

Community Associates

A Program of the Counseling service of Addison County

March 1, 2014

Local System of Care Plan FY2015-FY2017

Plan Period: July 1, 2014 – June 30, 2017

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 million dollars derived primarily from State/ Federal Medicaid, Vocational Rehabilitation, and local funding sources. With this funding, CA employs 80 staff members, contracts with 50 Developmental Home Providers, operates 2 licensed group homes, maintains a fleet of 2 vehicles, contracts with 4 other service providers, and supports multiple respite and substitute workers. Community Associates supports individuals (116 Waiver, 4 TCM, and 54 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 the Local System of Care Plan is to provide 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. This local system of Care Plan is the guiding document for developmental services in Addison County for the fiscal years 2015-2017.

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.

Update from SOC Plan 2011-2014:

□ *System sustainability (including compensation):*

Through the VT Council, Community Associates advocated for preservation of system funding; however this past year sustained a legislative mandated reduction of \$93,126, resulting in service reductions of 66.5 days of respite and 45.95 hours of individualized supports. Administrative reductions resulted in elimination of positions, increase of workload and supervision for staff, and decreased opportunities for training and supplies. In regards for better living wages, over the last 18 months, CSAC provided to staff an increase of 4%, to substitute staff 3.73%; for Subcontractors (DHs, Assisted Living and Community Support Providers) 3%, and for Family Respite (both DH and family hired) CA provided a total of 3% with instructions that this increase should be utilized to increase the pay for these providers instead of increased units of respite.

□ *Explore possibility for different residential and service options*

Local Standing Committee remains highly invested in continuing the consideration of new service options; CA is currently considering the development of a group respite option during business hours that will provide more consumers with educational and community activities. This past year, CA has completed application to be a Choices For Care Provider and are currently engaged with alternate housing options for Elders through Money Follows the Person.

□ *Lack of crisis capability, respite beds:*

Crisis capacity remains a topic for further development as continued recessions continue to place additional obligations on home providers as well as respite workers.

❑ *Need to access additional funding sources:*

Again, continued recessions have presented challenges to ongoing consideration of funding grant writer capacity. CA has enrolled as a Choices for Care provider and therefore plan to continue growing this skill area and capacity.

❑ *Needs of aging consumers:*

Addison County has successfully established a strong working relationship with our Home Health 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.

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.

- ❖ Consumer Satisfaction surveys were given to all persons receiving DS services - (100 surveys returned). Basic information was asked to identify successes, areas in need of improvement and priority concerns. Additional questions were asked to gather feedback on the “2014 Talking Points for Local Input”.
- ❖ Input from the Addison County Specialized Service Agency (SSA), Specialized Community Care (SCC), was sought; however we were unsuccessful in obtaining input.
- ❖ Separate yet similar satisfaction surveys were emailed to other human service agencies in Addison County. Collected data from this action was added to that collected from consumers. 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.

- ❖ CA's Divisional Director personally sought input from interviews of those service providers who are currently actively engaged with program development (ex IFS, HH Pilot).
- ❖ The Family Advisory Council participated in the construction of this System of Care Plan by reviewing, commenting, and adding to the format and contained messages. The System of Care Plan was included in the December / January and February meeting agendas.
- ❖ At their January meeting, Speak Up Addison County, Addison County's self advocate organization, offered input into the need for improved and implemented new services as well as responses to the "2014 Talking Points for Local Input". This was achieved in a public forum event for consumers and self advocates, held at a local church.
- ❖ 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.
- ❖ Summarized reports related to appeals and grievances are routinely discussed in CA's Senior Management Team as well as with CSAC's Executive Director.
- ❖ Current and past DDS Quality Reviews were reviewed.

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.