

For the record, my name is Julie Cunningham and I am the Executive Director of Families First in southern Vermont, a specialized service agency based in Brattleboro that serves children, youth and adults with disabilities. Thank you for taking testimony on H 7.20.

I am grateful that our Legislators have been working diligently to understand the Developmental Services system—a system that Representative Wood has said is in crisis. It very much is, and I see the frightening evidence of this every day. The pandemic amplified the isolation that people with disabilities already lived with and many are suffering with depression and anxiety. Our shared living providers and families have been carrying *a too* heavy load since the beginning of stay home/stay safe, caring for extremely vulnerable people who need a high level of care. Many are nearing a breaking point and need respite desperately.

Because the people I serve depend on direct support professionals for their health, safety and to access the community, the workforce shortage has caused a triage situation at my agency. We meet every Monday morning to sort through who takes priority for our limited pool of staff. This changes moment to moment as we are impacted by illnesses, Covid exposure, children who are quarantining, and burnout. Our vacancy rate is hovering around 25% down from 35%, but this still means that too many people don't have enough services. My case managers are covering cases and can barely keep up with their electronic health record documentation. Our 24-hour crisis bed was full for a straight 18 months with people experiencing acute mental health emergencies-- which led to 75% of our crisis team quitting. In my 22 years as a Director, I have never been more worried about our system.

This is the backdrop to payment reform efforts which I understand are necessary to comply with Medicaid regulations and the 2014 Auditor's report.

However, payment reform cannot be DAIL's singular focus when our system of care is as fragile as it is now. There have at times been 4 workgroups for payment reforms and yet there is not one addressing the high acuity of people in distress—individuals who can't access mental health care *and/or* are homeless. Agencies have been asked to get DS people out of emergency rooms but we aren't taking a deep dive into what would de-escalate or prevent the lead up to this devastating outcome.

The family stakeholders who are asking for more housing options have been asking for DAIL's systemic support for a long time—I have been having these

conversations at my agency for 20 years. This section of the bill is an important first step in addressing this need. Having a DAIL employee dedicated to developing residential programs and the pilot planning grants will certainly help to alleviate the stress the lack of options is causing. I am hopeful that the steering committee can ensure equity because I *am* concerned about people like young adults who age out of DCF custody who have a limited advocacy voice and who also need creative housing supports.

I am in support of the annual on-site quality assurance reviews to insure the health and safety of the vulnerable people in services. However, I must say quality is negatively impacted by the chronic underfunding of the DS system which has led to turnover and chronic understaffing throughout the State. Without a trained, qualified and well-compensated staff reviewers will find problematic situations that can and should be avoided. This is why Vermont Care Partner's ask of a 10 percent rate increase is critical to address the fundamental issue that impacts an agency's ability to meet the gold standard of care that we all want provided. I know that Bill H153 is addressing funding and hope you will consider the need to link those funding targets to the goals of H720.

From my perspective, the most important part of the bill has to do with Legislative oversight in payment reform including the new assessment procedure and conflict free case management. The reform process up to this point has unfortunately been for the most part a series of top-down decisions that have been made without meaningful stakeholder engagement—a Medicaid requirement—and then reported out and defended in meetings. There has been limited opportunity to shape the policy or factor in key learnings that only come from lived experience.

There has been a groundswell of agreement, at least in Southern Vermont, that the process thus far is leading towards system changes has excluded the most important people from the dialogue—the ones that will have to live with those changes. 3 weeks ago, I heard from parents who felt that the DAIL response to the Windham County Stakeholders group's letter about their concerns was dismissive and did not answer their questions or assuage their fears.

This has been my observation from the beginning and we must work against an “ends justify the means” mentality. It may be that because of the pressures around timing DAIL is moving through reforms with a sense that as long as we get to a final product it doesn't matter as much how we get there. I think you, as

Legislators, understand at the granular level that process is as valuable as product—perhaps more so when the stakes are this high.

I don't want to minimize the way that the pandemic led to an interruption and subsequent confusion in payment reforms. But the problems with process have also been a result of the high turnover at the Division. Besides many long term and dedicated Division staff that have left or retired, there have been nine Directors in the past 12 years, six in the past six years. If this was one of the DA's or SSA's we would rightly be on a corrective action plan. We all know that rapid turnover leads to instability with any group or process.

I think the current Director, Jennifer Garabedian is a great hire—I've worked with her in different roles for many years. But an official re-set on the process needs to happen—including a definition of what meaningful stakeholder engagement means. Here's one: Agendas and meeting materials in plain language are sent out ahead of time and opportunities for feedback are genuine and not tokenized. By that I mean that people with disabilities, family members and providers are listened to and are there to legitimately guide and shape policy.

Again, I am not speaking about the have to's —the things we must do to be in compliance with State and Federal mandates. I am speaking to the parts that have allowances for our State plan—for nuance, amendments and where we have the ability to meet Medicaid requirements with our Vermont values at the forefront. Since this is what you—our Representatives—do each session—and the fact that most of you have been contacted by numerous disenfranchised and scared self-advocates and families it makes sense for this body to provide this needed oversight.

We all understand that debate, disagreement and compromise are an integral part of any transformational change. The stakeholders I am in contact with, as well as my Vermont Care Partners colleagues are ready, willing and able to participate in a respectful and goal-oriented process knowing it may be challenging at times.

We know that transformational change is what our DS system has in front of us. I have no doubt that Bill 7.20 passed in its entirety will bring the needed transparency, guardrails and oversight to the reform process and to the Developmental Services System of care.

Together we can do hard and important things while protecting our most vulnerable Vermont citizens and enhancing their lives as integral members of our community.

Addendum to testimony: I have one suggested change.

In Section 6 regarding payment reform and conflict free case management the current language states “(2) As part of the changes necessary to come into federal compliance, consideration shall be given to performing initial clinical eligibility and service planning within the Department.

Proposed Change “(2) As part of the changes necessary to come into federal compliance, consideration shall be given to different options for performing initial clinical eligibility and service planning including within the Department.

Thank you for your consideration!

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