

## Community Associates

*A Program of the Counseling service of Addison County*

January 31, 2017

# **Local System of Care Plan FY'18-FY'20**

**Plan Period: July 1, 2016 – June 30, 2019**

## Introduction

Community Associates (CA) is the developmental services division of the Counseling Service of Addison County (CSAC). CA has an operating budget of approximately 7.5 million dollars derived primarily from State/ Federal Medicaid, Vocational Rehabilitation, and local funding sources. With this funding, CA employs 77 staff members, contracts with 49 Developmental Home Providers, operates 2 licensed group homes, maintains a fleet of 2 vehicles, contracts with 3 other service providers, and supports multiple respite and substitute workers. Community Associates supports individuals (128 Waiver, 6 TCM, and 49 Transition consumers) in their effort to face the challenges of everyday life.

*It is the mission of Community Associates to facilitate opportunities for people to be active participants and valued members of their community.* Community volunteers sit on the Board that governs CSAC and all its divisions, departments and programs, including Community Associates. The CA Consumer/Family Advisory Council also reviews the DS division operations, policies, service development and recommends future directions.

CA works in partnership with the State of Vermont, specifically the Department of Disabilities, Aging and Independent Living (DAIL) and the Division of Vocational Rehabilitation (DVR). DAIL monitors the services and supports provided by CA; reviews the quality of those services, and offers technical assistance and training. CA is the Designated Agency for developmental services in Addison County. As such, it is the responsibility of CA to coordinate with other developmental service providers, and other human service agencies as well as educators, Department of Children and Families, Parent Child Center, and the court system. CA provides the single access point providing intake for developmental services in Addison County, assessment, and referral services as well as maintaining the Addison County Funding Committee for individual allocation decisions, and a consumer/family advisory council to monitor and make recommendations regarding services. Community Associates also has the responsibility to develop the Local System of Care Plan for developmental services in Addison County.

The purpose to this portion of the Local System of Care Plan is initiate the process of providing the foundation for county-wide planning, service development, and community input for developmental services. The local plans submitted by designated agencies are the building blocks for the State System of Care Plan compiled by DAIL, which contains a description of the

state service delivery system, the criteria for program and service review, and priorities for funding decisions.

### **Current Status:**

#### ***Service and Support Needs that are being met:***

- ✓ Supports and services for Individuals already receiving resources.
- ✓ Employment supports
- ✓ Housing supports
- ✓ Clinical supports
- ✓ Community Supports
- ✓ Person centered individualized supports and services.
- ✓ Community Associate's continued effort to look at "the whole person"
- ✓ Relationships with area schools, transition services.
- ✓ Job development.
- ✓ Service coordination
- ✓ Effective communication amongst consumer team members
- ✓ Intake capacity. Mechanism of local funding committee
- ✓ Social outlets and community participation.
- ✓ All service locations are handicapped accessible.
- ✓ Mandated DH trainings series created and implemented.

### **Plan Development**

**1. Planning Process:** Input from consumers, families, and other service agencies with which we partner is essential to the planning process and therefore the following methods of data collection were utilized.

- ❖ Surveys were emailed to other human service agencies in Addison County via Survey Monkey. Examples of other poled human services providers include, but were not limited to; Addison County based health care providers, educators, Elder Services, Parent and Child Center, Addison County Transit Resource, area medical providers and Porter Nursing Home.
- ❖ The Family Advisory Council participated in the construction of this portion of the System of Care Plan by reviewing, commenting, and adding to the format and contained messages. The System of Care Plan was included in the March / April and May meeting agendas.
- ❖ CSAC Executive Council members offered feedback in relation to services provided within other CSAC Divisions and CA Service Coordinators offered personalized feedback concerning areas of service delivery.
- ❖ Reviewed DDS Quality Service Reviews, appeals and grievances (none existed), critical incident reports, quality assurances processes and satisfaction results.
- ❖ CA's Divisional Director personally sought input from interviews of those service providers who are currently actively engaged with program development (ex IFS, Home Health, FQHC, Blueprint, Porter Hospital).

- ❖ Input from the Addison County Specialized Service Agency (SSA), Specialized Community Care (SCC), was sought; however we were unsuccessful in obtaining input.

### **Update from SOC Plan 2014-2017:**

- ❑ *System sustainability (including compensation):*

Through effective budgeting processes, Community Associates was able to provide to its employees a raise this calendar year. Continued attention needs to be focused on contracted staff.

- ❑ *Explore possibility for different residential and service options*

Local Standing Committee remains invested in continuing the consideration of new service options; CA is continuing to consider the development of a group respite option during business hours that will provide more consumers with educational and community activities. Additional consideration of increasing available social opportunities nights and weekends continues. Furthermore, transportation to consumers onset and conclusion of service delivery shall be a priority for review this coming year in anticipation.

- ❑ *Lack of crisis capability, respite beds:*

Crisis capacity remains a topic for further development as continued financial challenges including potential to federal changes to the DOL ruling continue to place additional obligations on home providers as well as respite workers.

- ❑ *Need to access additional funding sources:*

CA has applied for additional funding for innovative programming through the DD Council, awaiting response to application.

- ❑ *Needs of aging consumers:*

Addison County has successfully established a strong working relationship with our Home Health and FQHC partners, resulting in ongoing discussion and individual case review with the intended outcome of partnering in services in order to provide complete care. Residential options for Elders, outside of the traditional developmental home model, continue to prove challenging.

- ❑ *Improve Children Services:*

Addison County currently functions as the IFS pilot location, of which developmental services remains an active participant. All children, originally served in DS, now receive services within the IFS structure. For DS children, services have been successfully maintained or expanded. Additionally, for non-DS eligible children, services have increased steadily since FY12. Currently, data shows that all developmentally disabled children are receiving app. 40% more services and 90% more coordination services.

- ❑ *Identification of new employment opportunities:*

CSAC has combined all population employment programs under one umbrella resulting in increased capacity for the sharing of employment resources and staff as well as creating a unified

approach to funding sources and data collection. Consumer and client experience remains unaltered, as individual population needs are respected. Outcome measurement remains a high priority for this project. Additionally, we are embarking on conversations with our local supervisory union as to how to partner in provision of special education services related to employment.

**2. Priority Needs:** Identified priority needs and resources, for Addison County, based on the information that was gathered.

**Below list is prioritized**

- ✓ *Maintain DS Values in system reforms:* From a local, State and Federal perspective, Developmental Disability Services are clearly in a period of change. It is imperative that throughout this change process, providers and policy makers remain vigilant in maintaining DS values in determining appropriate changes to practice and policy. Community Associates is committed to continuing to advocate for the respectful inclusion of system values and consumer voice in the all change processes. With this stated, this priority is under met. CSAC is committed to allocating administrative resources in order to be present at local and state venues in order to support decision making processes. Additionally, CA shall work more closely with our Local Standing Committee to improve its function and encourage input.
- ✓ *New options for day services:* Currently an under met need, there is strong interest amongst Local Standing Committee and families to create a group respite option, during business hours, that will provide more consumers with educational and community activities. Initial review of resources results in potentially asking consumers to use respite budgets or conversion of CIS in order to participate. There exists potential for consumers with limited funding to also participate, therefore increasing access to services. CA shall involve consumers and families in the process of consideration and will learn from other local and national providers about best practices.
- ✓ *Staff turnover and increase substitute roster:* Currently an under met need, staffing coverage remains a high priority for consumers and families in regards to substitute coverage and the amount of time necessary to identify the appropriate staff. CSAC shall review its recruitment process in order to expand this resource.
- ✓ *Health Care Reform:* From a State and Federal perspective, upcoming changes in healthcare are likely to affect the delivery of developmental services, therefore assessed as an under met priority.. The potential changes to the management of Medicaid dollars will need to be continually considered as to how they may affect DS service recipients. CSAC is working on agency policy and practice changes to address intended improvements to access to care, improved customer service, and implementing outcomes based care – specifically incorporating a Results Based Accountability perspective into programming and service delivery.

- ✓ *Continue to develop IFS:* Addison County currently functions as the IFS pilot location, of which developmental services remains an active participant. All children, originally served in DS, now receive services within the IFS structure. As the pilot service is underway, but requires continued efforts it shall be determined as under met. Community Associates, as a functioning component to IFS, shall continue to work on improving the process of integrating services for children into a comprehensive whole person/family care model. Community Associates shall further develop and expand its Family Services Team so as inclusion in the IFS structure remains successful.
- ✓ *Opportunities for socialization:* Currently an under met need, families and consumers are asking for increased opportunities for socialization in order to avoid/prevent isolation. The consideration of the creation of a new option for day services may be one option to address but additionally Community Associates will better engage with our advocate group in order to support increased participation in social opportunities including evenings and weekends. Financial resources for these additional social opportunities are a barrier. CSAC plans to incorporate into its budget process the addition of a position to lead activities.
- ✓ *DOL Ruling:* The new rule DOL will consider adult foster care, as provided under Section 131 of the IRS Code, as an employee/employer relationship between the foster care provider and the payer of the difficulty of care payment. This ruling may have unintended negative consequences on the overall DS system budget, and therefore is an unmet need. The provider system will work together with the Council to provide appropriate advocacy and education regarding this matter.
- ✓ *Communication:* The establishment of “World Class Customer Service” is an identified goal within CSAC’s 2014 Quality Assurance Plan. Planned improvement makes this an under met priority. This initiative will continue to work towards improving the experience of consumers as well as all members of our community in regards to rapid access to care; information and referral. Furthermore, improvements to internal communications between Community Associates and Employment Associates shall be addressed.
- ✓ *FFF and one time funds:* This need is currently being met. The value and benefit of one time dollars is great. Flexible Family Funding, currently managed within CSAC’s IFS funds, continues to provide great and unique benefit to families. Community Associates will continue to advocate for the continuation of the current process of establishment of eligibility within the IFS structure.
- ✓ *Support to Developmental Home Providers:* Currently this need is being met however; funding pressures continue to oblige Community Associates to ask more of Home Providers. With the increased expectations, Community Associates will review the current level of support and training offered to providers to determine if additional supports would prove beneficial.

- ✓ *Alternate supportive housing options:* This is an under met need. Addison County shall continue to look at feasible options for nontraditional housing options. However, the rural make up of our county, the number of available section 8 housing vouchers and limited housing resources continue to present as challenges.

**3. Regional Outcomes:** Based on above priority needs, identified areas that are considered to be the most important for Addison County to focus on over the next three years.

1. *New options for day services and increased socialization*

- a. CA shall investigate our ability to develop and potentially implement an alternate respite option that shall be made available to interested consumers which shall include opportunities for social interaction, education, and community involvement.
- b. CA will meet with and document all consumers / families to determine level of interest.  
CA will develop necessary fiscal plan and determine whether or not option is feasible within current funding.
- c. In order to determine effectiveness of initiative, CA will create a pilot program in order to determine effectiveness and ensure best practice utilization.

2. *Continue to develop IFS*

- a. CA will continue to be an integral active member of our local IFS pilot
- b. CA will track numbers of hours of spec rehab and case management for children with a primary diagnosis of Intellectual Disability, Autism or PDD.  
CA will utilize client satisfaction surveys to IFS families
- c. CA will strive to expand opportunities for the provision of specialized services within the DS program while at the same time teaming with mental health providers to ensure appropriate services.

3. *Staff turnover and increase substitute roster*

- a. CA will review and improve upon its staff recruitment process.
- b. CA will offer additional training opportunities as well as community education on the DS services. CA will consider altering advertising practices. CA will also continue to advocate for improving living wages.
- c. Goal is to have sufficient number of trained substitute staff with low staff turnover.

**4. System Outcomes:** Based on the regional outcomes, identified areas that are considered to be broad based needs for the region that will expand the current options available for persons with developmental disabilities and should be transformed into state-wide system outcomes.

1. *Maintain DS Values in system reforms*
  - a. CA is committed to continuing to advocate for the respectful inclusion of system values and consumer voice in the all change processes.
  - b. CA shall revitalize its Local Standing Committee to empower a stronger voice. CA shall also work with the larger DS system to determine whether or not a statewide consumer/family voice could be promoted.
  - c. If successful, system changes will be provided the benefit of having consumer voice considered early in the change process.
  
2. *Health Care Reform*
  - a. CA shall remain informed and active in ongoing discussions regarding pending changes in Health Care Reform.
  - b. CA shall expend administrative resources to ensure participation at ongoing discussions and participate where needed. CA shall keep Local Standing Committee and staff apprised of pending changes so as consumer voice will hopefully direct changes.
  - c. DS services shall be well represented in the change process of Health Care Reform.
  
3. *Continue to develop IFS*
  - a. CA shall participate in the collection of data to drive outcome based decision making within IFS
  - b. Establish data collection to capture numbers of DS children served; numbers of hours of service provided; types of services provided; numbers of crisis interventions provided; review of high utilizers with DS diagnosis; and client satisfaction.
  - c. Services provided under the CA umbrella shall increase to children with DS, autism and PDD diagnoses.

**This document shall provide local feedback on the following categories that will proceed through rule-making as required by ACT 140.**

**1. Priorities for continuation of existing programs or development of new programs**

Are there any special initiatives that you would like to see CSAC offer to improve the lives of persons with developmental disabilities in Addison County?	
Answer Options	Response Count
	11

<i>answered question</i>	11
<i>skipped question</i>	13

Comments:

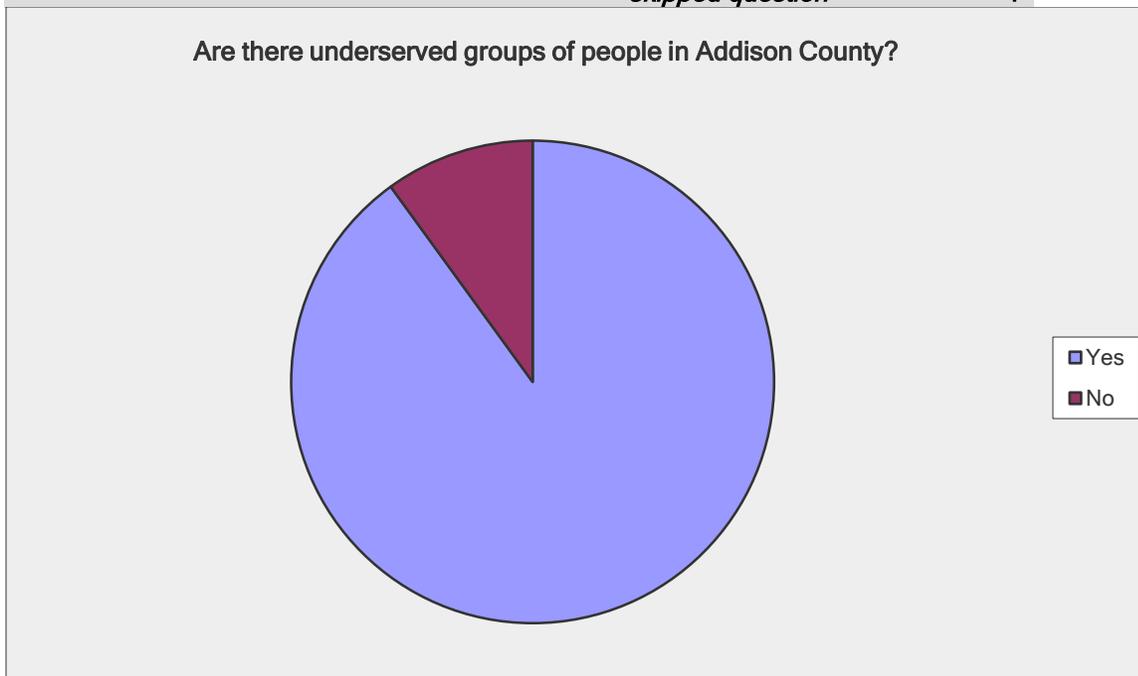
- More groups for teenagers to participate in and more awareness to schools about when these activities are held
- It would be great to infuse these services with basic knowledge about brain development, stress and Mindfulness breathing and movement to address toxic stress, anxiety, worry, and addiction.
- More group homes. A post-secondary place "school, place of employment, place to socialize, gather, etc
- I answer all these questions from a very personal perspective. It would be good to have more in the way of program for high functioning people on the spectrum to socialize and get out into the community.
- Weekend and night activities
- A fuller calendar of social, artistic, learning and entertainment activities would be great
- Continue to work with community partners. No one organization can do it alone any longer.

<b>In what ways do the range and type of services provided address or fail to address the needs of persons who experience developmental disability? Services are listed here.</b>	
<b>Answer Options</b>	<b>Response Count</b>
	15
<i>answered question</i>	15
<i>skipped question</i>	9

Comments:

- A big issue is that DS services do not start until the individual turns 21, so there is a gap between 18 and 21 if the student graduates on time. Closing that gap in an easier way than a waiver would be helpful. Sometimes it seems that more PC hours per week would be helpful for some students.
- Lack of Relational types of intervention for children on the spectrum... I understand these are not covered by Medicaid; there is a need to have CSAC better understand this type of intervention and to advocate for it to be covered by Medicaid.
- more time/hours per week would be great. Kids go from a 6 hour school day to a reduced week of supported hours.
- My son has been using primarily job related services. There have been times when it has been frustrating, but much of the frustration has to do with him being ready to advance.
- assisted living homes, we need more of these.
- Staff not paid enough
- Home interventions and supports are not as vigorous as I've experienced in other counties. But I'm guessing everyone's service levels changed with each year's funding reductions.
- Greater need to support families/siblings of children with DS, Continued work developing IFS
- The Services are acceptable but the limits for hours/funding makes it challenging to provide actual supports

Are there underserved groups of people in Addison County?		
Answer Options	Response Percent	Response Count
Yes	90.0%	18
No	10.0%	2
Comment		17
<i>answered question</i>		<b>20</b>
<i>skipped question</i>		<b>4</b>



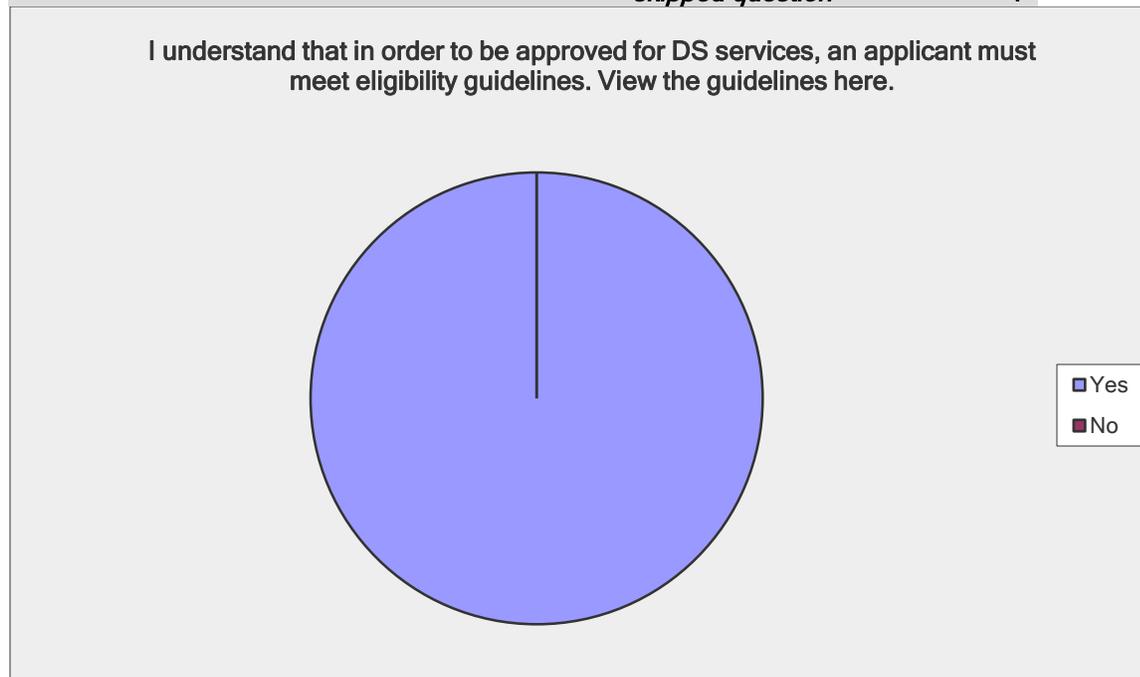
Comments:

- Drug and Alcohol addiction support while in recovery or newly in recovery as well as MAT
- Folks who are in the IQ range of 70-80 who don't have the skills necessary to live or work on their own.
- Sometimes the underserved are really hard to "get at." They have the hardest time making phone calls, filling out paperwork and may have had previous, unsatisfactory
- The youth and their families from the ages of 6 -13yrs. It sees that there are strong services for younger children and for older youth but that age gap can sometimes go without strong services in place for them and their families.
- Families who would like to have relationship based intervention for their child on the spectrum
- homeless households
- Autism

- students who are in the high 70's and low 80's cognitive range
- Children with emotional disturbance who at 18 age out of the system. This is true for children both in and out of the foster care system. There is very little in the way of support for them.
- Preschool screening and support for infants and children under 3. Especially with parents who do not have adequate parenting skills.
- transitional age from school services to adults due to funding limitations.
- Clients with IQ just at the cut off and a very mixed adapted functioning skill set....

## 2. Criteria for receiving services or funding

I understand that in order to be approved for DS services, an applicant must meet eligibility guidelines. View the guidelines here.		
Answer Options	Response Percent	Response Count
Yes	100.0%	23
No	0.0%	0
Comment		2
<i>answered question</i>		<b>23</b>
<i>skipped question</i>		<b>1</b>



### Comments:

- I suggest the language in the first portion be updated to use DSM-5 terms published May 2013. In particular, Mental retardation the older definition of ASD should be updated.

There is a movement in the DS community to replace some paid supports with natural unpaid supports. Do you have a comment on this initiative?

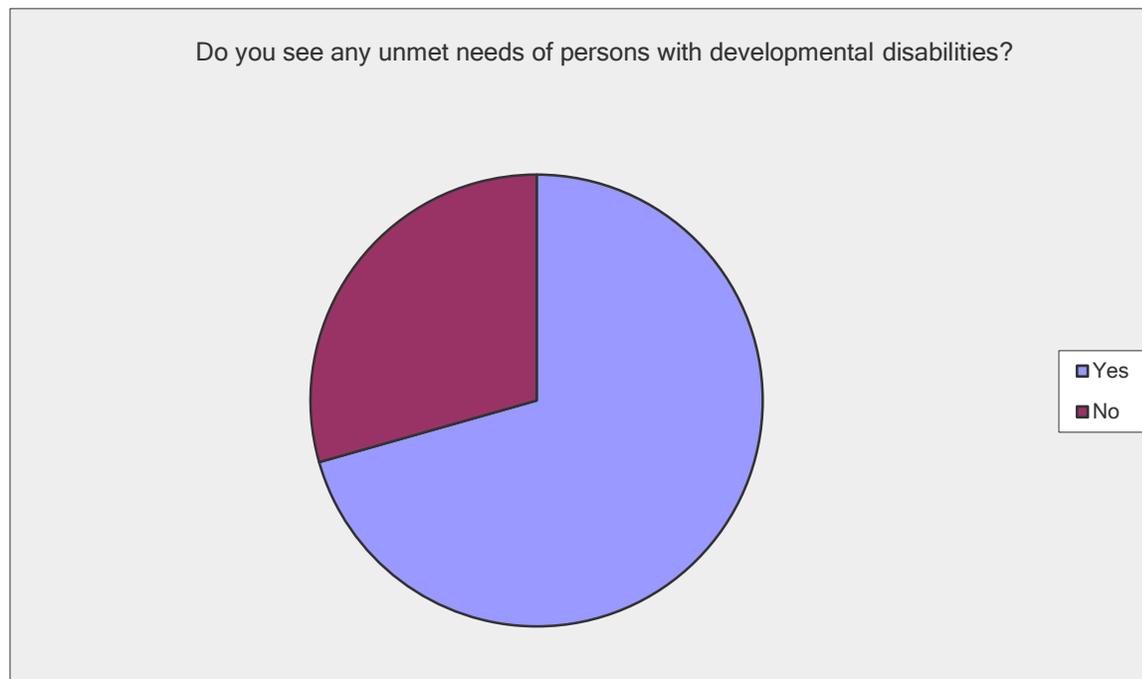
Answer Options	Response Count
	15
<i>answered question</i>	<b>15</b>
<i>skipped question</i>	<b>9</b>

Comments:

- This will likely leave many individuals with little to no support. I do not think reducing services in this way is appropriate.
- quit taking jobs away from those that are already providing these jobs and increase to the workforce as well as increase the pay, so the current workforce feels that they are valued. Please stop trying to fix problem by depending on volunteerism.
- I think this really depends on the situation, the ability level of the individual, and safety concerns. Certainly, as much support as one can access (if they need it) is preferable.
- consistency and quality would be a concern
- Unpaid supports means family I assume? Don't they have to make a living?
- that sounds like a burden on the family
- yes, do it when and where appropriate.
- Where it works fine, but it shouldn't be an excuse to cut funding. A real family group conferencing approach may be a really good thing.
- When natural supports are available, it's ideal; however, I'm guessing the people who have adequate natural supports do not seek the services of such. Money should not be a barrier to good supports needed for an active and engaging life.
- I always support natural relationships. Who's to say that hanging out with uncle Bob helping him with his car is not as or meaningful compared to day staff driving around town getting coffee
- Although this is wonderful in theory, it is too unstable to support folks with true needs. It should compliment paid supports, not replace them.
- It is such a positive idea - and one that I think will leave too many people unsupported

### 3. Type of services provided

Do you see any unmet needs of persons with developmental disabilities?		
Answer Options	Response Percent	Response Count
Yes	70.6%	12
No	29.4%	5
Please explain:		13
<i>answered question</i>		<b>17</b>
<i>skipped question</i>		<b>7</b>



#### Comments:

- safe and warm places that they can spend there days at, as well homeless shelters that operate year around.
- the IQ range listed above -- 70-80
- I do not now the system well enough to say. My personal impression is that there are too few job hours for the individuals who can and who want to work. It seems that this could be remedied.
- Housing always an issue for all kinds of people
- A lot of people on just on the edge of eligibility, have many needs, but fall through the cracks. These are the chronic homeless due to no supports.
- Friendships
- As mentioned above. Those teenagers and young adults who fall above the 70 IQ criteria, but still have grave developmental challenges.

- Employment has always been a challenge, but well done in Addison. Continue to develop meaningful relationships. We all have unmet needs, and that's ok.
- Transitional plans to go from school to adult services is very disconnected.

#### **4. A process for evaluating and assessing the success of programs**

<b>Are there ways that CSAC's DS program can improve our intake process (for either new applicants or making changes to existing services)</b>	
<b>Answer Options</b>	<b>Response Count</b>
	14
<i>answered question</i>	<b>14</b>
<i>skipped question</i>	<b>10</b>

Comments:

- It has been very helpful having VR at the table earlier than senior year. VR has been helpful in making DS referrals. I would like this to continue.
- Attempt to be as early in the assessment as possible
- The more specific, the better the IEP meetings.
- Intake process is fine, but lengthy wait times are the problem
- For my high schoolers, having to apply to VR to then get referred to CSAC for VR supports is confusing

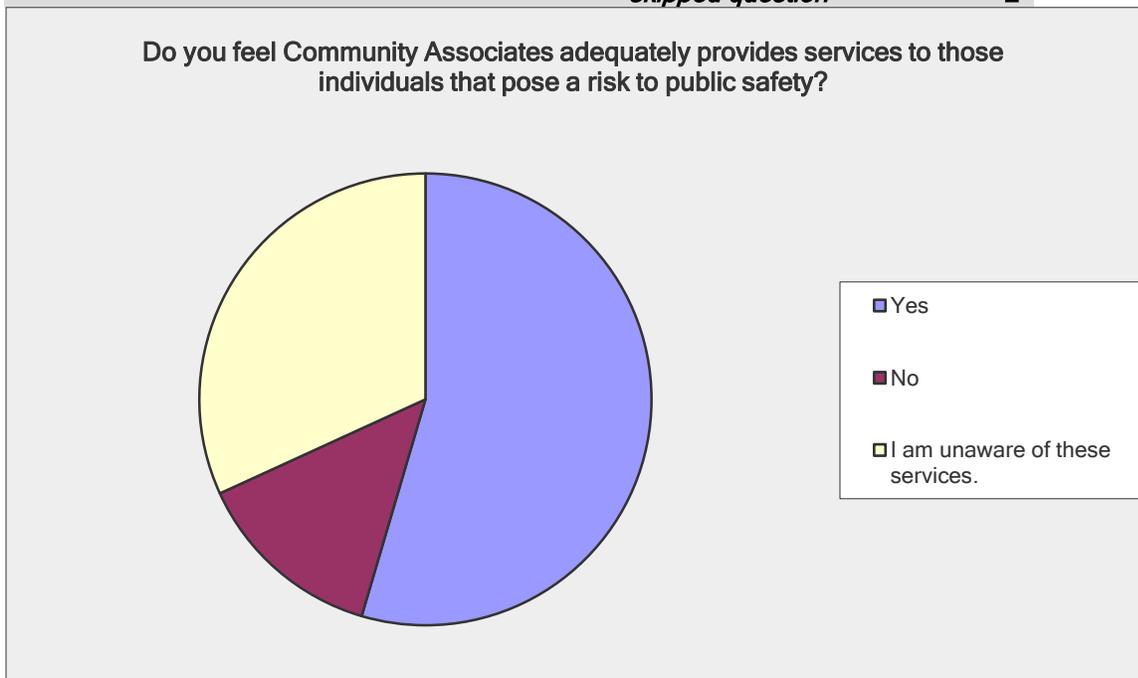
<b>Do you have any suggestions on how we can better evaluate the effectiveness of offered services?</b>	
<b>Answer Options</b>	<b>Response Count</b>
	12
<i>answered question</i>	<b>12</b>
<i>skipped question</i>	<b>12</b>

Comments:

- Be open to evaluating data from peer to peer recovery support
- keep the assessment of individual and family needs constant
- Ask our families about their experiences.
- ask the parents and educators (if they are still involved)
- I find that most of the metrics used really just lead to further questions. In our case having a job our son is engaged in is the most important metric.
- It would be nice to see more MH/DS staff in schools who can assess students at an earlier age and follow them through to graduation. The IEP doesn't seem to be the best means out there to follow.

- The current Needs Assessment system is not adequate. Each area of service should have specific goals that folks hope to achieve attached to them and funding should be fluid to meet those needs. The current funding system penalizes folks who move towards independence as it is very challenging to get those funds back should the needs increase.

Do you feel Community Associates adequately provides services to those individuals that pose a risk to public safety?		
Answer Options	Response Percent	Response Count
Yes	54.5%	12
No	13.6%	3
I am unaware of these services.	31.8%	7
Please explain:		9
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>2</b>

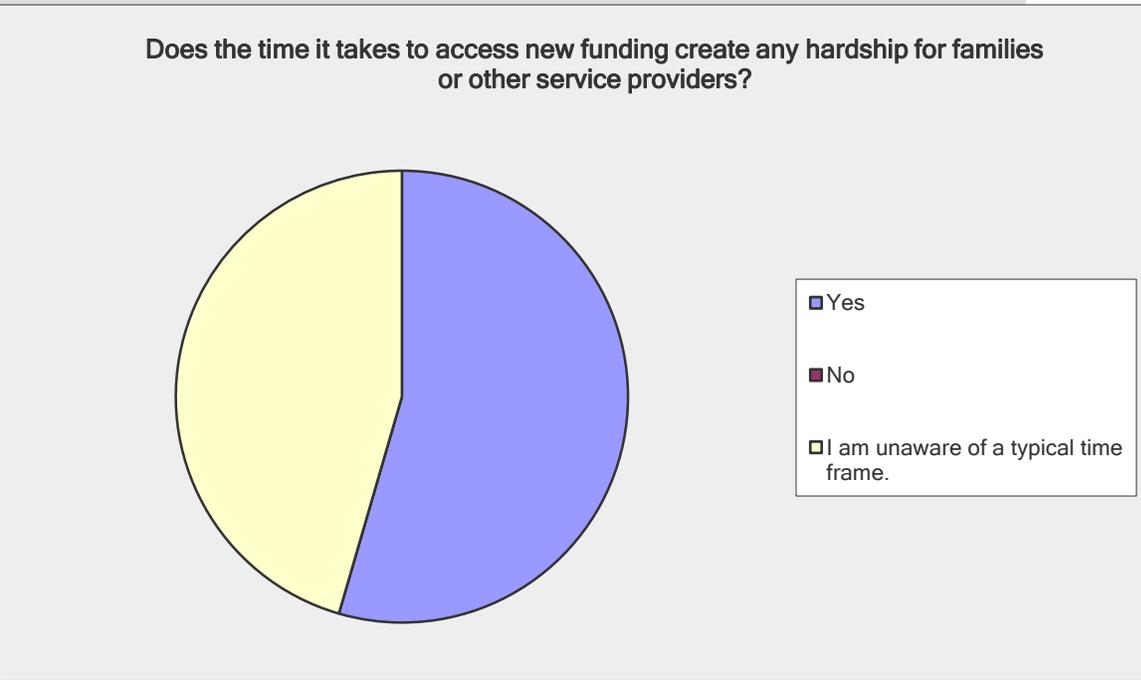


Comments:

- inadequate number of beds available to those in crises, lack of forced evaluation and detention.
- I feel confident in CA's services in this area.
- yes, CA does a great job with their clients.
- I think that the entire service delivery system to folks who are a risk to public safety is inadequate due to liability issues.
- difficult to adequately supervise individuals and respect their independence around sexual encounters

**Does the time it takes to access new funding create any hardship for families or other service providers?**

Answer Options	Response Percent	Response Count
Yes	54.5%	12
No	0.0%	0
I am unaware of a typical time frame.	45.5%	10
Please explain:		9
<i>answered question</i>		<b>22</b>
<i>skipped question</i>		<b>2</b>



Comments:

- Everything seems to take a long time. And my impression is that the process is complicated for many of our families.
- yes the time and money it takes to advocate for relational therapy is prohibitive
- Confusion on how long and when is often felt by parents.
- if the person is homeless, time is not on their side.
- Takes way too long, no immediate service
- If there are budget cuts
- If there is a challenge with funding then we can't provide the services we need to.