



NCAPPS Webinar: Person-Centered Methods for Expanding Self-Determination in Provider-Directed Services

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SPEAKERS

Kenny Bedtka, Alixe Bonardi, Bevin Croft, Sahra Hussein, Jeff Keilson, Caroline Miller, Cindy Ostrowski

Alixé Bonardi 00:00

Good day. My name is Alixe Bonardi, and I'll provide a brief visual description. I have a middle aged white woman with shoulder length brown hair. I am sitting in my office currently with one piece of art behind me and a lamp. So, thank you everyone for joining us today for this webinar. Next slide please.

Alixé Bonardi 00:29

I, along with me with the co-director of the National Center on Advancing Person-Centered Practices and Systems, Bevin Croft, I would like to, to welcome you all for joining us to learn about person-centered methods for expanding self-determination and provider directed services. This is an exciting topic and one that we at NCAPPS have been very interested in working with and we're very lucky to have this group of panelists here today. I want to note that today's webinar is sponsored and is available free and open to the public, and is our Center is funded by the Administration for Community Living, and the Centers for Medicare and Medicaid Services. Next slide, please.

Alixé Bonardi 01:37

As a reminder, the goal of our center is to promote systems change that makes person-centered principles real, not just an aspiration or just a set of words, but a reality in the lives of people across the lifespan. And self-determination is foundational to that work. Next slide, please. Before we move into the discussion, we are going to provide a few webinar logistics that are shown here on the slide. As a reminder, participants are muted during this webinar. And we really look forward to hearing from people using the chat feature in zoom. Please go ahead now to post questions and you can certainly also communicate with the hosts. Please note that when you do post in chat, that you will want to select to everyone if you would like your chat to go to the entire group of people that are participating in this webinar. Towards the end of the webinar, our speakers will have an opportunity to respond to questions that have been entered into chat. This webinar is live captioned in English and live interpreted in Spanish. There are instructions on the slide here to access the live English captions by clicking the CC button at the bottom of your Zoom screen. And live Spanish interpretation can be accessed by clicking the interpretation button which looks like a little ball or globe at the bottom of your Zoom screen. This live webinar also will include polls and at the end evaluation questions. So please be prepared to



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interact during polling times as you are able. Next slide please. After the webinar, please so you can you don't hesitate to send any follow up questions or feedback about this webinar or any other follow up communications to our email address ncapps@hsri.org. Please note this email address is not being monitored during this webinar. So, we won't be able to respond to any particularly urgent questions right away. The recorded webinar along with version of the slides and also a plain language summary will be available within a few weeks on the NCAPPS website. And if there are questions that are asked during this webinar, we will also include questions and any responses in the materials that are posted publicly following the webinar. Next slide please. So, to get started, and for our panelist's information, please take a minute to respond to the poll that should have popped up on your screen, we're really interested in learning from the group here, who's here. There are a number of a number of options for you to choose from. And these are listed on the slide here, as well as in the poll. Please note that you can access the poll by putting your cursor on the little gray bar on the poll and pulling it down. You can that way you can access the last few options to choose. You can choose all that apply when responding to this. And if you would like you can also enter into chat. If there are particular places where you don't feel like you're, you know, you're not represented here on a poll, I see some people have dropped some how they identify into chat. And that's wonderful, too. Thank you. We're glad you are all here. We're taking one more minute to keep the poll open. Not quite a minute but noting that we've got about 77% of our participants who were on the webinar here haven't had a chance to respond to the poll. But we are still getting responses in, so we want to make sure that everybody has had a chance to respond so that we really get a good sense of who all is here. At present, it looks like about a third identify as government employees about 40% as social workers, counselors, care managers. Okay, so I think when if we look at the respondents that we have here, we've got about 40%, as I mentioned, social workers, counselors, or care managers, we have about 15 people who are peer specialists or peer mentors, and wonderful to have you here including also with self-advocates, but 13% family members, people with disabilities joining us here today. And then certainly we have a service provide representatives from service provider organizations who are providing the care wonderful, and as I've mentioned, government employees, we have a good swath of people really all very interested in how to make self-direction or sorry, self-determined supports, really supporting people some determination throughout. Wonderful, next slide please.

Alixé Bonardi 08:09

So now I would like to introduce the speakers that we have joining us today. We have Jeff Keilson joining who is currently serves as the Senior Vice President at Advocates, and on the Disability Policy Consortium's Board of Directors in Massachusetts. He is a passionate supporter of people living in real homes in the communities of their choice and has worked extensively with people with disabilities. Jeff has been a key supporter of self-determination initiatives with elders and in communities of color. He's held positions both with Department of Mental Health Department of Developmental Services in Massachusetts and has received numerous awards for his innovation including the 2008 Gunner, Deadwood, Leadership Award. We're glad you're here, Jeff. Keith Scott. Unfortunately, Keith is not going to be able to join us today because of something that came up rather suddenly today. He is currently the Vice President of Peer Support and Self Advocacy at Advocates along with Jeff, where he has worked since 1989 in in a variety of positions. In his current role, he is responsible for the peer



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specialist team, the team of recovery coaches and all human rights related issues at advocates. I think Jeff will be referencing some of Keith's work as Jeff as gets into his remarks. Next, we're also joined by Cindy Ostrowski who has been supporting and advocating for people with disabilities since 1989. Cindy is the Chief Executive Officer at Hiawatha Homes Inc, a nonprofit organization dedicated to providing quality services and supports for individuals with disabilities at home and in the community of Rochester, Minnesota. Prior to working at Hiawatha Homes, Cindy served as the Region 10 Quality Assurance Director, where she worked collaboratively with stakeholders to develop and implement a person driven quality assurance and licensing process called Voice. Next, Kenny Bedtka lives in Rochester, Minnesota at a group residential house for people with different abilities called Hiawatha Homes. He works at Buffalo Wild Wings with a local band with a local baseball team during the summer. His biggest goal is to be able to live on his own and with some help, and his staff is helping him to become as independent as possible so he can meet this goal one day. He has been a self-advocate for many years and currently meets with two advocacy groups regularly and has spoken at the Capitol several times to advocate for people with disabilities. We're glad you're here, Kenny. With Kenny, Sahra Hussein has been also living in Rochester, Minnesota since 1994, and has been a direct support professional for 14 years. She's worked in various group homes within Hiawatha Homes and is incredibly passionate about what she does. As Sahra notes, the greatest lesson she has learned from her work is the satisfaction you get from helping people reach their full potential. Sahra has witnessed some of the most incredible transformations in the people she has supported. The most rewarding part of her job is being able to provide meaningful experiences to people. And finally, we're joined by Caroline Miller, who has been a peer specialist with Advocates in Massachusetts since 2017. During that time, she received services from advocates and has experienced both sides. Her goal as a peer specialist is to support people in their desire to attain autonomy through self-advocacy. She is currently the supervisor for the Living Room where people are supported in times of crisis and to find different supports to take charge of their lives. And with that, we're I just want to express our appreciation again to all of you for joining us in this important discussion. And I would like to turn it next to Jeff Keilson who's going to start this discussion. Just a reminder, please as speakers first join, please provide a brief visual description, and take it away, Jeff.

Jeff Keilson 13:05

Hi. Thank you, Alixe. Really excited to be here and being on this panel and joining everybody. So, my name is Jeff Keilson, I'm a white male with gray hair wearing a blue purplish grayish plaid shirt. And I'm sitting in my office in in Massachusetts. So ever since the Robert Johnson Foundation grants in the mid-1990s, many states across the country have moved forward with supporting self-determination for people with disabilities. While self-determination has grown over the years, next to family caregivers, human service provider agencies continue to be the largest provider of services for people with disabilities. Given that the leadership and the role that provider agencies can play in supporting self-determination is critically important.

Jeff Keilson 14:03

While many agencies have implemented a variety of initiatives to support people having greater control over decisions impacting their lives. We felt it was important to develop this toolkit to help agencies



focus more on what can be done. This toolkit includes ideas that help support people self-direct daily decisions in their lives, as well as my significant life decisions. There are also initiatives that can happen relatively quickly, with very little commitment of additional resources. Although there needs to be a commitment of time and focus. And now there's that either require a commitment of additional resources who will take time to fully implement. I feel this is more critical now as providers are facing huge challenges in recruiting and retaining staff. And workforce challenges have led to more dissatisfaction with services from people with disabilities as well as from their families, I don't know how much all of you are facing that. But certainly, we're facing that use challenge in Massachusetts. And as a result, a lot of people with disabilities and families are looking more to self-direction. I hope you will find this toolkit helpful. But as part of the webinar, I did want to highlight a few areas is that the days are any more important than others. But certainly, my belief is that there needs to be a comprehensive plan that encompasses many strategies.

Jeff Keilson 15:33

So, there is ongoing positive movement that grows over time, and that there are mechanisms in place that hold staff, agency leadership, and board of directors accountable, to really keep the focus on supporting people in terms of self-direction. One area I want them to highlight is organizational culture. Because it is critical that supporting self-direction becomes part of the fabric of the agency's culture. For example, it should be a key priority in an agency's strategic plan. That there needs to be a meaningful role of people receiving supports and agency's decision making process. If Keith was here, I'm sure he would identify that at Advocates we have a committee, which is really representative of a cross section of the Advocates community that focuses in on how we can maintain our focus on Advocates way, which is the underlying philosophy of who we are. case actually is a good example of our commitment as the VP of Peer Support and Self-Advocacy. He is a critical member of the executive leadership at Advocates.

Jeff Keilson 16:56

Another example is one agency I'm working with has a very focused initiative on people receiving supports having a direct relationship with the board of directors. There is a commitment from the agency leadership and the board to make that happen. The agency supports people with mental health conditions, people with intellectual and developmental disabilities, and people with brain injuries. And we have a representative group of consumers involved. Well, certainly my hope would be that people receiving supports will actually become board members. This is a critical step in that direction, it will ensure that people will have a more significant impact on agency policies and practices, many of which undermine self-direction. A second example I just wanted to quickly mention is identifying and supporting champions who are trained as change agents and is supported in that function. These champions when we regularly amongst themselves for ongoing training, brainstorming, and identifying specific initiative to work on self-advocates would be part of, you know, this identify group of change agents kind of relates to self-advocacy, because as I'm sure a lot of you know, many people who have been disempowered for all of most of their lives, are reluctant to speak out when they have a concern, you know, afraid of how it might negatively impact them. And if any of us, you know, have challenged healthcare provider, for example, it's not something any of us would necessarily feel comfortable with.



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Um, so it is important for agency wide initiatives, as well as for people gaining more and more control over their lives. That the agencies really have initiatives around supporting leadership development around for self-advocacy.

Jeff Keilson 18:57

So, initiatives, you know, to support people to gain greater control around decisions making impact in their lives is critical. My stepdaughter, Rosie, who's 26, she created you know, she loves to sing and created a song around greater independence. And every time you know, she shows independence that she's really feels great about she started singing, you know, the song and dancing. She has autism and a significant intellectual disability. And that's one way that she, you know, expresses herself. Some other examples is for many people, they do not get to choose who they live with currently, and every group I've ever met with of self-advocates, which has always been an issue that they have raised. That really, they do not like living with people that they don't want to live with. I'm sure a lot of us could appreciate that.

Jeff Keilson 20:00

So how we support people to make decisions around who they live with, where they live, how to get people more engaged in staff hiring, you know, more significant challenging areas, but also how we support people around their daily decisions around what to eat recreational opportunities, was really critical. And there has to be a focus on that. So, you know, you probably can't see it. But one of the things that are important to me, is the kind of shampoo I use, which I can only order online, and if I don't have that shampoo, it just doesn't make me feel comfortable. So, we all have these decisions that really help with our feeling in terms of our quality of life. Another critical area is around staff training. You know, for many of us, it's easier to make decisions for someone than it really is supporting people to make their own decisions. And that takes a lot of training and support for staff to understand that this is particularly acute for people who tend to defer to staff. So, I asked someone, you know, when I was doing a lot of training, where I'm present and planning, where they really want to go on vacation, and they started to talk about they wanted to go to Hawaii and experience a number of different things. And then within a minute, they just shifted to wanted to go on a cruise, because the staff who supported him, he knew likes cruises. So, it really takes a lot of focused effort to really shift from being a decision maker to being a supporter.

Jeff Keilson 21:49

The last thing I would say is around visibility and celebrations, you know, building excitement is critical. And that the message that self-direction can happen within a provider environment. You know, through websites, staff meetings, you know, videos that people you know, could express, you know, their experiences around self-direction, highlights and local newspapers. And we someone that I work with, has a cable TV show that talks about, he talks about how he is really advocating for itself, and in areas where he is really self-directing his life. So why don't I stop there because I can go on and on and, and introduce Caroline Miller, you know, from Advocates to pick it up.



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Caroline Miller 22:45

Hello, everybody, my name is Caroline Miller. I'm a peer specialist. I work for Advocates in Framingham. I'm really happy to be here today because there's so much, I want to talk about, and I know I'm time limited. So, I will just I will talk about what's most important to me. That one of the things that I find hard, I found hard, was I spent four years in a state run psychiatric facility. And they all preached so patient centered treatment. And we know that's not really true sometimes because staff, treaters, whomever they get around, they, they asked for input from me. And then they write a treatment plan that they think would fit what I want. That's kind of person-centered to me, because they at least asked, most people don't get asked. So, but the problem with person-centered for me is that it seems to be one size fits all, you know, at that hospital, we were told that I had access to my food 24/7. No, you don't, because the staff doesn't really want to take care of that. So as long as you know, they said it and it's in my treatment plan. Doesn't really matter.

Caroline Miller 24:18

When I got out of the hospital, I had this job to come to at Advocates, which was really nice of Keith to hire me that way. So, they also believe in person-centered treatment at Advocates and it's a lot better than any hospital, I will give you that, but there are some things that are lacking. Again, some of the things are one size fits all. So, I, me, personally, I spent the first four months out of the hospital waiting for the job to start, but I had no transportation. I had nobody, I don't have a family very much. So, I had one person coming in once a week, I have no transportation, and I have a TV. What did I spend my four months doing? So, if people are coming out of hospitals and into service providers, there has to be more to be offered to people in that situation. Yes, it's great that they have a place outside of hospital to be with.

Caroline Miller 25:30

But as Jeff points out, I chose not to go into a group home because I didn't personally want to live with anybody, I just came from living with 300 some odd people, I don't want to live in a group home with people that I'd never met before. I've seen group homes; I am a peer specialist with Advocates. So, I support people in group homes, I support people in their apartments, I support people that want we call the Living Room, which is a peer run crisis, alternative to emergency departments. And a lot of the times what I hear is, I'm bored, staff won't take me anywhere, we have the same food, when are we going to get to choose our food, these people pay 70-75% of their income towards group home rent. And some people that's not a lot of money, and that leaves them very little to pursue whatever dream or even daily excitement that they can.

Caroline Miller 26:42

Yes, staff shortages will create a problem on this. But they have to wait for staff to agree to take them out, um, people in this situation. And I and I've, I've seen it on both sides, need more assistance need more support, we are not just to be relegated to a non-hospital situation where at least we're out. But we're still in the system. So, it's very hard. So, I would like to see, you know, person centered versus person driven. In a person driven situation, I sit down, I write my treatment plan, I sit down, and I write my crisis plan. And yes, I write it with either my therapist or what we call our mobile outreach



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specialists, or even an integrated team clinician, whomever it is, I want to sit down and write my own plans. And if it fits with what is able to be addressed by advocates, then I'm great if it's beyond what they can provide me, then I have to look elsewhere. The issue is that a lot of people are so beaten down by the system, and stigmatized by whatever mental or physical disability or whatever you like to call it, because I don't ever know what to call things anymore. They're so beaten down by it and staff just saying, "Well, you want to be independent. So, you need to do this." Nobody's teaching, nobody supporting the ability of that person to become autonomous.

Caroline Miller 28:32

When I was in the hospital, we had kitchens that we were supposed to use as patients to learn how to plan prep and serve meals. Patients weren't allowed in the kitchens. How do we learn how to be independent, even in group homes, if staff won't let the residents do it. Even the residents who live on their own, they may have assistance in prepping meals. We all have seen what some of you know, and what I got out of what I got out of the hospital, and you should have seen what I ate. So, it was junk food. It was like a yeah, I can finally eat what I want. So, everything came in. So, there's that. The other problem besides you know, person-centered in person driven, is learning to trust because of the situation that a lot of us were put in, where we were supposed to be compliant, and I really hate that word. And follow the rules and just take what was given. There's no trust there. Because I can't even trust myself to make my own decisions. Because the staff wherever I am, is telling me that I'm not able to, it's just, it's beyond me. When I got out of the hospital, if I hadn't had this job, I probably would still be in that other apartment. I don't know doing what, but you know, I can fight for my own self. And not a lot of people want to do that, because they've been told that they can't.

Caroline Miller 30:26

We run self-advocacy groups, I think once a month, on a Saturday, very few people show up to them. Because it's not, I don't know what the reason is, but it's, it's for everybody in a group home and anybody who lives in an apartment on their own, who wants to learn how to advocate for themselves. And either the staff don't tell the people, the residents and the group homes or whatever happens, but very few people show up to that. So, I'm, it's kind of hard to sit back. And watch. Now. I know, I don't have a lot of time left, I'm just wanting to say a few more things. I no longer receive services from advocates, they call it graduation. I call it release. So, you know, I am very, very thankful for Advocates, for helping me get to where I am, I'm also thankful that I have a job with Advocates, and I can be a peer specialist, and support and supervise other peer specialists. I'm very thankful for that. I also see so much that needs to be done. Because I mean, I used to, I used to support this woman who lived in Waltham, she has family that she sees once a week, she has a peer specialist, she sees us once a week, and a clinician that she sees once a week, the rest of the time.

Caroline Miller 31:56

There's no time to get her anywhere by our means to pursue some interests that she has, with this volunteer program that we're trying to promote it advocates, we're trying to get people with common interests, hooked up with people in, in services with people who aren't in the system, you know, so she finally got a volunteer, and then she's got it now going to art classes. She's an amazing sculptor, I've



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never seen stuff that's beyond me. And she couldn't do that for the past five or six years, because there was no transportation, nobody able to get in, well, COVID hit but there's that problem. But we need to provide more. And I know it's hard, lack of staffing, lack of money, there's a lot of lack. And we volunteers, we can probably boost that system a little better. Get people out, get people to whatever they want to do, even if it's just go for a walk around or enter a gym or you know, do whatever, we need to do better. And people need to be able to tell us the so the so called treaters what they want to do, and we should be able to work out how to get them to do that. And, you know, I could go on, and on and on about this. I just feel very strongly because I've seen how it experienced how I experienced it. And I see how I want to do so much more for the people I support. There's always limitations. And somehow, we have to get rid of those limitations and get people to see that they can be more in their life. And so, thank you very much for my time. I'm sorry, I don't remember who was going after me. So, I'm going to let Alixe, do that.

Alixé Bonardi 33:56

Caroline. No, no worries. I actually wanted to jump in after you Caroline to say thank you to both you and Jeff for describing Advocates, I we probably should have clarified for our audience to Advocates being a provider service provider organization and based in Massachusetts, right. And both of you have focused in on some of the key and critical elements that within a provider organization still are very much promoting the concept of self-determination, the right of people to make choices about things that are important to them and to experience living with those choices, right. So, the culture has been so important. I really appreciate both of your remarks. Before we turn to our next set of panelists. I do want to note that in chat there's been a lively conversation happening in chat and particularly a toolkit that that Jeff and others from our center pulled together specifically around a provider agency toolkit for self-determination and brings together some of these ideas. So, with that, let me turn it over to you, Cindy, and Kenny and Sarah. And thank you all for joining us. And now we're going to move a little bit east from Massachusetts to Minnesota to hear about the experiences within your agency.

Cindy Ostrowski 35:30

Well, thank you very much for having us here. My name is Cindy. I'm the CEO of Hiawatha Homes. I'm a white female with medium length brown hair. I am wearing a black shirt and a gray sweater. I am sitting at my desk with cabinets and shelves behind me, along with some family photos behind me. I'm just going to turn it over to Sahra and Kenny to introduce themselves and then we'll get started with sharing some thoughts from Kenny.

Sahra Hussein 36:09

Thank you, Cindy, for inviting us to this webinar. Kenny and I are sitting in in a sunroom with artwork which one of those individuals put together and brown curtains in the background? I am a Black female with brown scarf and purple dress, and can you do you like to describe yourself?

Kenny Bedtka 36:35

Wearing pants, sweatshirt, and white pants.



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Sahra Hussein 36:46

With glasses, right?

Cindy Ostrowski 36:53

Thank you, Kenny and Sahra. So, we're honored to be here representing Hiawatha Homes and Minnesota. And Kenny has been an awesome self-advocate in southeast Minnesota along with making trips to the Capitol. And he's here today to share some thoughts about what self-determination means to him. So, Kenny, can you share a little bit about what self-determination means to you? Oh, I think Sahra, you're on mute.

Sahra Hussein 37:34

Okay, self-determination, what does that mean to you? Independence, making your own choices.

Kenny Bedtka 37:42

Independence, making my own choices.

Cindy Ostrowski 37:48

Thank you. And Kenny and Sahra and I had the opportunity to meet earlier in the week. And Kenny has written all of his responses down but asked for a little support along the way. So, you may hear Sahra just describing some of his answers for him. But Kenny, when we met, you told me a little bit about how you move to the house that you live in now. You live with three other roommates and actually your roommate on the house and Hiawatha Homes rents from your roommate. But can you tell me a little bit more about where you live now and where you would like to live someday?

Kenny Bedtka 38:38

I want to live somewhere on my own.

Cindy Ostrowski 38:50

Yeah, so in the future, you'd really like to move out and live by yourself. Okay. And you also share with me that your team is helping you work on that, like you talk about that, and you are working on that. Okay. Now, I also know you told me having a job in the community is really important to you. You've worked at a variety of jobs in the community. You share a little bit about where you've worked before.

Kenny Bedtka 39:17

I worked at ABC for too many years, and I got out of that one.

Cindy Ostrowski 39:26

You got out of there.

Kenny Bedtka 39:34

I've worked at the Honkers for two years now.



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Cindy Ostrowski 39:38

Worked at the Honkers for two years, which is a baseball league here in town. Now you work at Buffalo Wild Wings, and you also worked at the Mayo Civic Center as a greeter and helping people find their seats, right? Yep, yeah. Okay. And why do you like working at your job now?

Kenny Bedtka 40:05

Get out of my house, make money.

Cindy Ostrowski 40:09

Get out of the house, make money. You told me you really enjoy being with people and helping them. Now, another thing we talked about was transportation. And that's really important to you. We also talked about, you know, some of the barriers that are in, you know, happen with transportation, even barriers that happen, you know, after a certain hour of the day, can you talk a little bit about that?

Kenny Bedtka 40:43

I can't use transportation because they quit at five o'clock. So that means I can't go out unless we have someone on staff.

Cindy Ostrowski 41:06

Right? You were telling me that everything kind of shuts down between 5 and 5:30. And you really wanted to go somewhere last week, and you were working hard to try to find a ride after 5:30 at night? Yeah. With the workforce crisis, we've talked about that. And you told me a little bit about your staff. Tell me about the challenges of the workforce crisis and having new staff all the time.

Kenny Bedtka 41:39

I have to train new staff. And I don't mind doing it but it's getting to be tiring.

Cindy Ostrowski 41:53

Yeah, so you have to train staff all the time. And you get kind of tired of having new staff all the time. Yeah.

Kenny Bedtka 42:02

I get it. Some people don't want to work.

Cindy Ostrowski 42:11

Yeah. And you told me to that, for transportation. You know, at Hiawatha. We have accessible vans and van training that people need to go through. But if they're not done with their training, that's where you can also run into problems with getting to where you want to go when you want to go. Because if someone's not bantering that night, plus transportation's ending at 5:30. That's a challenge for you. Yeah, so we try to work hard and get people trained. But that is a barrier with the workforce shortage. Can you talk to me about accessibility where you work? And sometimes there's been issues with that? And can you share how you've been advocating about that?



Kenny Bedtka 43:01

My boss, he can't really do nothing.

Cindy Ostrowski 43:20

So yep. So, Kenny, works in it really enjoys his job at the restaurant, but it's a smaller restaurant. And it's kind of tight quarters. And plus, to get to the bathroom. There's, from what I understand Kenny, there's not an automatic switch, you can help open the bathroom door. So, it's really hard to get in and out of the bathroom independently, and to some of your guests who are using walkers and wheelchairs to get in and out independently. So, Kenny has been having a voice for himself as well as many of the other people who visit the restaurant and talking to management about that. So, we appreciate his advocacy efforts. And speaking of advocacy, Kenny, can you tell us a little a little bit about the self-determination self-advocate groups? You participate in?

Kenny Bedtka 44:14

SAM, we meet maybe once a month.

Cindy Ostrowski 44:22

SAM is Self-Advocates of Minnesota okay. Oh, now, earlier in the year you invited one of your legislators to your house. Do you want to talk about the visit then? With representative Hicks came to your house?

Kenny Bedtka 44:47

Yeah, yeah.

Cindy Ostrowski 44:58

Okay, and you're planning to go up to the Capitol on March 28, as well.

Cindy Ostrowski 45:07

Okay.

Cindy Ostrowski 45:09

I know another way you advocate is you've written emails or letters to your legislators as well. So, I, is there anything you wanted to share Kenney about how, why it's important for people to get involved in self advocacy efforts and self-determine and learn more about self-determination?

Kenny Bedtka 45:32

People need to get what they want done.

Cindy Ostrowski 45:46

I was just repeating, did you say it's important for people to do what they want?



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Kenny Bedtka 45:52

Yes.

Cindy Ostrowski 45:53

Okay. Any other thoughts you'd like to share with us, Kenny? No, okay, well, if you think of something you just let us know. Next, we're going to talk to Sahra. Sahra, tell us a little bit about how long you've been working as a direct support professional.

Sahra Hussein 46:12

This house I've been working here for 14 years, but overall, about 21 to 22 years.

Cindy Ostrowski 46:20

Okay. And what are the ways you support Kenny and his roommates with person-centeredness and self-determination?

Sahra Hussein 46:30

Listening to them and honoring their choices and supporting them with activities of their choice.

Cindy Ostrowski 46:44

And you've been there for 14 years? What are some of the challenges you've seen with the workforce crisis that we're in?

Sahra Hussein 46:53

Oh, a lot. I've trained many staff, and many have gone and also, what Kenny was voicing about the transportation, new staff are not necessarily able to drive the vehicles and they're not able to stay within individuals to be left behind for the other stuff to go. So, there's been many challenges.

Cindy Ostrowski 47:19

So Sahra, why do you stay in the profession of supporting others?

Saska Rajcevic 47:26

It looks like we've lost Sahra and Kenny, so maybe Sahra and Kenny try turning your video off and seeing if your sound works? We do apologize about that.

Cindy Ostrowski 47:38

Okay, I can just jump in until we are able to have Sahra and Kenny, join us again. So, I just wanted to thank Sahra and Kenny for participating today. It was great to hear from them. And I just am here to share a little bit about what we've been working on as an agency at Hiawatha Homes. I think as a person, as a provider, as a leader. Our first responsibility is to really listen to people and to hear what is important to them, what's important for them. And ways that we have been working on this is many, but I wanted to highlight a few things that we've been doing to listen to people learn from people work together with people and advocate for people. I've been at Hiawatha Homes since 2006. And one of the



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things that I found was really unique is we have an advocate position. And I think that's a wonderful position. We faced budget cuts throughout the years or staff shortages.

Cindy Ostrowski 48:54

But one of the things that we've stayed true to is having an advocate position this person is dedicated to being there for the people we support. Their families, guardians, case managers, they're there as an objective listener and facilitator. They don't supervise anybody, they don't really have a supervisor, I'm supervising them as a CEO. So, they do have a supervisor but they that way they can objectively look into things and not feel like someone's you know going to have hurt feelings or something like that if they want to stand up and say something about what they feel is not going right for someone. So, the advocate is there to listen, to keep communication going to help us all learn about what people are saying and wanting different in their lives.

Cindy Ostrowski 49:55

Of course, we have several opportunities through people so part of planning meetings. But if there's ever a grievance, then that advocate and myself can look into that together. So, it's a very important position. Also, our advocate, Kenny knew, she would always help Kenny, find resources in the community like, oh, there's a self-advocate conference, or there's this webinar. And so, she would be very good or advocate and sending information out to the people we support and people who had really high interest in self advocacy efforts and advocating for themselves and others, making sure that they got to the event, had the information had transportation, things like that. So that that's a really good position. And maybe it's not an advocate position, but just someone that can be kind of dedicated to, you know, being there for people driving to a house if someone is upset and just wants to talk to somebody outside of their team. That day. That's what our advocate can do.

Cindy Ostrowski 51:08

Hiawatha Homes has been actively participating in learning, we are all on a journey of learning together, we're all on a journey of self-determination as people and as people supporting others. So learning is very important. And having a good foundation of knowing how to best support people through positive support strategies and person-centered practices. And everything we do is very important. In 2017, we had the opportunity to submit a proposal to the University of Minnesota, the Institute on Community Integration. And the University of Minnesota and Department of Human Services. We're working to implement a statewide cohorts are different cohorts throughout the state. We, our proposal was accepted. And so, we became part of cohort three, which was in southeastern region. And we made a commitment. And we've been actively involved since 2018, in the cohort three, and learning from people from the University of Minnesota and learning from each other and working together collaboratively with other friends and providers and stakeholders and people we support to work on a community for all. So, we did a mapping for our group. And our vision was to have a community for all Hiawatha Homes also did a vision of what it would be, you know, a vision board of what it would like to be supporting people to the fullest through positive support practices and self-determination. And on our vision board, there were some bumpy roads, and there were some mountains to climb. And we're still going through some of those bumps along the road with workforce



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crisis with COVID. Maybe that was a mountain that we had to climb together. But we've never given up. We are, are committed to trying the best we can to have all of our leadership team members, which would be managers, designated coordinators, designated coordinators, designated managers and nurses. We're going to be adding in team leaders but making sure everyone is through the two day person-centered training. We have a local person here at Olmsted County, Leanne Bieber, who is a county team member, but also a parent and she does a wonderful job doing Person Centered training. So, we have scheduled her to come on a quarterly basis to train as many staff as possible. And again, with the workforce crisis, it's challenging because someone signs up for a class and then they get pulled to you know, they need to be at the house doing direct support. But we're keep we're keeping, you know, keep working on it together to try to get people through this two day person-centered training because it's a very important foundation for everybody to have and grow and build on.

Cindy Ostrowski 54:47

Some of the other things that we're working on, and we worked on is we had outcome statements on how we were going to make changes on an individual level in implementing person-centered language. Should, how we were going to change on an agency level, and how we were going to help with state efforts and national efforts. Hence why we're here today to it is kind of a scary thing to be on a national webinar, but we feel it's important, and we're honored to be here.

Cindy Ostrowski 55:19

But that was one of our outcome statements is to share whatever we could at agency, state and national level, we made a commitment to having one page profiles, or we call them getting to know me, forms completed with every person we support. And we have them for every direct support professional leadership manager and getting to know our staff as well. And on here, it's what's important to me how best to support me things, I like things, I dislike ways to appreciate me medical things you need to know, relationships, family, pets, favorite things, food, beverage candy color. So, we do this with the people we support, but also with our staff so that we can be person centered. And I really appreciate what Caroline said about person-driven, we talked about that in some of our training too. But we really want to focus on how we best can support the people we're supporting, but also helped me by support our staff and team members. So, we've been committed to that. And sometimes we, you know, slip up and we miss but then we say, "Hey, we got to do this, you know, we got to get our getting to know me form out or get the personal profile up, we need to update that." We have put resources on our Hiawatha public drive so people can go there and get a one page profile. They can go out there and get what does a good day look like? What does a bad day look like? what's working, what's not working? What do we start doing? What do we stop doing? These tools have been very useful for us. And many ways, not just in supporting people. But getting through struggles and challenges in a day if we've had conflict. Or if we've had a challenge. We just get our persons on our tools out and say, you know, what's working, what's not working? What do we stop doing? What did we start doing? Or we're supporting a person and they're having a bad day? You know, what's a bad day? What's a good day? You know, what do we need to do different to better support them.



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Cindy Ostrowski 57:40

We also made a commitment at an agency level to with our board of directors. For several years, we had a person we support on our personnel committee, she's no longer with us. But I think to carry on something in her wishes and her legacy, I think we need to you know, get back on that and find someone to get on that committee. So as Jeff was talking, I know we could do a better job of getting people on, you know, committees, we do have family members on our board of directors, that's a requirement in our bylaws, we have to have a certain number on a board. And we do have family members guardians. So, we could work better more on that too. At an agency level and 2020, right before COVID hit. We had focus groups, with the people we support, we invite it, their family members, their guardians, we did staff surveys for everyone. Plus, we had focus groups that staff could come to, we had focus groups with our board members. And we really focused on our mission, and our vision and our values. And not just looking at them, but really focusing on defining them. So, in the introduction, our mission, our mission was shared, but our vision is the people we support are living a fulfilling life of their choice and a community that values them. So, we really want the people we support to be living a fulfilling life and a community that values them. And that's our mission. And we tried their vision, and we try to live that all the time. When we looked at our values as an agency, we felt that we really needed to put meaning behind the words. So that's something we many providers could look at, at a board level agency level through strategic planning or just listening to others and ours our respect.

Cindy Ostrowski 59:57

We believe that all people must be respected or treated with respect and dignity, and valued for the unique contribution they make. We also define choice. We believe in empowering people to make choices about their lives. Relationships, we believe relationships connect people to community, build trust, and add value to people's lives. Advocacy. We believe education and advocacy bring about the social change needed to create inclusive communities, and innovation. We believe a continual commitment to innovation allows us to meet the changing needs in our community. One of the things we talked about an agency orientation, and I had the honor of spending an hour and a half to two hours with all of our new employees, to talk about these things with our employees. We talk about how we support people. And one of the things we talk about is that Hiawatha Homes is dedicated to providing person driven support services to individuals and families that Jeff mentioned, that shampoo he uses, I always give the example of needing to look at choices and looking at person driven services, even when you're supporting someone in the shower, or assisting them in the bath, if they would like to use a washcloth, a soft sponge, or a loofa to be, you know, washed that day. But that is something very important to each of us those little things, even whether we're eating our meal, and we like to keep our food separate on the plate, or we like to mix up our food and then eat it. Something even that detail is important to the people we support. How would they best like to be supported? And how would they liked if they need assistance with their meal to be assisted that day.

Cindy Ostrowski 1:02:15

Advocating is really important, Kenny and Sahra have been wonderful advocates with many other people at Hiawatha homes but as a provider that's very important is assisting supporting people. The Arc of Minnesota has a lot of good tools to help people write their legislators know how to introduce



themselves, how to share what's important to them the concerns they have. So, we support individuals and using some of those tools and resources that are out there from the Arc of Minnesota. And also, we have a Day at the Capitol through our local for our arm is the Association of Residential Resources in Minnesota. And they have a Day at the Capitol. So, we have at least 12 people attending the Capitol, we have a bus going up with other providers in Minnesota, residential providers and day providers. And we have for people we support attending along with others going to the Capitol. So, advocacy is very, very important.

Cindy Ostrowski 1:03:29

And just in closing, I just want to share that. I've been supporting people since 1989. And I will I will always keep learning I will always keep learning for the people we support from our team, from parents and guardians, from board members from all of you will just never know everything that there is to know about self-determination, and we just need to keep listening. We need to keep learning and we need to keep working together. One of the things I share and agency orientation, I had the honor of listening to Norman Kuntz about 18 to 20 years ago. If you've met him, you know that he will make an impact on you and your life. And one of the things that Norman shared in his comment at the conference was a credo for support. And we have the freedom for support video that we bought. I have the poster hanging in my office, and we share the credo for support with every new team member. But Norman wrote this with self-advocates and part of the quote is, "... do not see me as your client. I am your fellow citizen. See me as your neighbor. Remember, none of us can be self-sufficient. Do not tell correct or lead, listen, support and follow. Do not work on me work with me." Thank you, Norman, for sharing that credo for support because I think a lot of us it made a big impact in many of our lives. So, I am done sharing on behalf of Hiawatha, again, I'd like to say thank you. And I don't know if we have Brandi and or I'm sorry, Sahra and Kenny. But if Sahra and Kenny have any other closing words

Sahra Hussein 1:05:42

We kind of have a technical difficulties, but I don't know if we do you have any closing words? Anything else to share? No. I think I'm good too, thank you. All right.

Cindy Ostrowski 1:05:52

Thank you so much, Kenny, and Sahra. And thank you for having us here today.

Bevin Croft 1:06:05

Everyone, this is Bevin Croft. I am a white woman. In a room with some artwork behind me, I have blond hair and a braid. And I co direct the National Center on advancing Person Centered Practices and Systems with my colleague, Alixe, who you met at the top of the webinar. And I have been monitoring chat and gathering up a few questions for our panel. If you have any other questions for our panel, please put them into chat. And I will continue to keep an eye on that. But we have some time. And I have quite a few topics that I'd love to dive into a little further with all of you. So, I'd like to invite everyone to come back on camera if you would. Jeff is here I see Caroline, Cindy, and Sahra and Kenny, if you'd also like to join us again. One quick question that I'll ask just as Sahra and Kenny come



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back online is, Cindy, there's a few folks who are looking for a copy of the of the credo for support. I found one quick YouTube video that I posted.

Cindy Ostrowski 1:07:35

There's a credo for support, spoken with words, a self-advocacy group made that, and the video production is from Norman Kuntz, Emma Vander Cliff from Access Consulting British Columbia, Canada. So, Access Consulting, I think if you Google credo for support with words, that's a wonderful video, it was made several years ago, but I play it every month at agency orientation. And the feedback that I received from staff I was going to share with you out of everything that I that I say and present the credo for support over and over is mentioned. And it's a wonderful discussion tool to use with staff as there, you know, some direct support professionals may just be in the field for three months or two months and some like Sahra 20 years. But usually when a new stuff starts, it's very, you know, important to go through this with them. And it's very meaningful and powerful for them. So, it's a great tool. It's in the poster I ordered someone asked about the poster. I ordered it offline several years ago, but I went to access consulting I don't even know if the website is still there. But that's how I ordered it.

Bevin Croft 1:08:59

Okay, this is Bevin, thank you, Cindy. And some are resourceful community is has already found another link in chat and of others find any useful links, please do share. Um, so one theme that I have picked up from this discussion is, is reflected in in a question that came in, which is, what does what does quality mean when we're talking about supports and services that promote self-determination? So, I would love to hear from each of you just a few words about what quality means to you in the context of this discussion, and how do we, you know, how do we what do we need to do to get to quality?

Jeff Keilson 1:09:58

So, I mean, that's it. Great question. I mean, in a nutshell, from my experiences and people that I've worked with, quality is really defined by them as meeting their needs and wants. And in terms of how they feel about their quality of life, and, and it relates also to how much control they have. And as, as we've all said, in decisions impact in their life. So, it's really quality as defined by the person, just like we all define our quality of life. The other, I think, you know, kind of piece to that, is that, and I think it was one of the other questions maybe, is how to, that people really feel they're being heard in meaningful ways. And have an opportunity, and get the support, to speak out around issues that they are concerned about. And that people are really listening. So, the example I gave around, you know, people living with people they don't want to live with, you know, in one group that I kind of working with, when, you know, a couple of people identified that as a huge issue, that it was actually responded to, right. And that's why I think, to maintain the focus, and to not lose that focus over time is so critical. So, it's how people define quality for themselves. And when they bring up issues that they're addressed, and they really feel listened to, is critical.



Bevin Croft 1:11:50

Thank you, Jeff. Others think maybe we'll go because I see you off you, Sahra and Kenny, any anything to say about what does quality mean to you?

Sahra Hussein 1:12:05

What does quality mean to you, Kenny?

Sahra Hussein 1:12:14

I mean, why no, but I'm here for you. So, will you tell us what quality means to you? Why?

Sahra Hussein 1:12:27

So basically, having your own choices, the way you want to live your life, what kind of things you want to do. Is quality to you?

Kenny Bedtka 1:12:36

Yep.

Bevin Croft 1:12:38

Sounds good to me. Thank you, Kenny. Sahra, from your perspective, as somebody who's worked as a direct support professional for many years, what does quality look like for you?

Sahra Hussein 1:12:53

Quality can look like many different ways to different people, to me, the quality is having what you need done in a meaningful way versus just having things done to you. And being seen as a whole, in, in the community or in in a home setting or whatever you might be, and living the best life that you can live. And being contented in it basically, is quality, I think. Thank you.

Bevin Croft 1:13:29

Thank you, Sahra. I'm seeing some clear themes picked up here. Caroline, any anything to add from your perspective?

Caroline Miller 1:13:40

This is Caroline again; I agree with all of it. I mean, for me, my quality of life improved when I got a different apartment. My quality of life is based on my happiness, it's no longer based on possession. It's on the people in my life. The work that I do, and yes, a few possessions because we can't go full life without it. But um, but yeah, I mean, it's, it's, I'm happy and if I'm happy. Now, that's all that matters to me. And if somebody else is happy in whatever they're doing, despite how I feel about that, that's their choice. And that's their privilege of determining for themselves.

Bevin Croft 1:14:26

Thanks, Caroline, this is Bevin again, I will use this your remark just then Caroline to plug our upcoming webinar later this month focused on dignity of risk, which is all about how we determine what's best for



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a person based on their decisions and suspend our own judgments whenever possible to facilitate their independence and they're living their life in the way that where they define quality of life. So, I'm sure Saska will put the link to that. There it is. I knew she was going to put the link in the chat. And over to you, Cindy, from your perspective as someone who leads an agency, what how do you think about quality, quality services in the context of this discussion?

Cindy Ostrowski 1:15:17

Well, I think Sahra did an awesome job answering that quality means something different to each individual person. So, quality supports services does mean what that individual wants and needs and is delivered in a way that is meaningful to that person. Like the example, you know, of using a washcloth or sponge or a loofah. You know, what is that that is meaningful, that person brings them quality, or also, there was a comment about in the chat. I think it's important also, that people feel that they're heard, and that they're listened to, and that we know that there's mistakes made, we know that we've not arrived at doing everything we can for someone perfectly, but it's the process of learning and growing and working together. And as a provider being open to do that. I believe it's important to say I'm sorry, we just didn't get it right. And we'll just keep learning and working and growing together. I feel it's important for Kenny to be able to tell me whatever he wants, whenever he wants about whatever, and he does, and I respect him for that. And we just he just does he knows I'm going to be okay with him, telling me if he's happy with his staff that day or not happier. You know, like the example of transportation he was concerned he and have a staff that was van trained to drive him some someplace last week. And there I saw an email go out, can anybody provide a ride to Kenny this day, this time, and we try to be creative. We use other resources, other staff who step in, and they help. And we have an awesome team here. So, I think it's using our resources, being creative, and trying to do the best we can to provide that meaningful support or that transportation to Kenny, or whatever it is that person needs.

Bevin Croft 1:17:35

Great. My next question goes to you, Caroline, and wondering if you can you touched on this a bit in your remarks. But if you could share just a bit more about pure support, and the ways in which you know, in your experience, you've seen your support. Impact advocates, as an agency impact their ability to provide services that are that promotes self-determination.

Caroline Miller 1:18:10

Now, this is Caroline, that's a bit of a loaded question. But it's a good, loaded question. Um, I think our peer team, which is about 50 people strong between peer to peer support and recovery coaches, has impacted advocates quite a bit. I mean, Keith is an amazing advocate for anybody you put in front of him, he will advocate for you. And he believes, and that really struck me. And that's what kind of got me into this. So, but our peer team we support. I mean, every person supports at least eight people and for three to four group homes. So, we're in and out constantly. We were constantly seeing people were driving them, and to doctor's appointments, food, shopping, whatever is needed. But I think that we also offer a different perspective on how to treat people. And I'm not saying this is a bad thing, or a good thing. I'm just saying that sometimes I find direct care staff don't have because they don't have the pure



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experience and the lived experience. It's almost do they lack the ability to fully empathize with what somebody might be going through in a day. And we offer that perspective of, well, maybe this is going on with them or maybe that's going on with them or did you ever think about just talking to them instead of assuming that they're out of control or don't make assumptions and we have this thing called the advocates way which is a nice little booklet but it's our basically our driving force and first we listen. And we don't, and nothing about us without us, of course, and, you know, we just, we're there for the people, we support them, we let them do the talking. And I think we offer that that input to the direct care staff and everybody else, that we are people. We're not to be subjugated is not the right word. But, you know, like that. But, um, so it's just, you know, I think we offer that. Jeff?

Jeff Keilson 1:20:34

Can, can I add a couple of other things you know, couple of things that Caroline didn't mention, what is that, you know, the role of like, someone that I can keys position, as well as Caroline and others is holding leadership and staff accountable was something sometimes creates some tensions, you know, between, you know, the people who actually run, let's say, the services and, and the peer specialists, particularly the people, I can Keith's position. And Caroline in bringing up where the where the leadership was running, the services are moving away from really our philosophy and what we believe in, and really trying to hold people accountable. And I'm obviously supporting people to speak out for themselves as well. The other thing is, we were able to get a grant from the Attorney General's office who had a settlement and had money available on strategies to, to keep reduce some emergency room use, because a lot of people typically with mental health conditions would end up in nursing and emergency rooms, because they're lonely and isolated. And, you know, they got an emergency room for, you know, a lot of reasons. So, it's really with Caroline's leadership, and, and the involvement of the peer specialists, that really has enabled us to really develop a very robust, you know, volunteer program, a lot of people are that who need volunteers, you know, come to our volunteer coordinators from the peer specialists. So, the work of the volunteer and collaboration with the peer specialists have just been tremendous, and really have given us the foundation to get this fairly significant grant from the Attorney General's Office. So, they're not, you know, kind of we're looking at how to address isolation really upfront, that that will have an impact on emergency room use and have a huge impact on people's quality of life. So, it's really been across the agency, the benefits, yeah.

Bevin Croft 1:22:55

This is Bevin, thank you for sharing that, Jeff. That's it's really exciting to me to hear an example of the ways in which having peer support really embedded in an agency holds everybody accountable to these values that we've been talking about. So, I really see that as exemplary and tension. Things being loaded. Yeah, that's part of the process. Right? I if that tension weren't there, we'd be wondering if you were actually doing it right. Is my feelings. So, let's see. I go, Jeff, I have a follow up question for you. What shampoo do you use?

Jeff Keilson 1:23:44

DHS. It's something that I can only anyway, my local pharmacy used to order it because no one carries it. And you know, what happens a lot of times is people live in group homes are taken to whatever



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pharmacy is closer to where they live. You know, but CVS or Walgreens wouldn't order it, but Rite Aid did. But anyway, you see what an impact it's had on my hair. There was a question from Karen, that I'd like to respond to, if possible, please, I can't say Karen, your last name around how people use states use buzzwords but not in practice. I don't know how many of you on the call live in states where there's managed care. But in Massachusetts, we do have a what we call the one camp program for people on Medicaid and Medicare. And the health plans use person-centered all the time. And we have an Implementation Council that 51% have to be consumers and I'm part of the other 41% percent, I've been involved with the Implementation Council, but we fought constantly about pushing, having the state in the plans, you know, really implement what's real person centered and person directed care planning process, amongst other things. And, and with the advocacy of a lot of people over a fairly long period of time, you know, the state could in place, come, you know, really a process to really address that. And now, there's really collaboration with, you know, one care members, you know, people on Medicaid and Medicare, the health plans, our Medicaid Department and other, you know, people like myself, to really do you know, trainings for all the health, you know, all the care coordinators from the health plans on what person centered really means, and what person directed really means, and, and how the member can really be supported in directing their health plan. So, it's taken a long time, but we finally are there. And I'm more than happy to share more that, Karen, if, if you want at another time.

Bevin Croft 1:26:21

Thank you, Jeff. And yes, for those of you who didn't see Karen's comment, it's a good one. And it's and I think, Karen is, sort of sharing what a lot of us have frustration with. And Caroline, when you talked about, you know, the person centered person driven, it reminded me of those remarks as well is, is that yes, person centered is a buzzword. And when you require something to be Person Centered without putting in place any concrete ways to know if its person centered or not, it's so easy to do the Ctrl F Ctrl R trick, if you know Microsoft Word, where you simply replace whatever word you were using before with the word person-centered and call yourself person-centered. So, thank you, Jeff, for that concrete example of the ways in which, you know, elevating the perspectives of people with lived experience and their allies tend to impact the system to actually live up to its words, its use of buzzwords. And in the minutes that we have left, I'll invite our other speakers just to share any other remarks on that topic, and then we'll wrap up.

Jeff Keilson 1:27:37

Can I say one other thing?

Bevin Croft 1:27:39

OK, one other thing.

Jeff Keilson 1:27:41

You know, part of the other thing we ran into the other part of Karen's comment about the wage cap is, is we've been pushing that because people cannot find personal care assistants, as a direct support professionals, that they should be supported in taking all those savings, to be able to hire people at a highest salary. You know, because, you know, I don't know, again, what other people are facing, but



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certainly that's a huge issue here. So rather than getting nothing, we're trying to get the health plans to be able to do that. So, people can pay a higher rate to be able to hire people.

Bevin Croft 1:28:23

Thank you so much, Jeff. And thank you to Caroline, Cindy, Sahra, Kenny, for all of your insights today. Thank you to our community in chat for your insights as well before you leave. We greatly appreciate it. If you could take a brief post webinar evaluation. This is how we find out if our webinars are landing with you or not. And we use this information to make our webinars better each month. Otherwise then when you're done. Goodbye, have a great rest of your day and hopefully you'll join us again on a future NCAPPS webinar. Take good care all.