

Strengths of our system that families in other states wish they could have for their sons and daughters:

- 1) Flexibility and individualization. The only options for most in other states are continuing to live at home, or going into a group home. When they come to the top of the waiting list, they must move immediately into the open slot or go back on the waiting list.
- 2) Stability in the workforce. Group homes have frequent turnover. We do too among respite workers and community program providers, but shared living providers have much more longevity.
- 3) Ability to provide a living wage for shared living providers, because of independent contracting and tax free “difficulty of care” payments.
- 4) Communication support, especially for people using facilitated communication.
- 5) Real voice for self-advocates and family members in majority membership on boards of directors of agencies and State Standing Committee.
- 6) Commitment to avoiding use of restraint and seclusion.
- 7) Supports for parents with disabilities through priority in System of Care Plan and possibility of shared living with a child.
- 8) Ability to self-or family-manage (although not when there are residential supports provided—DH). Other states, like GA, have allowed family-management of the residential supports.
- 9) Transparency of the individual budget, and choice, though limited, in the allocation of the money.
- 10) Choice of care provider, choice of service coordinator, choice of support agency.
- 11) Zero-reject policy for D.A.’s.

Weaknesses in our system:

- 1) Over-reliance on independently contracted shared living as a model. Works very well for some people, but may limit independence of others.
- 2) We have moved away from Flexible Funding at the time that other states, like New Mexico, are implementing it.
- 3) The “wraparound” DH model may limit employment options, as the DH provider either has to develop and support the job, or subcontract with someone else, which reduces the DH provider’s pay.
- 4) Our quality assurance used to be much stronger, with more frequent monitoring of programs.
- 5) We have moved away from supporting families. There was even an attempt to write them out of the regulations (unsuccessfully). Other states and NASDDDS are working to strengthen support for families, recognizing that they provide the greatest amount of support in the system.
- 6) The independent contractors will likely have to purchase individual insurance policies in our new health care system.

- 7) Flexibility has diminished as the \$\$ have grown tighter. "Goods lines" have disappeared as has much of flexible family funding. Satisfaction was very high in the flexible programs, at a low investment.
- 8) We have moved toward congregate day settings, losing much of the individualization in programs.
- 9) Programs for children are moving out of DS; this will work if IFS understands the needs of our population; otherwise, the fit may not be as good as previous supports.