



## **Developmental Services Local System of Care Plan FY 2018 – FY 2020**

### **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 ten case managers, seven program managers, and four QDDP's providing case management services and/or support to 172 individuals receiving some form of Case Management either through the Medicaid Waiver (154 people) or through Targeted Case Management (18 people). Included in this count are two Family Services Case Managers who provide services to the majority of DS kids served through the Bridge Program. The Bennington Police Department stated that "DS does a great job of meeting the needs of the clients. DS is responsive whenever consulted with."

**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 combination of waiver dollars and a small amount of grant funding. Currently, there are 155 individuals who meet the criteria to be counted for employment. 47 out of the 155 or 30% are currently employed and 29 individuals or 19% are currently job developing in order to find work. There are eight individuals who are self-employed and one of these individuals has integrated employment in addition to his self-employment. Those individuals needing on-the-job supports are supported by eleven full time agency staff and one Program Manager. In addition, we have three families who manage their son/daughter's employment through contracted supports.

**Community Supports:** Community Supports is funded through the Medicaid waiver and can be done by UCS staff or contracted workers. The goal of Community Supports is to foster full community participation and personal relationships with other members of the community. Thirty nine participants receive their services through contracted supports, with the home provider or family member as the employer. An additional nine of our individuals receive contracted Community Supports at Bennington Project Independence, a local Adult Services Day Program. We currently have thirty five individuals attending staffed Community Supports. Those that come to participate in staffed Community Supports choose from a variety of activities throughout the community. These activities include many programs that focus on health and wellness such as Zumba, Yoga, year-round tennis lessons, swimming, gym workouts, bowling, indoor soccer, hiking, kayaking, and horseback riding. We also partner with several community members to provide consumers with access to art, indoor ice skating, and volunteer activities. Additionally, we offer two women's groups, a men's group, and a VISIONS group, which is a functional academics class. 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 Supports and Flexible Family Funding (FFF):** Respite for adults is funded through the waiver and employers use ARIS as the fiscal agent for this service. Case managers help to monitor usage and personnel for ninety four individuals who receive respite through the waiver. The agency has approximately

\$73,000.00 in IFS funds earmarked for DS kids in need of respite funds and this is allocated through Family Managed Respite (FMR). We do not keep a waitlist for FMR but attempt to accommodate each need. We currently have twenty eight families enrolled to receive FMR funds. We also have fourteen children receiving Personal Care Assistance. UCS currently provides limited resources in the form of Flexible Family Funding to fifty seven consumers. Our Family Services Coordinator manages the allocation of funds for FFF and FMR and distributes funds according to state regulations. Usage of these funds is monitored and reported to DAIL on a quarterly basis.

**Clinical Services:** Individuals receive medical services through providers within the community or through those at UCS if it has been funded in their waiver or they have Medicare. Securing good providers in the community who are willing to take Medicaid and DS clients 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 mental health issues. One of the UCS Psychologists has the training to complete evaluations for those on the Autism Spectrum, while another does adaptive evaluations for DS consumers. UCS has one full time psychiatrist on staff, one full time Nurse Practitioner, and part-time contracted psychiatry. Although we do not have a clinician specific to the division, DS offers a DBT skills class to consumers who need emotion regulation strategies and to staff who support them.

### **Housing and Home Supports:**

**Supervised Assisted Living:** For FY 2016, DS staff supported 40 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 in which residents receive increased support and staffing. This is a HUD apartment house owned by UCS so rents are subsidized. The majority of our consumers rent their apartments in the community, while one individual owns his own home. Affordable housing within the community continues to be difficult to find, with no new Section 8 housing subsidies available in the area. The individual living in her own apartment who had been utilizing Safety Connections “graduated” from that program and is now able to stay safe without that intervention.

**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 respite bed for limited, short-term use.

**Shared Living:** We currently serve sixty individuals in forty eight Shared Living homes. Shared Living continues to be one of the most cost effective models when supervision is required, especially for offender-type consumers who need supervision at all times. In the past year, three individuals moved from Shared Living into Supervised Assisted Living, and one moved from a nursing home into a Shared Living home. We also had one person successfully move from a Shared Living placement with her mother to her own placement with a new provider and two individuals move from a family placement to a Shared Living home. Feedback from staff at the local hospital was that “clients in this program receive great care and have a team that involves nursing and case management.”

**Adult Family Care Homes:** This program is funded through *Choices for Care* and gives individuals residing in nursing homes the opportunity to live in a family home. Although they do not have a DS diagnosis, the DS program is administering this service and the Shared Living managers are responsible for the operation of the program. We currently have two individuals placed in AFC homes. However, it can be difficult to find accessible homes in the area when needed.

**Family Services:** We have three case managers who support fifty six individuals living with their families. The growth in this program has been immense over the last several years. To meet the demand, we are hiring a third case manager for this program in November of 2016.

**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. Many of our individuals access services using the Green Mountain Express, which can be arranged for door-to-door pickups and drop-offs for those with a DS diagnosis. Some of our more independent consumers utilize the Green Mountain bus for navigating around Bennington. We are no longer using this bus system for those who work without staff support to access their jobs as it does not consistently run on time, making people late for work.

**Intensive Family Services for Children:** DS works closely with Youth and Family Services to ensure all children's' needs are met. DS manages the Bridge Program, which currently serves eleven children, although we have sixteen slots available. The Family Services Coordinator performs administrative duties for Bridge, while the two Family Services Case Managers provide the Bridge supports. The agency has implemented a Universal Access Program which helps to ensure that all calls are referred to the appropriate division, either DS or Youth and Families. The DS Director and the DS Operations Manager are involved with the IFS team which meets quarterly. This committee is looking for ways to strengthen community partnerships so that the needs of all children, regardless of diagnosis, can be adequately met.

## **2. Current Status of FY 2015 – FY 2017 Outcomes:**

### **Goal 1: Continue to promote consumer employment as well as volunteer options:**

- Measures:**
- 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.**

With help from Voc Rehab, we continue to promote employment for all consumers who want to work. Although we currently only have 30% of people working, we are actively job developing with 29 other individuals to find them paid employment. It continues to be a struggle to find employers willing to hire our consumers in the Bennington area. We have recently explored new opportunities for employment in the Manchester area; securing employment for two people at the Orvis Store. Another individual has been given increased hours at his job he has had for several years. We currently have 11 job coaches working in the community to support consumers on their jobs and one manager and Level II are classified as job-developers. They follow up on every job lead and continuously check in with local businesses to see if they would be interested in hiring one of our consumers. Now that this program is under new management, we are focusing on a much more person-centered approach and moving away from the “cookie cutter” way of thinking that any individual can be placed in any job. There is much more thoughtful planning occurring around employment and the consumers and staff seem to be appreciating this positive change.

The majority of our volunteerism is occurring through our Community Supports Program. Consumers are being given volunteering options in many different areas including: Spending time with a young patient in the nursing home, making stuffed bears for nursing home residents, putting up blood drive posters in the community, spending time with animals at the Animal Shelter, collecting pet food for the animal shelter, and playing indoor volleyball with nursing home residents. It has been difficult for

Employment staff to implement volunteer programs because the demand for paid employment is so high. When possible, consumers are encouraged to begin volunteering at the job of their choice in a job experience with the hopes that it will turn into paid employment in the future.

**Goal 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.**

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). 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 try to keep at least one Shared Living provider “on standby” when we need a crisis placement, but this is not easy to do as people would prefer to be on a contract. We are continuing to work towards getting the word out about Shared Living and the new Adult Family Care Homes. However, at times finding accessible homes in the area proves to be a challenge. Recently, we have had a lot of movement among living situations with three people moving into a less restricted environment from Shared Living into Supported Independent Living. Due to several deaths, we had two Group Home vacancies, one of which was filled by a high medical needs consumer in Shared Living. Several people have been moving between Shared Living and Independent Living due to very high mental health challenges in which the team is trying to determine the best placement where people can be successful. We transferred one individual from Independent Living to Specialized Community Care as we could not meet her high level of mental health needs to keep her safe. Overall, consumers are highly satisfied with their chosen residence. In our most recent satisfaction survey, 78% were mostly satisfied or better when asked if their services were right for them.

The Division Director and the Family Services Coordinator have been very involved in the newly formed Manchester Housing Task Force. Designated agencies, parents, and representatives from DAIL have been working together to develop housing options for young adults with disabilities in the Manchester area. The goal of this committee is to develop a variety of residential housing options that would give young adults with developmental disabilities places to live other than with their parents, in supported apartments, or in uniquely designed Shared Living homes. UCS would then provide services through the waiver to the residents living in this blended and integrated housing community. The project is in the very early stages of development at this time, but the group is hopeful that a solution can be created to address the increasing needs for families in that area. We are still trying to determine how to develop local resources for a crisis bed.

**Goal 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.**
  - c. Consumers will not have any substantiated reports of abuse,**

## **neglect, or exploitation or serious injury while in our care.**

Ten case managers and one Registered Nurse focus on ensuring that the *Health and Wellness Guidelines* are being adhered to. This process includes obtaining documentation from physicians, communicating with mental health specialists, and attending medical appointments with consumers as needed. We continuously promote health and wellness for our consumers by offering Community Support activities that focus on physical health and exercise. Some of these activities include: Zumba, Yoga, year-round tennis lessons, swimming, gym workouts, bowling, indoor soccer, hiking, kayaking, and horseback riding. Approximately twenty individuals participate in Special Olympics throughout the year. We also focus on mental health by offering people opportunities to participate in art, VISIONS, meditative coloring (led by a consumer), a DBT skills group, two women's group, one men's group and a new relationships/sexuality group which will roll out in early 2017. We have thirty four individuals receiving some form of therapy either within UCS or in the community and two of these individuals receive art therapy. In addition, sixty nine people receive medication checks with a UCS psychiatrist.

For FY 2016, 90% of individuals served received preventative health care and 63% engaged in regular exercise. Seven individuals engaged in some form of nutrition education. We have decreased the number of Emergency Room visits for two consumers who overused this service and the team is working very hard to implement interventions for two more individuals who use the ER frequently and inappropriately.

Unfortunately, we continue to see a few substantiated reports of abuse, neglect, exploitation, or serious injury for those in our care. Although we have attempted to put support plans in place to avoid these issues, they still crop up from time to time. When these incidents occur, it allows us to learn and understand how to better respond and collaborate to ensure these types of behaviors do not occur again.

### **3. Plan Development**

**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 9/13/16 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 Southwestern Vermont Medical Center Community Care Team, BROCC, the Bennington Police Department, Sunrise, DCF, Voc Rehab, and the local schools. The UCS DS Advisory Committee met again on 11/8/16 to review a summary of the feedback received and to formulate a strategy to review the first draft of this document.

In developing the plan, The FY 2017 DS System of Care Information Surveys conducted in June 2016 were utilized. This feedback was gathered from consumers and families, the *Friends for Friends* Peer Support Group, Guardians, staff, and community partners. These surveys asked for responses in four main target areas:

1. Priorities for continuation of existing programs or development of new programs
2. Criteria for receiving services or funding
3. Types of services provided
4. Process for evaluating and assessing the success of programs

Additionally, information and recommendations from the following reports and committees were reviewed: The UCS Consumer/Guardian and Stakeholder Satisfaction Surveys for FY 2017; 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 Council reviewed a draft of this document on 12/13/16 and again on 1/10/17 and approved the final document with recommended edits.

**4. Priority Resources and Unmet/Under-met Needs:** (in no particular order)

**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. The feedback gathered in the 2017 DS System of Care Information Surveys (June 2016) concluded that the majority of people who responded consider Case Management services to be their priority. We currently have nine case managers, seven program managers, and four QDDP's providing case management services and/or supports to 172 individuals receiving some form of Case Management. Caseloads continue to increase at a very fast rate. We are hiring a third case manager for the Family Services Program as this is the program that sees the most growth with more and more June graduates coming into services each spring. Caseloads range in number from four in the group homes to thirty six in Family Services (including approximately six Bridge consumers per case manager.) Average caseloads for other programs is about sixteen individuals. Eighteen people are served through TCM. However, one community representative felt that TCM is too limited for some individuals.

Based on the 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 around the system. Specifically, representatives from local schools said they would like better communication on what UCS (as a whole) can offer and more information on how people qualify for services would be helpful. A representative from the local hospital stated she was unsure of what the role of a case manager is and feels they need more training overall. This hospital representative also suggested increased team work among different UCS programs would be helpful. Agency-wide, we are looking for ways to increase community knowledge about the services we provide. We have a new Public Relations Director who is using social media as a way to get this message out to the public. We are also considering offering public forums in the future to help enlighten the community about what we do and how people qualify for services.

Improving the transition from school into adult services continues to be a priority for us. We have started having our Intake Coordinator attend school meetings earlier before graduation and we are bringing graduating students into the agency for activities and groups before they leave school so that they can begin to form a relationship with our staff. This is working well as individuals are seemingly more relaxed and comfortable when they begin services. Our Intake Coordinator and Employment Manager, and/or Family Services Coordinator attends CORE transition meetings, IEP meetings, and school transition meetings. 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.

Families in the Manchester area continue to feel isolated and left out of services. To remedy this, we will be staffing our Manchester office with case managers at least once a week. This will allow for easier access to service coordination for the Manchester families. Our long-term goal is to have a satellite DS office in the Manchester area. In addition, UCS is now a pilot site for the Centers of Excellence. This certification process will help us to focus on providing a top notch level of case management and customer service above and beyond what we are already doing.

- 2. Housing and Home Supports:** This need is currently met through a variety of models: Supported Independent Living, including the Bank Street Apartment Complex; Group Living in one of three group homes; Shared Living, and Adult Family Care homes, of which we currently have two. We currently have forty people living in Supported Independent Living, fifty six people living with families, sixty people living in Shared Living, and thirteen people living in our group home. Through Specialized Services, we also support three people living in nursing homes. Following service coordination, housing was the second highest priority for those who took part in the June System of Care Informational survey. There are still 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.

The process of finding qualified home providers continues to be a challenge as most providers do not want to take someone with behavioral challenges or cannot accommodate a person with a physical disability. In addition, we have utilized the majority of provider resources in the local area and are having to look to New York more and more for qualified applicants. The lack of resources has been noticed by our community partners as well who responded that 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 do not have a compatible roommate option. We are no longer supporting anyone through Safety Connections as the individual we had been supporting decided she no longer needed this service. We agree with those in the community who say UCS needs more resources for parenting education and supports that would last beyond one year as Sunrise does. Recently, our DS Director and our Family Services Coordinator have been meeting with a group of parents from Manchester and surrounding areas along with representatives from DAIL, to discuss a new housing option for young adults who wish to move out of the family home. Although this project is just in the beginning stages, all involved recognize the need for additional housing for those with developmental disabilities and are committed to find a solution to the lack of available options in the towns outside of Bennington. We could also use another Bank Street-type housing option near Bennington to meet the need of those living independently who need more supports.

Finding the appropriate living situation for some individuals has been a challenge lately as some young adults have chosen to live with independently with their significant other; only to find they did not want to live alone once the relationship ended. This has resulted in some movement between Shared Living, Supported Independent Living, and Family Living.

**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. We have approximately twenty staff who rotate being on-call, so there is not too much responsibility for one person. Although the implementation of our on-call system has decreased the amount of low-level crises we are experiencing, the number of higher level crises (i.e. being homeless) has increased. We will also be giving consumers the new *Text VT* crisis line information to use if they need to. The need for a local crisis bed is very high. When someone needs a temporary place to stay due to a crisis situation, our options are very limited and we are usually scrambling to find a home provider willing to take the individual. We cannot put an individual in a home if the provider has not yet had a background check and this can take several weeks to occur. We do have a respite bed at our Union Street Group Home but licensing requires very short (1-2 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. Often times, we have no other option but to put someone in crisis in a local motel, however, this is only if the individual can be alone for periods of time without supervision or staff supports. 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:** This service is supported through a blending of waiver dollars and some grant funding. Currently, there are 155 individuals who meet the criteria to be counted for employment. Forty seven out of the 155 or 30% are currently employed and twenty nine individuals or 19% are currently job developing in order to find work. There are eight individuals who are self-employed and one of these individuals has integrated employment in addition to his self-employment. Eleven individuals have been at the same job for more than five years, and nine individuals have been at the same place of employment for ten years or more. 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 one of their top priorities. There are high concerns about how we will be able to continue job developing with our consumers or fund those coming out of school without employment if the VR grant money is eliminated. This grant money currently funds approximately 1.5 full time job coach salaries. It would be detrimental to the success of the Employment Program to have to lose staff that are committed to helping people find a job they will enjoy.

Employment Connections has excellent relationships with local employers with a high 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. In fact, a few local schools have stopped job development all together due to budget cuts. This is putting full responsibility to find people jobs on us while also meeting the benchmarks for the PETS program. Individuals are not graduating meeting the SOC priority of having a job, which results in almost impossible funding for a job “down the road”. Our staff have begun to look for more innovative ways to teach people job skills and are using instructional DVDs and role playing as a means to do this.

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 Voc Rehab is that some adults (non-June grads) are struggling to get connected to employment resources. The feedback obtained also specifies the need for greater education with employers and the community in general about what employment services we offer. 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. Funding for those over age twenty six who want to work is needed.

**5. Respite Support and Flexible Family Funding:** Home providers and families continue to advocate for increased respite resources, both in dollars and providers. It has become increasingly difficult to find people interested in working as respite providers in the local area, and even more difficult in the Manchester area. In addition, respite resources are even scarcer for individuals with a physical disability or who require a high level of assistance with personal care. 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 will not begin to meet the need. The changes to Personal Care, with no recognition that a child who can do a task but refuses to, or needs 1:1 supervision to perform a task 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. Currently, we have been attempting to cover the loss of personal care hours with FMR funds as we are able.

**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 have intellectual disabilities. This is true not only for therapy, but for medical services. 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. It is challenging to find medical care for some people – particularly if they are not the easiest patient. UCS has clinicians and therapists available; however, it has been difficult to receive help when DS consumers are having a mental health crisis. The DS Division tends to feel like an island trying to navigate mental health challenges on or own when we are not adequately equipped to do so. We currently have sixty nine individuals receiving medication checks through a member of the UCS psychiatric team, fifteen individuals receive some form of therapy within UCS (only two of these are funded through the waiver), and nineteen people are receiving therapy outside of UCS. A specific DS staff member who is trained to assist with mental health crisis and who can advise the service coordinators how to adequately deal with crisis and other mental health challenges would be a valued asset to the DS division. Several community partners stated that “The lack of mental health resources are impacting DS.” Methodologies need to be implemented as soon as possible to co-fund people with a DS diagnosis who also suffer from mental health diagnoses. We have many individuals who would greatly benefit from being able to access clinical groups within other divisions of UCS, but due to separate funding streams, are not able to do so.

**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 typically funded under the contracted model; however, we do provide staffed supports to several individuals who need increased supervision. Thirty nine participants receive their services through contracted supports, with the home provider or family member as the employer. An additional nine of our individuals receive

waiver funds to contract with Bennington Project Independence, a local senior center which offers primarily facility-based activities and field trips. These individuals greatly enjoy attending this as they meet many new friends and feel very supported. This option also allows those with aging parents to access the community when they might not be able to otherwise, while also giving caregivers a break.

We currently have thirty five individuals attending staffed Community Supports. The focus of this program continues to be Health and Wellness and most recently, volunteerism as requested by the consumers, has also become a focus. In addition to all of the activities and groups mentioned above, participants can choose to volunteer to make Huggy Bears for children in the hospital; to spend time reading with a nursing home patient, collecting and bringing donations of pet supplies to the animal shelter, and to put up blood drive posters for the Red Cross. The manager of this program is very willing to help people find the volunteer opportunities that they are most interested in and will assist consumers to connect with volunteer options that work best for them. Individuals in the Community Support Program can also attend the One World Conversation Center once a month where educational environmental activities are done. In response to a high need expressed by consumers, we will be offering a Relationships and Sexuality Group taught by two of our staff members beginning in February of 2017. These types of new groups will hopefully address feedback from the local schools stating that more day services options are needed for DS clients after high school.

**8. Transportation:** Several community partners commented that transportation is a barrier to needs getting met. 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. We rely on home providers and family members to transport one way for those who come to staffed Community Supports, while others who attend this program from outlying towns rely on the Green Mountain Express to bring them to Bennington. Unfortunately, this bus service can be unreliable and not very punctual at times. We utilize staff transportation of consumers very highly especially in the Community Supports, Employment, and Independent Living Programs. Although convenient and reliable, this results in very high mileage reimbursement costs for the division. To help alleviate some of this problem and to honor the requests of several families, we will be staffing our Manchester office with a job coach and a case manager a few times each week. This will decrease travel costs between Bennington and Manchester and give the Manchester families easier access to staff. In addition, the College Steps Program is currently looking for drivers to bring college students to and from their internships in this area.

## **5. 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. Increase training for managers and direct staff as the majority of staff are new or in new positions (under met)
2. Develop local crisis bed resources (unmet)
3. Implement a division-specific clinician or interventionist (unmet)

4. Increase education and communication with community so as to provide better information about what services we provide (under met)
5. Manage lack of office space, parking, and resources for high rate of current and future growth of the division (unmet)
6. Develop cost-effective housing options, including housing with accessibility and housing in the Manchester area (under met)
7. Jobs for all who want to work, as well as increasing the number of hours, and transportation options; Increase and improve the transition of graduating students who have a job into adult services. (under met)

## **6. Regional Outcomes:**

### **1. Assist United Counseling Service to become certified as a Center of Excellence**

- Measures:**
- a. Meet all the required criteria for the division
  - b. Begin tracking data for COE outcomes as related to DS consumers

**Strategies:** Allow staff to become familiar with the criteria and outcomes for COE as well as the values and philosophy of what it means to be a COE; educate staff on the five components of a COE: Comprehensive Care, Easy Access, Excellent Outcomes, World Class Customer Service, and Excellent Value; implement training and instruction to staff on how to provide the level of care and customer service required to become a COE. This process will help us to meet some of our other goals such as increasing training and increasing community education.

### **2. Continue to increase the number of people working in paid competitive employment.**

- Measures:**
- a. 49% or more of the qualifying adults served will be employed
  - b. Convert at least half of Self-Employments to paid competitive employments in the community **or** build up at least half of Self-Employments to true self-managed businesses.

**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; 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. Explore ways for those with Self-Employments to enhance and improve their businesses to become competitive with others in the community while looking for ways to transition those with Self-Employments that cannot be enhanced to find other paid competitive work.

### **3. Increase training for all staff so as to better meet the needs of those we serve**

- Measures:**
- a. Conduct at least one mandatory training per quarter
  - b. Staff will express satisfaction with the trainings being offered

**Strategies:** Continue to explore opportunities for beneficial trainings both within and outside of the agency; encourage staff to find trainings or learning opportunities of interest to them and invite them to discuss with the director to see if feasible; establish increased relationships with others in the field who can provide valuable training for staff; encourage staff to take advantage of our on-line learning curriculum at the agency; invite direct staff to engage in committees and work groups both inside and outside the division; utilize technology efficiently so as to have access to a greater variety of trainings; work with the DS training committee to develop and implement trainings that will be beneficial and meaningful to all levels of staff.

#### **4. Implement a clinical staff member specific to the division**

**Measures:** a. Develop a process and resources to hire a clinician or interventionist to work for DS

b. Utilize this staff member to assist with crisis, mental health needs, day-to-day issues, and possibly provide therapy to DS clients

**Strategies:** Explore options for hiring a clinically-based staff member to work specifically with DS consumers as the primary mental health representative because the UCS clinical staff have very long waiting lists and do not always respond well to DS consumers in mental health crises; develop ways for this staff person to be integrated into the framework of existing staff; implement methodologies to utilize a clinical staff person so as to increase the quality of life of the DS consumers we serve; and decrease work loads of already over-burdened case managers by having an internal clinical staff to assist with the growing numbers of individuals with ID and mental health diagnoses.

#### **7. 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; while also taking into account the new HCBS rules and potential avenues of upcoming payment reform.
- Appropriate funding and resources need to occur in order to establish a more effective crisis system within each region to ensure that those in crisis can receive the supports they need in a timely manner.
- The gap between DS and Mental Health needs to be bridged to allow for joint services where both worlds can work together to provide comprehensive and quality supports for those who struggle with dual diagnoses.
- Adequate funding needs to be developed to allow agencies to place a high emphasis on training as budgets for this highly beneficial area are typically the first to be cut. With newer populations of consumers who bring different sets of challenges, staff cannot hope to succeed without increased training opportunities.

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

- Increase the number of housing subsidies, ensuring affordable housing and making the move to an apartment viable for someone on a limited income, especially in rural areas where towns are further away from the designated agency.
- 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.

**Dawn Danner, DS Director, UCS**