



The Vermont Developmental Disabilities Service System: Service Provider Perspective

VERMONT HOUSE COMMITTEE ON HUMAN SERVICES

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What is it like to live with I/DD in Vermont?

- ▶ Life in VT is good
 - ▶ Brandon is closed...
 - ▶ Legislation protects the way people receive services/opportunities
- ▶ Language is always changing: person-centered; inclusive
- ▶ People want a life with love + family, education, faith, work, children - want to make mistakes, stay healthy, ...
- ▶ Vermonters with I/DD still face bias, stigma, FEAR, isolation
- ▶ Abuse/neglect/exploitation – The rate of rape and sexual assault against people with I/DD is more than 7 times than in people without I/DD; among only women, it's about 12 times the non-I/DD rate (NPR, 2019)
- ▶ Because VT DS serves people with **highest need**, many face challenges with mental health, SUD, legal, food insecurity, cultural bias, and poverty

Strengths of
our system:

Excellence in
service
delivery,
consumer-
driven
supports, and
satisfaction

- **Flexible** system
- Creative **housing**: apartments, home-owners, staff, group homes: 92% like where they live
- **Community supports**: reduces stigma + encourages community involvement
- **Advocacy** - Robust and supported
- Vermont ranked 3rd in the US for **Inclusion** of people with I/DD
- **Innovative Programs**: crisis beds, Safety Connection (IT), HS transition programs, housing, community, and transportation
- DA/SSAs also provide: behavior management, therapy, respite, communication, medical oversight and service coordination
- Centers of Excellence

Strengths of our current system:

Supported Employment

- In FY`17, 1,256 Vermonters with I/DD were employed for an average of eight hours per week
- Also FY`17: Employment resulted in wage and payroll contributions of \$4,090,572 *and* saved \$1,529,042 in SSI payments
- The independent work also means a reduction in services – creating additional savings
- 95% of people who are employed and in VT DS system *like where they work*

Strengths of our current system: Voices, Satisfaction and Innovation

- **Collaboration:** Advocates, Vermont Care Partners, DS Directors, State of Vermont, GMSA, Vermont Council, Families, Special Olympics, Colleges, Area Agency on Aging, VNA, Hospitals, Schools Police, DCF, Judicial system, VT Legal Aid, Guardianship services, Social Security, people in services, etc
- **Great places to work:** Agencies offer robust training, personalized workplaces, good benefits. The agencies are good at understanding staff needs and are leading Vermont in workplace satisfaction.
- **Innovative:** Crisis beds, Safety connection, High School transition, Looking at housing, community and transportation programs
- **World is watching Vermont:** Vienna...Germany...Australia...Israel - and consultation US-wide: RI, Montana, Wyoming, Arizona – National Council on Behavioral Health

Challenges to DS: Current Issues

- WORKFORCE:
 - Turnover rates - as high as 30% annually (higher than mental health system)
 - Lack of viable candidates
- HOUSING:
 - Shared living providers – competition
 - Affordable housing – especially in larger communities
 - Medicaid Waiver doesn't reimburse for emergency housing
- Change in System of Care Plan: People in services have higher needs than before
- MORE PEOPLE COMING IN:
 - From 2006 to 2016, the number of persons eligible for I/DD waiver services rose by almost 50%. This continual upward trend requires new money (caseload funds) each year.
 - Reason: increase in autism, expanded diagnosis, increased acuity of people
- System Reform: Assessment, Funding, Data collection and CFCM
- “PB”: Communication needs, homeless, (SLP left to make more money with another person), total dysregulation – staffing 24 hours/day, only 2 people trained to speak with him

Challenges to DS: Financial

- ▶ Last year the DS system lost **1.1%** overall (FY`19 pre-audit data)
- ▶ Competition for Workforce: DS competes with healthcare and service industries for non-clinical positions
- ▶ Caps on funding, regardless of costs
- ▶ Increased costs:
 - ▶ Insurance
 - ▶ Electronic Health Records
 - ▶ Training
 - ▶ Background screenings
 - ▶ Regulations

Characteristics of the Vermont Developmental Services System

Developmental Disabilities service recipients typically require long-term services and supports, and may have varied and complex needs

A 2019 survey of people with I/DD in services at Vermont Care Partners agencies showed:

- **56.10%** have co-occurring **mental health** diagnosis
- **8.29%** have co-occurring **substance abuse** diagnosis
- **48.54%** have other **significant health** problems
- **34.69%** have history of **trauma/abuse**
- **20.04%** have history of **homelessness**

- **Also, many are aging and experiencing dementia**

Other Characteristics of the Vermont Service System:

- Lifelong services that change with a person's needs
- Annualized funding
- Health Care Reform: VT Developmental Services system is a *hybrid of health care and social supports*. Agencies are responsible for screening everyone for healthcare and overseeing the total healthcare of all people who are served residentially.
- Staff need to understand health care and community involvements – and be fully screened

Case management in Vermont: It's Unique

- ▶ Case managers offer programmatic support, fill in for staff vacancies, manage crises, assist with communication, provide transportation, support people at the ED, and often work nights and weekends.
- ▶ VT Case managers know the people on their caseloads very well – and have trusting, productive relationships
- ▶ In Vermont services coordination and case management are done by the same person – reducing administrative confusion.
- ▶ The strong relationship between case management and programmatic management allows for seamless service provision.

System Change: It's necessary

- ▶ Largest Impact on services in system history – we're working together
- ▶ Provides opportunity for agencies to “show their work” better
- ▶ Rate Study will help show the cost of providing services
- ▶ State has been sensitive to the impact on providers/people
- ▶ State has provided some funding and support for E.H.R/utilization implementation and rollout
- ▶ Need:
 - Improved payment process
 - To be able to better demonstrate our work, improve encounter data
 - An improved, standardized assessment process
 - Ombudsman program/improve choice

System Change: Challenges

- ▶ Communication – Providers reaching out to families/people in services
- ▶ Encounter Data: Some agencies need to change data systems
- ▶ Assessments
 - ▶ conflicting perspectives on who can do them
 - ▶ the impact of unknown-to-service-recipient assessors
 - ▶ May reduce flexibility – what will be outcome?
 - ▶ Increased costs (assessments/assessors)
- ▶ CFCM: differing feedback from advocates, families and agencies. Some are in favor, others are opposed.

System Change: Challenges

- ▶ Pace
 - ▶ Understandable pressure to “move along”
 - ▶ Many people in services and their families still are not aware of the process and potential impacts
 - ▶ Need to keep moving, keep the system whole – and keep people served well
- ▶ Without increases to annualized budgets (there is an understanding that rates that are too low) what will happen to current services?

What to Watch?

- Help make sure communication remains robust, so people know what's happening
- CFCM – there are differing perspectives – but we all want people to have strong case management and trained, professional providers
- How people in services are impacted by all this change
- Protect the legislation around person-centered community-based support and choice

THANK YOU!