

ADWA Submission to the PDD Review Panel

November 23, 2018

ADWA is pleased to have the opportunity to contribute the perspectives of Alberta disability workers to the PDD Review process. This submission draws on a variety of sources to address the questions raised for discussion. In addition to a 2018 ADWA survey of our sector (not limited to ADWA members) related specifically to the PDD program review, we have also drawn on a 2015 ADWA survey of our sector (also not limited to ADWA members) related to the impact of the recent wage increases on stability of the workforce, several sector compensation surveys, and published studies of factors influencing outcomes and other issues that are addressed in the PDD Review. We believe that future directions should be based on sound knowledge and a collaborative approach to problem solving.

Eligibility – Who gets help from PDD

Individuals' need for disability services of the kind provided using PDD funding may decrease as IQ increases, but does not stop abruptly when IQ hits 70. Intelligence, as measured by an IQ score, does not have as good a correlation with need for disability supports as functional assessments. Survey respondents in 2018 noted that many individuals would benefit from a bit more support time and all individuals can benefit from some 1-to-1 time devoted to individual goals and needs, regardless of the number of individuals in their service setting.

Accessing the help needed when it is needed

Except in a crisis, individuals wishing to get PDD-funded services may wait months to get the services they need to move forward in their lives. Transitions—whether to adulthood or old age—require knowledge of how to navigate a new system with new paperwork and other requirements. Lack of knowledge (or supporters with the required knowledge to assist with these transitions) adds stress and creates delays. When assessments are required to prove eligibility, people in rural areas are at a disadvantage, and the expense of the assessments may be a barrier to many.

There is currently duplication of effort between PDD assessing need for funding determinations and service providers assessing needs in order to design the services to deliver using that funding. Intake processes for individualized services require extra time to get to know an individual, how he or she likes to learn or approach life tasks, likes and dislikes, what he or she already knows or can do, and the strengths the individual can draw on. Rapport must be built before an individual feels comfortable enough to share their deepest desires. This process takes more time and resources than the ongoing services that are being designed. Yet, funding does not accommodate this universal part of getting services. Residential support to new individuals can be even more costly.

“Another aspect not yet discussed is the fact that there are no transitional funds available in the adult world (children's services far exceeds PDD in this realm). Getting to know someone and ensuring the most qualified and well-rounded team is in place takes time, but no-one wants to fund the intake process. It takes a minimum of 20-50 hours to build a team between case

meetings, interviews, data gathering, connecting with all key stakeholders, etc. to even consider bringing a new individual into services and that does not include the training required, the set-up of the home from grocery purchases, to furnishing it, to finding adequate homes in the first place. Again, none of this is funded, so we end up asking more of the committed staff we have until we burn them out... it is all a terrible vicious cycle."

Recognizing that how a service needs to be delivered in order to be effective has cost implications as important as the category of services to be delivered, it may be more cost effective for PDD and service provider staff to have funding and service planning meetings with the individual at the same time, and that service providers be funded appropriately for this process.

Having enough skilled workers to deliver well-designed services when they are needed is a more significant bottleneck to getting services quickly. The ability to provide services quickly depends on the ability to hire more staff from a pool of skilled disability workers. While individuals with developmental disabilities desire to enter the system faster than they leave it in Alberta, capacity to serve them is limited by the difficulty we have in recruiting, training and retaining disability workers. The core underlying cause of this situation is poor compensation near minimum wage levels when high skill levels are required. When skilled workers are not paid appropriately for their skills and can work in less demanding settings for the same or better wages, a workforce crisis is the result.

"This field that we work in is a very difficult field to work in. It takes a certain type of person to do the job we do but if you can get a job with less stress, better wages and better hours it makes it hard to stay. I love the job that I do but when it makes it hard to make ends meet with the wages we are paid I find myself looking elsewhere even if it's a job I enjoy."

"After 15 years my wage has followed minimum wage plus \$2. No extra for 15 years of experience. No extra for abusive placements, complex needs, medically fragile."

PDD-funded services cannot be changed easily if more funding is required. The system is slow in processing requests for increases in funding in response to changes in service needs, such as with aging individuals or individuals with cyclical mental health needs. The system for approving changes is overly bureaucratic and appears to lack understanding of the rapidity of declines in late life. Those at PDD whose job is to present the funding proposals for approval do not always have the direct, current knowledge of the individual needed to champion the proposal. By the time the paperwork to support an increase has been reviewed by PDD, it can already be outdated leaving the individual underfunded even if funding has increased. Lack of effective collaboration between PDD and health systems also create challenges for seamless and coordinated services.

"[Challenges include] When the needs of an individual changes but the funding does not change."

"For aging individuals, lack of fair and reasonable access to services that other Albertans have access, due to double-dipping concerns that are unfair. For example, accessing home care for individuals receiving supports through PDD is very difficult as it's perceived as double-dipping, which it is not."

PDD should work with the community to develop streamlined processes for approving funding changes for common categories of requests, such as aging individuals or certain mental health considerations.

Creating an effective service delivery system

Disability workers are tasked with helping individuals with developmental disabilities achieve outcomes that will give them the best quality of life possible, increase their independence and help them participate in community life. When individuals are calm and in a positive frame of mind, they can focus their attention on achieving their goals. However, when individuals are worried or stressed, disability workers must spend their time with the individual addressing emotions instead of moving forward. Changes to the PDD program and fears that they will result in losing services—a fear made more reasonable by seeing reduced hours of support for themselves or those they know—have decreased the certainty needed for people to plan confidently for a better future. The lack of certainty and the resulting fears have a negative effect on everyone in the system.

Accountability is often made synonymous with paperwork in the service system. The paperwork load for disability workers has increased dramatically in the past few years, but funding to complete the paperwork is not part of contracts. Therefore, staff must either complete paperwork when they are supposed to be delivering services to the individual or do paperwork on their own personal, unpaid time. Neither option is justifiable.

“I have been a Community Support Worker for 6 years. One area that causes frustration is the ever-increasing paperwork load we are required to handle. It is getting to the point where it is impacting the amount of quality time we have to positively interact with our clients. I am always so busy documenting and filling out forms that it is a struggle to complete this and still be able to do all that is planned with my client. That leaves completing it on my time, unpaid.”

At present, much of the paperwork requirement functions more to reduce service time than to improve accountability. While no one argues that there should be *no* paperwork, in a system with limited resources, paperwork should provide meaningful accountability, be an adequately funded activity and not detract from service provision.

The choice is available to put more money into the system to pay for the current level of paperwork, or to find ways to decrease the paperwork burden to fit the amount of current resourcing for it (or less). With new Labour Ministry regulations requiring reporting of near misses in addition to accidents, the paperwork burden in this sector could increase dramatically, making this a perfect time to work together with the community to discuss paperwork requirements as part of the PDD review.

Funding does not cover the costs of providing services in some key areas. In addition to not covering the true costs of service planning and initiation described earlier, funding fails to account for essential tasks that are not considered as “direct service” and are inappropriately categorized as “administration.” These include time spent in community development work on behalf of individuals and seeking answers from other professionals to provide effective support, finding and attending professional development to upgrade knowledge to meet needs of supported individuals, completing PDD paperwork, arranging PDD participation in service review meetings and preparing PDD proposals for additional funding to meet developing needs.

“Too little indirect care [is] allotted to allow for better planning, organizing, building community connections, etc., all vital activities needed to help people connect in meaningful ways. Direct care staff have little opportunity to focus on those types of activities. [There are] too few opportunities to work with other types of professionals in a collaborative manner.”

“Unfortunately, we cannot pay our staff when they are not providing direct hours so there is an unspoken expectation from PDD that it be done but on staff’s own time, which is not only unfair and unrealistic, but dehumanizing as well.”

Inadequate support of the true costs of community access have led to a choice between supported individuals living near poverty levels being expected to pay transportation and event costs for themselves and supporting staff, or supporters who also live near poverty levels picking up those costs so individuals can participate in their community.

“I support 2 individuals in my community where there isn't an option to use public transit. I work Monday to Friday making sure my clients have full access to the community by using my own personal vehicle. Currently I receive \$90.00 a month for "travel allowance". With the price of gas right now, that doesn't even cover my fuel costs for 2 weeks, let alone all the wear and tear on my vehicle. I am literally paying out of my own pocket to ensure my clients have needed access to their community for volunteer placements, doctor appointments, physiotherapy, grocery shopping errands etc.”

“Oftentimes accessing community resources requires workers to outlay financially prior to being reimbursed. With increasing costs everywhere from the supermarket to the gas pump, workers can have a hard time budgeting for the additional expenses (even if temporary) of supporting people to access their community.”

While staff training is needed—both generally because of limited disability-related educational opportunities and specifically to support individuals with complex needs effectively and safely—contracts include limited resources to pay the true training costs of registrations, pay for staff to attend training and pay for staff covering service delivery.

“With staff who are trained well in how to implement strategies, we can improve the chance that individuals will learn coping and self-management skills and service provision will be consistent. Training dollars are not there - to cover my wages or have more than a one-time 3 hour session to teach/train the staff. There should be additional monies for more extensive training “

Minimum wage increases have led to a recent reduction of pay overall in community disability services. While the government has been quick to raise the minimum wage—an action that ADWA supports—it has been slow to adjust contracts

to cover the wages and benefits affected by the legislated increases. The result is that both starting and average wages for front-line workers decreased slightly between 2015 and 2016. At

Average Minimum Hourly Wage ⁱ	2015	2016
Community Disability Support Workers (NGO)	\$16.37	\$16.05
Individual Support 1 (GoA)	\$19.92	\$20.42
Median Hourly Wage	2015	2016
Community Disability Support Workers (NGO)	\$18.91	\$18.76
Individual Support 1 (GoA)	\$21.42	\$21.96

the same time, government employees performing the same work with the same educational

¹ “Survey of Salaries and Selected Human Resource Practices,” Peter T. Boland & Associates, 2015 and 2016; “Subsidiary Agreement #009 Between the Government of the Province of Alberta and the Alberta Union of Provincial Employees Representing Health and Therapy and Institutional and Patient Support Services,” July 6, 2014.

qualifications saw increases of about \$.50 an hour added to wage rates that were already about \$3.00 an hour higher than their community counterparts. On top of the impact of contracts that do not fully acknowledge the impact of minimum wage increases, service providers are now faced with increased costs of providing support on general (statutory) holidays. Again, contracts have not been adjusted for these additional costs, mainly in the area of residential supports, as of the date that the new employment standards come into effect.

Funding decisions should be based on a current understanding of an individual's service needs, which can change dramatically over time. PDD Client Service Coordinators often change caseloads and may have no direct knowledge of the individual, whose funding they are to advocate for within the system. This is especially true in large urban regions with high caseloads for PDD representatives and constant turnover, as the system tries to keep caseloads balanced across staff. As a result, PDD representatives may promote options that those who know the individual recognize as being disruptive to the individual's life, and which may be more expensive but the expense is in a different Ministry.

"Just ensure that PDD representatives are not promoting Long Term Care when the professional staff that have supported clients through their lives have made a commitment to them to be their support to the end of life."

"In the 3 years I have worked with the current agency I am with, there has not been a consistent PDD worker. In these three years, we had an identified PDD worker for only a few months but other than that it is coverage. The citizens I support and their families are extremely frustrated as they are not sure who to contact through PDD and not even know their PDD worker or time to establish a relationship with their PDD worker."

As indicated in this quote, lack of consistency in PDD workers has a negative impact on PDD's ability to monitor service quality if individuals and families do not know who to turn to for help.

Although PDD-funded services are available across Alberta, many other things necessary to fulfill the PDD mandate are not. This is particularly true of mental health and counselling supports that are knowledgeable about serving our community.

"[Challenges include] Lack of mental health resources in rural communities. This sometimes leads to individuals having to pay for trips to the city to see mental health professionals."

"As we are in a small rural area, resources are sometimes limited. Access to more training opportunities that are cost effective would be beneficial. More mental health resources are needed in our community as well - but specifically - mental health professionals who are knowledgeable about intellectual disabilities."

This raises questions about whether the PDD program provides effective support for individuals with complex needs. By definition, individuals with complex needs are involved in multiple systems (PDD, health, mental health, justice, etc). If other systems are not prepared by education or training to provide supports that are normally part of their system, then it falls to disability workers to do so. If disability workers do not have access to the necessary educational and training opportunities to take on responsibilities that people in other systems are not prepared for, a grave disservice is done to both the individuals with complex needs and disability workers.

Currently, worker compensation is insufficient to attract and retain staff with the level of training and skill required to consistently provide effective supports safely. The lack of specific education and training puts individuals and workers at risk, leading to higher turnover and injury claims. This higher injury rate due to violence has brought our industry to the attention of Occupational Health & Safety, with the likely end result being more regulation and possible loss of privacy and control for individuals over their home environment.

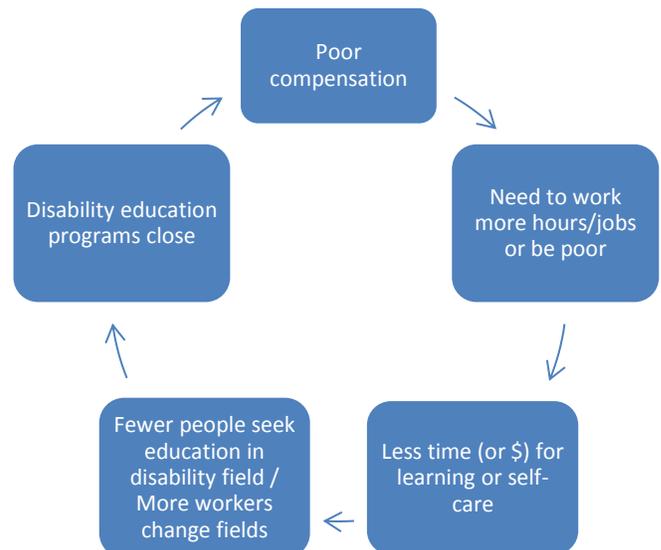
“We deserve to be paid a much higher wage than minimum wage! We are often put into stressful / dangerous situations. Why would someone want to go and work with a person who has a disability and could be unpredictable and put their safety at risk, when they can be a cashier at any supermarket for almost the same price.”

“For complex needs and or harm reduction or severely physically disabled, staff DO NOT get paid enough. Consideration for burn out is high behavioral needs and lifting and physical strain, which are a part of support workers every day.”

A skilled and knowledgeable workforce

A skilled and knowledgeable workforce is a foundational requirement for an effective service system and fundamental to ADWA’s purpose. The question of whether today’s disability workers have the knowledge and skills they need for the job is complex and is currently unknown because there has been no assessment of core competencies across the sector. While ADWA and ACDS have already developed a set of core competency standards that have been reviewed and endorsed by service providers and individuals with developmental disabilities for a basic level of service, a certification process that will measure whether individual workers meet these standards is just now being tested with a cross-section of our community. In future, ADWA can expand the tested process with those who support individuals with complex needs.

ADWA and its members strongly value education. In the 1980s, most workers came to the field with a university degree or at least a diploma in disability studies or rehabilitation. Now, requirements for a front line position are often set at a high school diploma. Some workers do not have that. What is responsible for this change? In the past 30 years, wage rates have not kept up with inflation and the gap between community-based workers and equivalent positions in government has increased. While wages of the 1980s reflected the skill required by workers in the field, now they are barely above minimum wage, as noted earlier. At the same time, skill demands have increased.



“They [wages] are too low for the risk we take and for the knowledge we come to have with the courses needed to take.”

People cannot afford to go into debt for an education in the field because the rate of pay is too low to both live on and pay off student loans.

"I took a two year diploma course called "rehabilitation practitioner" and paid back tons of student loans to make making soon just higher then minimum wage. It causes stress and anxiety about living and I hate it!!!"

As well, those already working in the field must often work multiple jobs or overtime to support themselves and their families. [ADWA's 2015 survey of the disability workforce](#) found that only 75% worked a single job, while 19.2% worked two jobs in the field and 5.6% worked at least 3 jobs in the disability sector. These figures were accurate in 2015 after several years of wage increases to contracts to a total increase of 25%. Since 2014 there have been no wage increases to contracts and we would predict that the number of workers in the field with multiple jobs has increased. With more time spent working, there is less time for self-care activities needed to reduce stress and burnout, as well as less time for education and training.

"The term "you can only give what you have" comes into play. If staff are burning out, and not having the time to re-energize and self-care, the quality of care for the supported individuals decreases."

Even when staff are skilled, the fatigue produced by multiple jobs and long hours of work, or concern about paying bills distracts from providing attentive and effective service.

"I have not had a raise in over 4 years and none this year either, so how do I keep up with the rising cost of living? When a person is stressed about paying bills and meeting other obligations without a fair wage; your focus is not always where it should be when working."

"If I can't pay all my bills or have enough money to do something fun and stress-free outside of work, I will bring that negativity to work. It's hard to watch our individuals having a fun time when all you think is I wish I could have that for my family as well."

"90% of our staff are single mothers. It's pretty hard trying to be single mother on \$16.77."

When fewer people seek education in a field, the education program becomes unprofitable and colleges/universities cancel the program, leaving fewer educational options available. Alberta lost 9 post-secondary programs to prepare students for disability work between 2008 and 2016. Only a few preparatory programs remain. Post-secondary education options in the north of the province are limited to online learning, which is not an effective option for all learners. The lack of an educated workforce supports the notion that the job is unskilled and worth only near-minimum wage. However, our extensive list of [core competency standards](#) indicates that this is not true.

Service providers, disability workers and individuals receiving services have all said that they want a better educated and trained workforce whenever asked. Instead, the government has responded to needs with more regulations and paperwork (e.g., water temperature logs) instead of support for education and training. With an increase in the number of people with complex needs being served, education and training specific to those needs is in greater demand.

"Some individuals are doing very well with the level of support that they are receiving now however we struggle with a new set of issues, i.e., addictions, mental health, complex needs. The skill set required is changing. In a perfect world, education would be made available to staff that require it."

Despite the need to know whether workers are actually *learning* the skills needed for safe and effective service, the offered training seldom includes measures of learning or competency. (Post-secondary training always includes evaluation, but training may not.) It remains up to ADWA's certification to provide a measure of a disability worker's ability to provide effective support unless training includes evaluation.

We also know that when wages increase to appropriate levels, demand for disability-related education increases and multiple post-secondary programs will run at maximum capacity. This was the experience in [Ontario during the past 10 years](#). The Ontario government worked together with the sector to address issues jointly. The result not only increased wages to attract competent workers, but built education and training opportunities that were tied directly with the core competency standards in their field. The result has been a more professional workforce and more individual outcomes being met.



Pressures on the sector tied to low wages with high skill demands make staff recruitment and retention an ongoing challenge. There simply are not enough qualified staff available to fill open positions and too few post-secondary spaces available to fill the growing gap. Good, experienced workers are paid too little to stay in the sector. They either work additional jobs to make ends meet and burn out more rapidly, or they leave the sector for jobs that are less stressful and/or pay better.

“The expectations put on staff are continuously increasing - but we are not able to offer wages to match the expectations. It is very difficult to attract good staff at the wages we can offer. Staff retention is also very difficult - we provide training but cannot increase people's wages to reflect their increased ability to do the work.”

“When well-qualified people apply there is always a hesitancy to hire because of the likelihood that we are a timely stopgap until they find their desired job, role or work.”

Another reason that there are not enough workers in the field is chronic rates of high turnover. When disability workers leave the field for less stressful work, as opposed to simply moving to another service provider, they need to be replaced. Over time, the pool of available skilled and qualified disability workers shrinks and one must draw on unqualified, less diligent workers. Besides increasing the need for resources to support on-the-job training, chronic high turnover has a negative impact on service delivery.

“The disability field has a very high turnover rate. I believe one of the reasons why that is, is due to wages not equaling what it is we do. If wages were higher, or the possibility of growth in wage was available, the field may get more diligent workers, and possibly a lower turnover rate. If your wage is impacted by how well you do your job (more if you deserve it and less if you don't) people may be more inclined to stay longer, work harder, and overall do a better job. It's unfortunate, but the people who thrive in this field are often the ones who leave first due to wages, no area for wage increase and having to work with people who are not suited for the job. If there was the potential for growth in wage I feel like the disability sector would improve significantly.”

“It’s difficult with current wages for staff to make a long term commitment to full time work. This is a second job wage.”

Recent research indicates that turnover is 270% higher for those supporting individuals with complex needs than the average turnover rate (Friedman, 2018)¹. The reasons for this are obvious.

“As a supervisor I have had many staff find another job and state that they would rather work elsewhere as their pay is more or similar and they don't get spit on, hit, pinched etc.”

“We deserve to be paid a much higher wage than minimum wage! We are often put into stressful / dangerous situations. Why would someone want to go and work with a person who has a disability and could be unpredictable and put their safety at risk, when they can be a cashier at any supermarket for almost the same price.”

When staff leave and are replaced by workers who do not understand the individuals they support, outcomes for those supported are negatively affected. Some individuals with high staff turnover are constantly training new staff as to how to work effectively with them. Trust takes time to earn and is necessary before individuals share what is important to them.

“There is so much staff turnover that supported individuals constantly have staff that are just getting to know them and who are learning the best way to provide community support. This holds supported individuals back because they have to keep waiting for new staff to “get it.”

Friedman (2018) was able to calculate the impact of turnover on quality of life by comparing outcomes for individuals who had experienced staff turnover in the previous two years with those who had staff stability. She found that in comparison with those who experienced staff turnover, individuals with stable staff were

- 6.3 times more likely to feel secure and stable in their life
- 3.7 times more likely to live in integrated environments
- 2.4 times more likely to feel respected
- 2.1 times more likely to choose where and with whom they live
- 2.1 times more likely to be connected to natural support networks
- 2 times more likely to feel they are treated fairly
- 2 times more likely to interact with other community members
- 2 times more likely to participate in community life
- 2 times more likely to have friends
- 1.8 times more likely to be able to get around and use their environments
- 1.7 times more likely to have control over their personal information
- 1.7 times more likely to have a variety of social roles
- 1.6 times more likely to feel safe
- 1.6 times more likely to exercise their rights
- 1.5 times more likely to have the best possible health
- 1.5 times more likely to have close personal or intimate relationships

The key to changing this dire situation for individuals and the workforce is to substantially increase wages for the disability workforce and ensure that contracts cover both fair compensation for skilled work and

¹ Friedman, C. (2018). Direct support professionals and quality of life of people with intellectual and developmental disabilities. *Intellectual and Developmental Disabilities*, 56(4), 234-250. <https://goo.gl/JKUDsc>. Webinar Link: <https://youtu.be/FI6RYNOHnZc?t=31> and <https://www.adwa.ca/news-and-events/ebulletins.html?id=513>

legislated changes affecting required wages and benefits. Members of this workforce need to see themselves as professionals and hold themselves accountable as such; they cannot do so when paid demoralizingly low wages.

“Not earning a fair wage is demeaning and demoralizing - while we may enjoy the work we do and want to make a difference in the lives of others; not being recognized as a valued professional impacts our work.”

“It shows value for the people we support when we value the people who provide the support. We expect a level of skill, professionalism and integrity but definitely do not reflect that in the pay. And a raise after years because of incessant complaining doesn’t do much when you get nothing for years after.”

Working together – connections and communication

Goals are not always the same when working together. Members of our workforce noted that their work is negatively impacted when the service planning and review process is PDD-driven rather than person-driven.

“Person-centered planning –meaningful goal setting not goal setting that meets govt’s needs.”

“Establishment of goals meaningful to the individual, not just established because of PDD requirements.”

“Also, the fact that PDD is turning every individual life into a checklist. “Was the goal completed? Yes or No. No? Okay, we’ll cut your funding.” And telling us that each goal has to be so specifically achievable and that they cannot repeat from year to year takes away from the personhood of the client.”

Disability workers are held accountable for meeting goals that the individual has no interest in working on. When goals are not met—or sometimes when they are—funding is cut.

“Clients have to determine their goals for the coming year in a formal meeting. Agencies must work with clients towards achieving these goals. Clients often express goals that are promoted by others or to please those at the meeting, and do not want to work on them. Agency funding is tied to the percentage of achieved goals. I strongly believe that this takes away from assisting clients to live the life they want.”

“Stop expecting agencies to schedule their (individuals with disabilities) whole lives in order to do more with less as that is no life at all!; stop expecting employment from every citizen, they have the right to retire too; stop punishing the success of gaining skills by taking away the supports that got them there (when a citizen takes their baseline of aggression from 3 per week to 1 per month, you take away some of the funding dollars that got them there because the data shows that they are doing better so the staffing isn't needed, but then everything goes haywire and agencies need to fight like crazy to get those supports back).”

Information about the PDD program is largely inaccessible to the people receiving it. PDD documents may appear threatening to individuals if they do not understand them. When confusion happens, it is often up to disability workers to translate the regular material into language that the individual understands. A concern with this process is that many current Alberta disability workers are new Canadians or temporary foreign workers whose first language is not English. They may be unable to correctly interpret complex PDD documents in order to assist the individuals they support. Sometimes key information is missing. For example, the letter about the PDD Review was two pages of smallish print and did not include details of where and how to participate. Individuals or their workers were required to be computer-literate to find out this important information. We have also heard concerns expressed by both self-advocates and their support workers that the standard and plain language versions of the PDD Review discussion and survey documents did not include the same information. As a result, individuals with disabilities are only asked general questions, and not given the same level of information as others. It is very important to involve the intended audience (e.g., individuals with disabilities) in the plain language translation process.

The stated goals of the PDD Program are for individuals to be included in community life and to be as independent as possible. PDD's role is to fund and monitor services. Disability workers' role is to do things that help individuals to be part of their community and to develop and maintain skills that help them be as independent as possible. Without an effective disability workforce, PDD does not achieve its goals.

Involving the communities that are affected by problems or decisions to develop workable solutions and make the right decisions is critically important in order for PDD to "get it right." We have seen this with the broad community consultation process used in the PDD Safety Standards Review. We applaud PDD for taking the same approach with this review process. In our own PDD Review survey of disability workers, we were impressed with the insights and willingness to share ideas that would help PDD meet its accountability needs in ways that make sense and to spend its money wisely on the things that will make a difference for individuals with disabilities. PDD does not need to waste money and its staff time with paperwork that is collected and stored but not analyzed and acted on, and neither do community disability workers. That time could be spent getting to know the funded individuals and what life goals they have. Impoverishing disability workers with compensation barely above minimum wage takes away from their ability to focus on improving the lives of those they support. It creates a constant cycle of hiring and training for employers that is costly to individuals, workers, organizations, the PDD system and society. This is a critical need without which other efforts are more likely to fail. Disability workers and ADWA as their professional association thank you for the opportunity to contribute to the PDD Review process, and stand ready to continue to work with PDD on effective solutions in an open and collaborative way.