

Northwestern Counseling & Support Services
Vermont Developmental Disabilities Service
Local System of Care Plan
FY' 15 – FY' 17

Current Status

I. Service and Support Needs Being Met

- Service Planning & Coordination; Northwestern Counseling & Support Services (NCSS) has twenty two Service Coordinators in Developmental Services (DS). It is the single most difficult job; the Service Coordinator is responsible for the coordination of services for every aspect of an individual with Intellectual Disabilities life. The Service Coordinator must be knowledgeable of the standards of practice, both State and Federal guidelines, funding and budgeting, community resources; persons centered planning, goals and outcomes. Service Coordinators must possess the ability to interact with field staff, home providers, family members, friends, guardians, and contracted staff. Service Coordinators are expected to have basic knowledge of medical needs, psychiatric evaluations, behavioral support planning, mandated reporting, appropriate release of information, and client consent procedures. Additional expectations and training to meet the Federal requirements of Health Care Providers maintaining Electronic Medical Records (EMR) by 2014 has required re-training of current documentation methods. Service Coordinators are also advocates with and for their clients. The expectations for the Services Coordinator position has been increasing and as the rescissions continue the case loads increase without funding to increase salaries in an equitable way. This role strain will take its toll on the quality and quantity of services provided by the key player in establishing and monitoring the outcomes of each individual served.

- Employment Services; NCSS has two full time and one part time Employment Team Specialist (ETS) or job developers. They each carry a case load of between 20 – 25 clients seeking employment at any given time. The state employment program has developed an individualized software program that captures the hours that each ETS spends in job development. The hours are based on individual client job development and general community employer contacts. The program also captures the wages and benefits savings for each working consumer receiving services at NCSS. The annual reports help to support continued funding for supported employment services for individuals with Intellectual Disabilities. Also the results of the ETS's job placements throughout the year determine the States Grant to NCSS for job development for all individuals with disabilities. Quarterly reviews of the status in terms of achieving the annual target of placements allow the team to make adjustments to caseloads. It also assists the team leader in knowing when to solicit additional Creative Workforce Solutions (CWS) assistance. The Supported Employment program has 9 -12 full time job coaches and one substitute that are specifically trained in providing the minimum onsite supports to maximize the working individual's independence.

- Direct Services; NCSS has approximately 90 Direct Staff providing community based services in Franklin and Grand Isle counties. NCSS supports home providers in the oversight of over 300 contractual community support staff. The community based services include full community integration. Services are based on providing meaningful choices and providing individualized programming in the community that will assist the individuals served with making strides towards and achieving their goals and outcomes.
- Independent Living Skills Building; Adult services include the Academy of Learning (AOL) and the Living for Learning (LFL) programs. Curriculum is based on peer identified needs to improve and sustain independence in the community. Individuals participating begin with and Independent Living Assessment (ILA) to help the team identify strengths and areas of potential need to help steer the classes curriculum towards both individual and group needs.
- Supervised Assisted Living; Individuals receive services in both self managed independent living environments and twenty four hour staffed residential settings. Programming is based on the capacities, needs, and values of each individual being supported.
- Staffed Living; NCSS currently has three staffed living residential settings that are clinically driven environments that support very specific needs of individuals with Intellectual Disabilities. All of the residential sites are staffed by specifically trained behavioral support teams.
- Clinical Services; NCSS provides both individual and group Dialectical Behavior Therapy (DBT) sessions with seven clinicians trained through the intensive DBT process. Psychiatric services are available through NCSS including evaluations, medication oversight and Nursing services and LPN services are offered. Both Family Counseling and Parenting assessments are available to assist parents with Intellectual Disabilities in keeping families together.
- Other Clinical Referrals; Service coordinators work with referrals as appropriate with community partners providing Occupational Therapy, Physical Therapy, Speech and Language Pathology, as well as, local Primary Care Providers (PCP) and outside evaluators.
- PAEA Services ; The Program for Adaptive and Expressive Arts (PAEA) provides music and instrumental training to help individuals with intellectual disabilities to achieve outcomes around communication and healthy expression. Therapeutic Music Services which include teaching over 17 instruments, group music sessions, Hand Bell Choir, Country Music and Rock Music Bands
- Crisis Services; NCSS has a 24/7 DS crisis team that responds to teams providing expertise in local community resources and supports to deescalate high risk situations. The team has a crisis coordinator and 3-4 crisis workers. NCSS has instituted a Peer Support hotline that can be accessed by DS served individuals providing ongoing contact with crisis trained peers.
- Contracted Supports; Include community based services with contracted community support staff and contracted respite day supports. NCSS works closely with Employer of Records to

assure all contracted staff have clear communication around individual goals, outcomes, and related services. Budgets are monitored to assure individuals are receiving appropriate services in a fiscally responsible manner. Specialized coordinators at NCCSS assist with locating and training both hourly and daily contracted providers.

➤ Other Services:

- Dialectic Behavior Therapy is provided for youth, adults, client with Traumatic Brain Injuries (TBI), and Offenders.
- FLASH curriculum which consists of relationship and sexual health training for existing clients and area high school students.
- Traumatic Brain Injury Services
- ASL sign language classes for staff, clients, and for the community
- Interpreter services for clients and the community at large
- Camp Rainbow – summer camp for children on the Autism Spectrum with a separate Camp for Adults with Autism and other Disabilities
- Senior Services with Dementia specialties in Hospice and Grief Services
- Counseling Services specializing in Intellectual Disabilities and Dual Diagnosis
- PHD level services, counseling and assessments for Parents with Disabilities
- Anger Management Services
- Deaf and Hard of Hearing Services
- Bridge Program serving children and families with Developmental Disability , largest number of recipients in the State”
- Targeted Case Management Service for Children and Adults
- Shared Living Services and Training
- “Next Steps Peer Advocacy Group” serving individual clients and local high school students
- Independent Living Program
- Autism specific services CARF Accredited for services in Autism for the entire lifespan. Educational and College Credit Supports for Individuals with Disabilities
- Choices for Care Program & Adult Family Care initiatives to remove clients with complex medical needs from area hospitals and nursing homes.
- Defensive Driving Training
- Driver Education Training for Individuals receiving services
- Therapeutic Options and De-escalation Training
- Offender Services-“Less Restrictive Placement” planning and transitional services
- Program for inspection of respite homes
- Respite assistance for individuals and families in hiring there own employees through advertising and screening assistance.

II. Status of FY’ 12” – FY’14 Outcomes

- **“Alternative Residential Models”** Throughout FY’12 – FY’14 a main area of focus has been on limited housing that is affordable for individuals trying to live on Social Security supports. Increasingly parents of transition age youth and young adults have voiced their concerns around safe independent living situations. Over the years it has been a struggle to come up with an affordable plan to achieve this goal. Working with the Next Steps Peer Advocacy group we have come up with a Living for Learning curriculum that addresses the skill sets required for living independently within the community

FY’12 – FY’14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
<p>NCSS to rent an apartment for independent living trainings.</p>	<p>Due to budget constraints this model was modified to curriculum being taught in the community and at the Academy of Learning Site.</p>	<p>The Living for Learning (LFL) Program is working with 9 students and has completed the basic skills of budgeting, public transportation, menu preparation, shopping, community safety skills, home safety skills, bill paying, driving, and rooming with others.</p>	<p>Two of the individuals in the program have taken part in the overnight mentoring program with Peers. One individual has moved to independent living and accesses the Peer pager for supports. One individual in the program has obtained their driving license, secured a part time job, and anticipates moving to independent living over the next 6-12 months.</p>
<p>Intent of program was for individuals interested in living independently to be able to “practice” skills in a safe environment, with the support of peer advocates.</p>	<p>Overnights with Peer Mentors living independently were instituted. Transitions to attached independent living models were implemented.</p>	<p>The LFL Peer group is assisting individuals in planning for the shift from twenty four hour funded or living with families to other possibilities e.g. attached living models, independent living, or roommate situations with Peer supports. Two individuals are currently in transitional planning with expectations to transition in the next 12 months.</p>	<p>This model has assisted individuals in learning the curriculum and then seeing the independent living skills modeled by their peers. It has encouraged individuals to take steps towards actively planning more independence by going from full home provider supports to, in home supports, to attached living models to, independent living.</p>

FY'12 – FY'14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
To develop a pager system where peer advocates can be called to create a support system. These are individuals who have already made this transition to independent living and could give advice and support when needed for an individual to feel safe and supported.	Peer Advocate pager line has been instituted and is available for after hour supports for individuals in the Living for Learning program and across living environments.	The Peer Self Advocates introduced the program to their members. Twelve Individuals were trained in crisis awareness skills. Currently 3 Peer Advocates are providing Peer pager Supports.	The Peer Pager hot line has improved the ability of individuals to learn coping skills while living more independently.
When one or two individuals feel they are ready and have been assessed that they have acquired the skills for independent living, than they may choose to rent the NCSS apartment that they have been trained in.	NCSS is assisting individuals in transitioning to attached living models and independent living arrangements, in lieu of the leasing of an apartment site.	Residential housing has identified several independent living models in our area. Some are attached apartments while others are carved out independent living within home supports.	Peer Support and LFL staff will continue to work with and train in home support staff to increase independent living skills for individuals in these transitional settings.
NCSS would then rent another apartment and start the program again with the new site to encourage the growth of the independent living model	NCSS is committed to training and integrating more Peer Mentors that live independently into the training program. Also locating more attached apartment models for continued skill building environments.	NCSS residential services will continue to search for more independent forms of housing, including attached apartments, carved living areas, affordable housing options, and roommate settings.	This commitment to transitional housing has opened the door to other opportunities that support independent living e.g. technical training programs, support in gaining drivers licenses, education on becoming own guardian, and money management skills training.
The cost effectiveness of this program would be the ability for peer advocates to provide many of the supports for individuals interested in this program. We are	This continues to be a cost saving program as the Living for Learning program is facilitated by two Peer Advocates and the Peer Mentoring Model, as well as, the	Two Peer Advocates have assisted in developing the curriculum for the LFL classes they support the Peer Mentoring program, and assist in	The goal is to continue to train and grow the natural supports that can be provided for peer to peer supports.

FY'12 – FY'14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
currently seeing more supports given by peer advocates in the form of community supports	Peer pager.	Peer pager services.	
Outcome Measure:	What Did We Do	How Well Did We Do	What Difference Did It Make
This outcome measure will be that at least one to two individuals per year will achieve their goal to live independently with minimal supports. We hope to add increased numbers to this goal as the program expands over the three year period.	Modifications to the program delayed the beginning of the LFL program. However the program has served nine individuals in the first year. The curriculum is co authored by staff and Peer advocates. The end of the year surveys show the group has met the expectations of the individuals and their teams.	In order to track the progress of LFL program we have included specific goals and outcomes to be documented on the individual's treatment plan. We have designed and implemented an Independent Living Assessment that can quantify the improvement of these skills over twelve categories.	Individuals served in the LFL program have shown strides towards independence over the past year. Including; receiving drivers licensing, moving to independent housing, piloting the peer mentoring overnight practices, moving to attached transitional housing, receiving minimal in home supports, and peer education on guardianship status.

- **“Transportation Restructuring”**; this initiative has started because of the need for ensuring the cost effectiveness of services in an atmosphere of reduction in funding. One of our greatest costs is in transportation for clients to and from their homes and in accessing their community because public transportation is so limited. Staff currently provides this transportation to individuals and it is done mostly by a 1:1 ratio in individual staff vehicles. This new initiative was discussed with people currently receiving services, the local standing Committee, and our peer support advocates. The following is the plan and its action steps to reduce the cost and the current isolation people feel about the way they are transported.

FY’12 – FY’14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
To purchase two agency vans that seat 20 to 25 individuals.	Developmental Services has 2 vans and a small passenger bus that are utilized to car pool individuals from remote locations to the Academy of Learning (AOL), Living for Learning (LFL) and for events and trainings in the more populated area of downtown St. Albans, VT.	NCSS car pools individuals daily to the greater downtown St. Albans area and has a scheduled route of drop off and pick up for all individuals involved in AOL and LFL programs. Vans are available for more rural settings. Access is one of the top issues that come up in the Local System of Care forums, the need to allow access to community.	The new transportation model has been received well by individuals served, families, staff, and community. The transportation is providing access to programming specifically designed to increase community integration and improving independent living skills. Currently there are 29 individuals car pooling by van or small bus each day to and from the city.
To transition from individual staff transportation to a more group model. Clients have asked for this model feeling that they could socialize with their friends instead of feeling isolated when they are driven in an individual ratio in a staff vehicle.	The agency has developed a bus route that is coordinated each new semester of the AOL and LFL programs. Direct staff reporting modules allows for the review and scheduled planning of transportation providing a major shift from 1:1 transportation to a more cost effective and interactive model.	Along with AOL and LFL enrollment each semester mileage expectations and integrated car pooling philosophies have been implemented throughout DS. Technology has allowed reporting modules to pull information from our Medical Records allowing review of direct staff programming hours	The integrated transportation model including individuals with intellectual disabilities, physical disabilities, psychological disabilities, support staff, and coordinators has been well received within the community and treatment team members. The cost savings in transportation have allowed for additional

FY'12 – FY'14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
		and ratios.	facilitators and more community based field trips.
Staff van drivers would be hired at a reasonable rate and bring people in for services based on where they are living for efficient travel.	One CDL driver and two van drivers are in place to assist with scheduling, routing, and the pickup and drop off of clients throughout the Franklin and Grand Isle Counties.	The past two years of AOL and the past year of LFL we have seen an increase in enrollment and individuals served have enjoyed the transition from 1:1 transportation services.	The AOL enrollment has gone from 13 to 40 the LFL 3 to 9. Ninety nine field trips and community access events have taken place to date.
Outcome Measure:	What Did We Do	How Well Did We Do	What Difference Did It Make
This outcome will be achieved as the vans are purchased and used to minimize transportation expenses which are now caused by agency staff providing 1:1 transportation services in their own vehicles. This outcome measure will be that a mileage reimbursement cost savings of at least 25% will be realized in the overall Developmental Services budget.	Two vans and one small passenger bus were purchased, LDL driver was hired to do scheduling, routing, driving.	Over the past two years vans and a small passenger bus have transported individuals to the greater St. Albans area on a daily basis. Reducing the amount of 1:1 isolated transportation. This has shown a realization of savings by reducing the mileage reimbursement by 24.81%.	Individuals from all over Franklin and Grand Isle Counties are now gaining access to Independent Living programs and the greater community services.

- **“Educational Classes Program Continuum to College Credit”**...This new initiative was created to address the needs of individuals and families who want more educational experiences for themselves and their family members. Several families approached the Howard program called “Succeed” thinking they could have access to the college experience. There was not availability for the many individuals interested, so our Standing Committee and Peer Support group began speaking about what the challenges of NCSS developing their own program would be. The following are the steps that we are taking to create this new initiative:

FY’12 – FY’14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
To survey people receiving services for a list of interests and possible class choices they would want offered.	During intake and Peer Advocates welcoming individuals and their families are interviewed to discuss short and long term educational goals. Treatment Plan reviews includes long term goals toward technical training, college programs, and local secondary training programs.	NCSS has placed 3 individuals in the training program for computer programming, appliance repair, and LP training. The “Think College Program” has graduated 2 individuals. One individual is currently enrolled in CCV programs, one individual is completing an internship in business, and one individual is receiving training in the clean sweep initiative.	More than ever before NCSS is working in collaboration with the local colleges, technical training centers, Creative Work Force Solutions (CWS), and Vocational Rehabilitation to offer secondary training, provide funding for books, assist with transportation needs, and identify individuals work and career potential through Persons Centered Work Assessments. This has allowed several individuals at NCSS to step up their long term work goals and gain the ability to live more independently.
To match local instructors and staff with expertise to become instructors in the areas desired by people receiving services.	Not only has NCSS collaborated with local community partners but we have developed the AOL and LFL with specific theme days and independent living curriculum to match our staff’s skills with the desires of individuals	NCSS has 6 enrolled in secondary education classes or technical training programs. NCSS has 40 enrolled in AOL, 9 enrolled in LFL. The AOL survey results show 97.70% feels they have gained skills and knowledge	Demonstrated through the satisfaction surveys 98.38% of individuals are happy with the results of the AOL and 67.7 % are happy with the LFL programs and instruction.

FY'12 – FY'14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
	served to improve their knowledge and training.	that will improve their ability to integrate more successfully into their communities.	
To develop educational sites within the community to hold the classes.	The AOL is based in the downtown area of greater St. Albans immersed with in the community. Local Vocational Rehabilitation (VR) office works with NCSS employment staff providing benefits counseling and education on resources towards secondary or technical trainings. Local high schools work with the NCSS transitional team holding trainings, meetings, and community partner seminars to make information available to individuals and families.	NCSS partners with many local community members providing in house guest speakers and community based field trips. During the semester for the AOL and LFL program 51.36% of class time is spent with community based learning.	Inviting guest speakers into the classes and providing real time community training has improved not just the public's awareness of the skills of individuals with Intellectual Disabilities, but also the number of community collaborations.
To support those individuals wanting to take college level courses at local colleges by converting their existing supports to support them at college. To use local education sites at our local Community College and the Adult Technical Center in the community.	NCSS has worked collaboratively with Johnson State College, the University of Vermont, CCV, ST. Albans Technical Training Center, Clean Sweep Program, and Re-Train apprenticeship program.	NCSS has assisted in the enrollment and support of over 55 individuals in the programs offered by community partners and secondary education providers.	The enrichment of individual's lives and career paths has had impact not only on their lives but through the partnering with Peer Advocacy has modeled to others the possibilities. This type of Peer to Peer engagement has increased the number of individuals seeking more hours of employment, higher level positions,

FY'12 – FY'14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
			certifications and technical training degrees, and increased awareness of the strength in their own abilities.
To use people receiving services as instructors wherever possible.	NCSS has two individuals with disabilities that are part time employees that serve as instructors in the LFL classes and are the lead facilitators for Peer Advocacy group at NCSS. Both individuals provide both staff and individuals with disabilities trainings.	The inclusion of Peer instructors has enriched the quality of services by incorporating an insider's perspective on the content and delivery of those services. The AOL and LFL programs are driven by the goals of individuals receiving services. Satisfaction surveys are given at the end of each instructional semester to gauge the effectiveness of the programming.	The quality review of services provided by participants in the programs has lead to more informed programming choices. The inclusion of Peer instructors has given credibility to and increased satisfaction in the curriculum being offered through out the programs.
To integrate these classes with the local community so that all community members have access to the courses not just individuals with disabilities.	The collaborations with Johnson State College, UVM, CCV, St. Albans Technical Training Center and Re-Train are fully integrated services including individuals with and without disabilities. NCSS American Sign Language Classes are full integrated into the community, schools, and is available to all individuals with and without disabilities.	NCSS has strategically built community partnerships that have included psycho-education of organizations that had minimum awareness of working with individuals with Intellectual Disabilities. This effort has been supported by the clinical, employment, crisis, PAEA, and transitional services programs.	The agency has invested in Mental Health First Aid trainings and Grand Rounds that are open to all community members. This along with continued outreach and networking with local community partners has enriched the understanding of the strengths and abilities of those with Intellectual Disabilities. This collaborative effort has opened the door to allow access to integrated classes within the community.

FY'12 – FY'14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
To provide our new transportation system to the community to ensure access to the classes for those living in rural areas without transportation	Stated earlier NCSS has purchased and scheduled on a daily basis access to the greater downtown ST. Albans area.	This new means of transportation has allowed access from rural areas outside of the city borders that previously was cost prohibitive.	Several individuals served have increased their access to the community and to learning opportunities that are driven by their goals of treatment.

Outcome Measure:	What Did We Do	How Well Did We Do	What Difference Did It Make
<p>This outcome measure will be achieved with the participation of a minimum of 40 individuals with disabilities enrolled in our Education Achievement Program.</p>	<p>NCSS has made every effort to make secondary education, technical, and independent living skills trainings accessible to individuals served.</p>	<p>Over the past two years NCSS has exceeded this outcome with 90+ individuals served through AOL, LFL, and community partners educational/technical training programs.</p>	<p>Individuals served are more involved with programming and accessibility issues than ever before. This has improved the quality and delivery of educational services over the past two years as shown in satisfaction surveys and increased participation in the Local System of Care strategic planning events.</p>
<p>Our secondary goal would be to have a satisfaction rating of at least 80% in the first year.</p>	<p>Surveys from and overall agency services delivery perspective, as well as, AOL and LFL, along with local system of care questions have been gathered throughout FY' 12 – FY' 14.</p>	<p>The accumulative results of those surveys show 83.04% are very satisfied with educational and Independent living services being offered.</p>	<p>The direction of Education Achievement programming, as suggested by the survey results is right on target with our secondary goal.</p>
<p>The third goal would be to have community participation and enrollment in the program to ensure an integrated setting for all participants.</p>	<p>Programming with community partners is fully integrated. Trainings and community based activities are incorporated weekly into the AOL and LFL programs. Outside quests and specialists are incorporated into programming. Currently cost analyses are being completed to begin a broader marketing to the greater community.</p>	<p>Two years into the AOL and first year in the LFL programs required focus on goals of individuals served and curriculum structure. Community inclusion is built into the programming with weekly integration and education opportunities for individual served with disabilities to interact in a meaningful way with peers and community members with out disabilities.</p>	<p>The accessibility to community and the strategic inclusion of community members and peers without disabilities into curriculum has opened doors to individuals served and allowed networking around areas of; employment, secondary education, technical training, housing, benefits, budgeting /banking, public transportation , emergency services etc..</p>

- **“Employment Program Changes”**; The employment program revisions stem from the Challenge for Change Initiative. This initiative involves working closely with new outcomes data with both Vocational Rehabilitation (VR) and Creative Workforce Solutions (CWS).

FY’12 – FY’14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
New initiative will realize high performance of Supported Employment Services and increase in Grant funding appropriate to performance standards.	NCSS Employment Team Specialist (ETS) participated in weekly meetings with CWS community partners. NCSS ETS’s met individually with VR counselors working collaboratively sharing leads and placing individuals in the most independent placements according to strengths.	NCSS exceeded expected placements and closures, being recognized for the most collaborative team statewide with CWS services. Supported Employment Grant funding was doubled in FY’13.	The increase in grant funding lead to the addition of a part time ETS position and an increase in individuals served with disabilities outside of DS waiver funding. This increase improves accessibility and the collaboration has reduced contact stress on local employers.
Due to the success of the collaboration in the St. Albans employment community partnerships and CWS there is hope that outreach and education around successful outcomes will continue.	NCSS ETS and Employment Coordinator attend the state wide Supported Employment Coordinators meeting monthly.	The ETS and Employment Coordinator share their successes with the statewide team, encouraging collaboration and transparent relationships.	Locally the ability to share leads and have successful outcomes has increased over the past two years. Due to employer stress with multiple agency contacts this small population approach has lead to more open doors within the business community.
We are hopeful that our successful outcomes will translate into more funding for our employment initiatives	Diligent tracking of initial job placements, job training, and increase in “job fit” placements has improved the satisfaction of employers- employees.	Reviewing the results of the supported employment annual Work Plan demonstrates a high satisfaction in the placements by employer and employee, with 92% stating they were satisfied.	The collaboration, pre and post assessments, and transparency within CWS has lead to successful placements and “step up” (promotions, increased independence on job sites) employment opportunities for individuals served.

Outcome Measure:	What Did We Do	How Well Did We Do	What Difference Did It Make
Outcomes determined by Statewide negotiations and an increase in NCSS allocations based on performance standards.	NCSS exceeded expectations as shown in successful closures that were four times the state requirement.	NCSS grant funds were doubled, based on performance reviews coming from the local VR and CWS outcomes.	The exceeding of expectations allowed NCSS to serve more individuals with disabilities and to include a part time ETS position.

- **“Self-Advocacy Program”**; This initiative is focused on expanding peer services where individuals that receive services train, orient, and mentor new recipients of services.

FY’12 – FY’14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
Peer advocates will be actively involved in the intake process by doing home visits to new applicants and giving them a welcome basket as well as orienting them to The Peer Support and Advocacy Movement.	During intake the Peer Support group is introduced to the individual and family. Contact information for the Peer Advocates is distributed with the welcome to services packet.	Initially few individuals or families reached out to the Peer group for supports. However, after a few months in services the individuals and families typically begin to request specific information from Services Coordinators about peer to peer activities.	Individuals reaching out to the Peer Support group have indicated that the transition from other services has been less daunting. It is a fine balance between offering and intruding but the Peer Advocates are re-considering new information tools to increase early contact.
To place on each client team a peer advocate of their choosing to ensure the individual’s voice and choices are fully shared with their team since the experience of team meetings for annual planning can be so intimidating.	During intake and at initial contact with Services Coordination the peer advocacy contact information is distributed. The individual’s right to have a Peer Advocate supporting them on treatment teams is offered.	Contact and initiation to join treatment teams has fallen short of what was expected. Suggesting that invitation to the team follows over time with familiarity and trust. The plan moving forward is to continue offering activities that allows the contact with peers to aid in providing environments for the development of more natural advocates.	Individuals coming into Peer Support or participating in Peer driven activities feel included and heard in the development of their treatment plan, goals, and outcomes. Continued peer activities, education, training, and environments to allow cross pollination of ideas and supports will continue.
This initiative also includes an increase in trainings provided by peer advocates to staff and contracted employees and home providers. These trainings will contain information regarding	NCSS has quarterly all staff trainings peer advocates are part of the process of developing important agenda item relevant to the individuals served. NCSS peer advocates do annual awareness training for all staff.	The Peer Advocates trainings present an insider’s perspective of services and service delivery that can only come from an individual with disabilities. This educational tool has increased staff	This Peer driven approach has helped to improve the quality of services and home environments for individuals served. There has also been an increased voice of the individuals served to speak frankly about

FY'12 – FY'14 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
<p>empowerment; choice and respect in helping individuals lead more productive lives because of the expansion of their own design of the services they receive.</p>		<p>awareness of what is important to the persons served.</p>	<p>their needs and services through the outreach of Peer Advocates.</p>
<p>This initiative will also incorporate the self advocate's role in providing supports to our new independent living model.</p>	<p>Two Peer Advocates are intricately involved in the development and delivery of curriculum in the LFL programs.</p>	<p>Enrollment for the LFL classes has started to increase now going into its second semester. Peer Advocates are actively working with staff to produce a marketing strategy to get understandable information out to current individuals served and transitional programs in the Franklin and Grand Isle Counties.</p>	<p>The curriculum is richer and more meaningful to the individuals served having Peer Advocates involved in the program development.</p>

Outcome Measure:	What Did We Do	How Well Did We Do	What Difference Did It Make
<p>90% of clients served will have an advocate representative on their team by the end of the fiscal year 2013.</p>	<p>During intake Peer Advocate information is given to families along with the welcome packet. Peer Support initiatives are discussed and an invitation to have a peer support advocate on the treatment team is presented.</p>	<p>The expectation to have 90% of all teams including a Peer Advocate fell short during the past three years. This has lead the Peer Support group to re-consider strategies to market the peer advocacy information and how to improve initial contact. The team has made significant progress with transitioning youths into services and has been included in several team meetings. There is a need to improve contact with existing individuals to improve awareness.</p>	<p>Those participating in Peer Advocate team meeting and treatment planning have identified the following: Feeling supported, having a say in goals, having a friend on their teams, and knowing who to go to when they need help.</p>
<p>100% of trainings at NCSS for agency staff in Developmental Services will have peer involvement to be developed over the next three years.</p>	<p>Peer advocates are involved in either the writing of trainings, policies, informational packets or review them for understandability.</p>	<p>NCSS has peer supports on standing committees, all staff trainings, team trainings, peer hot lines, and in the review of materials to individuals served.</p>	<p>This peer review process has improved the both staff and individuals served ability to understand the “insiders” to disabilities perspective. The trainings have been enlightening and effective for all concerned.</p>

IV. Plan Development

I. Planning Process

Sources of Information:

- **Next Steps Peer Advocacy Group;** Our local advocacy group holds weekly meetings and has 48 members. The group is led by their own Leadership team which consists of all people who receive services. They visit local schools to invite transition age youth to join in their peer support activities and trainings. They provide training to Developmental Services staff, Home Providers and new recipients of services. As a group the peer support members play a role in our Intake process by welcoming people who are new to services. This consists of a welcome visit without staff involvement so that peers can explain their experiences when being new to services. At this point new clients are invited to attend peer support meetings to meet new people and learn about self advocacy and empowerment. These individuals were consistently involved in developing the new System of Care Plan. Three of the members sit on our Standing Committee and one member is a full Northwestern Counseling and Support Services Board Members.
- **Agency Developmental Services Standing Committee;** The DS Standing Committee consist of 8 members who are all actively involved in the committee and attend meetings once monthly. The group is made up of 2 self advocates, 3 very involved parents of children and adults with Intellectual Disabilities, 1 Home Provider who has worked in the DD system for over 30 years. 1 retired community member who has worked in the DD system for over 35 years, and 1 retired parent of an adult with intellectual Disabilities. This group is actively involved in reviewing our activities and progress on our Local System of Care Plans on a quarterly basis. They review suggested questions for forums, surveys and interviews to gather the information. They review the gathered information and the development of the final Local System of Care Plan report. ***I have attached the survey results from recipients of service so you could see the actual results of our surveys.***
- **Other DS Services Providers;** In our area that has been interviewed for their input in the plan are the following: Home Health nursing and staff, local nursing home administration and staff, local hospital administration and staff, local school systems administration and staff. We involve and receive input from law enforcement through State and Local police who work with us and our client services. Members of the local judicial system participate. Area landlords for individuals renting in the local area that receive services are surveyed. The Area Agency on Aging as well as the United Way Board of Directors is interviewed.

- **State, Local Staff, and Contracted Providers;** All are part of the interview process. They are invited and attend our public forums and dinners to give input and are sent surveys to their offices and homes.
- **Family Members;** Family members are participatory in our forums and all are mailed surveys as well as personal interviews to gather information. Quality review of services is being completed by phone interviews on a random basis annually.
- **Other Advocacy Groups;** Others that are asked to give input are our local ARC, members of the Vermont Center for the Deaf and Hard of Hearing, Parent Advocacy Members for Autism, Vermont Center for Independent Living and local high school self advocates.
- **Private and Public Guardians; Guardians** participate in our forums and are also mailed surveys for their input. We have their presence on our Standing Committee as well as our agency Board of Directors which also includes representative payees.
- **Vocational Rehabilitation Services and Creative Workforce Solutions;** These community partners are very involved in this process as well and are interviewed for their input in both the Local System of Care process as well as our Strategic Planning process that is conducted with in the same time frame.
- **Children and Family Services;** Families are actively involved and participate in monthly collaborative meetings. This is to give input on how our systems overlap. Staff have cross divisional meetings whenever services in our different agency divisions are overlapping providing for integrated care y to ensure good communications and unity within services planning.
- **Mental Health Providers, Psychiatry and local Psychologists;** Clinical services are part of this planning process by face to face interviews, surveys and forums that are held with representation from our Medical Director and local therapists.
- **Medical Health Care Providers;** Northwestern Medical Center, our local hospital works closely with NCSS is identifying high utilization of Emergency Responders and ER visits. Providing the ability to be proactive in reach out services. Franklin Count Home Health, contacting with NCSS providing medication training and Special Care Procedures oversight.
- **Local and State Offender Services Providers;** Public Health and Safety partners work closely with the Behavioral Health team providing training and assessments for transitional services. Department of Corrections with probation and parole and COSA local volunteers work with NCSS in prevention of recidivism.
- **Others;** Include local health care providers such as pediatricians, primary care physicians, and medical specialists that were personally interviewed for their input as well as State Legislators and Senators.

II. Priority Needs

Prioritized Needs FY'15 – FY'17	Met Under Met Unmet	Existing/New Resources and Strategies	Program – System Perspective
<p>Sustainable and affordable housing continues to be an almost insurmountable barrier to independence. With an emphasis on developing skills building for Independent Living individuals with Intellectual Disabilities are often forced to continue supported living models due to the cost of housing.</p>	<p>Under Met - With the drop off for section eight housing and a small inventory of income based housing availability, affordable housing is relatively impossible to secure.</p>	<p>Alternative housing models are sought through our residential program that include minimal in home living supports in attached housing units. New programming to support roommate skills training to make housing more affordable.</p>	<p>At a program level there are few housing options available. Continued growth, support, and funding for income based housing e.g. CVEO, Vermont State Housing, Lake Champlain housing authority etc... There needs to be built in flexibility with funding to provide assistance in getting individuals into initial independent placements and providing in home supports.</p>
<p>Needs of aging consumers continues to exacerbate safe and accessible community integrated home placements.</p>	<p>Under Met - The need for training on Special Care Procedures, Medication Delegation, and Personal Care is on the rise. There is a high frequency in elder individuals with Intellectual Disabilities for such medical pathology as; Early Onset Dementia, Alzheimer's, MS, Seizure Disorders, Cancer treatment, Podiatry issues, hearing impairment.</p>	<p>It is critical to have strong collaborations with community partners like Home Health, Visiting Nurses Association, and local PCP's, yet there is a limited capacity to meet the increasing needs as a larger demographic number of individuals with Intellectual Disabilities continue to age living longer lives. There is an increased need for home providers with specialty training to support this aging</p>	<p>Considering the program level continued collaboration is imperative to sustaining community living for the aging population of Individuals with Intellectual Disabilities. Systemically there needs to be consideration for a higher rate of pay for specialized training in elder care this currently does not exist. NCSS is a willing partner in the</p>

Prioritized Needs FY'15 – FY'17	Met Under Met Unmet	Existing/New Resources and Strategies	Program – System Perspective
		group in their communities, yet there are no additional resources or funding to support a higher rate of pay for specially trained care providers.	AFC care pilot program but due to overall restrictions of the funding and under funded home provider Tier rates finding successful long term placements is proving challenging.
Increased Clinical and Crisis Supports that would include a quality review of therapeutic needs for individuals with Intellectual Disabilities and secondary diagnosis. Including Mental Health Diagnosis, Substance Abuse, Criminal and Offender history, and extensive behavioral challenges.	Un Met - Developmental Services has minimal clinical supports through funding sources. The burden to develop 24 hours Crisis supports and clinical coordination is not met appropriately on a statewide basis.	NCSS is developing a Quality Clinical Utilization Review position to provide an intense case by case review and summary of the clinical needs for individuals with Intellectual Disabilities that have dual diagnosis or significant behavioral challenges. The summary of the clinical review will be presented to the clinical review team comprised of 5 MA level clinicians and individual support plans will be developed, including training needs of staff across environments. The clinical review team will work closely with Crisis in developing therapeutically sound supports on an individual basis.	On a program level NCSS is carving out a position that will allow intensive case review through electronic medical records. Summary reports and case presentations will receive oversight from MA level clinicians, recommending therapeutic interventions and trainings that have efficacy in the treatment of the individuals prevailing issues. NCSS also has a strong internship program that allows new clinicians coming into the field to gain knowledge about working with individuals with intellectual Disabilities it is helpful in providing 1:1 supports for individuals in crisis. System wide there needs to be increased availability of Crisis

Prioritized Needs FY'15 – FY'17	Met Under Met Unmet	Existing/New Resources and Strategies	Program – System Perspective
			bed capacity at an affordable rate. Availability of technology to increase state wide trainings for staff from experts in their fields for services e.g. monthly Sex Offender trainings.
Continued increase in the need for contracted services with rescission of funding compromises the ability to effectively monitor and train staff and provide reasonable respite breaks to service providers.	Un Met – Many Individuals with Disabilities and families are increasing the use of contracted services as continued recessions affect services. This requires agency oversight to assure the individuals goals and outcomes are being worked towards. To effectively monitor and train contracted staff proves challenging for Service Coordinators and Agencies alike. The funding recessions and minimum wage increases continue to decrease the available respite hours for home providers causing burn out.	NCSS is developing monthly trainings specific to home providers. The facilitated meetings will be a forum for support. Home provider, contracted staff and natural family caregivers will all have access. NCSS has instituted a transitional home model that allows for emergent placements for individuals in services that have been displaced from their home preventing the unexpected overuse of respite funds.	Contracted providers are hired and supervised by the Employer of Record, state standards required oversight of individuals served attainment of goals and outcomes. Service Coordinators are often challenged to effectively offer training and recommendations for services for contracted employees. This often puts a strain on the contracted home provider to monitor the community staff and respite staff increasing role strain and burn out. System wide there needs to be a look at how to effectively support contracted service providers.
Transitioning from High School and children's services to Adult Services continues to be a	Under Met – Changes to the State System of Care and delayed or no funding for graduates continues to	There are no new resources to allow this under met need. NCSS has developed a strong collaboration	Program initiatives involve the unification of community resources and partners to work with the high

Prioritized Needs FY'15 – FY'17	Met Under Met Unmet	Existing/New Resources and Strategies	Program – System Perspective
<p>challenging area. It is only through relentless reaching out and collaborative thinking that high schools in the designated areas are beginning to work more closely with Intake, Employment, and Transitional services at the NCSS.</p>	<p>be major concern. High School programs are finding it challenging if not impossible to find competitive paid positions in the community and to be able to provide supports needed when a job is located. This puts a role strain on the ETS from designated agencies to assist in a non funded initiative. .</p>	<p>with local VR and CWS to involve more community partners in taking on the strain of meeting this funding priority. Transitional fairs are being held at as many high schools as possible to educate parents on the transition to adult services and the need to find competitive employment for graduating youths. Peer Advocacy is stepping in to make the transition less stressful for the individuals and their families.</p>	<p>schools in areas of; education on eligibility, funding priorities, transition fairs, and informational meetings for parents, transitional core team meetings that bring high school special educators and employment specialists to the table. System wide this funding priority for high school graduate to be competitively employed needs a funding resource. High school employment teams are usually one Employment Specialist that struggles with the ability to network in the community and to provide Supported Employment.</p>

III. Regional Outcomes

Identified Outcome	What are we going to do?	How are we going to do it?	What difference will it make? How will it be Measured?
<p>Increase the ability of individuals to live outside the home provider model and/or to move consistently to a more independent home model.</p>	<p>NCSS will identify the individuals that desire a more independent living model. The team will then develop goals and outcomes that will be captured on the Individual Support Agreement (ISA).</p>	<p>The preferred living model will be captured through the Independent Living Assessment (ILA). The assessment will help the Services Coordinator and the team to identify the particular living situation the individual would prefer to transition to. The assessment will determine strengths and areas of potential growth to move the individual closer to their goal.</p>	<p>Growing independence not only is fiscally responsible but also increases the individuals self image and truly helps them to break down barriers and see themselves as contributing members to their community. Through the ILA, assessment teams will track a numerical rating that indicates the progress each individual is making towards their goals of independence in 12 categories of independent skills building.</p>
<p>Increase the number of twenty four hour home providers with specialized training for an increasing elder population with significant medical needs.</p>	<p>Residential services team will work closely with the seniors team in developing community networking to identify those potential home providers with either specialized training e.g. LPN or personal care experience relative to elders. Resulting in an increase in the elder care pool of twenty four hour providers. A senior Service Coordinator will be assigned to the AFC</p>	<p>NCSS will provide trainings through an experienced onsite LPN to assist in identifying medically appropriate care addressing individual needs. NCSS will continue its collaboration with VNA and Home Health to provide Special Care Procedures and Medication Delegation trainings. NCSS will start a home provider training and support group the 2nd quarter</p>	<p>NCSS hopes to become partners with the AFC program and be able to accept at least 2 -3 individuals each year from nursing home placements back into the community settings. NCSS hopes to prevent nursing home placements of individuals currently being served on the Senior Team at NCSS and will track through discharge the number of elders that are able to remain in</p>

Identified Outcome	What are we going to do?	How are we going to do it?	What difference will it make? How will it be Measured?
	program who will also work with the team in developing this increased pool of providers to prevent nursing home placements and to assist in taking individuals out of nursing homes as appropriate.	of 2014 to assist in the education of home providers and to gain inside knowledge of the challenges that are being faced tracking the elder concerns.	community settings versus moving to nursing home placements hoping to achieve over 80% remaining within their own communities.
Increasing clinical oversight and utilization review of identified Individuals with dual diagnosis e.g. significant Mental Health and substance abuse issues. Clinical review of individuals with .aggressive and self injurious behaviors as well as, high utilization of crisis and ER services.	NCSS is carving out a clinical Quality Utilization Review position to be filled by a MA level clinician. This clinician will do an intensive chart review through the EMR system and write a summary of the therapeutic needs that are being met and not met across environments this will go before the clinical review committee for recommendations.	The new position will start in the spring of 2014. The Quality Reviewer will begin with those individuals identified as highest utilizes of DS crisis services. Once the review is complete the summary will become part of the individuals EMR and the clinical review team's recommendations and trainings will be noted.	Efficacy of the program will be determined by the reduced need for crisis services, ER visits, crisis placements outside the home, and increased self regulation and decrease traumatic events for the individual. This will be tracked through the Incident Reporting System and crisis screening hits.
Increase in supports for transitioning youths to meet the funding priority of competitive employment.	NCSS is going to continue to work collaboratively with VR and CWS to allow resources to be pooled to assist high schools with understanding and meeting this priority.	Work closely with intake to identify graduates at least 6 months prior to transitioning to adult services. Present cases that may not meet funding priorities to weekly VR meetings and begin transition planning on potential work sites and supports. Continue working closely with schools on contracting	Identifying upcoming graduates 6 months prior to graduation will be a need that falls with the intake team. Developing an early contact process that can be shared with employment and transitional teams to reach out to individuals and their families will alleviate significant stress and misinformation on

Identified Outcome	What are we going to do?	How are we going to do it?	What difference will it make? How will it be Measured?
		services to provide supported employment where needed.	requirements of transitioning to adult services. Attending at least one transitional fair at each high school yearly to engage families early in the process will all be tracked on the intake June graduation spread sheet.

IV. System Outcomes

➤ **Alternative Residential Models**

The need for alternative and increased independent living models has gone from a quiet whisper to consistent theme when talking with individuals and families. The trend to base ISA goals on achievable Independent Living Skills has moved from conversation to expectation. NCSS has seen this wave coming over the past several years as previously institutionalized individuals with Intellectual Disabilities are aging and a new population of youths and young adults move into the age of independence. The expectations of individuals and families coming from the baby boomer era is advanced, demanding that the caretaker model be replaced with truly integrated and fulfilling life options. Including the right to partnerships, marriages, families, jobs, housing and the entire “normalcy” that the ADA set in writing years ago. There is no increase in funding to establish trainings for better community awareness, improvements in public transportation, accessibility, more job opportunities, and increased natural supports. All of these areas would lead to eventual lowering in the financial needs upon the waiver, but as is the case in all new initiatives, there needs to be an increase in funding or shift in flexibility of funding to allow for an over haul of antiquated models. This is falling upon the Designated Agencies to provide the internal infrastructure to revise philosophies and meet the changing needs and expectations of the new wave individuals coming into adulthood in services. Should community inclusion continue to be our model than we must address from a System perspective the availability of affordable housing and accessibility of the individuals we serve.

➤ **Needs of Aging Consumers**

NCSS has developed a specialized team of Service Coordinators that are trained in Grief Therapy, Alzheimer’s, Dementia, and intense Medical Needs of the aging individuals served. Consider in our own lives the intense pressure and resources it takes to support an aging parent with growing cognitive and physical needs. Individuals with Intellectual Disabilities frequently have an earlier onset of many of these most challenging issues and are dependent not on families as much as the Designated Agencies to meet these needs. It is not our model or philosophy to see these elders put in Nursing Homes rather just the opposite; to integrate

them into community and family. Without the ongoing financial support to find, train, develop, and monitor specially trained elder care homes this is going to be impossible to accomplish. The increase in home providers opting out to supporting elder individuals as they begin to exhibit the symptoms of many of these devastating chronic conditions is challenging the residential placement teams. The System must find an away to adjust a tier rate for home care providers with specialized training for elder care.

➤ **Increased Clinical Oversight**

NCSS has invested many resources into providing training and secondary educational opportunities to its staff. Currently the DS staff has a Clinical Coordinator at a PhD level, seven staff are trained in intensive Dialectic Behavior Therapy (DBT), one MA staff in ABA, two Master Social Workers (MSW), one MA Certified Rehabilitation Counseling (CRC), two staff with MA Mental Health Counseling. This investment is necessary to meet the increasing needs to therapeutically support more individuals with challenging dual diagnosis i.e. schizophrenia, Borderline Personality Disorders, PTSD, Mood Disorders, Depression, OCD, and substance issues. NCSS has also seen a significant increase in the number of individuals served under Public Safety requiring specialties in working collaboratively with Probation and Parole, Department of Corrections, State Sex Offender groups etc... Working with individuals that are registered offenders and under Act 248 requires specific working knowledge of criminology and risk assessments to keep staff and community safe. Each of these initiatives requires clinical oversight that is not currently covered through any funding source. NCSS is instituting a Clinical Review position to look at the intense needs of individuals with significant challenges to support and train staff across environments. System wide as this demand increases on agencies to serve individuals that pose a risk to public safety, an infrastructure needs to be in place to assure best clinical practices are being implemented.

➤ **Collaboration for Transitioning Youths**

Youths in transition continues to be one of the most challenging collaborations and it is the most difficult and complicated system for individuals and families to maneuver through, moving from children's to adult services. With financial constraints and rescissions being felt by schools Special Education Programs, Vocational Rehabilitation, and Designated Agencies Employment Specialists, it is becoming more challenging to find the allocations to organize and commit to a local transition team that pulls together all the critical players. This becomes frustrating for individuals and families as what should look and feel like a seamless hand off of services, is more like a hot potato effect. This has to change; there must be a System look at how to improve the education of individuals and families in schools at least twelve months before graduation. There needs to be a state demand that schools incorporate local collaborations (DA's and VR) into the IEP meetings when individuals are at the end of their 10th year of high school. Transition fairs need to be held at all high schools at least annually. Most importantly true transparency on the issue of competitive employment as a funding priority needs to be addressed in the schools and collaboration and contracting with outside specialists needs to occur if the school system is unable to meet the demands.

➤ **System Sustainability**

The trend for developing and maintaining less costly models of services has led to creative thinking within NCSS programs including; Peer Advocacy support, Academy of Learning, Living for Learning, scheduled transportation, and these initiatives have been met with a critical eye. Agencies are being asked to develop more with less and at the same time are being asked to serve more challenging case loads. It is with a strong philosophy of community integration that these programs have been designed and developed to meet the needs of individuals and families for more goal and outcome based independent living strategies at the same time the state funding has been cut. The latest transition at NCSS required an increase in case load hours for the hardest working group in DS, our Service Coordinators. This trend to ask for more while not being able to increase the wages of our staff is going to lead to burn out and turn over. Program integrity and Best Practices is the driving force of our service delivery and the uninformed thinking that DS can sustain more cuts will jeopardize both. NCSS has thoughtfully reviewed and revised service delivery consistently over the past several years to come to the point where it is as lean as possible without cutting into the needs of the vulnerable. It is our hope that the spirit of the ADA and the rights of Individuals with all Disabilities wins out over the push to continue cuts that will affect those we service.