

Testimony on H. 720 to Senate Committee Health and Welfare

Elizabeth Sightler

Champlain Community Services/Vermont Care partners

April 8, 2022

Madame Chair and Senate Health and Welfare Committee Members,

For the record, I'm Beth Sightler, executive director of Champlain Community Services (CCS) in Colchester, Vermont, and co-president of Vermont Care partners (VCP). CCS is a Specialized Services agency and part of the 16-member designated agency system. We specialize in providing lifelong, comprehensive supports for Vermonters with developmental and intellectual disabilities. We also provide long term care to aging or disabled Vermonters and run a site-based educational program in collaboration with five area high-schools at our headquarters. Our specialty is supported employment. I've worked in this field for close to thirty years.

More about VT DS System: <https://vermontcarepartners.org/wp-content/uploads/2022/02/IDD.pdf>

The Developmental Services (DS) Directors and Vermont Care Partners are in support of H. 720 and appreciate the sections around quality oversight, residential expansion, and system oversight.

The Vermont Developmental Services System is a both a system in transition and in crisis. Below are our comments on H. 720.

System of Care Plan – Section 2

DS Directors realize that the recommendation for an extension was for our benefit to reduce the administrative burden on agencies. Having said that, we're not opposed to extensions being approved by the legislature in the future. I do think the circumstances around this extension are unique, however.

Quality oversight – Section 3

VCP is philosophically supportive of enhanced and more frequent quality oversight. Agencies are proud of the work we do and in general our reviews have been good. We enjoy and mostly collaborative and good relationship with state, and rarely is it a "gotcha" relationship. We also understand that DAIL has the responsibility to make sure people are safe and receiving good quality services.

However, quality oversight alone doesn't improve quality, stability and investment in high quality, well-trained staff AND quality oversight, does. There can't be good reliable quality without good reliable funding. The unfortunate reality is that our historically underfunded system post (or mid?) pandemic is one where quality cannot be sustained, and we don't want to a situation where agencies are being "kicked" when we are already struggling to get back up.

Vacancy rates and turnover in DS remain very high – higher than in other healthcare sectors, even within our System of Care. There are many new staff and experienced staff are working overtime and fewer people know the work. DS Directors worry about burnout, and what happens when the one person who holds the knowledge misses an email or a phone call? We are worried about people – staff, people in services, and we are worried about safety. Agencies are closing programs – residential, crisis beds - because they can't be safely staffed.

Suggestion: The state should consider adding a person with a disability/lived experience on the review team.

How pay effects staffing and effects quality:

At CCS we've been concerned about safety over the past. In the Fall of 2021, CCS faced a **Sixty percent** vacancy rate on our front line, and we were worried about quality and safety, as we were also being awarded for our fourth year of being a Best Places to Work in Vermont. In a brave and necessary move the CCS Board of Directors approved a pay increase of \$3/hour to all DSPs with compression up to service coordination. We were not funded to do this but acting because of our responsibility to people in services. The effect was quick and profound. The departures due to pay stopped, people came back to work at CCS and in 5 months we've cut our vacancy rate in half. We are demonstrating – perhaps at the financial risk of our agency - that it **is about the money**. If the legislature is not able to meet the 10 percent increase request of VCP - which was not aspirational, it was the minimum needed to make things work - we'll all need to consider what we do less of going forward. We can't do it all well if we don't have reliable, professional staff.

Residential – Section 4

VCP and DS providers support the pilot of new residential options and hiring of residential coordinator.

Housing and residential options are critical for people in the DS system. The families coming together and pushing this effort are making a strong impact. It's exciting, cohesive, organized, and impactful. We also appreciate the collaboration and opportunities with housing organizations, many of the DS agencies would like to be able to access these opportunities, too.

VT DS residential is IN CRISIS. Agencies are staffing people with senior staff, many people are in hotels, EDs, and makes for increasing needs and challenges. People in services are destabilized. While DS Directors don't yet know being imagined by the family group, we are looking forward to hearing more, understanding the needs and costs and collaborating with families to design residential options within guidelines. We want to make sure that whatever is designed supports the autonomy of people in services; people need to have choice.

We've been hearing a lot about the need for options *other than* Shared Living providers. We want to make sure it's known that Vermont has many types of housing models right now. And I want to make sure that I seat this information in this moment – people have higher needs and more acuity than ever while the funding of the system has fallen behind for years. Agencies are seeing people “blowing out” of SLPs more than ever:

- SLP/Adult Foster Care – currently ~1350 SLP's in Vermont (75 percent of residential options)
 - Most SLPs do profound work working with people of all support needs.
 - SLPs re often a very caring option. Indeed, there are successes and there are of course stories we all know where it didn't go well. One director recently said:” When it doesn't work it doesn't work *big*”.
 - Shared living system is flawed and woefully underfunded. On average SLPs are paid between \$25 and 35K/year with some outliers, which is about \$68.50 to \$96.00. System of care priorities have narrowed so peoples need are more complex – which contributes to increased transitions.

- Cost is a huge part of this, too. As you know, part of the move toward shared living is making residential be as community-based as possible, and the other part is that it cost about a sixth of a staffed model.
- Vermont has almost 20 group homes, up to six people living in them. They are allowed in the system. These are roughly twice the cost of SLPS, and very necessary.
- New residential Options, collaborating with agencies: Yellow House, Whittle House, Heartbeet – an intentional community.
- Transitional housing like Avenue 7, Bridging program.
- Roommates – all levels from roommates or friends to mother-in-law.
- Staffed models/apartments – full time and part time.
- Staffed residential – in their own home, at home with guardians/parents.
- Home ownership.
- Safety Connection to give people more independence – with lots of levels, as well.

And, we need NEW options that support people living in homes that they choose – with peers, with increased medical supports, etc. And we need to solve the problem of people in services always being the ones to move when their housing falls through. I hear the families and the people in services that we need options, and we need to be clear that *having more options does not improve housing if we don't have the staff to do it*. Without adequate funding no traditional or new residential models can succeed.

Housing stability also requires:

- Higher pay! Investment in SLPS and staff would bring more stability
- Respite beds – especially beds that are accessible – are needed statewide. CCS' home-grown respite bed closed after 11 years due to burnout.
- Working together so that we don't create an exclusive service model where people and services are carved out of their natural communities. Both the community and the people in services need to live in concert with each other.
- New options for people with high medical needs.
- And a reminder that Vermont DS is not only protection and safety; it's also importantly about providing meaningful choice and options for people in services. People with I/DD in Vermont must have agency over their lives as well as robust residential opportunities. The pandemic has brought terrible isolation to people in services who have worked so part to be a part of our larger community.

Respectfully Submitted,

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