

*The Arc of Mississippi*

# STATE OF THE STATE OF DIRECT SUPPORT PROFESSIONALS IN MISSISSIPPI



November 2019

## INTRODUCTION

The challenge of providing competent, professional supports to people who experience IDD is a recognized problem at the provider level, the state level, and the national level. Without adequate supports in the community, people with IDD are in greater danger, or are at risk for more restrictive, segregated placement.

In 2017, a report was delivered to the President of the US on "America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy." Some of the ideas and recommendations from the above report are reflected within this paper. Many other sources and statistical citations have been used and are available upon request.

This brief document attempts to put the issue into context. Efforts to date are included as well as strategies for moving forward.

## DEFINING DIRECT SUPPORT

**Who** are they, what are they? – Direct Support Professionals are one segment of a vast national cadre of Direct Supports Workers (DSWs). DSPs provide daily assistance to fragile elders, people with physical, intellectual, developmental or behavioral disabilities, and those with other chronic conditions affecting their ability to live independently in the community. This workforce is rapidly expanding in all four major sectors of long-term service and support systems (LTSS) in the United States including: a) ID/DD; b) E & D; c) Behavioral Health; and, d) Physical Disabilities.

*Direct Support Professionals (DSPs) are interdisciplinary individuals (generalists) who have to be able to provide whatever support is needed across a wide range of activities throughout the lifespan of people with IDD. They typically spend more time, know more about, and have the greatest influence on the people who receive services in ID/DD systems.*

DSPs are the facilitators that make it possible for people with ID/DD to live and participate in their communities as friends, neighbors, co-workers, students, family members, volunteers, voters, and taxpayers. They are the “product” of a provider; they are the reason the provider exists.

DSPs wear many hats:

- |                      |                 |                   |
|----------------------|-----------------|-------------------|
| √ Counselor          | √ Communication | √ Advocate        |
| √ Teacher            | specialists     | √ Orientation and |
| √ Nurse              | √ Occupational  | mobility          |
| √ Dietician          | therapist       | √ Life coach      |
| √ Personal trainer   | √ Psychologist  | √ Cook            |
| √ Chauffeur          | √ Companion     | √ Housekeeper     |
| √ Physical therapist | √ Mentor        | √ Behavioral      |
| √ Social workers     | √ Job coach     | intervention      |

*“If I am in the shadow of the person I support who is invisible, what does that make me?”*

They will ensure that the person is successful, or they will ensure the person is NOT successful.

Amy Hewitt (Director, Institute on Community Integration, University of Minnesota) says, “We were able to deinstitutionalize and provide opportunities for people with disabilities to live in the community on the backs of the workers. We willingly planned and implemented community supports with staff who were being paid less, who had access to less stability, fewer benefits. We did that because of a good thing. We wanted people with disabilities to live in the

community, but the way we could afford it was on the backs of the worker and we’ve never caught up, we’ve never caught up.”

**Is this a crisis?** – A 30-year crisis is not a crisis; it is a systematic and pervasive failure in the long-term services and supports system in the United States that has created a

public health crisis. This failure is rooted in the passive understanding that, although not ideal, intense competition for public funding seems to translate to a relatively low-wage workforce and 'adequate' services for people with disabilities. That acceptance must be challenged and labeled as what it is: a fundamental lack of respect for people with disabilities and the staff who choose careers in providing support to them.

Direct Support Professionals are supporting people in the community that have the highest levels of support needs and complex diagnoses ever. Coming regulations will require they be able to teach decision-making, provide best practices, document federal-level requirements, and promote self-advocacy. All for less money than they can make working the counter at McDonald's.

The Department of Labor (DOL) does not recognize DSPs – No occupational title of DSP is currently recognized by the Bureau of Labor Statistics. DSPs are identified within three primary Standard Occupational Classifications of the U.S. Department of Labor:

1. Personal Care Assistance
2. Home Health Aide
3. Nursing Assistance.

This creates a tremendous problem with data collection. Many efforts continue to convince DOL to assign a specific occupational title for DSPs.

The four largest factors in sustaining a DSP crisis are:

1. Limited Wages, Benefits, and Career Pathways – No matter how much DSPs might love their jobs, they need to be able to support themselves and their families.
2. Changing Demographics – By 2060, 98 million USA residents will be aged 65 and older. There is a smaller percentage of the population of young workers available. There is also increased competition for workers across all LTSS sectors. Essentially, there are fewer young workers to support more older people.
3. Longer Lifespans – Life expectancy for people with IDD has increased from an average of 19 years in the 1930s to an average of 66 years presently.
4. Shifts in Laws and Expectations – Less supervision, more responsibility. No longer are you surrounded by your peers who do similar work; often you are alone and solely in charge of the safety, well-being, and direction of the person you support

in multiple environments. The decisions you make, or support on-the-fly are often scrutinized after the fact.

In addition, it is important to consider the lack of public awareness that compounds the invisibility of direct support. Most of the general public do not know what a DSP is. Many DSPs are not able to describe their profession to others. Poor practices in the community often contribute to a misunderstanding of their role such as; holding hands, wearing scrubs, walking ahead, making decisions for people, using vehicles that advertise disability, or an inability to manage behaviors.

## STATISTICS (further statistical information available upon request)

- The workforce is predominately made up of women (89%).
- The workforce includes both full time (66%) and part time (34%) employees.
- The average age of a DSP is 42.
- 50% of DSPs are on public assistance of some sort.
- The workforce is diverse. Nationally, nearly 25% of the workforce was born in a country other than the US.
- Every year over half a million new DSPs are needed just to keep up with current staffing requirements, which does not count those who need support but are on planning lists.
- Direct Support is the fastest growing job category
- The turnover rate for DSPs is between 24% and 69% per year. The average is 44.8%. We want people to become experts, but they don't stay long enough to even achieve competence.
- 19% of the workforce have been employed with their organization less than six months.
- 85% of DSPs do not receive insurance benefits.
- The average vacancy rate ranges from 4% to almost 30%.
- The cost of replacing a DSP in ID/DD services averages between \$2,413 and \$5,200 every time the position turns over. This associated cost includes:
  - Additional overtime pay to others

- Medication errors
  - Costs for training and orientation
  - Loss of revenue for services that could not be performed
  - Marketing, advertising
  - Additional supervisory costs
- The national average for pay is \$11.76/hour. This is an actual reduction in pay over the last 30 years when inflation is taken into account
  - 1 million direct support jobs were added from 2007 to 2017.
  - In Mississippi, CNAs (certified nurse assistants) must be certified by the state, yet, as long as they are working in the field, never have to have another hour of education. DSPs by comparison, have no such certification yet must receive annual compliance training.
  - There were an estimated 1,276,000 DSPs working to support individuals with IDD as of June 2013.
  - From 2016 to 2026, an additional 1.8 million jobs will be created in the long-term care sector. 1.2 million of these will be in direct support.
  - In 2003, 75,288 people experiencing IDD were waiting for services. In 2013 that number rose to 232,204.

## SERIOUS PROMISES

**Serious** promises began with the passage of the Rehabilitation Act of 1973.

Congress affirmed that disability "in no way diminishes the right of individuals to:

- (a) Live independently
- (b) Enjoy self-determination
- (c) Make choices
- (d) Contribute to society
- (e) Pursue meaningful careers
- (f) Enjoy full inclusion and integration in the economic, political, social, cultural and education mainstream of

*Quality supports cannot happen without quality staff*

American society.”

In the Developmental Disability (DD) Act (PL106-402) Congress mandated that “individuals with developmental disabilities have access to opportunities and necessary support to be included in the community life, have interdependent relationships, and access to and use of recreational, leisure and social opportunities to enrich their participation in community life.” Title III of the DD Act, which focuses on direct support workers who provide assistance to individual with DD, indicates that these workers have played essential roles in supporting people with ID/DD and expanding their community options. This section of the DD Act was never fully funded.

The Olmstead Decision put the responsibility for solutions upon each state. We are to have an array of settings and services with the least restriction in mind. Direct Support Professionals are the vehicle by which these services are delivered.

The Centers for Medicare and Medicaid (CMS) Final Community Rule tells us that people receiving services are to have every opportunity available to people without disabilities. This task is impossible without adequate, capable, stable direct support.

## THE DIFFERENCE BETWEEN A JOB AND A CAREER

**Training** is most often left to the employer’s discretion as long as it meets the letter, if not the spirit, of the law in DMH Operational Standards. Some employers spend two weeks, others spend a scant day to prepare DSPs for the job. Training tends to focus primarily on physical care and safety with smaller emphasis on other important skills that support self-determination, choice, person-centered supports and teamwork. Health and safety issues compose almost 80% of mandated training.

Students are not offered Direct Support as an employment option in school programs or career counseling. They often come to the job as a ‘last resort’ instead of a ‘preferred choice’. People usually hear about an opening from a friend or family member, not

through marketing, reputation, WIN Job Centers, employment websites, or training opportunities. Supporting people who experience intellectual and other related developmental disabilities into the future means taking the **job** of direct care and making it the **profession** of Direct Support.

#### **A JOB:**

- Is something you do to pay the bills
- Is work you may or may not be doing in six months
- Has no pathway to something better
- Has no expectations of knowledge, no demonstrations of proficiency
- Is work that if you are not there, will just get done by someone else

#### **A CAREER:**

- Is something you are an expert / authority at
- Includes professional development opportunities
- Is something that you will do regardless of where you work
- Is respected, valued

**A CAREER** has specific components:

1. A body of knowledge
2. A professional membership organization
3. A set of competencies
4. A Code of Ethics
5. Career ladders

## **WHAT MAKES PEOPLE STAY → WHAT MAKES PEOPLE LEAVE**

Supervision - Most tables that list the reasons why people leave Direct Support work don't list the low pay as the #1 reason. It's usually a little further down the list. The #1 reason given for leaving a job is problems with their supervisor. The frontline supervisor may have the hardest job of all as the liaison between management and DSPs with the responsibility of making sure it 'all gets done'. Most supervisors are promoted from



Direct Support work for one of two reasons; either they were great DSPs or through turnover they've been around the longest. Being a great DSP doesn't mean you have a totally different skill set needed for supervisory work. Because there is not a clear career path for DSPs, there is also not a career path for frontline supervision.

Workplace culture – Culture is the personality of an organization. Culture is what it feels like to work for a specific employer. Culture will define the health and productivity of the organization in ways that sustain or poison. Culture is contagious and is everyone's responsibility. It is only as good as the people decide it should be. It will drive or drain the quality of DSP work. Regis Obijiski (former Director of Workforce Transformation, New York State office for People with Developmental Disabilities) says; "A workplace that decides it's service culture and financial success rest on personal outcomes for people with IDD will experience a shift in the locus of power from executive to person-supported. In this sense, the person with IDD becomes the most important person in the system. Logically and strategically, the second-most important person is the DSP."

Sadly, when a DSP has a bad experience in the workplace, they don't just leave their employer. They leave the field. Providers who do not treat their staff well end up making the entire field suffer. Other reasons good staff leave include:

- Changes to programs and policies without their input
- Burnout
- Communication breakdowns
- No transparency
- They never see anyone from the head office, they don't think the organization cares about them
- No information regarding budget changes, recruitment, turnover, new hires
- Dodging benefits to staff. It is a common practice to limit hours to staff to be able to legally limit their benefits.

There are activities that have proven successful in retaining good staff:

- Respect what they do and convey that respect
- Tangible, public appreciation from administration / management
- See them as full partners in the mission of the organization
- Value their experience
- Offer clear communication

- Create good matches between staff and customers
- Add DSPs to leadership teams, ethics committees, policy review
- Make seasoned DSPs a part of the hiring / interview process
- Use DSPs to educate board and administrative staff

## PARALLELS TO SELF-ADVOCACY, SELF-DETERMINATION BETWEEN GIVERS, RECEIVERS OF SUPPORT

It is interesting that the civil rights of self-advocacy, inclusion, fairness, self-determination, equality, and opportunity apply both the Direct Support staff and the people they support. Consequently, many state and national efforts work in tandem with both demographic groups.

For example, DSPs need to teach Rights and Decision-Making to the people they support yet they are unaware of the importance of these concepts in even their own lives. We must support the people who support the people.

## WHAT WE'VE TRIED

**Most** efforts to date have been initiated through one-time, finite funding. These projects have been effective on a short-term level, but then funding disappears and inertia returns. Here are some examples:

- A state-wide DSP professional membership organization as an affiliate of the National Alliance for Direct Support Professionals was established with funding from the Council on Developmental Disabilities. Some states have used similar short-term funding with likewise short-term success, but many have built longevity through provider associations, DMH commitment, or the establishment of a credential that their state required that could only be obtained through the membership organization.
- Medicaid funded (through Balancing Incentive Funds) the first-ever wide-spread training curricula to prepare people to work in all LTSS sectors. After funding ran out, most providers continued to use this validated training. Direct Course

continues to support more than 8,000 direct support workers per year in Mississippi through remote training technology using content developed by National University Centers on Excellence (UCEDs).

- College of Direct Support – University of Minnesota
- College of Personal Assistance and Caregiving – University of California at San Francisco
- College of Employment Services – University of Massachusetts at Boston
- College of Frontline Supervision and Management – University of Minnesota
- College of Recovery and Community Inclusion – Temple University
- Some MS providers work to recognize and show how they appreciate their staff, especially during National Direct Support Professional Recognition Week. Several times the governor of MS has officially recognized the week (the first full week in September). They hold banquets, pass out t-shirts especially for the occasion, have write ups in local newspapers, print posters, deliver donuts, offer cash bonuses, and collect stories from people receiving services about how much better their life is because their DSP is in it.
- Several DSPs have gone above and beyond and received national certification.
- The State Personnel Board offered benchmarks for completing curricula through the College of Direct Support. This was successful for a number of years and was recently superseded by a benchmark that DMH was able to put through the Legislature.

## STRATEGIES & RECOMMENDATIONS

**Call to action** – This problem is bigger than any provider, any bureaucracy. It is important to make a long-term commitment to the issue through a coordinated effort among all stakeholders (law makers, providers, policy experts, self-advocates, advocacy orgs, families, state agencies, funders). Build it into the Final Rule implementation. Create a plan with timelines and accountability. Put teeth into it.

**DSP Recognition** – Offer competitions for local and state “DSPs of the Year”. Sponsor winners to the annual NADSP national conference when they learn from and with

hundreds of DSPs from around the country. At the 2019 NADSP conference there were almost 700 DSPs and none from Mississippi. The 2020 NADSP conference will be in Milwaukee, WI the first week of September.

**Training families** when DSPs aren't an option – We can provide training to families; offer the College of Direct Support, teach behavioral techniques, engage them in problem solving, offer education in how our systems work and how to find and get resources. CMS recently approved technology as a services to support families and caregivers.

**Find a Champion** – Is there someone in state government who experiences IDD in their family who might want to learn more about the issue and help shine a light on the need?

**Find Money to Address Issues** – Wisconsin uses CMP Civil Penalty Monies from nursing homes to train and hire DSPs and provide bonuses.

**Collect Data** – Data analytics drive change. Keep track of turnover and retention in our state. Where do providers find staff? How do they measure performance?

**Educate DSPs on our System** – They need to know how Medicaid works, what fixed rates are, how it affects how and what they are paid. Teach them that low wages are not personal; it may spark a desire in them to be part of the solution (see "advocacy" below).

**Self-Directed Services** – 42 states now offer self-directed services. By transferring more of the responsibility for success to the person receiving supports, they are given the authority to negotiate their support services. For example, some families are willing to use fewer DSP hours in order to pay their DSPs more dollars per hour which allows them to substantially raise their expectations of quality services. If they are able to pay \$20.00/hour instead of \$10.00/hour, they get more applicants, can expect better qualifications, and hold them to a higher standard. They give up some of their hours to be able to provide a higher salary, but they report, it is well worth it. They also have the flexibility to choose people they know or have a greater focus on a good match between the person being supported and the person providing support. There are a number of self-directed models to choose from.

**Benefits assistance to DSPs** – There are a number of providers that now offer a DSP ‘life coach’, ‘benefits coach’, or ‘human resource assistance’. The state of Maine and Toledo, Ohio are two examples. If the goal is a stable workforce, then the provider can work to create stability in the lives of the workforce. Many providers offer social work-style assistance in finding resources and developing solutions in such areas as:

- Counseling
- Food stamps
- Child-care
- Transportation
- Debt consolidation
- Housing
- Medical care
- Education
- Clothing
- Medicaid
- Mental Health Services
- Immigration
- Literacy
- Dental care
- Utility assistance
- Food pantries

Identifying and acknowledging these needs not only can lead to a workforce that can ‘get to work’ but fosters more loyal and committed team members.

**Credentialing** - Credentialing is an important tool to strengthen the IDD workforce by providing a strategy to:

- Update knowledge and skills needed to achieve quality, affordable support
- Attract applicants by increasing society’s awareness of direct support as an entry to human services work and services
- Create a bridge to higher education and wages for a low wage workforce

A recent study (Hewitt, Nord & Bogenschutz) found that when DSPs were supported by organizations to complete a comprehensive training program that included online training, in person group discussion, and mentoring by supervisors or lead workers the workers gained knowledge and skill and felt more valued by their supervisors. This study also found that the sites within the organizations that participated in the intervention had a 16% decrease in turnover rates. More importantly, the individuals who received services from trained DSPs experienced more improvement in outcomes such as employment, social relationships, inclusion, and health and safety than their peers who did not receive such comprehensive training.

Reduced turnover / increased retention results in a substantial savings in hiring costs that can translate to increased wages without additional revenue.

CMS is open to tiered funding tied to the competence and credentialing of Direct Support Professionals. Some have been able to designate the tiered increase to go directly to the salaries of credentialed staff.

There are several national credentialing programs that are specific to the sub-field/service provided:

- APSE – the Association of People Supporting Employment has credentialing for job supports. <http://apse.org/certified-employment-support-professional/>
- NADSP – the National Alliance for Direct Support Professionals uses an e-badge academy in different specialties. <https://nadsp.org/about-dsp-credentialing/>
- NADD – the National Association on Dual Diagnosis focuses on DSP certification in behavioral health. <http://acp.thenadd.org/dsp.htm>

**Tool kits** – Realistic Job Previews, Public Service Announcements, guided interview processes, a turnover calculator, and recruitment flyers are among the resources in these tool kits.

- <http://www.nationaladvocacycampaign.org/welcome/>
- <http://www.thearc.org/>

**Workforce pipeline** – Use state resources that are committed to the workforce and workforce develop in developing solutions:

- MS Employment Securities
- WIN Job Centers
- “Virginia College” model
- Community Colleges
- Planning and Development Districts

Interestingly, an earlier effort to engage the WIN Job Centers through the Planning and Development Districts did not work because they did not want to put money into work

they saw as unsustainable because “no one could live off that level of income” so they didn’t consider it a “real job”.

**Vo Techs** – Ohio is a good example of this. Creating pathways in the high school systems prepare students for a career they probably never knew existed. This concept could be expanded to include:

- Community Colleges – offer certificates and credit toward an AA degree.
- WIN Job Centers – let them offer the online training and get them job ready with items such as background checks, drug testing, CPR, first aid, MANDT. Wouldn’t it be revolutionary to have people apply for a job as a DSP who was ready to go to work? As it stands now, people apply for the job and can only receive the training they need after they are hired; there is no mechanism for job preparation.
- USM degree again – USM ran a bachelor’s degree program for DSPs who worked in the IDD system. It was successful but the numbers were low. There was no champion to help sustain it.
- Virginia college model – Teach the vocational private schools to prepare students to be DSPs.
- Washington DC program for people with IDD – There is a program in Washington DC which trains people with mild intellectual and developmental disabilities to go to work in the field and provide support to people with more complex needs.

**Local membership** – New York state gathers DSPs regionally and state-wide annually to sponsor *Voices from the Frontline*. This convocation determines goals in policy, teaches decision-making through role play and scenarios, celebrates the profession, and provides a listening post to hear from them directly. Afterward, results are published that offer the vignettes (discussion and reflection points), recommendations, statistics, and information fit for media publication. It offers DSP the career-based opportunity of meeting as a profession.

The original DSP state membership organization here in Mississippi was/is named SPARQLE – Support Professionals Advocating for Real Quality of Life for Everyone

(people supporting and being supported). The motto; Support the People who Support the People.

**Mentoring** - Mentoring to new DSPs by more experienced direct support staff has worked well in nearly every other state. New hires are assigned to a peer mentor to meet with them regularly, guide their on-the-job training, and offer wisdom and support as they grow into the position.

**Technology** – Minnesota (Dungarvin) is a good example. They have systems developed for people living in their own homes as well as people living in provider-controlled homes. It is used for alternative overnight supervision more than any other time. Devices such as bed, motion, and contact sensors, call devices, remote DSPs on screens, smart phones, sensory equipment, and many other commercially available technology tools prevent people receiving supports from being over-served and offers the least-restrictive environment. It also addresses some of the DSP shortage by using tools that allow people time without staff.

**Advocacy** - Teach DSPs to tell their own story and how to advocate to lawmakers – DSPs in other states have had lawmakers shadow them for a day at work to understand the intensity and importance of what they do. Have DSPs testify before the Legislature.

## **IN CONCLUSION**

The Arc of Mississippi remains committed to the belief that “quality is determined at the point of interaction between the giver and receiver of supports.” As advocates, we know that if quality improves, then life automatically gets better for the people we care so much about. We stand ready to assist in whatever way we can to promote the profession of Direct Support.

Think big, start small, scale fast.

## **ATTACHMENTS:**



NUMBER/STATUS OF DSPS

Of the **224,818** DSPs employed in the 2,364 reporting organizations:



**34%** were part-time



**66%** were full-time

There was variance by state ranging from 23% - 74% of the DSP workforce being part-time.

TURNOVER

**46%** state average turnover rate for DSPs



Of DSPs who left positions in calendar year 2016:



TENURE

Of DSPs employed within these organizations:



HEALTH INSURANCE

**15%** of responding providers offer health insurance to all DSPs



**66%** of responding providers offer health insurance to only full-time DSPs

**17%** of responding providers do not offer health insurance

HOURLY WAGES

Average wages

Starting average **\$10.79**

Overall average **\$11.76**

Wage ranges

\$8.79-\$13.87

\$9.47-\$14.27

VACANCY RATES

Average vacancy

Part-time **15%**

Full-time **10%**

Overall **12%**

Vacancy ranges

5-28%

4-15%

5-12%

States reporting: AL, AZ, CT, DC, GA, HI, IL, IN, MD, MO, NE, NY, OH, OR, PA, SC, SD, TN, TX, UT, VT. Source: Data from NCI, 2018

## A Mississippi Story: The Parks Family

(Submitted to 2017 Presidents Report)

Nate Parks retired from his Air Force career. His current job as a military logistics supervisor brought his family to Mississippi from Arizona. Son Jordan enrolled in the local high school as the family settled in. Eventually, Jordan acquired home and community-based waiver services through Mississippi's ID/DD waiver.

Jordan moved into a home with two other men through supervised residential habilitation services. He had not chosen his roommates, but he and his family really liked the fact that the home was in close proximity to his family home; just a couple of streets away.

Nate Parks provided comprehensive training to all direct support professionals on all shifts. He made sure they knew how to support Jordan: how to lift, how to assist him with bathing, and how to respectfully converse with Jordan, who's complex needs are physical.

Concerns began when the program manager they'd interviewed while choosing a provider quit two weeks before Jordan's transition day. The day after transition an incorrect lift caused dangerous pressure to Jordan's chest. More training seemed the answer. Promises to make the house more accessible for Jordan's 6'6" frame were never fulfilled. Eventually Mr. Parks was called upon nightly to come and bathe and lift Jordan. Jordan began to tell his family every day of his unhappiness, loneliness and frustration. Jordan's housemates don't have much in common with him, and community inclusion was infrequent, except when a direct support professional would take him to a nearby city so she could visit her relatives.

Other direct support professionals came and went. Jordan's possessions, food, and cash often went missing. The Parks family found themselves assisting with Jordan's housemates and their needs as well as caring for Jordan.

The instability and uncertainty took its toll and Jordan ended up moving back home with his family. He continues to receive home and community-based waiver services and attends a day program because he has a friend there. Jordan asked for the direct support professional who supported him in high school and his waiver provider agreed to hire him. Unfortunately, he was unable to stay long and soon left the state. One direct support professional was too large to fit through the door. Sometimes the family would come home to find staff in the house they'd never met. Sometimes they've found the direct support professional asleep next to Jordan.

Currently, Jordan has one direct support professional, Mr. Chuck. Mr. Chuck is a hit with everyone in the family, but especially Jordan. This is Mr. Chuck's first direct support gig. Mr. Chuck liked the idea of direct support as a second career once he retired from his job in retail grocery. He began to work but discovered that he would

not be able to earn enough to retire from job #1 in order to work job #2 full time, so his available hours are limited. Jordan is also entitled to a generous number of nursing hours per month. Since September he has received one hour of service. Nurses are hard to come by.

The Parks family prefers the word 'issue' to other, more negative words. Issues have solutions and they tenaciously seek those solutions.

There are some things the Parks family would like people to know about Jordan and about supports and services:

1. If Jordan complains, there is a reason. Don't discount it, don't ignore it, listen to what he has to say. He knows what he is talking about.
2. Jordan's technology is very important to him. When Jordan lived in a regional center, he was the only resident with Wi-Fi and brought his big screen TV, his video games, stayed on top of his Facebook, YouTube, Netflix, etc.
3. The Parks want to know why Mrs. Parks is not allowed to provide waiver services to her son since she cannot work outside the home. She has to stand by in case waiver supports do not arrive.
4. Mr. and Mrs. Parks have never been on a vacation together. one goes away while the other stands by for a week. The next week, the other spouse takes their vacation. They would LOVE to have some time together.

2017 Report to the President - separate attachment

Code of Ethics – separate attachment

Competencies – separate attachments for

- Residential
- Community
- Supervisory