# NCAPP Webinar: Person-Centered Approaches to Supporting Dignity of Risk for People with Disabilities

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## SPEAKERS
Bevin Croft, Alixe Bonardi, Mary Lou Bourne, Susan Arwood, Shannon Nehus, Elise Messner

**Alixe Bonardi**  00:00
Hello, everyone. As my clock says it is just two minutes past the hour. We still have people streaming into this webinar. But we will be getting started because we've got a lot of terrific content today. This webinar is person centered approaches for supporting dignity of risk for people with disabilities. Next slide please. My name is Alixe Bonardi, and I am one of the co-directors of the National Center for Advancing Person-Centered Practices and Systems and along with Bevin Croft, our other co-director here at HSRI we really welcome you to this webinar. And thank you for joining us to learn about how to support dignity of risk for people with disabilities. The center NCAPPS is funded by the Administration for Community Living, and Centers for Medicare and Medicaid Services. And we're really glad to be able to bring these webinars to you to the public, they are free open to the public. Next slide please.

**Alixe Bonardi**  01:12
A little bit more information about our center. The goal of the National Center on Advancing Person-Centered practices and systems which we shortened to NCAPPS is to promote systems change that makes person centered principles not just an aspiration, but a reality in the lives of people across the lifespan. And as we'll be discussing today, this is absolutely one of the core areas dignity of risk that falls right into a person centered approach. In the words of Richard Branson, you don't learn to walk by following rules you learn by doing and by falling over. And as we're going to talk about today, dignity of risk is the idea that taking reasonable risks is essential to learning new things and supporting autonomy for people with disabilities. Next slide, please.

**Alixe Bonardi**  02:10
Before I go much further, I want to start with a visual description of myself, which I forgot to do in the first slide. My I am white woman with shoulder length brown hair, I am wearing a white sweater and I'm in my office today with a blue wall background and a piece of art with some gourds behind me. I'm joining you from my office in Cambridge, Massachusetts. So, some webinar logistics, everybody as who was participating as participants are muted during this

webinar, you can and please do consider using the chat feature in zoom to post questions and communicate with the hosts. A quick reminder that if you would like to be communicating with everyone who was participating today, you will want to be sure that the drop down menu in chat says that your messaging going to everyone towards the end of our webinar, or our speakers will have an opportunity hopefully to respond to questions that are entered into chat. So, we'll be monitoring chat, but please do go ahead and use chat for your questions. This webinar is live captioned in English and live interpreted in Spanish as well. And there are caption buttons that you can access at the bottom of your zoom screen by using the CC button for English captions, and by clicking the interpretation button at the bottom, which looks like a little ball world to access Spanish channel. This live webinar does include polls and evaluation questions. So, we would appreciate if you would please be prepared to interact during these polling times. Next slide please.

**Alixe Bonardi**  04:07
So, after this webinar, you can send follow up questions to the web the address that is on the screen and see a pps@hsri.org this please note this email address is not monitored during this webinar. So, if you have particular questions, you'll want the one answered now. You will need to send this to send a question in chat. I just saw a message come through asking about whether this webinar was recorded and the answer to that thankfully is yes, it is being recorded. And this recorded webinar along with the PDF version of slides and the plain language summary will be available on our public website at ncapps.acl.gov If we have questions that are collected up and responses that the speakers provide. We can also make that available on the website. Next slide, please. So, let's get started by first hearing from you, our participants, a poll should be popping up on your screen to ask a question of you in what role do you self-identify, feel free to select all that apply. And we're seeing responses pouring in. So, thank you, everyone for, for sharing the roles that you that you self-identify with. We'll give another few seconds for people to respond as responses are still pouring in.

**Alixe Bonardi**  05:56
And I appreciate and note that people are making some notes in chat as well, about what their role is, because they may not see that there they're specifically named or called out in the poll. And we really appreciate that as well. Thank you.

**Alixe Bonardi**  06:21
So okay, so it looks like the poll is we've had responses slowed down a bit. So, we will take a look at the results. It does look like about half of the people in fact, 50% of the people participating here, say that their social work counselors or care managers, another third are, say their government employees could be one in the same. We're enjoined here by 109 people 14%, who identify as self-advocates, we're really glad you're here. And people a person with a

disability. We've got 6% people who identify as a person with a disability or someone who uses get long term support. And the family members and loved ones of people who use long term services 17%. were represented also by peer mentors, peer specialists are in this group wonderful. And we have the folks who are here really focusing in on the research and the analysis. This is a wonderful group of folks that we have here. And we're really looking forward to jumping into the content. Next slide.

**Alixe Bonardi**  07:43
And I have the pleasure of now introducing the speakers that will be covering the content for the rest of the time that we have here together. Starting with Mary Lou Bourne, who is long term service and support system consultant, and Mary Lou has dedicated her career to transforming service systems by designing and implementing high quality person centered service systems services for people with intellectual and developmental disabilities. During her tenure at Chief Quality and Innovation Officer at the National Association of State Directors of Developmental Disabilities Services, she was the Director of National Core Indicators and directed the evaluation of the workforce stability survey, which was used across 28 states. She served as a Malcolm Baldrige National Quality examiner, a member of several CMS technical expert panels and has delivered training and technical assistance in 38 states. And if we count this webinar, I probably is at least 38 states represented here today. Shannon Nehus has over 30 years of experience working with people with intellectual and developmental disabilities. She joined TennCare in 2017 as the long term services and supports Intellectual and Developmental Disabilities Program Director. Prior to that, she spent 26 years in leadership in the provider community, providing supports to children and adults with intellectual and developmental disabilities. She has a Master's of Science degree in educational psychology from Tennessee Tech University. Next, we have Susan Arwood, who is the Executive Director of core services of Northeast Tennessee, a provider agency that provides residential and community supports for adults with intellectual and developmental disabilities. Before coming to core services, Susan has spent over 30 years with the Tennessee Division of Rehabilitation Services so Susan and her team lead core services through CQL Person Centered excellence with distinction, accreditation and designation as a Tennessee DIDD Person Centered organization, enabling technology transformation agency and employing employment first agency. That's the whole title that the organization was provided. Next, we have Carl Lipford, an advocate at core services, and was living in a home with 24/7 supports and housemates. When the Tennessee DIDD introduced an enabling technology project in 2018. Carl at the time, said he was not happy with his life, and his dream was to live alone in a trailer park. Through the enabling technology project, Carl realized history. Five years later, Carl is living his best life and has shown the nation how important it is to assume competence. And we look forward to hearing more about Carl and Carl story. Elise Messner has worked in the intellectual disabilities and aging field for the past three years as well as a direct support professional, and

also as a manager for the last 12 years. And the executive director of the Lindt learning community of Pennsylvania, at least has trained person centered is a trained person centered thinking coach, and a 2012, graduate of the National Leadership Institute on Developmental Disabilities. We're really glad you're here Elise, Elise Report reports and says that she has a passion for creating supportive cultures, where people who use services and direct support professionals are supported and empowered through the practice of Person Centered approaches. We have a broad and very wise group of folks here with us today. And with that, I would like to turn it over to Mary Lou Bourne who is going to start our discussion.

**Mary Lou Bourne** 12:20
Thank you so much, Alixe. Hi, everybody, that's a Mary Lou. And I am a Caucasian or white female, with silver gray, medium length hair, wearing a blue sweater, and I have red glasses on. And behind me is my company logo, person-centered consulting, and a mountain view photograph. So, I'm really excited to talk with all of you today about addressing risk in person centered services. I think there is a significant discussion taking place across the country around this and around how do we really do this. And so today with nearly 1000 of you, we're going to kind of spark this conversation a little further along. So, on the next slide, we'll just briefly mention that. And I think the heart of some of this is really in that word, intentional risk identification. So, what we'll really be talking about today is, you'll hear some terrific examples about utilizing a very intentional method or approach to identifying risks. But not just identifying it, because we're really pretty good at that. It's planning for implementation of an intentional approach on how we're going to support people in their choice, and in their dignity around learning from that choice. So, this idea of being intentional in not just how we identify, but how we approach actually supporting people is something we'd like you to keep in mind as we go through today. I will encourage people on the next slide also to kind of take a few notes, if you will. And think about it because as you hear the different speakers, I think you'll start making links between several of these ideas. It's my pleasure, really talk to you about sort of the theory or the ideas, the concepts behind this. And then Susan and Elise and Shannon and Carl are going to share with you some actual practical application.

**Mary Lou Bourne** 14:34
So, you know, the first idea is really why does it matter? Why are we really even talking about this? Well, you know, there's a couple of things and I love the quote that was used in the introduction around from Richard Branson that, you know, we've learned to walk by falling down a lot. Risk and learning really are directly related. And equally so I think all of us know that our self-confidence comes from kind of overcoming something and really learning a new skill and getting better and better at it, that really helps with our self-confidence. And that leads to really positive self-esteem. And you're gonna hear from at least two of the speakers to happen to mention CMS policy are not sure it's their policy, but a statement that's been made

by CMS about how important the dignity of risk and the dignity of choice, as our colleagues in Tennessee call it is to building people's self-esteem and self-confidence. One of the things that we have noticed lately is that our system, some of our systems, some of these large human service systems, we tend to maybe protect ourselves or we use health and safety as a shield for withholding opportunities for people to take reasonable risk. We don't do it with any I don't believe any kind of malice. But we believe that first and foremost above everything else, health and safety matter first. And so, you know, we kind of withhold people's opportunities to learn from their own mistakes. Most of us have friends and family who will help us learn from our mistakes. And we need to make sure that for people that we support, whether it's someone who is aging, and has, you know, is beginning to have early signs, and early experiences with memory loss, people with traumatic brain injuries or brain injury, who have different types of needs for support, and perhaps others believe that we're really thinking about minimizing their risk, and that that's what better for them, really have to think about what's behind that. And I'm going to give you a few questions and a few ways to calculate that, if you will.

**Mary Lou Bourne**  16:58
One of the things that has become apparent is we really have a site heightened sense of awareness of risk for people that we view as vulnerable. So, you know, and perhaps that's really appropriate when people are in a vulnerable position, they are more at risk. But that doesn't always justify what's almost an involuntary response of saying, no, no, no, that's too risky, we can't do that at all, when they're expressing an interest in wanting to take that risk themselves. And wanting to learn something, doesn't mean that we ignore the other extreme of that though, when someone is engaging in an activity or really is expressing an interest in doing something that we know, could cause significant harm, we really do have an obligation. And so, where's the line, like, that's what the show today is really going to be about is helping you find a structured way to draw that line between supportive learning and supporting people in their opportunities to learn, and recognizing when it's maybe a step too far, and the risk and the harm outweigh what might be the benefit of the learning. So, the next slide, we'll talk a little bit about, then the federal rules and regulations. So, this is by no means the reason why the reason I bring this slide up, is so that people know, we find that there might be some misunderstanding about what person centered planning actually does say in federal rules. So here you see the actual citation. And we can go ahead and click through this slide.

**Mary Lou Bourne**  18:35
People really, I think, understand that in 441.301 C, one in particular, really talks about the process of Person centered planning. So, in this, it's and this is an important piece of really where we're going to talk a good bit today is about the process. So, we have to provide necessary information to support informed choices and decisions, clearer the regulation that support teams, people who are supporting other folks, if you are in a federal program, you

have an obligation to make sure that they've got enough information to make an informed decision. And then 301 C two talks about the document, and it actually says the document must. And here this section that I have noted reflects the supports that are both important for the individual to meet their needs that are identified, and what's important to them in terms of their preference for the delivery of those services. So, this is that piece. And it's crucial to the discussion about risks in balancing what's important for somebody and what's important to somebody. So, you actually see that in the federal rules. But on the next slide, you'll also see that the rules address, and we can go ahead and click through this also. That the document needs to and this we find a lot of people are not aware of it. Just don't maybe read the whole way through that it has to reflect the risk factors. And the measures that you have in place to minimize them doesn't say to get rid of them altogether. And it also doesn't say any possible risks that might ever happen to this individual. So, in other words, you don't have to plan for the meteor falling on, you know, in the person's backyard, you don't have to plan for something that is completely unknown, or very unlikely to happen. These, it's really a practical approach to reflecting risk factors that you know about, and that you plan to take measures to address, including those backup strategies. So, we, we really do want to think about when everything, you know, people identify risk can part of what this part of what the process needs to include, is the definition of what does that person see as risky? And what does everybody else on the support team see as risky? Because sometimes, you know, much like beauty risk can be in the eye of the beholder. We've done a lot of training in this area and supported a lot of organizations and really trying to figure out, how can our staff understand the implementation of this particularly. And in one state in Georgia? Actually, we had, one of the things they have everybody do is start out by saying, you know, what's the riskiest thing you've done in the past year, we had everything from riding a roller coaster to giving away my heart to the wrong person to catching rattlesnake. So, you know, those are some pretty significantly different risks, and they pose different kinds of potential harm. So that's what we really need to think about is, what is the potential harm? And where's the potential for learning? So, we're going to talk a good bit about that. And there's two questions, and we'll look at those on the next slide.

**Mary Lou Bourne**  22:07

So, as we talk today, these are some of the things like, and especially as you hear from Shannon, and Susan, and Carl, and Elise, these are some things to be asking yourself, well, you know, what is it that the person does? And how did they understand that? How did they explain or view what it is that the person actually was doing? And then the critical question is around, what is it about that that worries you? You know, why? What's creating fear among the team? What are you actually worried is going to happen? Because sometimes what we're worried about is, you know, they might be embarrassed, or they might give all of their money away, or perhaps we're worried that they're not going to eat or not take their medication on time. And well, that's the action. That's really the answer to the question above, what we're we

need to say is, well, what about that? What are you worried? If they miss their medication? We're worried that they'll get sick in the hospital. And so, we really need to help people talk about what are you actually worried that will happen? Sometimes it's I'm worried that or my agency may be held responsible for something that we couldn't control? totally legitimate answer. You have to get people to say it out loud those so that we can start to realize what we're actually addressing by the, you know, the responses or the activities that we ask staff to engage in. So, the next thing is, you know, what is it that you understand about that? That means, what's the context? What are the conditions? Is it more likely to happen every Sunday? Is that happen? Does it happen? When has the person had a bad day at work? Is this something that when they're bored, if they haven't seen their family for several days, or haven't had any contact with maybe a favorite son or daughter or, you know, maybe it's around the anniversary of when they lost their spouse? So, are there certain conditions or context that we know is more likely to have that risk you present? Critical question to get teams to talk about and then what's the likely results? So how are other people going to respond to them? What's going to happen? Will they be you know, kind of shunned from the neighborhood? Will there be other people that will no longer engage with them? Will they be banned from going certain places? Will someone else get hurt? Will they themselves potentially have a long term safety, you know, physical or mental or social impact by this and then the next two and really, I probably want to switch those last two bullets to the pot at the bottom.

**Mary Lou Bourne**  24:50
When, what do people do when the person engages in that action? So how do you stop them? You know, how exactly do people respond to the risk. And if it's needed, then what could potentially prevent it? So, are there some things that we could do that could actually prevent this completely? And if that's necessary, so let's actually take a look at that. On the next slide, we will talk about those two important questions that I mentioned just a minute ago. And they really are, how likely is it in this situation? And how significant would the impact be? So, likelihood and impact some people also, and you will see when I present a matrix in a moment, you'll see that it's really probability and degree of harm is what we're talking about. So, have it using some questions similar to these that you see on the slide? Do we have a pretty good idea about likelihood? Is it always is it only under certain conditions that, you know, some of those questions that I just mentioned, will fit under this category of likelihood. And then a couple of the others really fit under the question about significance of the impact or the harm. So, let's go ahead on to the next slide, I have a couple of stories, but I'm gonna hold my stories, because they think really, you'll hear some really great examples of these from the speakers who are coming up next.

**Mary Lou Bourne**  26:27

So, this is some people call it a high low charge or catch square, really just being able to compare how likely what's the probability, and how bad, what's the impact of the harm. So, we really need to think intentionally. And I think what happens and, and really, with all good intention, we tend to create all risks as equal. And we tend to, if we don't have that very structured conversation, among all of the people who are involved in supporting this individual, all of the people who love them and care for them, as well as the people who are paid to support provide supportive services to them. If we don't have a real structured way to think it all through, we tend to have kind of that involuntary response that I mentioned before, have no risk, control all risks if we can. But if we're able to really talk about looking on the probability axis, if you will, on the side, if it's very low, that very low probability, it's very, very unlikely that this is going to happen or pretty rare. And the harm, the likelihood that the impact or the amount of harm that might cause is also pretty low, then that's the green box, that's the lower left corner, where we really ought to do in those situations is figure out how the person can learn from the experience, we accept that it's going to happen. But we also make sure that we're debriefing with them, that we're coming back to them and saying, how did that go? You think you're gonna do it the same way again, is there something you might change a little bit so that the impact isn't there at all. But we really help them in that this is where really some informed decision making discussions should certainly be held, then if we go up above that, where we're going up the probability, so it's much higher in likelihood, it's very likely, eventually that this might happen. But still, the impact or the amount of harm or degree of harm is still low, then we really ought to determine a response plan that we want to because it's going to happen frequently, then we want to make sure that the response is, is that the same is predictable, that the person is recognizing that everybody is responding to them in the same way that helps again, helps the person learn from that experience. And we're really looking at mitigating having a response that's mitigating the risk. This is again, only when the impact is not significant. So, moving up the access when we're talking about harm, and we're now saying that the degree of harm is significant.

**Mary Lou Bourne**  29:20
When it's unlikely to happen, or still very rare that this would happen. You want to make sure you've got a safety net plan in place, and that you've identified early warning signals, is there some way you can see it coming? Can we predict or have a pretty good idea of the result, and we know that somebody is likely to get hurt themselves hurt somebody else hurt their reputation, whatever it happens to be, we need to make sure that we've got early warning signs and that all our staff know what those early warning signs are. And then of course, the highest is when there's really significant harm that could happen, or catastrophic harm. and it's very likely that it's going to happen, we know that the probability is high under certain conditions, for example, then we really do need to be implementing an active risk prevention plan. So, we really try to avoid those conditions and prevent it as much as possible. So, this is

just kind of a matrix, a way for you to start thinking, and actually we teach some teams to use this very matrix and start plotting out and writing out their answers to some of those questions, to decide where do they see this, and then compare and go from there. That's one way you can suggest that your team's work on something we have seen is that people really need a tool they need help. conceptualizing or risk sometimes feels very subjective or that people can, we all bring our own experience to it. And so having a very visual, kind of physical way for people to plot it out and talk about it really helps get beyond the disagreement stages and into actually the planning stages.

**Mary Lou Bourne**  31:09
So, one more quick slide, I was going to mention what you're going to hear, and a critical piece, a couple of things that we know are really critical to making this work. One is absolutely supporting your paid staff; you'll hear this from both certainly from Susan and Carl and Elise today. But also from Shannon, it's, it's hard. This is hard to do. And it's scary. If we're responsible for somebody at a certain point in time or for a certain activity, and something goes wrong. People you know that it's a real risk to the staff as well, they're worried they're gonna get blamed, they're worried that they're going to be, so you know, when we're saying to people, oh, you need to support Mary Lou and taking risks in, you know, certain areas. The staff want to know, what do you have my back. So, building trust, they got to know that people really are backing them up, and that their managers understand what decision they're making, and that they feel like they understand.

**Mary Lou Bourne**  32:11
So, you'll hear a good bit about that problem, at least today. And then it does take courage of your leadership to really support and make sure that people feel confident in this. And let me let me actually stop there. I am going to now turn it over to our colleague, Shannon De who's from Tennessee, and she'll talk to you a little bit about the policy that the state of Tennessee has developed in this area.

**Shannon Nehus**  32:44
Thank you, Mary Lou. I appreciate the introduction. Hello, everyone. I am Shannon Nehus. I am the intellectual and developmental disabilities director at TennCare, which is the Tennessee state Medicaid agency and I work for the TennCare division of long term services and supports. I'm a white woman with gray-brown hair, I'm wearing a checkered black and white jacket like pink glasses. And I am in my home office today with a blurred background. So, I am very excited to be here and share Tennessee's dignity of risk we named it dignity of choice but to share our dignity of choice journey. First, I want to share the slide of our timeline. So, we can go to the next slide.

**Shannon Nehus**  33:45

And this timeline is a summary that shows our progress, as we work to implement the dignity of choice, philosophy process and protocol in Tennessee are really started even before 2007. But in 2007, Tennessee was involved in a person centered thinking initiative across the stage hosted by our partners at the Tennessee Department of Intellectual and Developmental Disabilities and through that process of provider reorganization around Person Centered thinking, one of the things that was done by stakeholders' providers, support coordinators was the development of a risk tool. We had a risk tool that was a standard format that was implemented across how many community based programs into a say that was a checkbox and pretty much bled into the identification of all risk of listing all risk and trying to identify next steps on that that risk and we use that tool, it leveraged us to get where we are today. But in that being, eventually this checkbox of listing all, all responses in many cases, and so very similar to what Mary Lou was talking about, a that evolved our conversations around dignity and choice above, along with the federal roles around person centered planning, and around that the settings role. And so, in 2016 dignity of choice became a goal in Tennessee as part of our Tennessee systems transformation initiatives. We started having conversations with the Tennessee Department of Intellectual and Development Disabilities, our managed care organizations, we are a managed care state for most how many community based programs in Tennessee, providers, stakeholders' advocates, having conversations for several years around dignity or choice defining what's in the protocol defining what dignity of choice is landing on that terminology, and the key components. Once we had the protocol development, we put into the contracts that we have with our managed care organizations, expectations to comply with federal rule, and as it relates to dignity and choice, we had a alignment of reportable event management in Tennessee, our system was called protection from harm.

**Shannon Nehus**  36:47

It's really our incident management, abuse neglect system. We align that across programs, using Person Centered thinking concepts. And really the concept of dignity of choice was integral to the development and alignment of than the reportable event system in Tennessee. We then finalize the protocol. And then we provided training to all providers in many phases that we had comprehensive training with comprehensive examples for our various aging population and our DD population or ID populations. To give examples of how the concept of the dignity of choice, informed choice, and that risk mitigation could be implemented. And where we are today, is really just providing oversight with the Department of intellectual developmental disabilities, TennCare managed care organizations, and support coordinators ensure that dignity of choice concepts are implemented, and that risks are being mitigated. So that's, that's the summary. And now we're going to go into a little more detail of how of how Tennessee implemented the process. So, requirements we looking at are looking back on our process. We I think it's really important to note that we outlined in the contract with our

managed care organizations expectations around dignity and choice. We use national best practices such as the National Committee for Quality Assurance Standards for long term services and supports. NCQA relied on the federal role for settings funnel settings relied on the role for Person centered planning that Mary Lou reference, we wrote language for risk mitigation and dignity of choice into our 1915 C ID waivers in an awesome into an interagency agreement with our partners at the Tennessee Department of intellectual developmental disabilities. So, the protocol itself, it really does that force the expectations for TennCare for managed care organizations, providers, DIDD, which is that Department of intellectual developmental disabilities regarding the philosophies and practices specific to poor seeable, risk identification risk identification assessment, and that risk mitigation in home and community based services. Programs and Services in identifies a process or protocol identifies a process for addressing dignity and choice through the Comprehensive Assessment the person's their support plan. In an ongoing support care coordination case management, we use a few different terms in our state. So, some of the key components of our protocol include risk identification, and the person's vision risk planning, you know, proactive approach that values dignity of choice. It's super essential and commitment to identify, evaluate and plan for mitigation risks that come with living and striving to reach one's full potential. So, risk identification and planning to proactively mitigate identify risks are key components of the Comprehensive Assessment, and the person centered support planning. These are intended to be dynamic and ongoing processes meant to result in addition, if each person's unique vision for meaningful life risk planning is to take into account the person's goals, supports available through the programs in Tennessee, and natural supports, all of which support the person to achieve and maintain the life that they want. Additional key components are we can go to the next slide is the role of the support coordinator and addressing risk identifying risks unique to that person's situation. Again, blending that into the person centered support plan, instead of using a standard generic checklist. Determining tolerable risk, the person wishes to take and accept, and we defined what tolerable risks are in our protocol. And then developing a risk mitigation plan for those identified tolerable risk. And also keeping that risk mitigation plan current relevant and, and effective, as the person identifies new goals grows within their goals and their plan.

**Shannon Nehus**  42:13
So, and in Tennessee, these are the conversations that we had. And these are the conversations as if you're developing a dignity of risk or dignity of choice process or protocol philosophy. These are conversations that need to occur with stakeholders. You know, people need to be able to make choices, over protection, they seem kind, but it may smother a person, letting people try things that seem risky, or scary for parents or professionals is important for growth, dignity, of risk, dignity, a Choice allows people to get outside of their comfort zone to try new things. And being able to make choices and live the consequences of

choices, promote self-determination and high expectations, and it has exactly supporting what Mary Lou was talking about. So, these are some of the questions that we ask, you know, in, in our process, these are questions that Tennessee considered when developing the dignity of choice protocol, and the training that went to all providers of how much you need based services. That's delivered back to engineer and DIDD, and the MCOs. So, some of those questions, you know, what if your money was always kept in an envelope, where you couldn't get it? What if you spent three hours every day just waiting? What if you got into trouble and we're sitting away, and you couldn't come back? Because people remember your trouble. But what if you never got to make a mistake? What if you never had, you had no privacy? What if you could do part of the grocery shopping lists, but you weren't allowed to do any of it? Because you can do all the shopping. So, we had lots of conversations for a couple of years around what dignity of choice meant and what it looked like in really defining the definitions and the information in the private Hall. So, the next slide, really talks about the dignity of choice, it that it's a person's right to make informed decisions, to engage in experiences which are necessary for personal growth and development. And supporting a person's dignity of choice means honoring the person's right to make choices and participate in activities. They It may involve risk in assisting the person to identify, consider and mitigate negative consequences that may result from their choices is really essential to supporting a person's dignity and choice. Go on to the next slide.

**Shannon Nehus**  45:22
This is the concept of informed choice. Informed Choice is a big piece of the protocol in Tennessee, and we have it defined and it means that the person has been provided with sufficient information and to make an educated and voluntary decision to move forward with their desired go or activity. This process involves meaningful discussions with the person about considering the benefits, the risks and potential outcomes that may result for a person to make an informed choice, they must understand how the identified risk could be mitigated. So, another important concept is on the next slide, and that is around the individual's capacity. So, it is important to note that the person should be supported and involved in goal setting risk identification and mitigation to the extent possible, we should not presume that a person with a proxy decision making arrangement support decision making or conservator has no place you know, has no ability to participate in this process. And that risk mitigation risk management processes must use all strategies available to empower the individual to make his or her own informed decisions regarding what a tolerable risk is. Go on to the next slide.

**Shannon Nehus**  47:04
So, another important concept is supported decision making. I want to mention here as we developed the dignity of choice, protocol. And since we have lots of things going on, we had started working in educating people on the concept of supported decision making in 2016

2017. So, a lot of our systems transformation, person centered initiatives were occurring at the same time, and it really helped move forward, our dignity of choice and dignity of choice helps support the other initiatives. So, they went hand in hand. But supported decision making is a way for a person with a disability to make his or her own decisions by using friends, family members, professionals and other people they trust. In 2017, you know, just barely five years ago, I remember that was new, new terminology. And we have really leveraged the support a decision making process in Tennessee to for a person to be able to have that business, the choice to incorporate it into the person centered planning process. We have now a Tennessee center for decision making support. I have listed the link here. And I thought it was valuable to share that this. This thought process around supporting decision making was kind of going on at the same time as the dignity of choice and or reportable event management system that I talked about earlier. Also, it's important, next slide, to understand that successful citizenship and education on successful citizenship was an important part of implementation in Tennessee.

**Shannon Nehus**  49:13
The Tennessee Department of Intellectual and Developmental Disabilities has a focus group series that is intended to ensure that people have the opportunity to know things to do in order to increase the likelihood of being a successful and valued community member. So, understanding that decisions then lead to consequences and decisions lead to responsibilities. So, this was a big piece of the implementation of dignity of choice in Tennessee. Next slide is around tolerable risk and the definition and the understanding of tolerable risk and that those risks are risks the individual is willing to accept intake and knowing that some risks are too great, and that other risks are considered to be a part of everyday life. And that the discussion and consideration about risks should always balance identifying the potential benefits, along with a potential harm instead of just focusing on the potential harm. So, risk mitigation is the next slide.

**Shannon Nehus**  50:32
So, risk mitigation plan, and we educated people on what the plan would look like. And here are a few of those things that have been identified coal or a choice or preference, the plan will identify the positive outcomes as well as the negative outcomes, the tolerable and in tolerable negative outcomes, the impact of actions towards the pursuit of the goal and actions to address the tolerable risk. It can list responsible party's timeline, what a successful plan looks like. And it can document progress. And it may have possible multiple plans. So, it doesn't have to have all these things. But this is a good guide that we provided to providers and stakeholders. And it's detailed out in the dignity of choice protocol as well. So, we have talked a little bit about our alignment of reportable event management. So, it's really our abuse, neglect and exploitation reporting system in Tennessee, and that we incorporated the concept

of dignity and choice into reportable event and management and made sure that that was an integral piece of the realignment of our reporting process. And so, the reportable event management system and properly reporting processes have been intentionally designed to recognize that when that even when a staff person provider or MCO, or managed care organization exercises due diligence, that events may still occur.

**Shannon Nehus**  52:20
Our programs are designed to encourage individuals to pursue and achieve their goals. The process for which I believe involves taking informed reasonable risk. So, implementation, the email, the timeline walkthrough that took several years, but Tennessee implemented the concept of dignity of choice in several phases. Through our workgroups through our we had a year of webinars and seminars that we talked about, of reportable event management and using dignity of choice concepts to promote that alignment. Then, once we had the protocol, and finalized, we had a comprehensive training that gave detailed examples, and there's examples in our protocols. But we also gave examples and talk through those in our training in our training was led by our subject matter experts at the Department of intellectual development disabilities, there are three MCOs, as well as TennCare. So, we had multiple stakeholders, training or our Tennessee providers and stakeholders on dignity of choice. So, things to consider, and I was asked to share things to consider and rolling out implementing dignity of risk or dignity of choice. And so, the things that I reflected on or to share, they it's a process. It takes time. It takes commitment. It takes policy and practices, it takes training, and then it takes an understanding of the direction that you're wanting to go in. And then lessons learn. That it's a statewide initiative. That was the best way for Tennessee to approach this was to involve all stakeholders and make it statewide. A policy or protocol is helpful. It's a guide, it's your it's your it's your guidebook, alignment across other initiatives, it is helpful that we didn't just have this one initiative, it went hand in hand with other initiatives, system transformation type initiatives, and it's helpful to have a person or entity that owns the process and is responsible for bringing Have all the partners together and following up, and it has to be a collaboration. So those are the lessons learned in Tennessee. And now I'm going to hand it off to season our wood with core services for specific examples of implementation in Tennessee at the individual and provider level.

**Susan Arwood**  55:22
Okay, good afternoon, everybody. Again, I'm Susan Arwood. I am a white middle aged middle age might be pushing it just a little bit. But I have short hair and glasses and I'm sitting here with Carl lydford. Carl is a white middle aged man with short red hair. Very nice looking gentleman if I might say so myself. All right. So today, core services is a small provider agency. We provide residential and day supports for adults with IDD. We support around 50 adults, and we have around 110 employees. I like to say that we're the perfect Learning Lab

size. What I want to talk today is about an opportunity that we had with the Tennessee DIDD agency to break away from a restricted funding model and try enabling technology as a natural support. Through the initiative, we had the opportunity to keep our current funding levels. And we got to experiment with technology, whether it was moving somebody out of a supportive living situation to an independent living situation, or somebody who just wanted to tell their staff that they wanted a few hours loan, or somebody replacing DSP support with tech now technology supports on third shift. And what I'm gonna be discussing over the next few minutes is just what this initiative look like the steps we took to mitigate risk, and the amazing results that we are seeing today, which is five years down the road.

**Susan Arwood**  56:56
So, in 2017, Tennessee DIDD was experiment with celebrating the dismissal of the lawsuits ending a poor of a century of litigation and court oversight of intellectual disabilities in Tennessee. And despite a lot of changes that emerged from that there was basically a protection from harm model a kind of a reinforced culture of heavy staffing and risk aversion and through an enabling technology initiative, Tennessee hoped to put a foot in the water and feel a way out of the trend of heavy staffing. So pictured in this pit here in this picture is Brad Presnell. And Brad in 2018, was living in a supportive living home. He really didn't like his home life. He lived with two housemates; he had 24/7 support staff. And he pretty much stayed in his bedroom all the time. So, when this opportunity came about, Brad and Carl are two of the first people that we thought about. Brad realized his vision of a perfect life was to be in his own apartment in the town where his parents lived. And I have on the caption on this picture is do you have the courage to change how I live, there's a lot of courage that goes into a sweeping change like this. Brad doesn't use words to communicate. He's never lived on his own. And this was a big leap for his parents and his support team, and everyone involved. But Brad and his parents did have the courage, and Brad moved out into a sport living into an independent living situation in his own apartment. Unfortunately, Brad passed away last month from a kind of an unexpected medical condition. But he had four really awesome years, living independently in an apartment and his parents say that their one regret is that they had to not have the opportunity to do this sooner, because it really was break bread stream life. Alright, next slide, please.

**Susan Arwood**  58:50
So, the Tennessee technology project was rather unique. It started in 2018. With a select number of provider agencies, we were lucky enough to get in on the ground level of that project. There was dedicates dedicated state dollars to get started to actually purchase some of the technology. There was an educated educational component to it, there were online courses and in person training for everybody participating in the project, including the person supported their family, their support staff, and they were created partnerships with technology

vendors. The technology vendors from all across the country provided training and professional conduct consultation. So, it was just a really, really excellent opportunity for us. And the goal of this whole project was one will, allowing people the opportunity to choose when and how they receive supports create happier lives and to can it be a cost savings for the system because there's so many people out there that are on a waiting list trying to get into the system. Next slide, please.

**Susan Arwood**  59:56
So, in our prior support model, people had choice Since but not about when they, when they had supports in their home, it was just basically a one size fits all model of support. And in that type of model of support, some people are over supported, and some people are under supported. And if a person desires more independence, no amount of pay supports, no matter how excellent those supports might be, can provide people with their preferred life. And then another point is that technology is all around us and is a natural support for people who can and want to be more independent, particularly if the person wants less in person support. But that technology has not been readily available to the people that we support with IDD as it should be. So, the most important point at all is that in the traditional model, we spend a lot of time worrying about meeting the staffing requirements for funding and creating good services. But people don't want a lifetime of Good Services. People want really good lies, and you create good lives by allowing opportunity for reasonable risk and learning one person at a time. All right, next slide, please.

**Susan Arwood**  1:01:09
So, we were all about jumping into this project because it was an opportunity to break away from a restrictive service model, a one size fits all model, to a person centered service model where the person chooses the type and level of support they want. Our agency had been through a transformation at this point in 2018, we become a person centered organization, we participated in CQI Person Centered excellence, accreditation. But working within the confines of the current funding structure, it was hard to figure out how to reach that next level of person centeredness. And the technology project was an opportunity to break away from the one size fits all and an opportunity to fully embrace our person centered model where people could actually choose the type and level of support they desired. Alright, so next slide, please.

**Susan Arwood**  1:02:02
So where are we start? For us? It was easy. We had two gentlemen while being one of them, who was very vocal about wanting more independence. They already had a vision of a preferred life. And were very motivated for change. Carl was living in a supportive living home with two other gentlemen. Carl, what did you think about your housemates? They Okay, did you want to live there? No. Okay. Yeah, Karl, Karl is very boastful that he wanted a trailer in a

trailer park and that was his vision of a preferred life. Brad was living with two housemates, and he spent his entire home life and his bedroom with the door shot. Brad didn't doesn't use didn't use a whole lot of words to communicate. But he was clearly communicating that he did not like his lifestyle. He wanted his own apartment. So, within a few months of joining this initiative, Carl was in a trailer in a trailer park. And Brad was in his apartment in the same town where his parents live. So, person centered planning rules prevent the provision of unnecessary or inappropriate services and supports. One of the issues that we got we were in into getting started is that people's opinion of unnecessary is different. And there were there were very a lot of naysayers that came forward, expressing concern What if they stay up all night? What if someone steals, they're mad? What if they get hurt? Changing your support model really does require courage. If nothing else, courage is needed to navigate the naysayers who are convinced that you're going to do harm. They were convinced that Carl when we moved out of supported living, was going to be taken advantage of or not eat properly. And here we are five years down the road, and you like your living situation, Carl? Can you tell them anything about it? All right, I think we're a little stage struck here. Okay. So, when changing if nothing else, Kurt, you need the courage to just face the naysayers who are convinced you're going to do harm. But when people have the opportunity to divine to find their own supports. It will bring out the naysayers and it's important to correctly identify the risk. Are you putting protections in place for the system all of us that are not used to this idea of somebody not having 24/7 support in their home? Or are you putting it in place because it's a true risk? It's a likely risk and there's no there's no way around that. So next slide, please. So um, nope, I'm sorry. I got Hi there, how about one more slide?

**Susan Arwood**  1:05:02
All right mitigating risk by building consensus. That's that was pretty much the approach that we took and the approach that was kind of outlined for us by the Tennessee DOD. We had facilitated person centered planning meetings, where we actually had somebody partner from our state agency come in as a as an outside party, to, to hold these person centered planning meetings and what we talked about during those meetings. When Carl first expressed to us that we'd like to move out and go to his own trailer, we had the meeting, and we talked about what's the desired outcome? Well, Carl doesn't want housemates. He wants to live in a trailer park. He, he doesn't want support staff in his home 24/7. We wanted to make sure that Carl knew what that looked like. So, Carl was involved in a search for the trailer for what the technology supports might look like, what he wanted his rituals and routines to look like when he lived in his own home. We identified what the concerns and the risk were and who they were important to, and what risks could be mitigated with technology, and does their person and the CEOs agree to the technology plan. Once you build a consensus, as an agency, you don't have the liability entirely on yourself. It's the entire team, the entire circle is the person

and everyone who's important in their life that is agreeing to the plan. And we wrote a technology plan and proceeded from there. All right, next slide, please.

**Susan Arwood**  1:06:38
So, despite good intentions with our, with our first independent living candidates was Carl, we listened to more to the system than to the person and we put it ended up putting in all kinds of unnecessary supports and protections. Carl had all kinds of technology, bells and whistles to help support him and provide us the opportunity to do some remote monitoring when he didn't have support staff in the home. But within a few months, we probably removed about 70% of those supports. Because far, Carl is far more capable than anyone gave him credit for and he didn't need all that stuff, he was doing just fine without it. So don't get wrapped too wrapped up in the What is particularly on things that have never been a part of someone's history, or recent history. There's a natural tendency for some members on your team on your team to overcompensate for every possible risk. In our case, it was the health care for our healthcare team. Because, you know, basically, that's what they're all about is keeping people safe. And well. Another mistake we made early on was Communicate, communicate, communicate, when there is no communication, it will be filled with or not enough communication, that hole will be filled with negativity. And in our case, we neglected our own staff, our direct support staff, we kind of told them what was going on. But we didn't have them at the table enough in the planning. And initially, they were the ones that were probably poking holes in the boat behind our back. So, we learned we learned that lesson. And going forward, we made sure that the direct support professionals were at the table and part of the part of the discussions and planning and make sure you're learning and then revisiting the plan often what's working, what's not working, what needs to be changed. If a person is living life by their own design, their supports that sport needs are continuously going to be changing. So, you got to learn with that person, build trust and make adjustments as often as needed. Okay, and next slide, please. So here we are five years down the road. We started down this path in 2018. And we now consider us ourselves a techno enabling technology transformation agency, we basically look at technology first. First supports. We have 28% of our people who are supported with a combination of pay supports and technology supports, which has reduced the need for the DSP support. We know without a doubt that this has led to happier lives just from our own observations. But we also have a lot of data now that supports this. People who choose their supports whether you know a combination of technology or DSP, are happier and safer as substantiated by our personal outcome measures data set and safety trending data.

**Susan Arwood**  1:09:36
And here's some findings. People who can choose when and where they have their supports technology versus the DSP are 57% more likely to have personal outcome measures in their life than their peers that have traditional supports only their 44% more likely to have agency

supports in place for personal outcome measures. They're 31% less likely to have a medication variance, they're 50% less likely to have a reportable incident. We proved in Tennessee that it's a more cost effective model because our little agency is saving probably around $712,000 annually and reduce staffing costs. But no one has lost their jobs. You know, there's a there is a DSP shortage across the country, people were RIA reallocated to other positions, including promotional opportunities. Because of this, as a result of our initiative, we did change our structure to put in place positions that could help monitor remote supports. And our agency has been in a transformation for a number of years where a person centered organization, we're enabling technology transformation agency, and we consider ourselves an employment first agency. The effect on the people we support has been phenomenal. I mean, we have the data to support that we have our observations, but we're also experiencing an equally positive response with our direct support professionals. We have a 25% DSP turnover rate, and a 4% DSP vacancy rate we have around 110 positions. And we basically have three openings today, which is pretty remarkable in today's labor climate. And our workers comp experience rating, if you're familiar with that has dropped down to a phenomenal low of oh point five, eight. So, evidence that perhaps our workforce is also safer and happier has come out of this project. So, enclosing great things don't come from staying in your comfort zone. Be courageous and improve lives one person at a time. And I'll turn it over to Elise at this point.

**Elise Messner**  1:11:46
Hello, everyone, how y'all doing? I think I hit my video and needed to hit it again. Hi. So, in what I am talking about here is creating cultures that support success. My name is Elise Messner. I'm the Executive Director for learning community of Pennsylvania for the last roughly 12 years. I am a white woman with red medium length hair, I have on a red flowered shirt and a gray colored cardigan that go over top of that. So, as I said, I will be talking about creating cultures to enhance the support of our DSPS and dignity of risk. I am a firm believer and how we support those who use our services is exactly how we should be supporting our DSPs through the same kind of person centered purchase. Next slide please.

**Elise Messner**  1:12:45
So, what is dignity of risk and how does it relate to supporting our DSPs dignity of risk is the idea that self-determination and the right to take reasonable risks are essential for dignity and self-esteem and should not be impeded by excessively cautious caregivers concerned about their duty of care. So that is a really powerful statement. They should not be impeded by excessively cautious caregivers concerned about their duty of care. So, there is a direct link between the DSPS and how they are feeling whether they feel that they are being supported or not. And being able to support those user services through dignity of risk. So next slide, please.

**Elise Messner**  1:13:34

So how do we set the tone for success? Well, first what we need to do is we definitely need to look through some of the barriers. Some of those may be poor fit between the DSP and the person supported lack of training for the DSP. The DSP is not having the right tools and information, a punitive agency culture, it could be lack of trust between the DSP and the agency, their fear of judgment and negative consequences. And also, just the DSPS feeling unsupported and unappreciated. Sorry, unappreciated. Next slide, please.

**Elise Messner**  1:14:15

So how do we find the right fit? One way that we can do this is through matching staff, which is a learning community, a person centered practices tool that we can use. And it's all about really asking the right questions. So, some of these questions are, what are the supports needed and wanted? What skills are needed? What are the possible common interest between the person looking for support and the DSP? And what type of personality matches best with the person looking for support? And in this we really need to look at and be aware of a person's strengths and possible overuse strengths. So, overuse strengths can be a weakness It can start out as a really good way of supporting somebody or a strength that that DSP has such as a great attention to detail. And, of course, that's something that is great when you are supporting people through things, maybe as the checkbook ledger and paying bills, and you know those kinds of things. But sometimes when you introduce stress into that, that skill, or that strength can become micromanaging, and can be a hindrance where risk is involved. Keep in mind, this is not an exact science, but just kind of something to be aware of. Next slide, please.

**Elise Messner**  1:15:45

So, our DSPs also need to have the tools and information. So of course, the more you know, the more you know, training is crucial, and information is the key. Our DSPs need to have tools in their toolbox to be able to provide quality supports and navigate risk. Training is an extremely important investment that we need to provide. And some of those trainings may be individual rights, supported decision making, person centered skills, individual support plans, and behavior support plans, which have some key information how to support that particular person and their unique personalities, or just their dreams. Supporting risks, also would obviously be something helpful. We need to help educate on choices; we need to give guidance through the process. And we need to teach how to support learning, using the outcomes, whether that outcome is positive, or negative. And then of course, we need some other processing skills, maybe some of the ones that you have seen earlier in this presentation. Next slide, please. So, continuing on, we also need to make sure that our DSPs are part of the conversation. And the way that this helps is it brings buy in and synergy and harmony within the team. But they also need to have the ability to receive real time

information. So, it by attending team meetings, allowing time for discussions with their supervisors to review their concerns, ideas, to brainstorm and providing all of this, we need to remember that supporting people is a team effort. So, in saying that, we also need to remember that our DSPs are part of the information expert team, they need to be able to also have time and a place to give relevant and crucial information from their perspective. As they're the ones that are giving the support in real time, it giving this information, if they were not to have it in the real time information, it could cause an issue from helping someone to go through a reasonable decision or risk into a significant consequence. Please change to the next slide.

**Elise Messner**  1:18:25

So, what does all this mean? And bringing our cultures into supportive cultures for DSPs? What do we need to do? So first of all, we need to make sure that we have an open door policy, and then a basically an open phone policy. We need to be available and present and attentive when we talk to our DSPs, we need to make sure that they have ways to get a hold of somebody at the moment that they need support. So, one of the ways that we have done this at the Learning Community in Pennsylvania is that everybody has my cell phone number as executive director, and they have all supervisor cell phones so that they have direct access at any time that they worked in need support, and it seems to be working well. We need to remember that words matter. We need to be speaking to everybody in the same language, respectfully, not just the people that we support, but also our DSPs we need to remember that trust is an action and treat it as a verb. So, in creating our trust, it's not only what we say, but it's the actions that also show that what we're saying is what we mean. Nothing about us without us is not just for people we support. It's also for DSPS and we need to make sure that they are a part of that conversation to allowing them to be able to sit down and talk to pretty much anybody from the executive director and supervisors, we need to make sure that they are able to give their opinions, but we need to make sure that they're able to even give input in the operation. It's extremely important again, for the buy in for the DSP. So don't ask something that you would not do yourself. things a little simple, but this is creates trust, and respect. And also, people are more often comfortable and willing to do something if the person has seen them do the same thing themselves. So, I was trying to think of kind of a story that would, or way that we have implemented this, excuse me, that will go along with this. And that is that whether they are a backup or whether they are supporting someone on a regular basis, everyone in our agency support somebody. So that's not just from myself, and supervisors, and our assistant executive director. But that also includes our HR and financial personnel as well. So, we need to be asking questions, ask how they're doing, ask what they need to do their jobs, effectively, how things are going for them inside the agency, and outside. Because of course, we all know that when there are things happening outside of work, that often tends

to affect work as well. Make sure that you are giving feedback, you need to be honest, you need to be real, and you need to be supportive.

**Elise Messner**  1:21:49

So, the next one is follow through. I don't really know that there's much that I need to say about that other than whenever you say you're going to do something, make sure that you follow through and follow up with your DSPS you need to celebrate the wins. And this may seem like something small. But this is an opportunity to either meet the person where they're at in their moment of celebration or shut them down. So, in saying that the example that I was thinking through that keeps coming up, in my mind is that. So last week, my daughter had come home, and she's going to be a junior in high school. And she was so excited to share with me that she got seven dual enrollment classes for next semester. So that means that seven classes that have college credits attached to them, not thinking I said, that is so fantastic. I'm so proud of you. But how much does it cost. So, in doing that I unintentionally rain on her parade. And instead of meeting her where she was at, and celebrated with her, I, as I said, shut her down. There always time later, to be able to go through those other things. But just make sure you're celebrating with the person and making that connection. So, making room for judgment and creativity. We need to trust in our matches, we need to trust in the information in the training that we give to our direct support professionals. And in doing that, we need to be able to trust their judgment and creativity in the way that they support people. And not only that, we need to be able to lead by example, just as they are guiding, educating and supporting people through the good, the bad. And as we know sometimes the ugly of the decisions that are made, we need a supervising kind. So, there is room of course for judgment and creativity but there is no room for us to have judgmental attitudes in the way that we support our DSPs our employees should not work in a punitive culture. They should not be afraid of negative consequences, because it sacrifices their ability to provide support and it impedes the ability to support dignity of risk of the person. And or just go back to remember what I started with what impedes dignity of risk. It's excessive. Caregivers are sorry, excessively cautious caregivers concerned about their duty of care. It has a direct correlation between our DSPs feeling supported and being able to feel free to support people through risk, reasonable risk without having any kind of punitive sanctions on them. up. So lastly, we all want to feel appreciated, which makes sense we work harder and better in areas where we are appreciated and recognized and respected. And this directly correlates to the support of our DSPs provided to those who use our services. So, with all of that, where do we go from here? What are our next steps, as we do the work of creating and normalizing supportive cultures within our agencies, we need to continue that work and advocating and educating and bringing attention to the benefits of creating supportive philosophies, principles, values, system wide, allowing room for self-determination, and the right to take reasonable risks and in turn supporting our DSPs in a way that they don't need to worry about punitive consequences causing them to support from a place of fear. So

that's what I have. I appreciate you listening, this can actually be an all-day discussion. But this is kind of a 10 to 15 minute overview. And I am going ahead and turn it over to Devon.

**Bevin Croft**  1:26:16
Hello, everyone. This is Bevin Croft, I co direct NCAPPS. I'm another white woman with blonde hair. I'm in a room with plants behind me I have a black blouse with flowers. And I'm here to wrap things up and say thank you. Thank you, thank you to our panelists. This afternoon. Elise, you're highlighting of the critical role of direct support professionals. Alongside a lot of other wisdom is so well taken things someone said they wish every word that you said was on a slide. I'm not sure how accessible that would be. But I see the point, Susan, and Carl, your Carl, yourself advocacy was well noted and appreciated. And Susan, thank you for bringing in the role of courage, I believe that your organization has, has exercised courage and kudos to your use of data to demonstrate impact. That's exactly what we need to give more courage to your peer organization. So, thank you, we have a lot of questions in chat about more specifics about the way that you use technology. So maybe we can circle back with you and get some more information to share with our recording and slides on our website later. Shannon, thank you for your leadership in the state of Tennessee. And for all of the for sharing sort of that the state level initiatives that really provide the infrastructure for these important concepts. And Mary Lou for your wisdom and bringing us some frameworks and concrete tools to grapple with these concepts. And thanks to the over 1000 participants who came to this webinar and clearly this is important, and we're so glad to have shared in this space with you. Before we say goodbye. I would love it. If you could please fill out the poll that will pop up on your screen momentarily. We have seven or six evaluation questions to that we will use to continuously improve our end caps webinar offerings. Thanks again to everyone and hopefully we will see you again at a future and caps webinar. Take good care all.