

VERMONT DEVELOPMENTAL SERVICES

LOCAL SYSTEM OF CARE PLAN

UPPER VALLEY SERVICES, INC.

DESIGNATED TO PROVIDE SERVICES AND SUPPORTS WITHIN
ORANGE COUNTY VERMONT

Local Plan from July 1, 2014 to June 30, 2017

Chapter 1

INTRODUCTION

In accordance with the contract between Upper Valley Services (UVS), the Agency of Human Services, and the Department of Disabilities Aging and Independent Living, this document is the Local System of Care Plan of UVS for the Fiscal Year beginning on July 1, 2014. This Plan is the first document in a three-year cycle that will end on June 30, 2017. The next two fiscal years will see annual updates to this initial plan. Irrespective of the fact that this document is the initial installment of a three-year plan, it is a continuation of the annual planning process that has been underway at UVS since 1997. As such, this plan will also reflect the ongoing status of these previous plans, and will try to incorporate previous priorities into the context of this new planning process. The Local System of Care Plan also serves as the Continuous Quality Improvement Plan for Upper Valley Services.

This plan has been developed under the direction and supervision of the Board of Directors of Upper Valley Services, Inc. (also the Standing Committee in accordance with Vermont's requirements for designation) and by the agency's Quality Review Committee, which is an active consumer dominated sub committee of the Board of Directors.

Background on Upper Valley Services

Upper Valley Services, Inc. is a non-profit corporation formed as a 501(c)(3) in 1986. UVS has provided since 1986, services to Orange County residents who are developmentally disabled. Previous to the formation of UVS, these services were provided by Orange County Mental Health Services, Inc. (currently known as the Clara Martin Center). Over the past twenty-eight+ years, UVS has functioned as a Commissioner Designated Agency under contract to the State of Vermont through its Department of Disabilities Aging and Independent Living to provide services and supports within the Orange County area. UVS is a single service agency as it provides services and supports only to individuals who are developmentally disabled. Except for the Clara Martin Center (which is not designated to provide services to individuals who are developmentally disabled), all of the other designated agencies in Vermont provide services to multiple populations.

Upper Valley Services, Inc. is governed by a Board of Directors comprised of citizens who have an interest in the well being of persons who are Developmentally Disabled. The current Board of Directors is comprised of family members of an individual who is developmentally disabled and who receive services and supports provided by Upper Valley Services. This close connection to Upper Valley Services "program level" assures that the Board is fully aware of the impact of its policies on the lives of persons who are served by the organization. The Board meets on a monthly basis in meetings that are open to the public. During these meetings, the Board reviews written reports on the fiscal health of the agency (prepared by the Chief Financial Officer), on major program changes and innovations (prepared by the Executive Director), and on any areas of policy which may come before the Board. The Board of Directors has a fiduciary responsibility for the operation of Upper Valley Services, Inc. and is accountable to see that the organization functions within the requirements of Federal and State law and regulation. The Executive Director of Upper Valley Services is employed and supervised directly by the Board of Directors.

Mission Statement

The current mission statement for Upper Valley Services is as follows:

Upper Valley Services, Inc. is an organization that provides people with a developmental disability, opportunity and assistance through the development and provision of a variety of services, which enable people to safely live, work, and socialize in their communities in ways which are based upon their individual values, interests, and choices.

Orange County Background

Orange County is located in the central region of Vermont (when viewed from North to South) and extends from the New Hampshire border on Vermont's eastern boundary, to the geographic center of Vermont, which is in Randolph (a total of 463.75 square miles). Orange County is a very rural county, which is complicated by its long east/west axis. Travel in Vermont generally is more difficult when one needs to travel east and west than when traveling north and south. While Vermont's two Interstates (I-89 and I-91) cross Orange County they do not facilitate easy travel from the eastern boundary (Bradford area) to the western boundary (Randolph area).

According to the Center for Rural Studies located at the University of Vermont, as of July 1, 2011 Orange County had an estimated population of 29,015. This represents an approximate 2 tenths of 1 % increase since the data collection for the previous Local Community Services Plan (Year 2011). The three largest population centers in Orange County continue to be Randolph (4,853), Williamstown (3225) and Bradford (2619). According to census data, the estimated population for the State of Vermont in 2011 was 625,741 meaning that approximately 4.6% of Vermont residents reside in Orange County. For Vermont, the overall unemployment rate (for October 2013) was 4% which compares to a slightly lower unemployment rate within Orange County of 3.2%. In calendar year 2012 the median adjusted family income for Vermont was \$57,433 and the median household income in Orange County was \$53,627 during this same period. For the 2012 year, the average per capita income in Vermont was \$28,846 and in Orange County it was \$26,824.

Upper Valley Services Program Locations and Structure

Upper Valley Services' programs are based in the Bradford and Randolph areas of Orange County, and also in Moretown. The Moretown location is in Washington County and provides a range of specialized services and supports. While the Moretown program is equal in size to both the Randolph and Bradford programs, it functions outside of the Upper Valley Services designated area.

The three program locations are not conjoined making travel and resource sharing between them very difficult (commuting distances between these three communities is nearly an hour in any direction). In addition to the total distance involved, driving between each office requires the use of secondary roads that in many places are in poor condition. Randolph and Bradford can connect by using the interstate system but this requires traveling south to White River and then North to either Bradford or Randolph. Consequently the use of the Interstate system does not save any time. As a result, it has been necessary for UVS to create a capacity for these areas to function somewhat autonomously from each other. This has been accomplished by having a Director located within each of the program areas. These individuals are responsible for the management of their respective program areas and they report directly to the Executive Director. As a result of this structure, the culture of each office differs somewhat, reflecting the demographics of the respective areas. All of the Directors at UVS have been in their positions for many years. This history and experience is an invaluable asset to the agency.

Each of the three program areas provide an array of supports that are tailored to the needs and preferences of each person served. As with other designated agencies there is a mix of services offered in each area including residential (e.g. developmental home, supported apartment, group home in Randolph), employment support, community skills training, clinical supports, support in the natural home, transition planning from school to adult services, respite support, flexible family funding, and information and referral services.

In addition to the three main program areas, Upper Valley Services also manages the statewide crisis program known as the Vermont Crisis Intervention Network (VCIN). This program provides consultation services throughout the State of Vermont assisting both individuals and organizations in developing effective ways to support developmentally disabled

individuals who are experiencing challenging circumstances. In addition to consultation services, VCIN also maintains two crisis beds, one located in Moretown and the other located in southern Vermont in Wardsboro.

Unlike any of the other Designated Agencies, Upper Valley Services does not maintain its own business office. Rather UVS contracts with an administrative services agency for all of its business office functions. This organization, ARIS Solutions, has been supporting UVS and several other small non-profit organizations since 1997. This manner of doing business has made Upper Valley Services the most administratively cost effective among all of the designated agencies (current administrative rate is under 4%).

Another difference is that Upper Valley Services is the only Designated Agency in Vermont serving only individuals with a Developmental Disability. Upper Valley Services is not designated to provide services to adults and children who are not eligible for developmental services and whose needs are met through the Mental Health system. Within Orange County the agency designated to provide mental health services is the Clara Martin Center. Upper Valley Services enjoys a close working relationship with the Clara Martin Center. These two agencies regularly collaborate on individual cases when appropriate as well as larger system change events such as Integrated Family Services.

Purpose of the Local Plan

The development of a Local System of Care Plan is a requirement for any agency that is designated by the Commissioner of the Department of Disabilities Aging and Disability Services to provide services within the State of Vermont for people who are developmentally disabled. These local plans are intended to guide the development of local services, and in particular are intended to serve as a guide for the use of local resources to meet identified priorities. Secondly, the local plans are intended to inform the development of the State System of Care Plan and assist the State in its annual budget development process. Thirdly, for developmental services, the Local System of Care Plan also serves as the Quality Improvement plan for the agency.

CHAPTER 2

SURVEY PROCESS FOR FY 2015-2017 PLAN

Format of the Survey

Over 500 surveys were distributed to consumers, family members, guardians, and other interested persons and organizations in the Orange County area. The survey also was available online using a Survey Monkey process. These surveys provided individuals with an opportunity to respond to questions covering 6 general topic areas.

These questions were:

- 1 What offered services/supports are working well?
- 2 What do you think should be changed or improved?
- 3 Are there things that get in the way of good services?
- 4 Are there things that are helpful to you in getting good services?
- 5 Do you have any feedback or suggestions regarding the training opportunities provided by UVS?
- 6 Are there other areas of concern or comment?

The questions posed in this survey were reviewed and approved by the Upper Valley Services Quality Review Committee. This Committee is comprised of a group of UVS consumers who are interested in the overall service quality being offered through and by UVS. This Committee has historically been involved in the development of the Local System of Care Plan, and as such, they have had an interest in the content of surveys used to solicit information about the supports available within the local area.

As in past years there was very limited comment from organizations outside of Upper Valley Services on this plan. The exception to this is the Clara Martin Center. The working relationship between UVS and Clara Martin is excellent, both from the perspective of collaboration on individual cases and on system level projects. One of the specific goals found later in this plan

relates to the development of a unified children's program as part of the Integrated Family Services initiative. In Orange County this initiative is evolving with the close collaboration between Upper Valley Services and the Clara Martin Center.

The lack of responses to the survey questions from entities outside of UVS should not be interpreted as a lack of opportunity. Surveys were widely distributed and this included a wide array of service providers located in Orange County. Included in this process were schools, physician practices, adult service providers, churches, Medical, and Behavioral Health facilities and practices including FQHC's etc., and Transportation providers. UVS is closely involved with many of these entities. Most of this involvement is at the individual level. Exceptions to this include involvement with the LIT process, the CWS process, VABIR, the Local Cohase Chamber of Commerce, the Local Cohase Business Development Committee, the Windsor Elderly Disabled Partners Transportation Coalition, V-Trans, and Common Ground which is on the New Hampshire side of the Connecticut River.

Survey Results

The results of the formal survey are presented in Table 1.

TABLE 1

Relationship	Servic. Wk well	Changed/improved	Barriers	Helpful things	Training Suggestions	Other Comments
Consumer	6 All good	4 Nothing 1 home improv	5 none 1 people	3 good serv 1 friends	2 going well	
Family	3 All good 1 Work Program 1 Home provider 1 Excellent Team 1 warm/welcoming 2 case manage 1 ARIS 1 Quality Staff 1 Global Campus 1 day supports	4 nothing 1 more home visits 1 better team/hosp 1 more job opportun	4 none 1 time and money	1 Accessible Staff 2 Case Mangt 2 Communication	2 Case Manage/basics 1 available resources	1 Community Ed
Staff	2 quality day supp 1 Global Campus 1 Individualized ser 1 Respite	1 more 1:1 time 1 more at Global Cam 1 24 hr prog/isolating 1 pay increases	1 none 2 budget constraint	2 communication	1 Training is good 1 more intens. Orientat 1 more training	1 worried about union
Home Provider	1 mon. home visit 4 all 1 respite 1 quick response 1 global Camous 6 case manage 1 guardian contact 1 Behavior supp 1 Employment	3 bet. Communicat. 1 voiced appreciat 3 confidentiality 1 better CM super 3 none 1 more CM involv. 1 better day support 1 better pay	1 burned out staff 1 budget cuts 1 politics 2 none 1 More CM involv 1 uninter. CM 1 ARIS 1 red tape/paperw 1 attitude/opin/laws 1 more advance notice	1 beh. Supp sepcialist 1 annual audit 1 good relations/staff 1 Counseling readiness of supports 2 case manager 3 commnication 2 Team support	2 need more - aging theme 1 insufficient funds 4 need more 2 training is great	1 more teamwork 1 feel comfortable 1 positive agency outlook
Respite Workers	4 all 1 Case manager 1 guardian	1 week to week pay 1 more consum. Spend \$ 1 more activity \$ 1 day ser. Fore everyone 1 biased physicians	1 not paying parents 1 money 1 govermemnt		1 more training	
Survey Monkey (8)	1 home provider 1 day staff 4 employment 1 indiv. Supports 1 stagecoach 1 ARIS	1 trained back up staff 2 consist. Across sites 1 more use of technology 4 more emp-randolph	1 none 1 large case loads 1 Transportation 1 consist. Commun. 1 support for staff 1 budget cuts 1 dental care 1 lack of adeq. Resou	2 good terams 1 good communication 1 good case manager 1 ARIS support	1 good training 3 more training 1 why we are here training	

Other Sources of Information Considered

In addition to the survey results additional information was obtained by discussions with the UVS Board of Directors, the UVS Quality Review Committee, and the UVS Peer Advocacy group RAPS. Relevant information was also obtained through a review of the Consumer Satisfaction Survey results, Critical Incident reports, Quality Review reports, and the Legislative Work Group (the UVS Executive Director participated in this process).

Chapter 3

SUMMARY of PROGRESS SINCE LAST LOCAL SYSTEM of CARE

PLAN

- IFS Collaboration

Orange County is unique in Vermont in that two separate organizations are designed to provide services within the County. Upper Valley Services is the provider for developmental disability services while the Clara Martin Center is designated as the mental health provider within the County. These two programs are contained within the same organizations in all other parts of Vermont.

The goal of IFS is to create a structure for supporting children and their families in a holistic manner. This means single access at entry and a uniform service planning and service provision process that addresses the needs of an entire family in order to offer services that will support the entire family. The goal is to eliminate “funding and service silos” so that services are not constrained by these artificially created barriers. For the past two years the Clara Martin Center and UVS have been working together to develop a structure that meets these goals. This is requiring these two separate agencies to share resources and expertise as an integrated system is developed.

The ongoing issues with the Personal Care Program (eligibility and service options) have contributed to making the transition process difficult. Families (many who still receive transition funding) do not feel they have immediate needs as their primary concern focuses on respite. It is expected that family’s sense of urgency will increase as the transition funding expires. There will be lots of people losing essential services when this happens, and the amount of non-categorical funding available will not be sufficient to replace these lost dollars. UVS and Clara Martin Center have worked together to create an initial structure within Orange County to be in line with the overall goals of IFS. Orange County has yet to be included as a pilot for IFS. We anticipate this will occur within the next couple of years.

- Electronic Health Record

UVS is the only remaining Designated agency without an Electronic Record System (EHR). This has been due to cost as well as to record system design of the existing EHR systems in the state. There has been an ongoing concern that the existing systems may reflect a behavioral health design and as such, may not be configured especially well for the demands and needs of an organization working exclusively with individuals who have a

developmental disability. During Fiscal Year 14, UVS in partnership with Sterling Area Services, Lincoln Street, Champlain Community Services, Families First, Francis Foundation, and ARIS Solutions came together to form a consortium for the purpose of selecting an EHR that is configured to the needs of developmental services in Vermont. An RFP was issued by this consortium and a process is underway to select a provider. It is anticipated that a provider will be selected before the end of FY 14. Using a consortium approach it is believed that the final product will be very focused to the needs of Vermont's DD system. The consortium will also create a significant efficiency over what would be the case if each organization tried to acquire an EHR independently.

- Training

In years past, training opportunities on a systemic scale were more available than what has been the case over the last 5 to 10 years. Each agency, including UVS, has offered regular training for staff and contractors but there have been limited occasions where individuals across the state have been able to come together for learning opportunities that have common benefit to nearly all organizations. In addition to the learning material itself, these more system wide training opportunities play a networking role where people are able to begin sharing on a broader scale. Such networking is immensely beneficial we think.

Over the last 18 months, UVS sponsored three system level training opportunities. Two of these were with Dr. David Pitonyak from Virginia, and one was with Dr. Al Vecchione who is the Clinical Director for the Francis Foundation. One of the Dr. Pitonyak trainings was scheduled at the Killington Grand Hotel and drew nearly 400 participants from all across Vermont. We feel that these examples demonstrated both the need for, and interest in, periodic system oriented training opportunities within Vermont.

As an outgrowth of these initiatives, UVS along with Jeff Coy from the Department of Disabilities and Aging Services set out to form a training committee to begin the process of planning and then implementing planned training activities within the State. This initial very small group is expanding to include persons from various parts of Vermont. This group is calling itself the Vermont Training Consortium and it hopes to coordinate its first system level training opportunity in the fall of 2014.

- Money Follows the Person

During Fiscal Year 2014 UVS became an Approved Agency for the newly created Money Follows the Person program. This initiative is designed to assist individuals residing in Nursing Homes to live in community placements if this is their preference. UVS will make its first placement of an individual desiring to move from a Nursing Home to a community living situation before the end of Fiscal 2014.

- Health Care Reform

Over Fiscal Years 13 and 14 UVS has been a participant in varying discussion and committees to assist in the planning for large scale change in how services are provided and paid for within the State of Vermont. These initiatives have been initially based on desires to limit the growth in health care costs while simultaneously enabling better health care outcomes to occur. Most of the discussions have been focused on acute care with very little time being directed to the structure and focus of long term care. Nevertheless, UVS has been an active participant in this process and will continue to offer assistance and input.

- P.L.A.N. (Planned Lifetime Advocacy Network)

Also in Fiscal Year 2014, UVS became aware of a program located in British Columbia that was based on the concept of connecting people to a broader array individuals who are not paid to be with them. These connections are based upon common interest areas with the hope that long term meaningful friendships will emerge. In British Columbia, this effort is being led by parents and it is evolving outside of the paid/professional system in British Columbia. Initially thought to be a way to reduce costs, going through the training it was clear that cost reduction was not a direct benefit of this approach. What was clear was that this approach had great potential to improve the quality of life for individuals in very meaningful ways.

UVS was enthusiastic to learn more about this approach, so 5 UVS staff participated in a web based training program with the people in British

Columbia. From this participation several things were learned. First it was recognized that many individuals supported by UVS had in place meaningful relationships of the type described by P.L.A.N. Second was an appreciation of the need to celebrate and carefully document these relationships as they are important examples of quality of life being enhanced. Thirdly it was apparent that we would need to adapt some of this programs approach in order to have it occur in combination with the portion of a person's life that included paid supports.

As a starting point, staff from each UVS office are initiating a more formal process of assessing the interests that people have as a prelude to initiating the design of a more formal process. This area is one of the main initiatives that UVS is establishing as part of its FY 2015 System of Care Plan.

- Interactive Tele Conference System

Another important development was the ability to acquire a video system that enables the three UVS offices and ARIS Solutions to easily communicate with each other without needing to have staff traveling long distances to attend meetings. While this method of meeting took some adjustment, it has become an effective and easy to use tool. This system has resulted in greater efficiency and cost savings.

Supplemental Information

As the last System of Care plan was being prepared, Upper Valley Services, along with the rest of the system was bracing for additional budget reductions. Cuts were more the rule than the exception, so it was extremely difficult to put together a viable quality improvement plan given the uncertainty of resource stability. UVS has worked very hard to minimize the effects of budget reductions on individuals, but these pressures have resulted in a slow erosion of service quality and capacity. Many individuals have had service levels reduced and as a result are more isolated then they once were. UVS resources continue to be stretched which is making it more challenging to maintain high quality supports. Irrespective of these reductions, UVS has been able to maintain essential supports, albeit with increasing difficulty. Some examples include managing supports for a small number of persons who have behaviors that threaten public safety, maintaining a reasonably stable network of developmental home providers, crafting a number of

unique employment options with more than 50% of the individuals of working age having paid employment, increasing the composition of some individual support teams to include other community providers, maintaining an effective school to work transition planning process, and overall facilitating the involvement of people in their communities that contribute to an enhancement of a person's quality of life. This last area also plays an important role in increasing the positive public image of people with disabilities through meaningful and individualized community interactions.

UVS is a responsible partner and will always do its best to adjust to the realities of funding. UVS is also open to new ideas and methods that are consistent with the system values that are articulated in the DD Act. However, we believe that a caution needs to be raised about the erosion in service and capacity that UVS (and other agencies) is experiencing as a result of several years of funding reduction. A position that is expressed often is that as a result of past reductions, no discernable negative impact has been seen. This perception is somehow then used as a justification for why additional budget reductions can be contemplated because nothing bad has happened in the past. We do not agree with this assessment as we feel that plenty of bad things have happened as a result of years of budget reductions. The slow but steady erosion has resulted in a reduction in services for many individuals supported by UVS. These have included reductions in respite allocations, greatly reduced opportunity to participate in and become a part community life resulting from losses of community support hours, limitations on the number of hours some are allowed to work, a loss of access to important (at times critical) clinical supports, and the need to rely upon a generally less trained workforce. People are more isolated in their communities because of this erosion in resources. Overall, we do not believe that the system is nearly as strong as it once was.

Chapter 4

NEXT STEPS for FY 2015 to 2017

Based on the input received, Upper Valley Services has adopted several goals to work on for the three year period beginning July 1, 2014. These goals are not being presented in order of importance. Rather they are being presented as targets which UVS will work towards during the 3 years covered by this local plan. Progress on these goals will be reported during the annual updates of the Local System of Care Plan.

GOAL 1

Develop Strategies for Enhancing Inclusion

- During calendar year 2013 Upper Valley Services had staff from each of its three program offices participate in a webinar in a program model called PLAN (Planned Lifetime Advocacy Network). This program, located in British Columbia, is a family based model that seeks to enhance the lives of persons with disabilities by developing a network of non-paid community members to become involved in the everyday lives of persons with disabilities. Originally it was thought that this model might have as its objective, the replacement of paid supports by supports which naturally occur within the community. After participation in the 6 week training program it does not appear that offsetting the costs of paid supports is a common outcome. What is intriguing, however, was the potential enhancement of life quality by approaching the development of natural supports through an intentional process. Most of the supports around the individuals agencies such as UVS work with, are supports that are paid to be there. Despite the high quality nature of many of these relationships they all too often are not sustained once the dollars that pay the supports disappear. Rarely will these relationships develop to a level where they are sustained beyond the availability of the dollars.

The purpose of having UVS staff attend the PLAN training was to learn from this approach in the hope that the approach could be adapted to be incorporated into the regular person centered planning process at UVS. Certainly there are many examples of meaningful involvement of non-paid supports in the lives of people supported by UVS. These relationships are essential to the enhancement of an individual's Quality of Life. As a goal for this year's 3 year System of Care Plan UVS will work towards increasing the number and variety of meaningful non-paid supports in the lives of people supported through Upper Valley Services. This organization and development of this process will be ongoing throughout the three years of this planning cycle:

Year 1 (July 1, 2014 – June 30, 2015)

- Develop a process for implementing a focused plan for increasing natural supports
- Define a training plan for staff and home providers
- Begin training activities
- Initiate beginning process in each UVS program area
- Define and develop a documentation system
- Define and document baseline levels of natural supports

Year 2 (July 1, 2015 – June 30, 2016)

- Broaden the number of people involved in the process in each area such that all consumers have the potential to benefit
- Summarize Year 1 results and compare with pre-process baseline
- Revise process as indicated by the data
- Continue training UVS staff and home providers

Year 3 (July 1, 2016 – June 30, 2017)

- Broaden the number of people involved in the process
- Summarize year 2 results and compare with baseline and year 2 outcomes
- Revise process as indicated by the data
- Continue training UVS staff and home providers
- Report results in SOC plan 2017-2020

From participation in the PLAN Webinar and from discussions with a resource at NASDDDS, it does not appear that a “canned approach” for this type of initiative exists or if it does, we have not been able to locate such a model. Consequently, this goal may represent a new approach to the issue of inclusion. In terms of the specific questions posed in the plan instructions:

- What do you hope to achieve

Our intent is to develop a process that will lead to an increase in the number and scope of relationships that people receiving services through Upper Valley Services have with persons who are not paid to be them. We are hopeful that such an effort will lead to the emergence of sustainable and

meaningful relationships, and will facilitate greater levels of community inclusion.

- What strategies will be employed

The overall strategies are listed above. As there is no clear model to draw upon, we will need to develop and revise strategies – particularly in Year 1. We do know that these strategies will need to be organized around an individualized planning model.

- How will you know when each goal has been achieved

One of the first tasks will be to arrive at an operational definition of inclusion including the involvement of meaningful relationships with persons who are not paid. From here, an individualized base line will need to be established. Eventually, the measurement should have a quantitative component in terms of the number of relationships/opportunities that meet the definitions that are to be determined. The primary metric should however, be qualitative and be reflected in the individual's perceptions of their life quality. Developing a documentation and measurement system is a goal for the first year of this plan cycle.

- What difference will it make

We think at this juncture it is fair to say we don't exactly know. We think, however, that an individual's life quality will be greatly enhanced as a result of greater amounts of meaningful involvement within ones community. This enhancement should result in an increase satisfaction level with life quality, greater levels of self-esteem, greater levels of independence for some, possibly increased opportunity for employment, and far greater levels of acceptance and involvement by others.

GOAL 2

Increase the percentage of people supported by UVS who are employed (at the time of this writing the baseline % measured by VR was at 52%).

Employment is a highly valued outcome, and UVS's commitment to employment is well documented. The most recent data requested by VR

shows that 52% of the persons served by UVS who are of working age have some paid work experience as part of their regular schedule. This percentage of people employed is among the highest in the state. We think this is an impressive outcome for numerous reasons, including the fact that Orange County Vermont is among the most rural counties in the State. Nevertheless, we want to work towards a goal to increase the number of individuals who have paid work. To accomplish this some additional assessment and planning strategies will likely be necessary. VR grant support has recently been reduced at UVS by 20%, and the remaining funds support a program that is based in Bradford. The distances between UVS' three offices are not conducive to broadening the scope of work for this existing program. Work placement activities in the Randolph and Moretown programs have historically been accomplished without assistance from Vocational Rehabilitation.

Year 1 (July 1, 2014 – June 30, 2015)

- Evaluate capacity for supporting people in employment
- Organize and implement training on generating and supporting employment outcomes for UVS staff and home providers
- Begin with the formation of a pilot “Employment Focus Group” organized around a sample of individuals not employed
- Implement formal Supported Employment training within each program area
- Strive for a UVS employment rate of 54% (or 2% above the most recently VR determined employment %) by June 30, 2015

Year 2 (July 1, 2015 – June 30, 2016)

- Evaluate capacity for supporting people in employment including agency staff, contracted persons, and natural supports
- Continue to refine and provide supported employment training in each area
- Revise and refocus Employment Focus Group and expand to broader range of people
- Strive for a UVS employment rate of 57% (or 3% higher than the most recently VR determined employment rate) by June 30, 2016

Year 3 (July 1, 2016 – June 30, 2017)

- Evaluate capacity for supporting people in employment included agency staff, contracted persons, and natural supports
- Continue to refine and provide supported employment training in each area
- Further broaden and refine “Employment Focus Group
- Strive for a UVS employment rate of 60% (or 3% higher than the most recently determined VR employment rate) by June 30, 2017

- What do you hope to achieve

Upper Valley Services hopes to increase the percentage of people who have a paid work experience from a baseline established by VR using July 1, 2014 as a starting point. By the end of the three years of this plan we hope to increase the percentage of people (of working age) with paid work experiences at UVS to 60%.

- What strategies will be employed

The main strategy for increasing employment is using an employment focus group around each person. By doing this we will be broadening the discussion to a larger circle of support than what is typically the case. Other components of this strategy include supported employment training to a broader range of support persons within each of UVS’ three program areas.

- How will you know when each goal has been achieved

The employment percentage for each agency is calculated by VR. This will be the primary source of data to monitor progress towards the employment goals specified above.

- What difference will it make

Employment as a catalyst related to the outcome of enhancing overall life quality (physical and mental health, self-esteem, self-worth, economic enhancement, friends, etc.) is well established in the literature. In addition to

these differences at the person level this goal should also support the first goal of increasing inclusion.

GOAL 3

Provide and participate in regular training opportunities for staff and home providers on a local, regional, and statewide basis

Over the past few years the system has moved away (with some few exceptions) from sponsoring and organizing training opportunities that were not directly focused on the support needs of a particular individual. Our sense is that this has been a loss to the system as it has lessened the opportunity for agencies to share information, knowledge, and expertise between and among each other. Certainly within UVS there are lots of trainings conducted that are specific to the needs of a particular consumer. There is also training as required by the Department of Disabilities Aging, and Independent Living such as Pre-Service Training. Seldom however, are there training opportunities that are designed to increase the general knowledge and expertise of individuals providing services and supports to consumers.

Over the past couple of years UVS has initiated several general knowledge training opportunities and has invited a large number of people to attend, from within UVS and elsewhere. These trainings have been very well received demonstrating a desire in the field to have more of these opportunities available. UVS has additionally worked in conjunction with the Department of Disabilities Aging and Independent Living to initiate a small coordinating group which is calling itself the Vermont Training Consortium. Members of this small group include representatives from several agencies including UVS, a representative from the Department of Disabilities Aging and Independent Living, and members from Green Mountain Self Advocates. This group is working to organize some initial training sessions with the intent to expand the scope of this group's effort to a statewide planning group. As a way to formalize UVS' commitment to the provision of high quality training a specific goal dealing with this topic is being included in this Local System of Care Plan.

Year 1 (July 1, 2014 – June 30, 2015)

- Continue participation with the newly formed Vermont Training Consortium

- Working with the Consortium assist in the planning and delivery of two conferences on topics of interest to Vermont's DS system
- Increase the use of technology in order to make training opportunities more readily available
- Facilitate making the Pre-Service Training available on-line

Year 2 (July 1, 2015 – June 30, 2016)

- Continue participation with the newly formed Vermont Training Consortium
- Working with the Consortium assist in the planning and delivery of three conferences on topics of interest to Vermont's DS system
- Work towards the expansion of higher education opportunities focusing on Developmental Disabilities
- Work with the DS Directors to increase the number of online training options

Year 3 (July 1, 2016 – June 30, 2017)

- Continue participation with the newly formed Vermont Training Consortium
- Working with the Consortium assist in the planning and delivery of four conferences on topics of interest to Vermont's DS system
- Work towards having a degree program available within the Vermont College System having a focus on community based services for persons with a developmental disability

- What do you hope to achieve

Over the three years of this Plan, UVS hopes to assist in the development of an organized approach to training that has three interrelated levels. The first and perhaps most important is the organization of focused and ongoing training for staff and contractors at the local agency level. The second level is the provision of regional training opportunities that occur at regular intervals. The third level is a single state wide annual conference. A further

goal is to participate in the establishment of a graduate degree program in developmental disabilities at a Vermont based college.

- What strategies will be employed

The strategies on how to approach each of these goals are identified above.

- How will you know when each goal has been achieved

Most of the goals above are tied to observable outcomes. i.e. the delivery of training sessions for staff and contractors. The goal of a graduate program in developmental disabilities is tied to the acceptance of such a program of study by a degree granting institution within the State of Vermont.

- What difference will it make

Having a better trained workforce (comprised of staff as well as contractors) will improve the quality and consistency of overall service delivery, within UVS and elsewhere within Vermont. As a consequence individuals receiving supports and services should progress towards the attainment of their personal goals at a more rapid pace. Practices between agencies should over time become more consistent. The availability of a higher education degree in Developmental Disabilities will enhance both the skill level of people enrolled, but also assist in opening career opportunities for those completing the degree requirements.

GOAL 4

Select and implement an Electronic Record System in conjunction with other organizations using a consortium model that maximizes efficiency and versatility.

Most agencies in Vermont have moved to using an Electronic Health Record System. These systems provide an opportunity to be more thorough in record comprehensiveness, organization, and efficiency. They are also very expensive. Most of the EHR's that we have previously looked at have been heavily oriented towards "Behavioral Health" and less so towards Developmental Services. Nevertheless it is clear that Upper Valley Services, along with the SSA's need to incorporate an Electronic Record System into the way consumer information is stored, retrieved, used, and when appropriate, shared. For this reason, during calendar year 2013 and the early

part of 2014, UVS along with the SSA's serving a DD population came together and issued a joint RFP for an Electronic Record System. As this plan is being written, a decision as to which proposal to select has yet to be made. However, as the implantation of an EHR is a very sizable undertaking a specific goal relating EHR has been included in the plan.

Acquire and establish an Electronic Health Record system that meets the requirements of health care reform while remaining focused on developmental disabilities

Year 1 (July 1, 2014 – June 30, 2015)

- Purchase and begin the process of installing an Electronic Health Record at UVS
- Develop and provide ongoing training in the use of the EHR

Year 2 (July 1, 2015 – June 30, 2016)

- Continue with EHR implementation

Year 3 (July 1, 2016 – June 30, 2017)

- Continue with EHR implementation

- What do you hope to achieve

Using a consortium model, we hope to achieve a cost effective and DS friendly Electronic Record System that meets all of the parameters of the State of Vermont's requirements including all of the emerging demands associated with the health care reform agenda.

- What strategies will be employed

Representatives from each of the agencies involved in the consortium are evaluating proposals from software providers against the service provision requirements that Vermont has for providers in the Developmental Disability system. We are also enlisting support and involvement from VITL in vendor selection and contract review steps to assure full integration with the State of

Vermont as the Health Care Reform Agenda moves forward. We are designing the record system in a manner that assures its ongoing relevancy.

- How will you know when each goal has been achieved

The goal will be reached once the selected EHR system is in place and being used by staff and certain contractors, and when the active use of paper records has been replaced by an electronic format. As implementation continues the system put in place by the consortium is able to be maintained in a sustainable fashion for all consortium members.

- What difference will it make

In order to function as a future provider in Vermont, it is essential that each consortium member be using an Electronic Health Record that improves agency efficiency, supports compliance with Privacy Laws, and creates an ability to integrate and communicate with other providers and provider networks. The approach being taken by the consortium allows for multiple agencies to participate and share in the costs associated with both the initial purchase and ongoing implementation of the EHR. Without the consortium the per agency cost of an EHR that is capable of meeting all of the Health Care Reform expectations would be beyond the financial reach of individual consortium members.

GOAL 5

Develop more residential options that promote independence along with social inclusion by increasing the availability of independent living options for persons wishing to reside in their own apartments.

Over past years the Developmental Home model has essentially become the default residential option for the entire system; including Upper Valley Services. This model has many advantages including the important relationships that typically develop as well as cost. Since this model takes advantage of the IRS rules which allow tax exempt stipends, the residential component's cost effectiveness limits the ability of people moving from this model to more independent living arrangements. In addition to this limitation, the lack of rent subsidies offered within Vermont makes living in one's own apartment

prohibitively expensive. As Medicaid funding cannot be used to pay room and board costs, the SSI benefit received by most folks is not sufficient to cover the room and board costs of living in an apartment. Given the distances involved between where folks live and work, there are not very many situations where “roommate” arrangements naturally work. We are very hesitant to put people together who are not making this choice on their own. Nevertheless, UVS is committed to work towards the goal of increasing options for independent living within the three years covered by this Local Plan.

Year 1 (July 1, 2014 – June 30, 2015)

- Work with DAIL to identify ways to access rent assistance to facilitate access to housing
- Identify Persons who are interested in living in a more independent model
- Develop an individualized support plan to maximize chances for the individual to live successfully in an independent model
- Develop the use of technology where appropriate to enable people to live independently
- Coordinate this initiative with Goal 1 to assure that independent living does not equate to isolation within one’s home
- During Year 1 develop independent living plans for 5 people (a plan defines the resource and support needs necessary for a person to be successful)

Year 2 (July 1, 2015 – June, 30 2016)

- Continue all Year 1 goals
- Include this residential option as a potential model at intake
- During Year 2 develop independent living plans for 5 to 10 new people

Year 3 (July 1, 2016 – June 30, 2017)

- Continue all Year 2 Goals
- During Year 3 develop independent living plans for 5 to 10 new people

- What do you hope to achieve

We hope to develop a dynamic residential model that enables individuals to live within their own homes rather than in the homes of others, and to do so without experiencing isolation and loneliness. We hope that this option will become a readily available option for individuals who have the desire to live in their own apartment, and that the developmental home model will not be the default option as it is currently.

- What strategies will be employed

The primary strategies for approaching this goal are identified above.

- How will you know when each goal has been achieved

One of the first indicators will be the availability of rental subsidies that enable people who are unable to pay room and board costs. This is a majority of people supported in the Developmental Disability System. A second indicator will be the ability to access and utilize appropriate technology to replace some supports which otherwise would need to be provided by staff. A third indicator will be the actual moving of people into their own living arrangements. A fourth will be satisfaction reports on quality of life measures. A fifth indicator will be the social inclusion indicators that are associated with Goal 1.

- What difference will it make

We believe that the people who choose this option will be happier so long as they are not moved into situations where there is an increase in isolation and loneliness. The life that people lead will be seen by those outside the system as being ordinary and typical of the lives led by non-disabled persons of similar ages. People will have relationships that mirror relationships enjoyed by non-disabled persons.

GOAL 6

Implement an organized and comprehensive children's service program as part of Vermont's IFS initiative.

Continue coordination with Clara Martin Center for the development of a comprehensive service approach as part of IFS. Given the nature of the IFS roll out, Orange County is not at this time on the implementation list as a pilot site. For this reason specific goal statements are not known at this time, except that UVS will join with the Clara Martin Center and the State of Vermont to implement the goals of IFS as they continue to emerge.

- What do you hope to achieve

The goal of IFS is to offer to families an integrated and comprehensive system of supports that enables families to stay together successfully supporting their children within the family structure.

- What strategies will be employed

This process is still being rolled out on a statewide basis, and to date Orange County has not been selected as a pilot area. We do not know when Orange County will be authorized to move forward on a comprehensive basis. In the meantime we will continue to work closely with the Clara Martin Center to coordinate services and supports to families within Orange County within the scope of the resources we have available. Currently, all of the financial resources are housed at the Clara Martin Center. Staff lead for IFS in the Randolph area comes from Clara Martin Center, and in Bradford the lead staff role comes from UVS.

Specific strategies for this goal are not able to be developed in any detail until the authorization to implement all of the provisions of IFS has been granted by the Agency of Human Services.

- How will you know when each goal has been achieved

This provision awaits the approval of AHS for Orange County to proceed with the full development of this model.

- What difference will it make

The full implementation of this model may have the benefit of supporting families in a holistic fashion rather than through the funding silos that currently govern the planning and implementation of services and supports within the Orange County region.

Suggestions for Statewide Goals

- State Goal 1 Rental Assistance Availability
 - It is recommended that the State develop a mechanism and a funding source to provide rent subsidies to enable individuals to afford a move into their own apartment. We do not believe that the added costs would be excessive, and would be easily justified on the basis of overall cost effectiveness and on the basis of enhancing individuals quality of life.

It is not legal to use Medicaid Waiver funds to pay for an individual's room and board expenses associated with independent living. While the individuals served receive Social Security benefits, these amounts are not sufficient to manage typical apartment rentals. The rural nature of Orange County and the lack of personal relationships typically existing between people being served make it unusual for folks to come together with a desire of wanting to live together. If this should occur, two people living together would make the ability of managing rents more likely. However, successful match making for this purpose (as in an agency placing people together) is not often possible and is almost always not sustainable. In order to make independent living arrangements successful, some type of rent subsidy approach will need to be adopted.

State Goal 2 Health Care Reform

- It is recommended that the State (DAIL) work to inform health care planners of the importance of avoiding a return to a medical model as a consequence of health care reform. There is great concern within the DD community about the heavy reliance upon the overwhelming medical structure of the emerging ACOs. As these organizations will apparently become the location where funding for long term care programs

(including Developmental Services) is allocated from, and where “Care Practices and Policies” are developed, the degree of influence from the medical community will not reflect the needs and interests of people relying on Medicaid for support in managing their lives.

The DS system has incorporated into its current structure principles, values, and safeguards that were arrived at, in many respects from past errors. They have been adopted as they define many of the parameters that help assure the life quality of people with disabilities. These protections and principles need to prominently guide the shaping of any new configurations that emerge through the health reform discussions.

- It is recommended that DAIL promote the adoption of Quality of Life indicators as the primary outcome indicators of system responsiveness and effectiveness. DAIL has had a consumer satisfaction survey process for a number of years. The design of this process assures objectivity as the data collection and analysis is conducted by a third party. The consumer satisfaction process as practiced in Vermont is consistent with the literature on measuring Quality of Life as discussed by Robert Shalock and others. We encourage DAIL to actively promote the utilization of a Quality of Life measurement system as the core component to measure health outcomes in the emerging health reform view of the long term care system.

- It is recommended that DAIL consider holding a monthly or bi-monthly meeting of stakeholders to keep these individual’s informed on the emerging changes (structurally and programmatically) that the health care reform process will have on the service delivery system that currently supports people with Developmental Disabilities. These forums would additionally provide DAIL leadership with feedback and suggestions about planned changes in order to help assure that

the future configuration of services is at least as good as the one in place currently.

State Goal 3 Consumer Feedback

On February 11, 2014 a meeting was held at Upper Valley Services with two consumer groups, the UVS Quality Review Committed, and the RAPS self-advocacy group. The purpose of this meeting was to review the Local of System Care plan with them in advance of taking the plan the UVS Standing Committee, which in our case is also the Agency Board of Directors. The process used to collect information for this plan was reviewed with the consumer groups, as was the individual goals that are part of the plan. The feedback from these groups has been incorporated into the plan (e.g. there was general support for all identified goals but the goals dealing with employment and inclusion were viewed as the most important). Also reviewed with the consumer groups were the two state wide goals listed above.

Folks participating in the meeting were asked if there were additional things they wanted to have mentioned specifically, and following some discussion the consumer groups asked that the following two items be added.

- With regard to employing people with disabilities there was a strong request that the State set an example for Vermont by hiring more people with disabilities as part of the State workforce.
- With regard to fiscal resources, to encourage the State to include in its budget process adequate funding to meet the essential needs of people who are in need of services and supports.

SUMMARY

This plan has been developed as required by Vermont statute. Input was sought from stakeholders as well as from documents and reports that contribute to the insight about future areas of need. This plan was

additionally reviewed by the UVS Quality Review Committee, the self-advocacy group RAPS, and the UVS Board of Directors. The UVS Board, based upon its composition, also functions as the agency Standing Committee. This Board voted to adopt this plan at its regular Board meeting held on February 26, 2014.

It is fully expected that the goals identified in this plan will enhance the experiences of people receiving services and supports from Upper Valley Services. Some of these goals (e.g. Goal 1 enhancing inclusion) will require time to develop in order to build and enhance agency practice. Consequently, specific outcomes identified within the plan will likely be modified throughout the duration of this overall plan. These changes will be reported during each annual plan update.

During the three years of this plan period, the service system in Vermont may well be modified (by the health reform efforts) in ways that are not at all understood as this current plan is being developed. It is very possible that these yet to be determined changes will have a direct influence on the ability of UVS to manage the goals that have been identified. The extent to which this broader planning activity influences the goals addressed in this plan, will also be discussed during the annual updating process.