

**United Counseling Service
Developmental Services Local System of Care Plan
FY 2015 – FY 2017**

Current Status:

1. Service and Support needs, by service categories, that are currently being met in our region:

Service Planning and Coordination:

We currently have fifteen managers and four QDDP's providing case management services and/or oversight to support the 173 individuals receiving some form of Case Management service. Included in that count, with the conversion to a one-door entry for kids, is a Youth and Family Service's Case Manager, who provides services to the majority of the DS kids and those served through the Bridge program. There are twelve individuals who are served through TCM, ten of whom live in their own apartment.

Employment Services: Job development, placement, training and follow-up are provided within UCS, with collaboration and assistance from Vocational Rehabilitation and Creative Workforce Solutions. This service is supported through a blending of waiver dollars and a small amount of grant funding. Currently, out of 128 individuals who meet the criteria to be counted for employment, 64, or 50% are employed. There are seventeen individuals who are self-employed, some having other employment as well. Those individuals needing on-the-job support are supported by only ten full time agency staff and one program coordinator and two contracted workers hired by the parents.

Community Supports: Community Support is funded through waivers. UCS staff or contractors provide support to individuals in order to promote community inclusion. Twenty-six participants receive their services through contracted supports, with the home provider or parent as the employer. The twenty-nine remaining individuals receiving this service through agency staff receive a combination of 1:1, 1:2, and some group activities. Many programs are offered to participants, including: VISIONS, which is a functional academics class; a budgeting class taught by a peer; and a Women's Group. The primary focus in Community Support has been on health and wellness. We work with a variety of local partners to provide consumers with access to: art classes; Zumba; year round tennis lessons; Yoga; indoor ice skating; bowling; and gym workouts. Three of our older consumers attend Bennington Project Independence, funded through their waiver. The agency has a limited fund that the UCS Board set up, which allows individuals to access money to support an integrated activity/event/trip that they otherwise wouldn't be able to afford. Individuals have been able to go to such places as Disney World with this assistance.

Respite Support and Flexible Family Funding: UCS provides limited resources in the form of Flexible Family Funding to 55 individuals. There is currently room in the allocation to add 2.5 more children at the maximum allocation. Respite is funded through the waivers, in addition to utilizing our local crisis bed for a very limited time frame if necessary. The agency has \$70,000.00 through IFS funds earmarked for DS kids in need of respite funds but this will in no way meet the

need for those individuals no longer eligible for Transition funding when it ends, as Bennington has a large number of children served through Personal Care, with many receiving Transition Funds either in part or in full.

Clinical Services: Individuals receive medical services through providers within the community. Securing good providers who are willing to take Medicaid continues to be a challenge. Developmental Services at UCS has one full time nurse who oversees the care and medical needs for those of whom we have that responsibility. Many of our consumers utilize the ER inappropriately, two of whom access it at a high rate due to their MH issues. UCS has Mental Health clinicians who can see individuals for therapy and one of our Psychologists has the training to complete evaluations for those on the Autism Spectrum. There are also Mental Health clinicians within the community who can be accessed, although not all accept Medicaid. UCS has one full time psychiatrist on staff, one full time Nurse Practitioner, and part-time contracted psychiatry. In addition, a community psychiatrist is utilized by a few of our consumers. DBT is provided to consumers who need it, and a DBT skills class is offered to case managers and staff who support individuals utilizing these skills.

Crisis Services: UCS continues to utilize the 24-hour on-call beeper system that was instituted in September of 1999. This ensures that someone who is familiar with our consumers and their disabilities is available 24 hours per day, seven days per week. Ten managers share this responsibility, carrying the beeper for a week at a time. Our crisis response has met the needs of the area, and in fact the utilization of the system has decreased over time.

A low-level crisis bed remains at the Union Street group home. Unfortunately, Licensing requires very short stays in this bed, rendering it not very useful to us for someone who has lost their home or is otherwise in need of a longer stay. Our resource for meeting the homeless/emergency housing needs is primarily the use of Shared Living providers who are able to absorb individuals in crisis. The VCIN crisis bed, when available, is utilized for individuals needing a high level of support. Infrequently, for those individuals who are capable, we have also used a “consumer-friendly” motel. We continue to work on having a list of SL “providers-in-waiting” so that there is a possibility of someone not being homeless for such a long period of time; however, they are typically not viable options for individuals experiencing an emotional/behavioral crisis.

Housing and Home Supports:

Supervised Assisted Living: For FY 2013, we supported 33 individuals in their own apartment/home. Waiver and TCM funds were utilized for this support. Apartment options include a secure (locked) apartment complex (Bank Street) with six apartments that residents receive increased support and staffing. This is a HUD apartment house owned by UCS, so rents are subsidized. Affordable housing within the community is difficult to find, with no new Section 8 housing subsidies available. Safety Connections is utilized for one individual living in her own apartment in Bennington and who has complex needs.

Staffed Living: Although this model is an option, it is an expensive option. We currently have no one in a staffed living model.

Group Living: UCS has three group homes for individuals with an intellectual disability. Autumn House and Gatling House are both 4-bed Level III group homes. Union St. is our oldest home, licensed as a 6-bed TCR, with an attached crisis suite for limited use.

Shared Living: We currently serve 56 individuals in Shared Living homes. In the past year, two individuals moved to a less restrictive living option. Shared Living continues to be one of the most cost effective models when supervision is required.

Adult Family Care Homes: This is a new *Choices for Care* option for individuals residing in Nursing Homes and who wish to live in a family home. Although they do not have an intellectual disability, the DS program is administering this service. Our first placement was made on 1/31/14, and we currently have 4 additional referrals, with at least one of whom cannot be placed within the determined tier level. Unfortunately the need for handicap housing is hindering placement for all of the individuals.

Transportation: Transportation resources are limited in this county. UCS staff, as necessary, transport individuals to places that they need to access. If an individual is going to a medical appointment, they may utilize the Red Cross MediCab. Taxis are also an available means of transportation, although they are typically cost prohibitive for many of our individuals. Approximately six years ago the American Red Cross started the Green Mountain Express, a bus route that goes to places within Bennington and to surrounding towns, including Manchester. This bus has a defined route and times. There is a small charge for this bus service. It's a good option for individuals who want to go shopping or visit friends but does not work as well for individuals getting to jobs or appointments or for visiting friends that are not near a bus stop.

The Employment Connections program has worked with Green Mountain Express to provide transportation to consumers who can work independently. This service has allowed a couple of consumers to be independent of staff support and has increased their independence in the community. Unfortunately, over time we have found this option to not work for many, as the bus would get them to their job late, which was appropriately unacceptable for the employers.

Intensive Family Services for Children: Developmental Services partnered with Youth and Family Services to develop services for all children in the county. With IFS funding, additional positions were hired to accomplish this. Within DS, we hired a full time intake person for children. This individual also case managed the DS children, including the 13 kids in the Bridge program. Although we were closely coordinating with the Youth and Family staff, it was still a two door entry for children at UCS, so in November our DS Children's intake worker transferred to the Youth and Family program. All children, no matter what the diagnosis, now have a one door entry into services. DS children, with minimal exceptions (such as on a DS Waiver), are now served in that division.

2. Current Status of FY 2012 – FY 2014 Outcomes:

Goal 1: Continue to explore and develop a variety of cost effective residential options.

Measure: All consumers in need of residential support will have a cost effective, least restrictive housing option.

We continue to support models that are least restrictive, cost effective, and based on consumer need and preference. Residential options include a TCR group home, two Level III group homes, Shared Living homes, a six apartment housing complex, mother-in law apartments, efficiency apartments as part of a motel, and community apartments (some supported by a community member). We utilize Safety Connections for one individual. A continued difficulty in getting more individuals into apartments is the lack of housing subsidies that are available.

A focus on getting more Shared Living Provider applications has resulted in, for the most part, our ability to make more timely placements. We are continuing to work towards getting the word out about Shared Living and the new Adult Family Care Homes. We have developed a Shared Living Advisory group to help us to make the process of becoming a provider easier. These individuals also mentor new home providers.

Two individuals moved into a less restrictive setting. One individual on ACT 248 was able to realize his goal of moving back in with his sister. Another individual moved into his own apartment from a Shared Living home. A third person, a group home resident, will move into an apartment on March 1st.

Goal 2: Improve consumer ability to advocate for themselves as well as for others.

Measure: Consumers will actively participate in self-advocacy events.

It continues to be a priority to provide self-advocacy training and education to consumers, as well as ensuring that they can attend events. There is an active Peer Group whose primary interest is social events, although more individuals are beginning to want to increase their self-advocacy skills. This spring saw the largest group of consumers from Bennington ever to attend the Voices and Choices Conference. Consumers are actively requesting to attend again next year. Max Barrows from Green Mountain Self Advocates has visited the Bennington Peer Support group twice this year, and consumers have requested trainings to be brought to them, with at least one training yearly. Given our location in the state, this has been difficult to have happen. One of our consumers has recently been appointed by the governor to the Vermont Developmental Disabilities Council and will be advocating for consumers needs through this group.

Consumers are participating in the DS Advisory Council, and at least one consumer has actively been attending Interactive TV meetings. A separate Consumer Forum group, with representatives from all services, has been recently formed to meet quarterly with the DS Division Director, with a goal of advising on what's working and what isn't, as well as providing other valuable feedback. Feedback at the first meeting in January 2014 included: wanting more community activities; wanted more involvement in interviewing potential staff; and they thought that some staff could use more training in listening to people and having patience. All were very positive about the supports they were receiving.

**Goal 3: The Community Support Services will be effective in meeting the needs of consumers.
Measure: Community Support Services will increase collaboration with other community entities or members.**

Satisfaction surveys, as well as contact with consumers and guardians, indicate that there is a higher level of satisfaction with this service, as opposed to four years ago. The change to some home providers managing the service has been positive for those individuals, giving increased flexibility in what they do and when they do it. The most recent focus in staffed Community Supports has been on Health and Wellness. We work with a variety of local partners to provide participants with access to: Zumba; tennis; yoga; indoor ice skating; bowling; and gym workouts. We hope to continue on this path by offering cooking classes (The Learning Kitchen), which will focus on healthy eating, and introducing other health related activities.

Three of our consumers (one of whom was a June graduate) are being supported in the College Steps program. All three have been very successful, with two attending SVMC and one attending Castleton State. Receiving the two \$15,000.00 grants from DDS this year enabled one individual to attend and will enable another young lady to attend in the fall, assuming the grants continue.

We also continued our partnership with the Vt. Arts Exchange for art classes, although we did need to cut back on the funding for this. In addition, we partnered with the One World Conservation Center for a week of Conservation Camp, as well as once again ran a very successful overnight camp (The Gathering Place) for one week this summer. We were able to secure a small grant from the Mt. Laurel Foundation to provide horseback riding and care of horses for a small interested group. Our current pursuit is a partnership with the Orvis Fly Fishing School to provide instruction in fly fishing. Going forward, we hope consumers will play a larger role in our community by giving back in the form of increasing the number of people volunteering and/or participating in community projects.

**Goal 4: Continue to promote consumer employment.
Measure: Increase the percentage of age appropriate consumers who are competitively employed.**

As previously noted, we currently have 64 people employed, or 50% out of 128 individuals who meet the criteria to be counted for employment. Our baseline percentage for FY 2013 was 46%. We exceeded our stabilizations, earning the 40% bonus. There are seventeen individuals who are self-employed, some having other employment as well. Employment Connections has excellent relationships with local employers, with an overall job retention rate of 5.9 years. One individual has been at his place of employment for twenty-two years and eighteen people have been at their jobs for over ten years. Continued struggles, in addition to adequately staffing the program, relate to individuals who appear to have the ability to work but lack the motivation, and the lack of June Grads graduating with a job. Due to the high percentage of older consumers and a lack of high school graduates with jobs, this will be a hard percentage to continue to sustain. One of the smaller area high schools does an excellent job of linking students with paid jobs before graduation, but they are a school in a more affluent area of the county. MAUHS in Bennington, however, has been running into roadblocks set by the students and their parents. The local mindset is that jobs are not valuable because having one makes one lose SSI benefits, and many households are dependent upon the student's SSI benefits to make ends meet. Having a job means the student controls that money, and it

does not automatically go into the household expenses. Parents are actively encouraging their children to not get jobs. In addition, the focus on jobs now only occurs after all of the academics have been met and students are graduating earlier, with all of their credits for graduation met at 18. The teachers, local benefits counselor, and Voc Rehab rep, as well as UCS staff, seem to be fighting a losing battle in this area.

We are fully engaged in CWS, and have been working with the BAM to help secure jobs. Unfortunately the job market is stagnant, so new jobs have been hard to find. For that reason, we also continue to help consumers to develop self-employment opportunities, some of which are more successful than others.

**Goal 5: Continue to improve the clinical expertise of case managers and direct service staff.
Measure: Programs and staff will demonstrate clinical competency in addressing the needs of the individuals served.**

In addition to the required training, staff received training in the areas of: Introduction to Communication; History of Services; Respectful Interactions; Therapeutic Options; Bridges out of Poverty and Ethics of Touch. Family Service's staff have participated in autism-specific trainings, trainings on IEP and other school-related issues with Vermont Family Network, and a presentation on the M-CHAT through the Bennington Autism Task Force. Case managers were also exposed to information on Neurofeedback and are actively looking at caseloads to see which consumers this might benefit. Two individuals who have recently participated in the Neurofeedback have shown marked improvement in their mental health and dealing with stressors. Case managers met with Steve Breakstone from PAVE who works on relationships building to see what he could offer on a case by case basis to consumers who struggle with relationships, especially abusive relationships. We continue to have an active DS Training Committee.

The ability to send staff to training that is not free continues to be greatly impacted by current fiscal pressures. Training money continues to be lost due to cuts to funding. UCS has tried to adapt to this by subscribing to Relias, an on-line training company. There are some courses with good content, but it is a cultural shift to get people to engage. We also need the managers to have the time to review the course, so that we are comfortable with the content before we have the direct service staff take it. We may need to become a little more creative in how we implement the training (i.e. small groups) to help staff to better engage with this. To maximize efficiency we need to continue to support in-house trainers, but we will need to ensure that the training offered is one that is sustainable for us by having Train the Trainer courses available when we need them, and by having staff who are interested and willing to perform tasks that are vastly different from their job descriptions.

**Goal 6: Continue to develop activities/training that promotes wellness for individuals.
Measure: Develop training and activities that promotes health and wellness.**

Activities/training provided to consumers has included, but is not limited to: First Aid and CPR; healthy living and nutrition; infection prevention trainings and some individual specific health training such as teaching consumers how to participate in their own medication administration process. Good nutrition is incorporated into all of the activities that we provide. Future areas of focus for activities/trainings that promote wellness will continue to include healthy living and nutrition, stress

reduction, individual specific health issues, and self-breast examinations. Several consumers have greatly improved their physical health and lost necessary weight through everyone's efforts. Promoting healthy lifestyles is not only embraced within each program of the division, but is also an agency-wide focus for staff.

Consumers have been encouraged to improve overall well-being through community activities, such as personal training, Zumba, tennis, and yoga. There has also been a consistent theme of “taking care of yourself” interwoven into the DBT curriculum, promoting a healthy life style (eating properly, sleeping enough, taking care of health care needs, exercising, no drug or substance use, limit of caffeine).

Plan Development

1. Sources of information and how input was obtained:

Information for the development of the plan was obtained from a variety of sources. The UCS Developmental Services Advisory Committee met on 12/10/13 to discuss the plan. Members volunteered to make community contacts and provide the information back to the DS Director. In addition, feedback was obtained from the Consumer Focus Group on Wed. 1/8/14 and phone or face-to-face interviews with staff of Voc. Rehab, VDOL, Office on Aging, and DCF/Family Services. Also incorporated into this report is feedback from the local schools and healthcare providers and from participation in Adult LIT Team meetings, the local Autism Support Group and the local CWS Leadership mtgs.

In developing the plan, information and recommendations from the following reports and committees were also reviewed, including: the UCS Consumer/Guardian and Stakeholder Satisfaction Surveys for FY 2014; the DDS Legislative Work Group Report; the UCS Consumer Survey Project results of Spring 2013; Incident and Risk Review Reports; our last DDS Quality Review report; the DS Advisory Committee minutes; and information from the DS Quality Team, the UCS DS Training Committee and the UCS Quality Council.

The UCS DS Advisory Committee reviewed a draft of this document on 2/19/14, and approved the final document with recommended edits.

Priority Resources and Unmet/Under-met Needs:

- 1. Service Planning and Coordination:** Feedback from parents and consumers indicate that they desire and value the help in coordinating and obtaining needed services and benefits, as well as receiving general emotional support. We currently have 15 managers and four QDDP's providing case management services and/or oversight to support the 173 individuals receiving some form of Case Management service. Caseloads have increased over time, as cuts in funding have occurred. The range is four (for Group Home managers) to 22 (for individuals receiving minimal services and residing at home) with an average caseload of 16 for individuals who receive multi-services. Twelve individuals are served through TCM.

Based on feedback from other service providers and the community at large, some still feel that our system is complicated and they continue to need a better understanding of what is available for services and how to navigate the system. In addition, there continues to be concern from local partners on the individuals who “fall through the cracks” and just miss the criteria for DS services. These are typically very needy individuals who need on-going supports and also don’t qualify through MH services. Increased emphasis has occurred over the past two years to educate community partners on the services that UCS can provide. We continue to make this a priority, including the usage of the local newspaper for featuring events, successes and partnerships, as well as doing regular blogs on Facebook.

Improving the transition of individuals from school into adult services continues to be an area of focus. In an effort to educate parents as well as school personnel, the DS Advisory Council has been working on a Transition Brochure that is expected to be ready for the Job Fair at the high school in April. Our Family Services/Intake Coordinator continues to attend CORE Transition meetings, IEP meetings, and school transition meetings. In addition, our DS Employment Connections manager is a member of the CORE Transition Team and also attends IEP meetings for graduating students who have obtained jobs in competitive employment through their school. This eases the transition from school supports to paid supports upon graduation.

All families, consumers, and schools continue to receive our monthly calendar of events as well as notices of Peer Support social activities and consumer-oriented trainings. This enables the older students to participate in events with the adults served by UCS, and feel part of this group at an earlier stage. Concerns remain about the number of individuals who graduate, don’t have a job, and end up ineligible for services. Individuals end up staying home, with the potential to regress in all areas. Older students continue to be linked with our Peer Support group and social activities, and families/caregivers continue to be invited to all trainings that might relate to specific diagnoses/conditions of their family member.

Consumers indicate that they would like to have a voice in system redesign and individuals state that it is important that the current values be maintained in any changes to services.

2. **Housing and Home Supports:** This need is currently met through a variety of models: Supervised Assisted Living; Group Living (group homes); Shared Living; and most recently Adult Family Care Homes for nursing home residents who want to live in a home in the community. Ongoing recruitment of Shared Living providers has allowed for some consumer provider matches and placements to occur more quickly than in previous years. Providers who have previously supported consumers also have continued to be available. In the last year, eleven individuals were placed in homes, which is a higher number than usual for us. Placement times have shortened; however finding placements for very challenging individuals or individuals requiring handicap accessibility can be extremely difficult to find in this area. For two individuals with high needs we had to look out of the area for placement. The lack of handicap accessibility and/or willingness to have the home adapted is currently hindering placements into Shared Living and AFC homes. Continuing to aggressively recruit providers, as well as to be creative in developing a variety of cost-effective residential options, continues to be a high priority.

The lack of housing subsidies and affordable apartments continues to be a roadblock for individuals who want to live independently. Consumers also voice that they do not want to live alone, but often don't have a compatible roommate option. One individual is supported through Safety Connections, but during the day, may call her case manager ten times an hour. Continuing to find creative ways to increase independent living as well as address the loneliness issue is not only a local goal, but a statewide effort. There is a need for further identification of adaptive equipment or systems that would enable individuals who otherwise might not be considered for apartments the ability for independence.

There are many issues related to implementing the AFC homes. Communication is challenging, as is role definition. In addition, the assigned tier levels do not adequately address the needs of the individual, in part because of the instrument, but also because their abilities have been over estimated. Handicap accessibility and the personal care involved with someone who is non-ambulatory and/or medically involved is not given enough weight in the tier assignment. There is more work / development that is needed in this program in order for it to be successful.

There is significant concern regarding the DOL Rule. Should this go into effect, and home providers are considered employees of agencies, this will no longer be a cost effective model, nor could agencies or the state afford it. Changing this rule needs to be a priority.

- 3. Crisis Services:** We continue to utilize the 24-hour on-call beeper system that was instituted in September of 1999. This ensures that someone who is familiar with our consumers and their disabilities is available 24 hours per day, seven days per week. Our crisis response has been adequate to meet the needs of the area, and in fact the utilization of the system has decreased over time.

What hasn't been adequate is housing resources to meet that level of crisis – when someone needs a temporary place to stay due to a crisis situation. A low-level crisis bed remains at the Union Street group home. Unfortunately, Licensing requires very short (1 to 2 days) stays in this bed, rendering it not very useful to us for someone who has lost their home or is otherwise in need of a longer stay. Our resources for meeting the homeless/emergency housing needs for individuals is primarily the use of Shared Living providers who are able to absorb individuals in crisis. Infrequently, for those individuals who are capable, we have also used a “consumer-friendly” motel. We have been somewhat successful in developing a list of SL “providers-in-waiting” so that there is a possibility of someone not being in crisis for such a long period of time, but they are not typically good options for individuals with an emotional/behavioral crisis. We continue to have, as a high priority, the need for a crisis bed outside of the group home, but lack the funds to develop it.

- 4. Employment Services:** Job development, placement, training and follow-up are provided within UCS, with collaboration and assistance from Vocational Rehabilitation and Creative Workforce Solutions. There is a good working relationship noted between our employment program, VR and the local CWS Team and BAM. Employment Services are very important to our consumers as evidenced by repeated feedback that getting a job, getting a better job, or keeping their job is their priority.

This service is supported through a blending of waiver dollars and a small amount of grant funding. Currently, out of 128 individuals who meet the criteria to be counted for employment, 64, or 50% are employed. For the number of staff and the number of individuals served, the program has never been adequately funded, with 10 staff and two contractors supporting the 64 working consumers. There are 17 individuals who are self-employed, some having other employment as well. There is an overall job retention rate of 5.9 years. One individual has been at his place of employment for twenty-two years and eighteen people have been at their jobs for over ten years.

Employment Connections has excellent relationships with local employers with a consistent 100% satisfaction rating of employers over the past several years. Continued struggles, in addition to adequately staffing the program and the poor economy, relate to individuals who appear to have the ability to work but lack the motivation. In addition, many of the parents of June grads are not supporting their individual to work and the schools indicate frustration with the high emphasis on academics, resulting in not starting job services soon enough. Individuals are not graduating meeting the SOC priority of having a job, which results in almost impossible funding for a job “down the road”.

There is concern that, due to an aging population, the local economy, and the failure of the local school to graduate students with a job, that it will be extremely difficult to maintain or increase our percentage of individuals employed. Feedback from VDOL is that additional focus in the area of educating our employers about our program would be beneficial, as well as having consumers utilize their available workshops, such as Interview Practice, Job Search and Career Exploration. There is also a frustration that agencies are expected to get people jobs, but that there is no funding mechanism for helping them to sustain that job unless they have waiver funds that can be converted.

- 5. Respite Support and Flexible Family Funding:** Families, as well as other service providers, are loud and clear in their message that families need additional respite support, both in dollars and in resources. UCS provides respite resources in the form of Flexible Family Funding and respite through the Home and Community-Based Waiver. In addition, Developmental Services has \$70,000.00 in respite funds through the IFS Initiative.

Respite resources are particularly scarce for individuals requiring handicap accessibility. This will be an added problem as we go into providing Adult Family Care homes for Nursing Home residents. There are concerns that any required increase in reimbursement to respite employees will further reduce the number of hours available to them to use unless the Legislature approves additional funding to cover this cost.

Developmental Services partnered with the Youth and Family Services division to develop services for all children in the county. With IFS funding, additional positions were hired to accomplish this. Within DS, we hired a full time intake person for children with an intellectual disability. This individual also case managed the DS eligible children, including the 14 kids in the Bridge program. Although we were closely coordinating with Youth and Family Services, it was still a two door entry. To remedy that, in November 2013 our DS Children's intake worker

transferred to the Youth and Family Service's program. All children, no matter what the diagnosis, now have a one door entry into services. There is significant concern regarding the loss of personal care funding and what will happen when the transition funds go away. The skill building classes within Youth and Family Services will not meet this need and the local allotment of respite for DS kids won't begin to meet the need. The changes to Personal Care, with no recognition that a child who can do a task, but won't, or needs 1:1 supervision to do it, is eligible, has been upsetting to parents. Parents are clear that a Day Care option is not appropriate and will not meet the respite needs. Additional funding will be needed to meet these needs.

- 6. Clinical Services:** Individuals receive medical services through providers within the community. Securing good providers who are willing to take Medicaid continues to be a challenge, particularly clinicians working with individuals who are on the spectrum. This is true not only for therapy, but for medical services. It is challenging to find medical care for some people – particularly if they are not the easiest patient.

Developmental Services at UCS has one full time nurse who oversees the care and medical needs for those of whom we have that responsibility. A few of our consumers utilize the ER inappropriately, two of whom access it at a high rate due to their MH issues. UCS has Mental Health clinicians who can see individuals for therapy and one of our psychologists has the training to complete evaluations for those on the Autism Spectrum. There are also Mental Health clinicians within the community who can be accessed, although not all can/will bill Medicaid. UCS has one full time psychiatrist on staff, one full time Nurse Practitioner, and part-time contracted psychiatry. In addition, community psychiatrists are utilized by some of our consumers. Individuals on the Spectrum who want/need specialized therapy do not have a Medicaid provider in this area and the needs have had to be funded through the waiver.

This county lacks ABA resources, as well as behavioral consultants. Although we have received funding to assist two staff in obtaining their ABA certification, this will be a two year process to get them "up and operative". Behavioral consultation resources are primarily limited to VCIN. Individuals who consult with the local schools support time out and restraint, and are not options that we support.

- 7. Community Supports:** Community Support is funded through the Home and Community-Based Waiver. UCS staff or contractors provide support to individuals in order to promote community inclusion. All individuals receiving this service through agency staff receive a combination of 1:1, 1:2, and some group activities. Anyone requiring 1:1 support is funded under the contracted model, with one exception. This erosion from 1:1 staffed support is due to loss of funding over the years.

Many programs are offered to participants, including: VISIONS, which is a functional academics class; a budgeting class taught by a peer; and a Women's Group. The primary focus in Community Support has been on Health and Wellness. We work with a variety of local partners to provide consumers with access to: art classes; Zumba; year round tennis lessons; Yoga; indoor ice skating; bowling; and gym workouts. Partners have included: The Vt. Arts Exchange; the Riley Rink; Anytime Fitness; Bennington Tennis; The Yoga Place; Zumba with

Andrea; and the One World Conservation Center. We hope to continue on this path by offering healthy eating cooking classes (The Learning Kitchen) and introducing other health related activities. In addition, consumers have expressed the desire to play a larger role in our community by giving back in the form of volunteering, or participating in community projects.

The only other service that is available to individuals in this area is through Bennington Project Independence, which is designed primarily for seniors and, with the exception of field trips, is facility-based. We currently have three elderly individuals funded through their waiver to receive this service and all three love attending.

We have many aging parents of individuals who we serve and they find this service to be extremely valuable. It gives their son/daughter access to the community that they may no longer be able to do, as well as affording them a break. Consumers note community involvement and activities as a high priority and want to have increased opportunities.

- 8. Transportation:** Transportation for consumers who are unable to drive continues to be an issue, especially for those in outlying areas. Our staff provides transportation when public transportation is not an option. However, we need to balance this with the high cost of gas and ensure that we are not just being utilized as a transportation service. If an individual is going to a medical appointment, they may utilize the Red Cross MediCab. Taxis are also an available means of transportation, although they are typically cost prohibitive for many of our individuals. Approximately six years ago the American Red Cross started the Green Mountain Express, a bus route that goes to places within Bennington and to surrounding towns, including Manchester. This bus has a defined route and times. There is a small charge for this bus service. It's a good option for individuals who want to go shopping or visit friends but does not work as well for individuals getting to jobs or appointments or for visiting friends that are not near a bus stop.

The Employment Connections program has worked with Green Mountain Express to provide transportation to consumers who can work independently. This service has allowed a couple of consumers to be independent of staff support and has increased their independence in the community. Unfortunately, over time we have found this option to not work for many, as the bus would get them to their job late, which was unacceptable for the employers.

We need to continue to try to find ways for individuals to be as independent of staff as possible. Supporting consumers to utilize public transportation, develop natural supports, particularly for those who are working, as well as assisting individuals in studying for their driver's learning permit, as appropriate, are all on-going endeavors.

Prioritization of unmet / under-met needs:

Note: Although an attempt was made to prioritize, feedback was that all of these areas really hold equal weight.

1. Cost effective housing options, including accessibility and appropriate respite options.
2. Jobs for all who want to work, as well as increasing the # of hours, and transportation options; Increase and improve the transition of graduating students who have a job into adult services.
3. Develop crisis bed resources.
4. Financial resources to meet respite needs of children no longer eligible for Transition Funds.
5. Increase the overall health and wellness of the individuals we serve.
6. Increase /improve the clinical expertise within the region.

Regional Outcomes:

1. Continue to promote consumer employment as well as volunteer options:

- Measure:**
- a. **49% or more of the qualifying adults served will be employed.**
 - b. **Increase the number of individuals engaged in activities that “give back” to the community.**

Strategies: Find new and innovative ways to motivate working-age consumers to seek employment; continue to explore and cultivate the job market and work with the local CWS team; continue to explore and develop self-employment opportunities; work with the schools to educate both the parents and the teachers on the importance of work; and work with the state-wide initiative to increase natural supports to meet the supervision and transportation needs of some of the individuals that we serve.

2. Explore and develop a variety of cost effective residential options.

- Measures:**
- a. **Increase the number of people living in less restrictive residential options.**
 - b. **Consumers will indicate satisfaction in their chosen residence.**
 - c. **Crisis bed resources will be developed.**

Strategies: Assess the needs of consumers and work to develop cost effective, least intrusive, living options; develop a pool of Shared Living resources through a variety of advertising mediums; develop additional resources for short- term housing crisis's; Increase the use of technology for individuals who want to live in an apartment, in order to support independent living for individuals with higher needs; work in coordination with the task force to implement cost effective options that are developed.

3. Promote health and wellness for individuals.

Measures: **a. Individuals will have a variety of opportunities to participate in that promotes their health and wellness.**

b. Individuals will receive, at a minimum, annual health care.

Strategies: Continue to ensure that all groups have a wellness component to them; develop additional groups/learning opportunities based on the identified needs and requests of consumers; Empower staff to be more creative; continue to empower the consumers to identify preferred activities which meet their needs, as well as the intent of the funding; resolve any scheduling and transportation issues; develop additional activities/resources to meet the identified needs through community partnerships; Staff and contractors will be well-trained in supporting individuals and homes will be closely monitored; Ensure that individuals have a primary care physician and educate to the importance of receiving healthcare.

Recommended System Outcomes:

Sustainability of the system:

- Adequate funding is needed to maintain a system of supports, ensuring that consumer voice is heard and respected in system redesign and decision making and that the values of the system are upheld.
- The IFS initiative needs to be structured to ensure that the respite needs of the DS children and their families are met.
- The DOL rule needs to be addressed, ensuring that contracted employees do not convert to becoming agency employees in 2015.

Development of cost effective residential models to meet the needs of individuals, including those with complex needs:

- Increase the # of housing subsidies, ensuring affordable housing and making the move to an apartment viable for someone on a limited income.
- Development of - and funding for – on-going technology resources that will increase the number of individuals who can reside in a less restrictive environment, while maintaining safety; access to one-time funding on a regular basis to meet technology needs.

Signature: _____
 Kathleen Hamilton, DS Director, UCS

Date: _____