, 2022

Phase 2 Application Period: July 15, 2022- December 31, 2022

Innovation Pilot Projects can run from July 15<sup>th</sup>, 2022- March 31, 2025

DDRS will supply \$50,000 start-up grants to Innovation Pilot Project applicants to be used specifically toward further developing their Innovation Pilot implementation and outcome plans. Selected applications will also be provided with Technical Assistance support to develop outcome measures and evaluation plans for their full Innovation Pilot application. The initial \$50,000 of funding is tied to concept development. No more than \$50,000 will be awarded to any one entity or individual, however, all are welcome to submit multiple innovation pilot interest forms for consideration and further development using those funds.

## 5.3 Opportunities to Stay Connected

This report serves as the first iteration of DDRS' pathway toward systems change, and outlines some of the current, future, and long-term activities and goals. These are laid out with an understanding that they will likely evolve as BDDS continues to work with individuals, families and our system partners to shape the system.

DDRS will continue to maintain multiple channels for soliciting feedback, including email, web-based options (DDRS website, surveys, and Facebook), phone, listening sessions, and Building Bridges sessions. The continual involvement of stakeholders will remain the heart of this change effort so that the system being created is ultimately one that reflects the values and priorities of those it supports.

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*It is important to the future of services and supports that individuals and families are empowered to not only share their experiences with us but also their ideas, victories, and fears. It is through honest and open dialogue that together we can effect change that will positively impact not only our service system but our communities.*

*Holly Wimsatt, Director, BDDS*

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