

Lamoille County Mental Health Developmental Services

Local System of Care Plan FY '15 – FY '17

Current Status

1. Currently being met

- Service Coordination- We have 11 service coordinators currently. All of our service coordinators are QDDP. Currently we have 80 consumers that we serve through home and community based waivers that receive varying degrees of service coordination. LCMHS currently serves 2 consumers under targeted case management. Through our quality review that happened in August 2013, Consumer Survey Project as well as our own survey, Service Coordination was noted to be very high in quality.
- Home Supports- Currently we have 44 shared living providers that we contract with. We have 5 consumers that we support with in home supports. Shared living providers have been noted to be very dedicated and knowledgeable about the consumers they support. It has been noted that we do not have a lot of other home options. It was also noted that it would be great to have transitional housing as well as housing vouchers. This is an area that is met for those needing/wanting shared living providers but under-met for other options.
- Community Supports- Currently we have 26 CIS staff. This is a service that is also noted to be very high in quality. LCMHS is a rural community and we have a Union. Both of these things affect consumer choice. It has been noted that consumers feel they would like to have more options for choice for support staff. It is a continuous effort to ensure that support staff understands the philosophy and vision behind developmental services. We want to ensure that community supports are about true community inclusion that is directed by the consumer and not by the support staff. Even with many recessions we have been able to maintain individualized community supports.

- Employment Supports- We have exceeded our master grant outcomes the past several years. Our employment team does great with job development, assessment and on-going job support.
- Crisis Supports- LCMHS DS program has its own pager system. This works for our program. The pager rotates between service coordinators that have back up support from the senior team and director. We also utilize emergency respite as well as VCIN as needed.
- Clinical- The agency now has hired our own medical director. We now have our own full time psychiatrist who has expertise working with individuals who have intellectual disabilities. With past budget cuts we have had to make cuts to individual clinical lines. We do have our own clinical coordinator in DS that has been able to do support groups, individual therapy, support plans, and work with shared living providers. This is an area that is working well but does need additional revenue.
- Transportation- This is an area in our region that is a struggle. There is a lack of public transportation. The funding that comes through the waiver is limited when the county is spread out so much.
- FFF- LCMHS was very happy that we received an increase this year in our FFF. This allowed us to serve more families. Currently we serve 39 families. This was noted as a very important service to families.
- Bridge Program- We serve 15 families under this program. Feedback has been very positive about the program.

2. Update on previous FY 12-14 LSOCP

Enhance Community Support Time

We have as a system continued to receive budget cuts. However, we at LCMHS DS program have been able up to this point to maintain our values with 1:1 support. We have not gone to group community support. Our Service Coordinators have expanded their knowledge of community resources. Our Shared Living Providers are providing person centered opportunities. We have also expanded the pre service training. It really focuses on consumer's rights and DS values. Our consumers' satisfaction

survey had a high satisfaction rate and we do not have much Shared Living Provider turn over.

Increase use of Public Transportation

We have explored our resources which are very limited. We live in a rural community. RCT will provide free transportation only for medical appointments and we want SLPs present for medical appointments. All other transportation that they provide has a fee associated with it. The bus that runs has limited routes and times which makes it difficult to access. We have had success through our adult LINT group with community partners donating to help fund a car for an individual we serve. Transportation barriers have been brought up at both children and adult LINT meetings.

Increase Clinical Support

We have made a lot of changes and progress in our clinical support. We now have a different psychiatrist who is able to treat both children and adults. Dr. David Mooney and he has knowledge in both DD and Mental Health. We now have a clinical coordinator that has been running multiple groups such as circles, relationship, and life skills groups. We have also started a Shared Living Provider support group. We have revamped our supervision format to give more individualized and clinical support to the team. Scott, our clinical coordinator has been focusing on support plans and ensuring that the staff has a higher level of expertise based on individual consumer needs. We have increased our clinical supports within our homes.

Our nurse in the past was part time and now she is full time with us to ensure a higher level of oversight to be able to give more individual support around medical needs. We have not been able to identify any new evaluators who are qualified to provide evaluations. This continues to be a struggle.

Increase Flexible Family Funding

The department has not increased the maximum allocation that families can receive since the last LSOCP but this past year we did receive an increase in our allocation. This allowed us to be able to serve more families. This is a very important service to families. LCMHS, consumers, and families have met with legislators and voiced how important this service is.

Increase Children's Services

The funding priorities have not changed for children so it continues to be the highest need children who receive HCBS. We have received non-categorical funding which does allow us to serve children who do not meet a system of care funding priority. This funding is shared between DS and Children's Mental Health. We have had to work together more in a collaborative process to figure out who and how the non-categorical will work. Unfortunately, we have not had many families interested in the service since they continue to receive transitional funds. We continue to work and have a collaborative relationship with DCF and our local school systems. LCMHS, consumers and families have meet with local legislators to express needs and concerns.

Continue to Improve Transition/Employment Services

This is an area that continues to need improvement but we have made some progress. We currently have several schools that have been contracting with LCMHS for employment supports which is very exciting. Our intake coordinator continues to educate the schools about our services through meetings, phone calls, and written information.

LCMHS a few years ago was able to start a post-secondary educational opportunity for individuals with intellectual disabilities. We have been able to do this in partnership with the Think College, College Steps, and support of the department. The consumers who have participated in the program really have enjoyed the program and interest in the program is really growing.

Improve Teaching of Skill Building for Consumers

LCMHS has started to offer groups in the realm of skill building. We have purchased curriculum to help support this process. We do feel that our ISA do incorporate skill building and that we have gotten better at doing this but it is still a work in progress.

Plan Development

1. Planning Process

Feedback for the Lamoille County Local System of Care Plan (LCLSP) was gathered in a two part process from people over a period of two months using a variety of forums such as local interagency team, interviews, and questionnaires. Written documents from the past one to two years were also reviewed. Below is a listing of our sources of information and the techniques used to gather the feedback.

- Consumers involved with Getting Acquainted Through Self-Advocacy in a meeting on 12/13
- Consumers not involved with GATSA through individual contacts by service coordinators ~ (Survey 12/13)
- Sterling Area Services (consumers, employees, home providers, guardians, etc.) ~ 12/13/ (Consumer advocacy) (Employees and Guardians)
- LCC Employees~ staff meeting, 11/13, 12/13
- LCC Shared Living Providers~ questionnaire/interview 12/13
- Office of Public Guardian~ survey 12/13
- Dept. of Children & Families~ survey 12/13
- Psychiatrists, Psychologists, Counselors ~ interview~12/13
- Grace Arts~ interview 12/13
- Special Education Coordinators~ survey 12/13
- Johnson State College~ interview 12/13
- Probation & Parole~ interview 12/13
- Lamoille Family Center~ survey 12/13
- Head Start~ survey 12/13
- Adult Basic Education~ interview 12/13
- Meals on Wheels~ interview 12/13
- Clarina Howard Nichols Center~ Survey 12/13

- DS Standing Committee~ meeting/questionnaires 11/13,12/13
- LCC Board of Directors ~ discussed in January
- Voc Rehab & DET~ meeting/questionnaire 12/13
- Wait/Applicant List
- Review of Critical Incidents
- FY '13 QSR Report
- FY '13 DDS Legislative Work Group Report

We attempted but were unsuccessful in obtaining direct feedback from the following:

RCT (Public Transportation Agency)

Physician's offices

Nursing Homes

Elder Care, Out and About, Senior Center

Community Action/Lamoille

United Way

Private Clinicians

Alliance Properties

2. Priority Needs

Priority Needs Being Met for People with DD in Lamoille County (in order of importance noted in feedback).

- Employment Services at LCMHS was noted as most important this year. Currently we support 40 individuals in our Supported Employment Program. The consumers we serve as well as the community see the value in supported employment. These supports range from job development, direct support, to ongoing job checks.

- Safe housing and home supports- currently we contract with 44 Shared Living Providers. In addition we have several consumers that we provide in home supports to. It was noted how important these relationships are to the consumers we serve.
- Service Planning and Coordination was noted to be essential to keep things coordinated and running for each consumer. This service was noted very high in quality and support not only to the consumer but to the whole team.
- Community Supports is a service that is highly valued not only by the consumer but many Shared Living Providers noted the importance of this service. Many SLP's noted that if this service was not provided they do not know if they could continue doing their job. Currently we have 26 Community Integration Staff.
- Respite was also noted as a very important service not only to consumers, SLP, but also community providers who see this as an essential service that currently is being met in our region.
- Transportation was noted to be working well and mentioned as a very important service as LCMHS is located in a rural community.
- Transition Process was noted by the school district to have improved. It was also noted by parents, educators, and other community partners that individuals are very pleased that there is a post-secondary opportunity for individuals with intellectual disabilities in our community.
- Clinical & Crisis Supports was noted as a valued service. Medication monitoring was mentioned as very important as well as having a psychiatrist who has extensive knowledge and expertise working with people with Intellectual Disabilities. It was also noted that people value the different groups that we have been running. In addition it was noted by consumers

and SLP that they appreciate having clinical staff that can provide support in the home.

- FFF was noted as a very important service to families. It was noted that this prevents crisis.

Priority Needs Being Under-Met or Unmet for People with DD in Lamoille County (in order of importance noted in feedback)

- Increase Housing Options- it was noted that people do tremendously value Shared Living Providers as an option. However, that is not an option that works for everyone. It was noted that we need to come up with affordable housing options for consumers who want to live on their own or in a roommate situation. In addition it has been noted that the population we serve looks different than it used to and they want different kinds of support. To make this happen there are several resources that we would need. Number one resource to make this happen is we need more housing vouchers. Consumers can't afford to get their own apartment and live on what they receive in social security and employment from their jobs. We would need to collaborate with the State Housing Authority to have this happen. It would be great if we had the flexibility within the HCBS waiver to help pay for rent. In addition we don't have a lot of apartments in Lamoille County which presents a challenge as well. We have a local housing coalition here in our community that we do participate in. This community is called the Housing Solutions Committee. This committee talks about resources and lack of resources in our community and tries to break through the barriers. It is made up of local community partners. There are not local landlords that sit at this

table. Our AHS field director is trying to arrange a meeting with landlords on a regular basis. This is an area that we need to continue to work on. As a DS program we need to continue to work on our skill building with consumers to ensure they have the necessary skills to approach independent living. We have been exploring the use of Safety Connections for one consumer within our program. The challenge that we have been running into is forming the response team that can respond within 5 minutes. I think as a system we need to continue to explore assistive technology as a resource to support different housing options.

- Parent Support for individuals with intellectual disabilities- it was noted that there needs to be increase of funding and resources in this category. To make this happen DDAS would have to issue increases in the authorization for amount under this funding priority. If we received increased funding we could put more resources into training Service Coordinators and staff around parent support.
- Transportation- this was noted consistently to be very challenging. It works better when funded through the waiver but even when funded through the waiver there needs to be an increase in the amount of mileage allocated. There is also a need for more public transportation available. There was consistent feedback that it is not reliable in terms of schedule, time, and routes are not allowing enough time for individuals to complete their errands. To support this need a couple things are needed. One to receive increase funding from State to DDAS. In addition we need to collaborate with the State Department on Transportation as well as community partnership with RCT.

- FFF- there was significant feedback from parents that we need to increase the authorization. To make this happen we would need more financial resources.
- Children's Services was noted as an area of great concern. Families and community partners feel really uncertain about children's service for children with intellectual disabilities. Things that were mentioned were changes in children's personal care. Families and constituents are very concerned if there is going to be adequate resources to fill that gap of hours that have been lost for families with the changes to PCA. Concern was also raised that moving DS waiver dollars to IFS are we moving away from DS values to a treatment model.
- Post-Secondary was noted as an area of importance. Constituents were pleased that we have a post- secondary program with Think College/College Steps at JSC. However it was noted that we need to make these services more robust. Things that were mentioned include residential housing option and Global Campus. To make this feasible we would need more funding and greater flexibility within the waiver to pay for housing. Currently, we are part of discussions with Northeast Kingdom Human Service, Global Campus, and the department around some funding for individuals that are underserved for Global Campus. If this happens it would expand our post-secondary options here at LCMHS. We are also participating in a work group that I think will result in some pilots around the state in employment and paying businesses to provide the job support. This is an idea that came out of the summer legislative workgroup. This could be an additional resource for Think College/College Steps for internships.

- Increase clinical training for support staff. It was noted that the consumers we serve are more complicated and challenging. It was noted that a lot of the consumers we are supporting also have very complicated Mental Health issues. Unfortunately, with the budget cuts this has eroded our infrastructure in the clinical line. A lot of the clinical supports that were being provided within the agency we now have outside providers. This allows for less collaboration, communication and training for support staff.

The above under met priority needs could all be met within the Developmental Services system but would require new funding to be able to meet these needs.

Resources and Strategies in Lamoille Region Related to Identified Needs:

1. **LCMHS& SAS** (collaborative service providers, offers consumers a choice)
2. **Public Libraries** (reading, information source, events, computers, etc.)
3. **RCT** (public transportation; new \$ may be required for improvement)
4. **Johnson State College** (education, fitness, arts & entertainment)
5. **Art Galleries in Stowe** (visual arts)
6. **Grace Arts** (participation in visual arts, possible art shows, income for artists)
7. **Green Mountain Club, Rail Trail, Elmore State Park, Stowe Bike Path, SNAP, CREW, ski areas** (physical fitness, social opportunities)
8. **North Country Animal League**, (volunteer opportunities, skill building)

- 9. Missisquoi Lanes bowling alley** (physical fitness, social opportunities)
- 10. Regional Special Olympics** (physical fitness, social opportunities)
- 11. Copley Hospital** (health care and specific clinics)
- 12. Lamoille Voc Center & Green Mnt Tech Center** (opportunities for continuing education in a variety of areas, skill building, social interactions)
- 13. Adult Basic Education** (reading and math skills,)
- 14. Planned Parenthood of Northern New England** (sexuality, contraception, pregnancy services)
- 15. Vocational Rehabilitation & Department of Employment and Training** (collaborates with SAS & LCMHS around improving and increasing employment supports, and Social Security benefits counseling)
- 16. Association for the Blind & Visually Impaired** (technical assistance, funding of services)
- 17. DDAS/DAIL including DS, TBI, CFC, OPG, etc.** (provides guidance, support, funding, technical assistance regarding all areas of service provision)
- 18. Funding process used by DAIL is very effective** (process of interacting with the legislature felt to be very positive and effective)
- 19. Lamoille Field Services Director** (Lily Sojourner is involved in ensuring collaboration among providers)
- 20. Community Action, Food Shelves** (assistance to consumers & family members, volunteer opportunities)

- 21. Public & Alternative Schools** (also school based services provided by LCMHS & SAS & NEK; **new \$** may be required to serve more children, particularly those with ASD)
- 22. Coordinated Service Plans involving DS agencies** (Access to high risk pool dollars for funding for DS adult consumers and children)
- 23. Lamoille Family Center & Early Head Start** (parent training & support, positive social & educational opportunities for young children, possible volunteer site)
- 24. Department of Children & Family including the various branches: Economic, Child Protection, Juvenile Justice** (access to social welfare benefits, extensive collaboration around children in custody through DCF paid DS waivers, services to children involved in criminal behaviors)
- 25. Probation & Parole** (collaborate to provide services to offenders)
- 26. Clarina Howard Nichols Center** (resource for individuals involved in domestic violence, they also provide training for others and will be providing training for LCMH staff and consumers)
- 27. Out & About, Lamoille Home Health, Area Agency on Aging** (services for elders and people with physical disabilities, some collaboration)
- 28. Senior Centers** (services to elders, also provide space for activities)
- 29. Meals on Wheels, RSVP** (provide meals to eligible consumers/families, good volunteer opportunities)
- 30. Local Churches** (spiritual experiences, provide space for activities, assist families and individuals at time)
- 31. Heartbeet** (potential example of alternative model?)
- 32. VCIN** (has provided much Level II and Level I support which has been greatly valued, increasing this service would involve **new \$**).

- 33. Demeter Resolve Mediation** (has been very helpful in resolving conflicts)
- 34. FQHC** (federal qualified health centers providing full area of health care services)
- 35. Think College**
- 36. College Steps**
- 37. River Arts**

3. Regional Outcomes

Increase Housing Options

Currently we only really have two options for housing support for people with DD in Lamoille County. The two options are traditional shared living provider, and in home support. As a State system there is a shortage of housing vouchers available. There is also a shortage of affordable housing options for consumers. If a consumer is lucky enough to obtain a voucher they can't move in with someone that also has a voucher without one of them giving up their voucher. We have been exploring the use of Safety Connections. This is a challenge in our rural community to develop a team that can respond within a 5 min time slot.

In three years we anticipate that LCMHS will make some progress with additional housing options. We hope to build a relationship with our local housing authority to try and obtain housing that is subsidized. We want to be able to place a consumer in an apartment with the support of safety connections. We also would like to explore setting up transitional housing options. In this model our hope would be that a consumer lives there for a specific amount of time to learn the skills necessary to live on their own.

The actions needed:

- DS Director will meet with local housing authority to explore options
- Advocate and discuss concerns with DDAS, AHS, and Legislators.
- LCMHS will work on recruiting a provider to do transitional housing and look to secure individuals who can respond for safety connections.
- DS Director will speak with the local field director about lack of affordable housing.

The measures will be increased consumer satisfaction with housing options we provide.

Increase use of Public Transportation

Currently consumers can use RCT for transportation but often times they are late or they forget to pick a consumer up or do not have anyone available to transport. There is a public bus but it goes to limited areas of the county. The drop off and pick up times give consumers only a short amount of time to accomplish what they need to do.

In three years we anticipate that LCMHS will collaborate with RCT and Public Busing to advocate increased public transportation. LCMHS will educate RCT and Public Busing that Consumers depend on reliable consistent transportation.

The actions needed:

- LCMHS will advocate and discuss concerns with DDAS, AHS, and Legislators.
- Improve collaboration between LCMHS, RCT, and public transportation.
- Consumer's teams will develop knowledge of route schedules and this will be incorporated into ISA goals.

The measure will be an increase in consumer satisfaction in their ability to access public transportation.

Increase Parent Support for people with Intellectual Disabilities that are parenting

Currently we have a few individuals that we serve under this funding priority. We received feedback from constituents that this is not enough funding support. We would like to see an increase in funding so we may develop more resources to support parents with intellectual disabilities. However we understand this is a challenge financially. We have utilized one time dollars to pay for parent assessments through Susan Yuan and have reached out to her for some consultation.

In three years we would like to be able to offer some skills groups for parents with intellectual disabilities.

The actions needed:

- Advocate for additional funding and discuss concerns with DDAS, AHS, and Legislators.
- LCMHS will look into curriculum material we can purchase through one time dollars that would support parents with intellectual disabilities.

Measures will be increased satisfaction with support we provide to parents with intellectual disabilities.

Increase Flexible Family Funding

Currently Families receive \$1000 in funding. That allocation has gone down over the past several years with budget cuts.

In three years we would like to have adequate funding so families can do more with their authorized FFF funding.

The actions needed:

- Continuing to advocate and discuss concerns with DDAS, AHS, Legislators, and Governor.

The measures of success will include increase in consumer and family satisfaction with their authorized FFF amount.

Increase Children's Services

Currently many families have seen a reduction to their children's personal care hours. Families have been making it work since they have continued to receive transitional funds. However, once the transitional funds are no longer in place families and constituents are very concerned if there is going

to be adequate respite for children. Here at LCMHS we have \$57,388 available for families for respite to help fill this gap but it certainly will not provide families with as much services as they were used to receiving. In our region we do not have a childcare setting that is licensed to take anyone after the age of 12. In addition the child care subsidy ran out of funding last April.

In three years we hope that there is adequate funding in respite to address needs for kids with intellectual disabilities.

The actions needed:

- Advocating for additional funding and discussing concerns with DDAS, AHS, and Legislator.
- Collaborate with other agencies on the needs of the DS children who are referred for their services.

The measure would be increased satisfaction for children and their families with the services that are available and provided.

Continue to Improve Post -Secondary Options

Currently we have collaboration with JSC, Think College, College Steps, and the department to provide a post-secondary option for people with intellectual disabilities. This program is an amazing program and the interest is just growing every year. We now are in our third year. We have received feedback that they would like the program to become more robust. The community would like to have a Global Campus model and housing attached to the program at JSC.

In three years we anticipate LCMHS in partnership with DDAS, College Steps/ Think College, and JSC will be able to expand the amount of people we support.

The actions needed:

- LCMHS will advocate for additional funding with DDAS, AHS, and Legislators.

The measure would be an increase in new consumers participating in post -secondary, and there will be an increase in consumer and family satisfaction.

Increase Clinical Training for Support Staff

Currently we have revamped our supervision here at LCMHs for support staff. Each week our clinical coordinator has open time for support staff to

come in and receive clinical supervision. In addition each month at staff meeting we have dedicated a chunk of time for clinical supervision, in which a profile of a consumer is presented and support strategies are discussed.

In three years we anticipate that LCMHS staff will continue to gain clinical knowledge to be better able to support consumers.

The actions needed:

- LCMHS will explore internally for resources of skilled staff to provide training in this area to Service Coordinators, CIS, and Shared Living Providers.
- Each year we will have training for all staff that is clinically orientated.

The measure will be an increased satisfaction for consumer, support staff, shared living providers, and constituents.

4. System Outcomes

IFS

As mentioned above we received a lot of feedback about concerns for children's services. The concerns centered around ensuring that DS values and philosophy are not lost as we are molded together with other systems. Moving forward so far in the process our experience has been that we need to follow Department of Mental Health guidelines and paperwork which is treatment based. The other concern from families, consumers, and constituents is the change in children's personal care. Once the transitional funds end there is concern if there will be adequate resources to meet the needs of children.

In three years we hope that there is adequate respite resources for children.

The action includes continuing to advocate and discuss concerns with DDAS, AHS, and Legislators. Also let the above entities know the impact to consumers if there is not enough respite to meet children and family's needs.

The measure would be consumer satisfaction with the resources available.

Greater flexibility of HCBS to pay for housing

Currently we are not allowed to use the waiver dollars to pay for rent. If agencies were allowed to use waiver dollars to help consumers get established in their own apartment and to help supplement monthly rent we would be able to help more consumers live more independently.

In three years our hope is to have the ability to use waiver dollars to help support consumers obtaining and maintaining their own housing.

The actions include continuing to advocate and discuss concerns with DDAS, AHS and, Legislators.

The measure would be an increase in the amount of consumers that have their own place.

Create a funding Priority for Post-Secondary

We received feedback that individuals would like to have post-secondary options more robust. For consumers who are graduating at 19 with an employer paid job we have been able to obtain funding for them that they can use for post-secondary. However, we have had an increase number of consumers graduating at 18 who do not meet a system of care funding priority that are interested in post-secondary options. LCMHS is grateful to have received a grant from DDAS that allows us to help some individuals experience post-secondary that do not have funding.

In three years our hope is that there will be a funding priority to ensure any individual with an intellectual disability that want to participate in a post-secondary program can.

The measure will be increased consumer, family and constituents' satisfaction with post- secondary opportunities.

