

**OREGON
SUPPORT
SERVICES
ASSOCIATION**

**OUR VISION
FOR THE
FUTURE OF
DISABILITY
SERVICES
IN OREGON**



JAN 2016

The Oregon Support Services Association (OSSA) is comprised of the 14 Support Services Brokerages currently serving Oregon. We provide high quality case management and facilitate in-home, community-based services to nearly 8,000 adults with intellectual and developmental disabilities. Brokerages have been serving Oregonians since 2001; OSSA has represented the unique voice of these services since 2010. We envision a world in which all people live the life they choose in a community where they are valued, respected, and honored. In this world, individual strengths are celebrated; high quality supports are ample and readily available; labels are absent; and self-determination is universal. This vision is realized from neighbor to legislator.

JANUARY 2016

Dear Reader,

It has been one year since the **Oregon Support Services Association** published our thoughts on how to realign the IDD service system to reflect the vision and values we share as a community. There has been much discussion, and many changes since that time, which has seen a full legislative budget session, new collectively bargained agreements, new rules from the Department of Labor, and a coming set of federal standards improving choice and highlighting rights in Home and Community Based Service settings. As a system, we have rolled up our sleeves and tackled an enormous amount of work, and yet, much, much more remains for us to do.

Our Vision has been updated in this January 2016 release to reflect Oregon's accomplishments, make note of our progress, and refine OSSA's priorities and positions for the current landscape. As a community, Oregon IDD services are on a high-wire, engaged in the hard work of balancing fiscal sustainability with adequate support services. How much does it take to meet a need? What should we ask of a service system? Of our communities? Of ourselves? The risks are high, but the rewards of successfully negotiating to the other side are great: We believe that Oregon can return to its rightful place as a national leader in services for people with intellectual and developmental disabilities. We do so by knowing our values, and sharing a vision.



Katie Rose
Executive Director
Oregon Support Services Association

WHERE WE ARE

Oregon's population is increasing, with more people accessing services than ever before.

For the first time in Oregon history, children with IDD have access to a full array of in-home services.

Individual and family expectations are increasing.

The majority of people who require services live in their own or their family homes.

Families hold the long-term relationships for most individuals served.

Many individuals and families have the option to choose in-home or licensed services.

The growth of the aging population will create competition for human and financial resources.

Alarmed by the increase in spending for IDD services, the legislature has instructed DHS to contain costs. System restructure is necessary.

WHERE WE WANT TO BE

The system is sustainable, available as promised to those who need it,
year after year.

People's lives are complex; therefore flexible and responsive services
are in place.

The service system is clear and understandable to all parties.

Funding source is not the sole determinant of program design.

Data systems do not determine program design; program design
determines data systems.

There is clarity of roles and responsibilities at all level of the service
system.

Decision-making remains at the most immediate level, closest to the
individual whenever possible.

Ongoing training and technical support for individuals and
professionals is a recognized and funded priority.

Individuals understand their rights and responsibilities.

OUR VISION

We envision an Oregon where...

There is a strength-based, person-centered approach to all services.

People with disabilities have real lives and meaningful relationships.

People have the help they need to have full lives.

There is full engagement of individuals and families throughout system design, implementation, and evaluation.

We achieve this by...

Moving needs and deficits focus to the background; goals should be at the front of service delivery.

Assuring a deliberate and thoughtful process for systems design, fueled by fiscal analysis and understanding of big-picture service utilization.

Changing the conversation from units (hours) to actual dollars and creating individual budgets, thereby promoting responsible engagement in, and direction of, services.

Providing extensive training on strategies to implement a strength-based, person-centered approach to all services.

Creating communities of practice to promote systems change based on vision and values.

JANUARY 2016 UPDATE:

New ODDS Director Lilia Teninty and her Deputy, Anna Lansky, have led us in “deliberate and thoughtful design” as we had hoped, eliciting true stakeholder engagement, and touring the state for feedback in public forums.

In early 2015, a workgroup formed out of the IDD Coalition with the goal of creating a self-directed with budget service option. Recommendations from the group describe a qualitatively different approach to services, including putting goals first, and using budgets of dollars rather than units.

FUNDING

We envision an Oregon where...

We access all available, appropriate funding mechanisms, to allow for both Agency-Directed and Self-Directed service options.

The system we have built is sustainable.

We achieve this by...

Regular confirmation of sustainable, appropriate spending to keep Oregon on track.

Continuing to maximize the Community First Choice Option (K) as a funding source.

Allowing the in-home population to choose between Self-Directed or Agency-Directed options.

Returning budgetary engagement to individuals through personal budget control to promote fiscal responsibility.

Directing individuals, families, providers, and case management entities to talk in dollars, not hours.

JANUARY 2016 UPDATE:

Oregon and CMS have grown in our understanding of what is possible under the K Plan, and how it can be used as one component in an array of funding mechanisms.

The 2015 Oregon Legislature attached a budget note to the 2015-2017 budget bill directing DHS to cap IDD spending growth at 10%. As new people continue to access services, this necessarily indicates the reduction of per-case spending.

CASE MANAGEMENT FUNDING

We envision an Oregon where...

Case management activities are driven by the needs of individuals rather than billable quotas.

Funding for case management is adequate to buoy entities across the ups and downs of system change.

Case management entities are paid for all of the work that they do.

We achieve this by...

Establishing clear, consistent criteria for what is billable case management activity, and ensuring that the case management workforce is adequately trained on this shared understanding.

Evaluating current case management expectations with an eye for the activities that are truly case management, and those that are outside of that definition.

JANUARY 2016 UPDATE:

During the 2015 legislative session, Ossa was grateful to be granted 95% funding of the Workload Model for the 2015-2017 biennium, as proposed by DHS. Supporting case management work during a time of rapid change and growth displayed thoughtful and forward-thinking leadership by our lawmakers.

As the IDD system continues to experience restructure over the coming years, we will need to simultaneously explore alternative case management funding model options.

ELIGIBILITY

We envision an Oregon where...

Eligibility processes are efficient, understandable, timely, and are designed to minimize stress on the individual and family.

Services appropriate for a person's disability-related needs are available to the greatest number of Oregonians possible.

We achieve this by...

Streamlining the processes of eligibility, Level of Care, and needs assessment, reducing redundancies across the three steps.

Refusing to adjust Oregon's eligibility service standards, because we do not wish to shift the cost of IDD services to hospitals, jails, mental health agencies, and other community institutions.

Keeping eligibility determination locally available to Oregonians, continuing to house them with CDDPs.

Educating the general public about the Brokerage model's ability to serve those individuals most extremely affected by disability, and dispelling misconceptions that community living with Brokerage support is only for people with modest needs.

JANUARY 2016 UPDATE:

In order to contain the growing cost of IDD services, the Department has contracted with an outside consultant to review operations and make recommendations for sustainability. ODDS is contracting with the Lewin Group to evaluate the program; one area of interest is altering eligibility standards to make fewer individuals eligible for service. Eligibility could be changed in a multitude of ways, such as raising the IQ requirement (currently 75), or lowering the income threshold for individuals to receive Medicaid waiver services (currently 300% of the Federal Poverty Level).

CHOICE ADVISING

We envision an Oregon where...

Choice advising, the process by which individuals are educated about their service type and service provider options, includes clear and consistent practice and materials describing a person's options for case management services.

Choice Advising processes are efficient, understandable, timely, and are designed to minimize stress on the individual and family.

Individuals do not feel compelled toward one choice or another, but instead experience neutral support in understanding their service options.

We achieve this by...

Ensuring that **initial** choice advising is conducted by entities and individuals who are impartial to the chosen outcome, and never by someone already serving as an individual's case manager.

Creating clear guidance for **ongoing** choice advising that lays out service options in plain language, utilizes promotional materials available from the referred entities, and includes the possibility of a neutral 3rd party consult upon request.

JANUARY 2016 UPDATE:

Currently, the state has designed a system in which initial choice counseling is conducted solely by CDDPs, who refer people internally to their own case management resources, or to outside case management entities (Brokerages). As case management is a funded service, this structural design contains a fundamental conflict of interest, whereby the referring entity stands to gain monetarily by the choice of an individual.

JANUARY 2016 UPDATE ON CHOICE ADVISING (CONT'D):

Across all Brokerages, there has been a profound change in the numbers and types of customer referrals coming from CDDPs since the IDD structure was changed back in 2013. There has been a universal reduction in the number of referrals, and though some Brokerages continue to have a waitlist, enrollment is down at many locations. We believe this to be a result of a variety of systemic factors, not intentional actions.

Brokerage enrollment continues to be capped at just under 8,000 customers total across the state. This artificial cap contributes to referral and capacity issues, as many individuals are understandably disinterested in waiting for services from a chosen entity. ODDS leadership has committed to working on raising this cap on enrollment. The first step of writing capacity growth back into the Title XIX Waiver application is set to be accomplished in early 2016. We hope to bring you positive news on this matter with our next update.

SERVICE OPTIONS

We envision an Oregon where...

All conversations about service setting seek to understand and honor a person's vision for their life.

Adults and children can select from either in-home or licensed/certified options during choice advising.

Case management for **in-home services** is provided by truly specialized entities able to maximize resources and natural supports, enhancing a person's likelihood of a successful community life.

We achieve this by...

Offering adults and children a choice between Self-Directed and Agency-Directed options.

Assuring that all services are offered on a strong foundation of self-determination philosophy, and that all case management professionals, individuals, families, and direct service providers are trained on these principles.

Restructuring the system so that Brokerages are the case management provider for all adult in-home services, both Self-Directed and Agency-Directed.

Offering specialized Brokerage services as an option for children, removing the statutory limitations that are currently a barrier.

Encouraging the faculty of individuals in services to self-direct by acknowledging self-determination as a life-long continuum of learning, and supporting it as such.

Helping people understand the role of an employer, and the responsibilities entailed, by bolstering the education and technical assistance available.

Securing state and federal funding for local community development in the area of free and low-cost resources, specialized resources, and provider capacity.

Demanding strong, reliable Financial Management Services (FMS) with clear responsibilities and logical, outlined roles.

Designing an IDD system that allows individuals to move from one part to another as their lives change, without penalty or undue hardship.

JANUARY 2016 UPDATE ON SERVICE OPTIONS (CONT'D):

In early 2015, a workgroup formed out of the IDD Coalition with the goal of exploring the possibility of a self-directed with budget service option. The resulting proposal would offer Self-Directed services as an option for in-home and agency-based services across the system, and recommends supportive services such as strong FMS, employer supports, and self-direction and community resource development.

By Oregon statute, Brokerages are currently limited to serving adults (18+) only. It will require a statute change in order to open Brokerages as an option for children.

SERVICE OPTIONS (CONT'D)

We envision an Oregon where...

All conversations about service setting seek to understand and honor a person's vision for their life.

Adults and children can select from either in-home or licensed/certified options during choice advising.

Case management for **licensed/certified services** is provided by truly specialized entities able to closely monitor and control the quality of placements, maximizing the longevity and potential of service providers, and creating happy homes for people in services.

We achieve this by...

Offering adults and children a choice between Self-Directed and Agency-Directed options.

Assuring that all services are offered on a strong foundation of self-determination philosophy, and that all case management professionals, individuals, families, and direct service providers are trained on these principles.

Creating a system where case management is specialized to serve people in licensed/certified settings, provided through CDDPs.

Developing licensed/certified setting options to meet the needs of specific populations (i.e., wraparound services for young adults, foster proctor care for children, etc.).

Encouraging the faculty of individuals in services to self-direct by acknowledging self-determination as a life-long continuum of learning, and supporting it as such.

Demanding strong, reliable Financial Management Services (FMS) with clear responsibilities and logical, outlined roles.

Designing an IDD system that allows individuals to move from one part to another as their lives change, without penalty or undue hardship.

SERVICE OPTIONS (CONT'D)

We envision an Oregon where...

The services available for purchase are clearly defined and understandable to individuals, case managers, and service providers.

Expenditure Guidelines, published and maintained by ODDS, provide primary guidance for purchase of services. Services available for purchase reflect the IDD community's vision and values.

Employment is recognized as a vital component of an individual's life.

We achieve this by...

Making sure there is statewide consistency in service definition and application

Insisting that experts in the field (individuals, families, professionals) are consulted in service changes and decisions prior to implementation.

Assuring that there is a process in place for thoughtful analysis of service limitations, expenditures, and efficacy; further, ensuring that the service array is appropriately balanced, and reflects the big picture vision for service utilization.

Creating a variety of communication streams that are regularly updated, and readily accessible to all parts of the service system. Whenever possible, no one part of the field is responsible for explaining ODDS policy to others.

Making sure that training is available to case management and service providers alike as large-scale policy changes are put into place.

Continuing to have employment service options separate and non-competitive with other life services.

JANUARY 2016 UPDATE:

ODDS has made a concerted effort to directly engage with the various parts of the IDD field as new policy is introduced. Statewide forums, stakeholder conference calls, diverse email distribution lists, and other strategies are all steps in the right direction. There is still room for improvement in website

JANUARY 2016 UPDATE ON SERVICE OPTIONS (CONT'D):

management and functionality; these have the potential to facilitate closer alignment of understanding and practice across the IDD field.

A workgroup was convened by ODDS in 2015 to review Behavior Supports as currently offered in Oregon. Stakeholders worked to create a detailed document with explicit recommendations for ways to optimize and balance services. We are still awaiting Departmental implementation or response to these recommendations. We hope to bring you positive updates on this matter with our next update.

ODDS leadership is making a real attempt to engage stakeholders on restructuring opportunities that would be guided by community needs and values, rather than funding mechanisms.

PLAN DEVELOPMENT

We envision an Oregon where...

Every step of the planning process honors an individual's wishes to the fullest extent possible, and is individualized based on those preferences.

The Individualized Service Plan (ISP) appropriately reflects the goals and service/support needs of the individual, and is based on principles that facilitate self-determination and self-direction.

We achieve this by...

Fully honoring person-centered information gathering practices. This includes the type of information gathered and shared by the individual, and is prioritized at the front of the planning process with the assessment/need identification following.

Providing extensive training on best practice in diverse application of person-centered approaches. Expanding the definition and practice of service planning to honor the wishes of the individual.

Allowing people to compartmentalize and direct who has access to their personal information, and who does not.

Closing any loopholes or end-runs that remove an individual from the center of their planning process, or that create a vested interest by outside parties into the choices an individual makes.

JANUARY 2016 UPDATE:

ODDS rolled out its One ISP tool in April of this year, a document which is to be used across the entire IDD system for those in services of any type. ODDS offered local training around the state for case managers, families, and service providers. There is still work to be done to fully implement this tool as intended. ODDS will be offering another round of trainings on this tool and the process, both for new staff, and for those who are in need of more advanced technical assistance. The tool is thorough, and introduces some important concepts around person-centered practice. We advocate for additional refinements in document and process in order to meet the community's goals.

ASSESSMENT

We envision an Oregon where...

Service planning begins with a discussion of the person's goals and vision for their life.

Needs assessments are conducted in a manner respectful of the individual, in the least-intrusive manner possible, while maintaining reliability.

The goal of any assessment and service planning is a real life, not a service life.

We achieve this by...

Streamlining the processes of eligibility, Level of Care, and needs assessment, reducing redundancies across the three steps.

Selecting/developing an assessment tool that is engineered to accurately assess individual needs across diverse settings; or, we consider making use of multiple tools in order to accomplish this end.

Ensuring that our chosen tools reflect natural supports used in a person's life, and takes those into account at the point of service allocation

Making sure that we identify needs, and fully understand what is required to appropriately meet them.

Creating a solid quality assurance structure for any tools introduced, including:

- Clearly articulated policy on the use, interpretation, and due process around any tools.
- Consistent understanding and application of policy by all DHS staff.
- Clear and effective training curriculum available to anyone administering the tools. This training should be available in multiple formats for best engagement.
- Regular review of a random sampling across all tool users, to ensure consistent and accurate application.
- Regular review of output across all tool users to evaluate and monitor outcomes for trends.

JANUARY 2016 UPDATE ON ASSESSMENT:

ODDS staff have been working to develop a single assessment tool to collect data needed for the Level of Care and functional needs assessment. As part of this process, the state has brought in a consultant to evaluate and improve the validity and reliability of the base tool. As reported in December 2015, the consultant group has made numerous suggestions for improvement that will aim to increase the objectivity of the tool, and remove redundant and conflicting areas.

ODDS will also be working internally and with CMS in the coming year to refine the methodology used to allocate resources to meet needs that have been identified. Part of this conversation will surround the role of natural, unpaid supports in an individual's life, and how to avoid isolating people unintentionally by surrounding them with excessive 1:1 attendant care services.

ODDS is currently pulling a sampling of assessment case studies from across the system to help analyze and understand the impact of the current assessment and service allocation structure.

COMMUNITY PROVIDER CAPACITY

We envision an Oregon where...

Individuals and families are supported by competent, skilled, qualified providers of their choosing.

Providers are readily available, and the qualification process is efficient and transparent.

Individuals and family members receive the support they require to be effective employers.

We achieve this by...

Assuring that rates are adequate, balanced, and based on sound methodology.

Making sure that the role of paid family members is explored, defined, and communicated.

Providing training and professional development for providers (including family members).

Having clear and consistent expectations for providers across the system.

Creating training and technical assistance for individual (customer/client) employers.

Assuring that all service areas are compliant with the new federal standards for Home and Community Based Supports (HCBS).

Improving our provider enrollment procedures so that requirements are easily understood, and the status of each applicant is clear as they move through the process.

Demanding strong, reliable Financial Management Services (FMS) with clear standards, and high levels of accountability when those standards are not met.

JANUARY 2016 UPDATE:

Oregon has begun the process of implementing new HCBS rules, which focus on ambitious standards for choice and person-centered approach across community-based services. Compliance with these rules will continue to change the face of services across the nation as they roll out; implementation must be fully completed by 2019.

In 2015, the federal Department of Labor issued new rules requiring that many workers previously exempt be paid for time worked in excess of 40 hours per week. These new standards apply to PSWs. Oregon has been working to implement new policies to comply while containing costs, including putting into place a new rule in October 2015 that limits per-customer, per-PSW hours to no more than 50 each week. Additional limitations will likely be forthcoming.

In early fall 2015, a new collective bargaining agreement (CBA) was reached between DHS and SEIU, on behalf of PSWs. The full CBA document has not been released as of this update, but it is reported to include payment for PSW travel time, several small incremental raises, and an emphasis on PSWs entering their own timesheets into the eXPRS system, among other items. The bargain also eliminates PSW-Independent Contractors as a provider category. PSW-ICs have until March 2016 to transition to regular PSWs, or to become licensed provider agencies.

DSP wages are at a comparative historic low in our system, and provider agencies are unable to keep the staff on hand needed to meet many customer needs. The systemic wage disparity is reaching crisis levels, with many agencies considering a change in their business models, or even closing their doors entirely. Customers who have relied on agencies for dependable service and the safety net of a supervisorial management structure have felt the pinch of unavailable supports. To realize our vision, this must be addressed.

EMPLOYMENT PROVIDER CAPACITY

We envision an Oregon where...

Individuals are supported by competent, skilled, and qualified job developers, job coaches, and providers of their choosing.

We achieve this by...

Providing training and professional development for employment provider staff.

Promoting the concept of natural supports in the employment setting.

Creating an environment where individuals, families, and community members understand the important role of employment in a full life, and are engaged in identifying employment options.

Continuing to provide for up to 40 hours of 1:1 employment support per week.

Creating and putting into place the data systems necessary to monitor the work being done in this area for trends, changing needs, emerging economic and other influences, and to confirm and show the efficacy of our shared efforts.

JANUARY 2016 UPDATE:

The lawsuit of Lane vs. Brown has reached tentative settlement as of late 2015, and is in the process of formal acceptance and implementation. The agreement includes many new requirements for data collection, documentation, and confirmation to be completed by the field. This new workload will continue to roll-out over 2016, and will change the face of services. In order to comply with the rigorous expectations outlined in the agreement, a robust data system is necessary, and we are strongly advocating DHS to bolster theirs. The field is ready to do the work, but we need the state's help to capture the data, and use it to satisfy the terms of their settlement.

DATA SYSTEMS

We envision an Oregon where...

Data system design is current, efficient, easy to use, and meets the needs of Oregon and its future.

There is the capacity to efficiently capture data and the desire/ability to analyze the data to improve the effectiveness and quality of services.

Data systems do not determine program design; program design determines data systems.

We achieve this by...

Supporting and training CDDPs, Brokerages, and providers to use the systems to maximum effect.

Designing and augmenting data systems to meet the needs of people served.

Developing systems that cleanly interface with existing systems to prevent errors, duplicative work, and unnecessary staffing.

Testing new systems for accuracy prior to implementation.

Assuring that the system is created to properly support all service elements statewide.

JANUARY 2016 UPDATE:

Local Brokerage data systems were gutted when provider payments and plan allocations were moved into the eXPRS Plan of Care in early 2015. No longer linked to funding, many in-house databases were rendered useless by the change. The consolidation of payments and plan allocations into eXPRS has required extreme amounts of up-front and on-going maintenance work, and the entire IDD system has experienced significant bumps along the way.

In February 2015, there was a hearing before the Senate Committee on Human Services and Early Childhood regarding the DHS eXPRS payment system. The committee heard testimony on the hardships caused by eXPRS dysfunction from service provider and case management groups, including OSSA's Executive Director, Katie Rose. DHS's Don Erickson answered questions about the system, and the choices made by ODDS. Though it was widely acknowledged that eXPRS has been an extreme

JANUARY 2016 UPDATE ON DATA SYSTEMS (CONT'D):

workload burden to all areas of the field, there has not yet been action taken as a result of the hearing.

Over the course of 2015, each Brokerage agency has been forced to restructure their businesses and re-purpose or add full-time employees to work exclusively on eXPRS upkeep and management. The same is true of CDDPs and many service provider agencies. This work, though costly, is not currently compensated, nor is it accounted for in the current case management Workload Model, which was assessed prior to eXPRS implementation.

In November of 2015, ODDS held a meeting to gather stakeholder in-put on which fixes in eXPRS would yield the greatest dividends in terms of reclaimed time and reduced effort. This is set to become a regular workgroup, meeting quarterly for the foreseeable future.

OVERSIGHT AND MONITORING

We envision an Oregon where...

Everyone has a role in and responsibility for system quality.

All stakeholders have a role in the responsible use of funds.

Individual/family plan development, approval, and monitoring must occur first at the CDDP and Brokerage level.

Quality assurance, quality improvement, and overall monitoring/accountability must occur at the state level and engage local participation.

We achieve this by...

Clearly defining and assigning the roles and responsibilities of each stakeholder in the system. Details can be found on the following page.

JANUARY 2016 UPDATE:

DHS is still within its first year of its new process of field review and evaluation. There are many bright points to appreciate about what we've seen so far, including a deliberate and thoughtful approach to hiring and training DHS QA staff, and an open and communicative approach by the state QA team. There are also areas that will need to be reformed for success, including a stronger focus on outcomes of service, improved understanding by the QA team of the work done in the field, and a shoring up of the policy that undergirds the review. Quality improvement is a long game, and one that we hope to continue in with DHS as full partners.

OVERSIGHT AND MONITORING

**Individual / Family /
Designee**

Determine contents of and approve plan; direct and revise services as determined by wants and needs; authorize services; monitor expenditures; supervise, hire, and fire employees; start and end contractual relationships with vendors including provider organizations; participate in program design, policy development, and implementation; participate on boards of directors/advisory boards; provide feedback via customer satisfaction tools

Brokerages

Approve and monitor individual plans for those living in their own/family home; monitor and address individual/family satisfaction; analyze data and apply to internal quality assurance; provide data to funding sources; notify CDDP of health, safety, and protection issues; pre-payment and quality review of provider services

**Community Developmental
Disabilities Programs**

Approve and monitor individual plans for those living in licensed or certified settings; analyze data and apply to internal quality assurance; provide data to funding sources; provide protective service investigation for all individuals receiving I/DD services; pre-payment and quality review of provider services

Providers

Identify, address, and report individual health and safety issues

OVERSIGHT AND MONITORING

State	<i>Establish funding and accountability frameworks; conduct periodic on-site visits; create data capture mechanisms and review subsequent data; analyze data and apply to system improvements; oversee and monitor use of public funds; monitor Brokerage and CDDP implementation of programs; comply with CMS funding and accountability requirements; develop clear policies and processes for all contracting entities; delegate plan approval to contracting entities; assure service consistency across entities statewide; assure accurate and timely payment to provider base</i>
Legislature	<i>Oversee and monitor use of public funds; monitor State (DHS) implementation of programs; create programs; direct or approve DHS to take specific actions; enforce accountability; request reports from DHS</i>
CMS	<i>Establish funding and accountability frameworks; conduct periodic on-site visits; data capture and review</i>
Public	<i>Offer commentary and input via media and public forums; provide direct feedback to the above entities</i>

LET'S MOVE FORWARD ON THIS PATH TOGETHER...

- Let's engage all stakeholders in defining a big-picture structure for the IDD system and spell out tasks and timelines for getting there.
- Let's assure that business practices and changes to services and supports have procedural structure (including timelines and clear communication).
- Let's define the difference between in-home services offered by CDDPs and support services offered by Brokerages.
- Let's be sure that all decision makers and stakeholders understand both self-direction and self-determination, and the importance of each.
- Let's have clearly defined communication and public awareness strategies to assure that stakeholders, policy makers, and the public fully understand the dramatic shift that has happened in Oregon's IDD system and the future direction of the system.
- **Let's return Oregon to its rightful place as a national leader in services for people with intellectual and developmental disabilities.**

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