



United Counseling Service Developmental Services Local System of Care Plan FY 2025 - FY 2027

Current Status:

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

Service Planning and Coordination: We currently have eight Service Coordinators, five Program Coordinators, three Group Home Managers, three Senior Managers, and three QDDPs providing case management services and support to 199 individuals intellectual and/or developmental disorders (I/DD). These individuals receive Case Management through the Medicaid Waiver (172 adults), Targeted Case Management (9 adults), PASSAR (4 adults), or the Bridge Program (16 children).

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 forty-six clients that are funded for employment services. There are seven individuals who work completely independently. There are twenty-five individuals that have on-the-job support and are supported by ten full-time agency staff and one Program Manager. In addition, we have two families who manage their son/daughter's employment through contracted support. The remaining twelve are waiting for services as staff are being hired.

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. Fifty-Three clients receive their services through contracted support, with the home provider or family member as the employer. An additional four of our individuals receive contracted Community Supports at Bennington Project independence, a local Adult Services Day Program. We have thirty-five individuals attending staffed Community Supports (UCS). Those that participate in staffed Community Supports choose from a range of community activities that include programs that focus on health and wellness such as yoga, year-round tennis lessons, swimming, gym workouts, hiking, kayaking, and therapeutic horseback riding. We also partner with community members to provide consumers with access to art, indoor ice skating, and volunteer activities. Additionally, we offer women's groups, and men's groups. Three clients have converted their Community Supports to the College Steps program.

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. Service Coordinators help to monitor usage and personnel for ninety-one individuals who receive respite funding. The agency has approximately \$110,816.40 in IFS funds earmarked for DS children in need of respite care. This is allocated through Family Managed Respite (FMR). Funds for FFF and FMR are distributed according to state regulations. Use 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 either funded in their waiver or through 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 hours for 2 FTE nursing staff to oversee the medical needs and access to care of our clients. Many of our consumers utilize the Emergency Department at a high rate due to their mental health issues or other medical issues. We work closely with the hospital's community care team to develop more cost-effective preventative support so as to minimize the inappropriate over-utilization of the emergency care system. UCS provides psychiatric care with 2.7 FTE clinical practitioners who are doctors and nurse practitioners. One of the nurse practitioners serves as the Clinical Director for this program and provides oversight for the fourteen Public Safety clients.

Housing and Home Supports:

Supervised Independent Living: Thirty-three individuals reside in their own apartments and receive support from five full-time Direct Support Professionals and one Program Manager. Their services were funded through Medicaid Waiver and Targeted Case Management (TCM) resources: twenty-five receive support through the Medicaid Waiver, and eight are served through Targeted Case Management.

Apartment options include a secure, locked building on Bank Street in North Bennington, which has six units. Residents in this setting receive enhanced staffing and support. This property is a HUD-subsidized building owned by UCS, thereby providing affordable housing for these residents. The remaining individuals rent apartments throughout the broader community. Access to affordable housing is a significant challenge within the geographic areas of Bennington and Bennington County.

Staffed Living: Staffed Living is a newly implemented service model at UCS designed to support individuals with high levels of need whose requirements were not adequately met in traditional residential settings. Currently, the program serves fourteen individuals in Public Safety and one on Act 248. Of these, three require 24/7 one-on-one support, while one individual requires 24/7 two-on-one support.

The program is staffed by a mixed sourcing of staff. Two Specialized Direct Support Professionals (DSPs) and one Senior Manager overseeing operations are full-time UCS employees. UCS is actively recruiting additional Specialized DSPs to expand staffing capacity and enhance service delivery. We have recently hired one of two Program Coordinators for that program. And we expected to see this program continue to expand, given the apparent complexity of clients with I/DD being referred for services. Given the urgency and complexity of the support required, UCS has partnered with the staffing agencies of Amergis and TLC to ensure adequate coverage and continuity of care until UCS can hire a full complement of staff.

Three of the individuals in this program reside in a two-apartment house owned by UCS. The fourth individual rents a privately owned apartment located in Arlington, Vermont.

Group Living: UCS has three group homes for individuals with intellectual/developmental disability. Autumn House and Gatling House are 4-bed Level III group homes. Union Street is our oldest home, licensed as a 6-bed TCR. These facilities are all at full residential capacity, staffed with 24/7 DSPs and group home managers. The group homes are under the oversight and supervision of the Nurse Manager, who provides medication delegation training and oversight with their nursing staff.

Shared Living: We serve fifty-eight individuals. Out of the 58 individuals placed, we have fourteen homes supporting two unique individuals. Shared Living continues to be one of the most cost-effective models to provide around-the-clock support and supervision to our clients who are not able to function fully independently. In 2024, two individuals moved from this program: one to Supported Independent Living and one living independently utilizing only case management services.

Adult Family Care Homes (AFC): This program is funded through *Choices for Care* and gives individuals residing in nursing homes the opportunity to live in a family home instead. Although these residents do not have a

diagnosis of I/DD, the DS program administers this service, with Shared Living managers responsible for the operation of the program. We have one individual placed in an AFC home.

Family Services: We have three Service Coordinators, one Program Coordinator and a Senior Manager who support seventy individuals living with their families. We also have sixteen clients who receive services through Bridge that are provided monthly case management and access to resources through this program. The Family Services program continues to grow each year.

Transportation: Transportation resources are limited in this county. UCS staff transport many individuals to places and events that they need to access. If an individual is going to a medical appointment, they may utilize the Red Cross Medi Cab. Taxis are an available means of transportation, although they are cost-prohibitive for many of our individuals, especially if used repeatedly. Many of our individuals access services using Green Mountain Express, a private bus and van system, which can be arranged for door-to-door pickups and drop-offs for those with Medicaid. Some of our more independent consumers utilize the Green Mountain public-access bus system for navigating around Bennington and Manchester. We no longer use the bus system for people who work without staff support, as it does not consistently run on time, making them late for work.

Intensive Family Services for Children: DS works closely with Children, Youth and Family Services (CYFS) to ensure *all* children's needs are met. The agency has implemented a Universal Access Program which helps to ensure that all calls are referred to the appropriate division, either DS or CYFS. The DS Director or designee is involved with the LIT team which meets quarterly. This committee is looking for ways to strengthen community partnerships so that the needs of all children, regardless of diagnosis, are met appropriately and comprehensively. Staff from CYFS are encouraged to attend DS Onboarding training courses to gain additional knowledge of the core requirements for receiving DS services, to increase their understanding of I/DD, and to improve their competencies in working with clients with I/DD.

Past Outcomes

Post Covid Outcomes included:

- Promote consumer employment as well as volunteer options
 - We have 46 Clients receiving supports from the Employment Program. 12 that are on a waitlist, until we are fully staffed. 12 Client have a tenure of over 5 years, and 11 over 10 years.
 - We have a few clients that volunteer with the local Meals on Wheels program.
- Explore and develop a variety of cost-effective residential options.
 - We have a list of Shared Living Providers that are willing to take in an additional client; we continually review, to determine if they may be a good fit for those in need.
- Promote health and wellness for individuals.
 - A client is attending diabetes education classes. She continues to share her knowledge with peers, along with healthy snacks.
 - Many clients participate in Special Olympic teams across all seasons; activities are tailored to the interest and commitment of each individual.
 - Nurses attend home visits to educate on health and wellness strategies.
 - A Nutritionist was brought in to review and develop menus for agency group homes on a quarterly basis.

Planning Process

- People and Organizations

Information Source	Number Involved	Feedback/input method E.g. survey, meeting, public forum, interview, report, etc.
Individuals who receive services, self-advocacy groups	21	Survey
Local program standing committee(s)	7 voting members and 2 non-voting members	Meeting
Specialized Service Agencies and other service providers	85	Survey
Staff, contractors, other programs at your agency	73	Survey
Family members, family advocacy groups, guardians	46	Survey
Advocacy organizations	1	Survey
Health care providers	0	None
State departments/divisions	12	Survey
DA Board of Directors (or equivalent)	9 Board Members	Report

- Documents and Processes

Information Source	Feedback / Trends to consider
DDSD or DMH Quality Service Review	<ul style="list-style-type: none"> Need to complete Emergency Fact Sheet reviews more frequently Client Input in ISA Ensure reasons for medications are documented on the Emergency Fact Sheet Ensure physical exams are complete timely Missing MARs Staff needing specialized skills to work with Public Safety and Act 248
Appeals and Grievances, Agency Complaints	<ul style="list-style-type: none"> There were 6 Grievances filed with DS for CY24. The majority of these grievances cited dissatisfaction with staff and quality of services.
Critical Incident Reports	<ul style="list-style-type: none"> Total number of Critical Incident Reports continues to increase, increasing by 87 reports from 2023-2024. The biggest category increase was medical emergencies which increased by 55 reports from 2023-2024. Dangerous or threatening behavior doubled- increasing by 12. The other category increased by 29 from 2023-2024. All additional categories remain generally low. Seclusion and Restraint decreased by 5 and potential media involvement decreased by 4.
Individual and Family Satisfaction Surveys	<ul style="list-style-type: none"> Lack of contact between staff and clients and staff and providers. Struggle with staff turnover Staff cancellations
Internal quality improvement or assurance processes	<ul style="list-style-type: none"> Communication Training Ensuring Housing Inspections are completed timely
Other sources of information	<ul style="list-style-type: none"> UCS contracted with Crescendo Consulting Group from January 2024

Priority Needs & Regional Outcomes

Only list items your agency can feasibly turn the curve on in the next one-three years. If a larger goal is a priority needed for the region, consider how to split off a piece that is feasible in the timeframe of this plan. Please write needs into this document in rank order of priority.

1. Priority Need / Outcome	Description: Housing
What do you hope to achieve? (outcome)	Increase housing options available to clients.
How are you going to do it? (resources & strategies)	<ol style="list-style-type: none"> 1. Recruit Shared Living Providers through electronic newspaper ads and Program Coordinator informational tables at local establishments. 2. Work with clients in the Therapeutic Care Residences to transition into other housing as levels of care change, opening up those care beds for others who need that level of care.
How will you know when you've achieved it? (performance measure)	<ol style="list-style-type: none"> 1. We will have 5 additional Shared Living Providers contracted in the next three years bringing our total to 51. 2. We will have three clients transitioned out of the Therapeutic Care Residences.

2. Priority Need / Outcome	Description: Staff Retention
What do you hope to achieve? (outcome)	Increase staff satisfaction.
How are you going to do it? (resources & strategies)	<ol style="list-style-type: none"> 1. Increase communication. 2. Provide more training and leadership. 3. Increase staff supervision and ensure that it is consistent. 4. Increase staff recognition for work accomplishments. 5. Continue to look at pay increases for staff through the Astron project.
How will you know when you've achieved it? (performance measure)	<ol style="list-style-type: none"> 1. 35% of all staff will remain employed within DS for at least 5 years. 2. Improved staff satisfaction survey results

3. Priority Need / Outcome	Description: Increasing Programing in the Northshire
What do you hope to achieve? (outcome)	Additional program options for clients in the Northshire Community.
How are you going to do it? (resources & strategies)	<ol style="list-style-type: none"> 1. More staff will be providing services at and from the Northshire office. 2. Additional group programming will be added in the Northshire Office. The Community Support Program Manager and the Families Program Manager have begun working on creating this service model. 3. Solicit interest from clients and their families to direct new activities.
How will you know when you've	1. Increase in the number of program options for clients living in the

achieved it? (performance measure)	Northshire community. 2. Increased numbers of clients participating ongoing.
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4. Priority Need / Outcome	Description: Public Safety/Act 248
What do you hope to achieve? (outcome)	1. Broaden the knowledge base of all staff about standards and responsibilities in serving clients in PS/Act 248. 2. Increase the expertise of designated staff that provide direct service to Public Safety/ Act 248 clients.
How are you going to do it? (resources & strategies)	1. Provide effective and consistent training for all staff and leadership working with Public Safety/Act 248 clients. 2. Designate/ Retain a Public Safety Specialist to work with DAIL and the UCS DS Clinical Director to increase and maintain public safety in the community. 3. The Public Safety Specialist will attend supervision with the DS Clinical Director weekly and will be attending a monthly VT Clinical Training Consortium. 4. Systematic review of clients on PS/Act 248 to ensure services and support are aligned with the individual client's needs.
How will you know when you've achieved it? (performance measure)	1. All VOTIPS and SOTIPS will be completed on time. 2. All Public Safety/Act 248 regulations will be followed. 3. All Public Safety/Act 248 clients will have up to date behavioral support plans that are high quality. 4. Scheduled audits will report full compliance.

System Outcomes

What do you hope the region or state can turn the curve on in the next few years? This is a placeholder for items that are broader than your agency's sphere of control alone.

Rank	Regional or State?	Description of Broad Need
1	Regional	More Housing stock in the Bennington County communities that meets Section 8 income level.
2	State	Access to Providers for Primary Care, Dental, and Neurology
3	State	Increase in funding

Signature: *Bonnie Jamieson*
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Date: 4/24/25