

Community Developmental Services
A program of
Washington County Mental Health Services

Vermont Developmental Services
Local System of Care Plan
FY '15 - FY '17

Due: March 1, 2014

Current Status

At Community Developmental Services (CDS) we provide a large array of services to children and adults with Developmental Disabilities in Washington County. All of the supports that CDS provides are either under the Medicaid Waiver, or through other contract and grants or which we provide in our region. We have creative, dedicated and enthusiastic staff who are committed to meeting the needs of all individuals and families we support.

When we look back at the last three-year plan, CDS identified six priorities to focus on over the years. We are currently working on, or have accomplished all of the outcomes from our last Local System of Care Plan.

The first goal for our last Local System of Care Plan (LSOCP), was to increase staff salaries. A) What did we do? We advocated at the Legislature for ongoing raises, and we worked fiscally to give one-time bonuses. B) How well did we do it? Over the last three years we were only able to give base salary increase one year. C) What difference did it make? Increased salaries helps us to retain highly qualified staff, improves employee's feeling of appreciation and reduces turnover, positive attitudes affects the quality of services provided.

The second goal was an agency-wide Electronic Medical Record System. A) What did we do? Worked with various vendors and other agencies to learn as much as we could about different EMR systems, selecting the one we thought would be idea for WCMHS. B) How well did we do it? After careful consideration we selected an EMR system but it was not able to perform all the functions we had hoped and we are currently working with a new EMR system. C) What difference did it make? Once the system is up and running and all staff are trained on the EMR we believe it will make a significant difference in the quality of documentation and help to expedite intake and ongoing supports.

The third goal was to increase residential support models. A) What did we do? We worked with individual teams and helped identify supports and funding to provide as many creative residential options as possible. B) How well did we do it? We supported a couple of people to purchase their own homes; we converted an apartment building we owned into an offender residence, providing better community safety. CDS has a good working relationship with many local landlords who we have partnered with to support people living in their own apartments. C) What difference did it make? Over the last three years we have seen many people we support move into their own homes and apartments, or move from a more restrictive to less restrictive environment, saving the system money and helping the individual improve their independence. With limited housing options for many people we have leased or purchased buildings that can help give them the home they need.

The fourth area identified was the continued need for advocacy and education around the DS budget and caseload funding. A) What did we do? We held classes and workshops on legislative advocacy, finding your voice and telling your story. In addition we disseminated the legislative and DAIL funding decisions across the agency so everyone involved would understand the cuts and recessions that occur annually, and how it impacts each person. We support people to attend conferences, both locally and nationally, providing both staffing and financial support to ensure all folks interested can attend. B) How well did we do it? As an agency our advocacy efforts these last three years have been growing in strength and numbers, people who receive services from CDS typically attend legislative advocacy events, conference, workshops and are on State committees. This voice is what is needed to help State personnel and lawmakers realize the impact of budget cuts, and hopefully prevent future cuts and recessions. C) What difference did it make? I believe that when the Legislature hears from people who receive services it does make a positive impact on the decision making. Also, I have seen the interest and participation grow in both of our in-house advocacy groups. I have watched as these groups have produced strong advocates who are informed and committed to our system of supports.

The fifth area identified is expanding children's services. A) What did we do? We worked collaboratively with our Children's Mental Health program at WCMHS to develop a system to support children and families. With the non-categorical fund we were able to develop a process to assess needs and come up with a funding process. B) How well did we do it? A representative for CDS was at most or all of the planning and implementation meetings. Staff from CDS know the children's process and we have had families' access funds and services through non-categorical funding. C) What difference did it make? So far we have seen a difference for a few families who needed support and we had a simple process we could offer them. The bigger challenge will be when Personal Care and Transition dollars end, we believe we will have a large number of families wanting to access non-categorical dollars and hopefully there will be enough to meet the need.

The sixth area identified was to advocate for the ability to continue to access one-time funds. A) What did we do? We educated families and individuals who use the funds on the potential elimination or reduction to these funds. Also we worked to ensure there weren't other funding sources available that might better meet their needs. When needed we advocate for these funds to continue giving examples of the impact that this small amount of money can have in a person's life. B) How well did we do? We have continued to receive one-time funds over the last three years which has help many families and individuals improve their quality of life and prevent crisis. C) What difference did it make? We keep a list of the service, supports and goods that people use their one-time dollars on, and the individual stories are very powerful. This option needs to continue.

Plan Development

Part I Planning Process

As in past years, Community Developmental Services began collecting data for the Local System of Care Plan during the summer, fall and winter of 2013-14. We developed a survey that was handed out to Developmental Home Providers during our annual contract signing party (attachment A). The survey asked questions about what they liked and felt needed improving at CDS.

Another resource that CDS relied upon for information was the Consumer Satisfaction Survey conducted by the State of Vermont in past years. This survey helps us to see the responses that individuals who receive services from CDS gave about the agency. All areas of support were covered and from the responses we came to realize specific goal areas.

Throughout the year individuals and family are asked what services they felt were crucial, so that we could try to get an idea if there were services that we could cut if we received a budget cut. Unfortunately the general response was that all services were crucial, so we didn't receive much input or suggestions on budget cuts.

We interviewed staff and other providers on the supports that CDS delivers in the Washington County area. CDS surveyed other DS providers, school contractors, agency contractors, state providers (Department of Children and Families, Department of Corrections, Department of Employment and Training and Vocational Rehabilitation), local Core Transition Teams, employers, CDS, CYFS and CSP staff through informal face-to-face, telephone and e-mail contacts. We also reviewed our FY'12 Division of Developmental Services quality assurance report and the verbal feedback from the DAIL Quality Assurance Team members during the review.

Individuals with disabilities and their families who live in the Washington County area receive a variety of supports from CDS and outside of the agency. The traditional supports that the agency provides are well known, these include: Flexible Family Funding, Bridge case management, Targeted Case Management, PASSAR, Vocational Rehabilitation Transition services, and Medicaid Waiver (residential, employment, day supports, case management, transportation, crisis, and clinical). The method of delivering these services has become more varied over the last decade. Some people have chosen to use a specialized provider, while remaining under CDS as the Designated Agency. Other individuals have decided to self-manage all of their supports through Transition II. While others have shared-managed only pieces of their supports with CDS providing case management services.

In addition to services that people receive from CDS, there are many other services and supports that are accessed in this region. Some examples of these supports include the Central Vermont ARC (for dances, art, sewing, and computer classes and advocacy), First in Fitness for recreation, public transportation, Project Independence (for senior support), Adult Basic Education (for reading and math skills), Home Health for nursing service and Hospice, and many local churches support individuals in a variety of ways. Natural supports and community integration often occur in the two larger downtown areas (Barre and Montpelier), which have shops, restaurants, ice skating rinks, parks, and movies. In the section that follows we describe specific services at CDS that we will be focusing on over the next three years.

During the development stage of our LSOC plan CDS staff interviewed family members, guardians and people who received supports from the agency to help us determine what our focus should be over the next three years. I realize that it appears that the emphasis was on budget reductions, but the reality of our current fiscal environment is that we have had limited funding. During the last two LSOC Plans we have had budget cuts or recessions almost every year. So as we ask team members what supports they need and want and if there are any gaps in services they can identify, we also have to ask if there are any supports they could reduce or eliminate

as part of the budget cut that we experienced January 1, 2014. At CDS we strive to continually be creative and innovative while providing the highest quality supports for the lowest possible costs. Budget cuts year after year do affect how people respond to questions about services and what their needs are. The broader information that was solicited was used to inform the LSOC Plan.

Part II Priority Needs & Resources

Over the last 15 years CDS has developed our LSOC Plan with the input of self-advocates, family members, guardians, schools, local providers and community partners. Each program develops goals that relate directly to the supports they provide and there is a sense of buy-in and participation. No area of support has been exempt for this process because each support is valued and an important part of the larger array of services we have available at CDS. As we look at our current plan and were to identify four target areas, like the Mental Health side of the agency did, we would most often see people prioritizing, IFS, home provider pay and training, transitional housing and clinical supports.

Integrated Family Services and Children's Services:

- a. Current and anticipated needs: Over the next three years WCMHS will begin to transition to the IFS model of services for all children. Currently we have developed a single in-take process for kids and a Utilization Review Committee who identifies resources for children and families with identified needs. As we expand the role of this group to include all funding streams (I.e., DS waiver) , and with the significant changes in Children's Personal Care Services, CDS staff will be spending a greater amount of time working with IFS to ensure a smooth transition.
- b. Prioritize needs: IFS will begin implementation in the WCMHS area over the next fiscal year and which makes this area our primary goal

for the next three years. It's critical for us to get these supports in place for families to help minimize stress and confusion.

c. Although both CDS and CYFS provide supports to children and families there are some kids who do not get the level of support that families need. The IFS process ideally will allow us to offer services to more people. There is a possibility that some families could get less support than they are currently receiving, especially if they lose PCA supports, but overall more families will get help.

d. At WCMHS we have hired two new children's in-take workers who will address all the needs of the families come for supports, this has helped to streamline the initial intake process and get families supports much faster. The non-categorical funds have been used to provide after school classes and respite, which was not available to families before. Of course the concern is that once PCA/Transition funds end the non-categorical funds won't be enough to meet the needs.

e. Strategically it has been and will continue to be beneficial to partner more with the Children's Mental Health program. Many families we work with cross programs for supports and the IFS process has allowed us to better serve all families. Unfortunately, from both a program and systems perspective many questions are still unanswered and families are still unsure what will happen when their PCA supports end. With the long-term nature of a developmental disability the thought of funding ending at 18 or 22 is very difficult and stressful for families. So by creating a fix to some short term issue we have created a longer term concern and we have no clear guidance for families.

Developmental Home Provider trainings and increased stipends.

a. Currently we offer pre-service training to Developmental Home (DH) providers on a one-on-one basis to new home providers. Home

providers then train their staff and respite providers on this material. We also open up trainings to DHs on a regular basis, but often have very few contractors take advantage this. We would like to expand our training options for all homes, and their staff. The other concern is that our DH stipends have been lower than other agencies in our region. Over the years we have tried to create equity among DH stipends and kept rates comparable, so as not to have DHs give up their existing contract for a newly funded higher contract.

b. Prioritized need: The training aspect is one area that we think can be imported due to increased and better technology. Not too long ago many of our DHs did not have computers or reliable internet access; this is no longer the case. With the expansion of technology CDS will work on putting trainings on-line for DHs, respite workers and contracted day support workers to be able to access at a time that is convenient to them. This will be tracked through our DH recruiter in a much more reliable fashion than is currently occurring. This area is currently being met but can be improved, simplified and better tracked with on-line trainings. It's a medium level priority and will take a year or more to fully develop. The increase in DH stipends is a higher priority due to the increase of other agencies expanding into Washington County and offering DH stipends much higher than our funding rates. CDS will need to figure out how to equitably bring up our rates in the next few months to continue to be competitive in this market.

c. The training need is currently met, but can be improved; I think it will be a very positive option for DHs, respite workers and other contracted workers. Increasing DH stipend to stay competitive with the market rates is an unmet need, CDS cannot keep up with the higher rates other agencies in the region pay and we cannot attract or keep good home providers, this is a serious concern.

d. Both the need for easier access to trainings and increased compensation for DHs has been something that has been identified as areas we want to address for some time, by both home providers,

people who receive services and their families and by agency staff. As computer technology improves and internet access is more common now is the time to develop more online training, including pre-service. The main resource we need is the manpower to develop the on-line format and update it as needed. This will be done through collaboration between agency administrative staff and the CDS Leadership Team. To increase home provider stipends we will need financial resources. As an agency we invest a lot of time and support into training home providers and it's a big loss to have well trained people switch agencies due to higher pay, although it's understandable during these difficult economic times. CDS will work with the agency's fiscal staff to determine current market demand for DHs in our region and work on adjusting rates to ensure equity across the region.

e. On-line training is becoming more common and used by many Vermont agencies; CDS will work with providers to learn from what they have accomplished with on-line trainings, and partner in trainings whenever appropriate. As far as our goal to achieve equitable stipend for DHs we will work with providers in our catchment area to assess market demand and come up with the best option for increasing our rates to be more competitive.

Transitional Apartment Housing.

a. Currently CDS has many housing options for people from group homes, to highly staffed individual residence, to various types of developmental homes to individual apartments for people who only need limited supports. What we have found over the years is that more people are coming to us graduation from school and requesting to living in an apartment but do not have the skills to do so. For those individuals we typically find a DH who is more like a roommate and can support the individual to learn skills to move into their own place. This is often not exactly what the person may want because it can feel like they are moving into someone else's home not their own. For this reason we have identified the need for a transitional living apartment.

This model will take some time to develop and may not even be completed within three years depending on the housing market.

b. This is a medium level priority since we are able to find housing supports for everyone who comes to CDS, but we would like to better meet the individual needs of some people who want something more unique to their situation.

c. We have currently met the housing needs of our county; this area is more of an under-met need. We have heard from quite a few people in their 20s who would be interested in a transitional housing option to learn independent living skills before they move into their own apartment.

d. The design of this support would consist of CDS acquiring (rent or purchase) an apartment building where individuals who receive supports could live in a few of the apartments and a staff person would be in another apartment to provide supports overnight and on weekends. The staff would be available to provide supervision, training, emotional and social supports, and available for any type of crisis that may occur. We have heard over the years that people would like this option but the logistics of this model has been difficult. We will continue over this three year period to make transitional house an option.

e. The transitional apartment model is available in other areas of the state and we plan to learn from success that we have seen in other programs. Within WCMHS there are staff that have success in locating housing and grants for house options, and we partner with our CSP program to learn about more opportunities.

Expand In-house Clinical Options:

a. A few years ago we lost our Clinical Coordinator at CDS. Instead of rehiring we used this vacancy as a budget cut and had service coordinators take on more responsibility around clinical supports. We used more contractors and downsized many of our groups. It has

become apparent through our assessments that we need to reestablish in-house clinical supports.

b. Although we have been providing clinical services at CDS it is a high priority to expand and formalize these services.

c. The clinical needs at CDS are under met. If we were able to expand our clinical supports people would have less of a wait time and we could offer more options for teams. The idea would be to hire a full time clinical coordinator for CDS.

d. The resources we currently use are external contractors. These contractors are well qualified and we have heard nothing but positive feedback from teams. Unfortunately with contractors their time is limited and the costs are higher than paying an agency staff. Over the last few years the intensity of clinical supports has increased as the needs of the new people coming for services has increased. CDS would need to hire a full or part time person to address these needs and develop supports, trainings, and groups to better meet the needs of the program.

e. We have begun to address the need for increased clinical supports by collaborating with our Children's Mental Health program. CYFS has a Behaviorist who has some time available and has experience supporting people with Developmental Disabilities. She has been providing training to case managers and will begin providing clinical oversight on many CDS cases. The goal over the next year is to have more staff training in DBT skill building so we can expand this option that has been so successful in the past. DBT supports has been done in the past with collaboration and some supervision from CSP, since this model is commonly used in the Adult Mental Health field we have learned a lot from working with them.

Part III Regional Outcomes

IFS; a) we will work with providers in our area to support IFS being implemented in our county over the next year. b) CDS has had and will continue to have representation at State and regional committees and trainings. We will work to disseminate all information in a timely fashion so families know what's available and how to access services. c) We will know that we are successful when we begin serving children and families in the IFS model in our region. We will track this through satisfaction survey and with data we collect for our Results Based Accountability scorecards. These scorecards will show access to service, how long it takes to get supports, if the services were needed and helpful and if the family is better off.

PCA; a) the changes to PCA over the years has been very difficult on families. Many families we support are fearful that they will no longer be able to work once their Transitional dollar and/or PCA money ends. b) CDS staff will attend trainings and be represented at as many workgroups and meeting as possible to gain as much knowledge to support families through these changes. We are also a part of our local non-categorical utilization review committee to help families navigate through this process. c) CDS will know we have achieved the goal of supporting family with the PCA change when all new and existing people have gone through the new assessment process.

One-time dollars; a) Continue to advocate for one-time dollars with the state and legislature. Help educate people who make the budget decisions on the importance of one-time dollars and how much it helps people we support. b) Support self-advocates through training and education on how to advocate and have a voice in policy making not just around one-time dollars but all areas of funding that could be cut. c) We will know a difference has been made when one-time dollars continue to be available to individuals and families who need it.

Part IV Systems Outcomes

Throughout our plan development process two areas were identified as system's issues these are, postsecondary options for areas without universities, and supports for high risk offenders with limited funding options. CDS has been successful in support individuals acquire postsecondary education, even helping one individual graduate from UVM with a Bachelor's degree. Unfortunately in the central Vermont area we don't have a large university where individuals can experience the rich array of social and academic options like are seen in the Burlington, Johnson, Lyndon and the Castleton areas. People we support want to not only take classes at local colleges but also be part of the social environment on campus. We have talked with an organization who wanted to help us make this option more available for our area but they too couldn't develop this resource. We want to continue to promote higher education options for folks we support.

The other systems outcome we would like to see change is the new capitated rate for waiver budgets. It's not very common to have individuals with supports needs at or above the \$300,000 range, but when we do there is a real safety reason for these costs. Without the ability of a locked facility or any other out of state residential option all we have is staffing and alarms to ensure community safety. The people we support in this high range have multiple complicated issues, and we have very well trained dedicated staff working with them. Staff knows that on any given day they may need to go to the hospital with broken bones or to get stiches, or worse. We have had consultations from all over Vermont and New England and no one can provide any other ideas as to how to reduce costs and provide less supports. And as the DA we are dedicated to supporting the folks from Washington County but we need to be adequately compensated to do that, and the needs of the individuals we support do not change when our fiscal situation does, so to put a cap on a budget to save money is a huge risk to the community, our staff and the people we support.