

Designated and Specialized Service Agencies

Providing an indispensable community-based system supporting mental health, substance use, and intellectual and developmental disability needs across Vermont



**Testimony for House Human Services
May 14, 2025**

State of Vermont Strategic Plan

Protecting the Vulnerable

“We will protect the most vulnerable by providing services and benefits aimed at lifting more Vermonters out of poverty, ensuring the greatest degree of participation and independence, protecting children, and improving overall health and wellness of our communities.”

DAIL Mission:

“Make Vermont the best state in which to grow old or live with a disability – with dignity, respect and independence.”



Charting the LifeCourse Framework

Core Belief –

All People have the right to live, love, work, play and pursue their own life aspirations



Daily Life & Employment

What a person does as part of everyday life—school, employment, volunteering, communication, routines, life skills.



Community Living

Where and how someone lives – housing and living options, community access, transportation, home adaptations and modifications.



Healthy Living

Managing and accessing health care and staying well – medical, mental health, behavioral health, developmental, wellness and nutrition.



Safety & Security

Staying safe and secure – emergencies, well-being, guardianship options, legal rights and issues.



Social & Spirituality

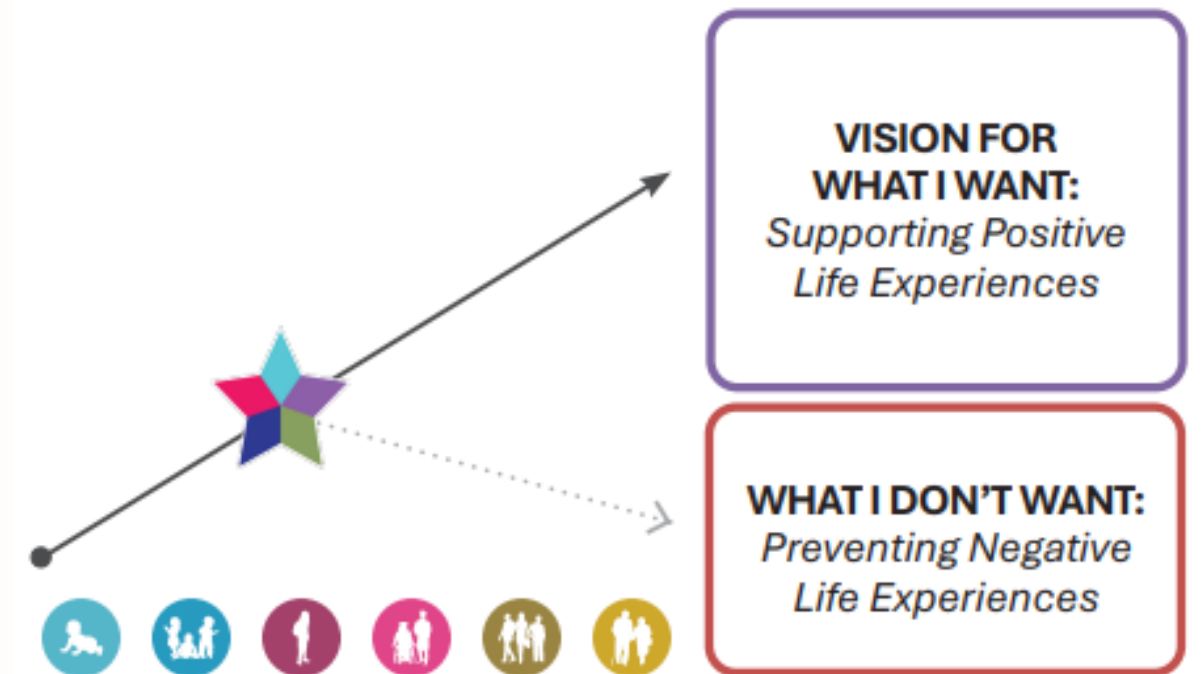
Building friendships and relationships, leisure activities, personal networks, and faith community.



Advocacy & Engagement

Building valued roles, making choices, setting goals, assuming responsibility and driving how one's own life is lived.

Trajectory to a Good Life



IDDs Intellectual and Developmental Disability Services

Overview:

IDDs provides a continuum of person-centered strength based services to individuals in our community. Services are guided by self-determination, dignity of risk, and the belief that all persons deserve to have positive control over the lives they have chosen for themselves.

Clinical Services

Nursing and Specialized care
procedures

Community Supports

Crisis Services

Home Supports

Respite Support

Service Coordination

Supported Employment

Bridge Program: Care

Coordination for Children

Family Managed Respite

Flexible Family Funding

Public Safety Programs



Strategy Systems Culture

Strategy sets the direction and scope of the company over the long term - the set of choices an organization makes to achieve its desired outcomes and create a sustainable competitive advantage.

Systems are the processes, structures, and technologies that support the company's operations

- Well defined systems ensure consistency, efficiency, and scalability, allowing the organization to deliver value to its customers.
- Systems enable organizations to execute their strategies effectively

Culture is the shared values, beliefs, and behaviors that shape how people work together within an organization.

- Culture is the foundation upon which strategy and systems are built.



NKHS Strategy

Strategy sets the direction and scope of the company over the long term. She defines strategy as the set of choices an organization makes to achieve its desired outcomes and create a sustainable competitive advantage.

1. Emphasize the importance of having a clear and focused strategy in our organization.
2. A well-defined strategy helps organizations prioritize their resources and make informed decisions.
3. Successful strategy should be based on a deep understanding of the company's strengths, weaknesses, and the competitive landscape.

1. Recruit, train, develop and retain a strong workforce
2. NKHS is seen as a leader and dependable partner in the Northeast Kingdom
3. Become a learning organization and find innovative ways to deliver services and increase access



Case Management Organizations – Case Manager Expectations Caseloads

4.1.1. The Case Manager may carry a mixed caseload with proportionate assignments not to exceed average FTE requirements state in table below.

	DS Basic Case Management	DS Standard Case Management	DS Intensive Case Management	BIP Case Management
Case Manager Caseload Size*	For every 70 individuals served, CMO shall ensure at least one (1) FTE	For every 36 individuals served, CMO shall ensure at least one (1) FTE.	For every 20 individuals served, CMO shall ensure at least one (1) FTE.	For every 25 individuals served, CMO shall ensure at least one (1) FTE.
Staffing Ratios	For every 10 CM, CMO shall ensure at least one (1) CM Supervisor.	For every 10 CM, CMO shall ensure at least one (1) CM Supervisor.	For every 10 CM, CMO shall ensure at least one (1) CM Supervisor.	For every 10 CM, CMO shall ensure at least one (1) CM Supervisor.

Case Management Organizations – Case Manager Expectations - Contacts

The minimum frequency of contacts and in-person visits varies, depending on the level of Case Management the individual receives:

BIP Contact Requirements	Minimum Contacts	In person requirements	Contacts at individual's residence.
BIP Case Management	Two separate and distinct contacts per month	At least one contact every two months shall occur in-person.	At least two contacts per year shall occur at individual's residence, if not provider controlled. At least one contact per quarter shall occur at individual's home if provider-controlled setting.

DS Contact Requirements	Minimum Contacts	In person requirements	Contacts at individual's residence.
Basic Case Management	Quarterly	At least one contact per year shall occur in-person.	At least one contact per year shall occur at the individual's residence.
Standard Case management	Monthly	At least one contact per quarter shall occur in-person.	At least two contacts per year at the individual's residence, if not provider-controlled setting. At least one contact per quarter at individual's residence, provider-controlled setting.
Intensive Case Management	Two separate and distinct contacts per month	At least one contact every two months shall occur in-person. For individuals with SIS-A Level M or B: At least one contact everyone month shall occur in person	At least two contacts per year shall occur at individual's residence, if not provider controlled. At least one contact per quarter shall occur at individual's home if provider-controlled setting.

Case Management – Essential Duties

1. Enrollment/Onboarding/Redeterminations
2. Assessing and Planning
3. Identifying and Linking to Supports
4. Coordination and Monitoring
5. CMO Transfer Management

Service Coordination – Essential Duties

1. Build Therapeutic Relationship –
foundational to all work.
2. Responsible for the implementation and
execution of ISA Goals – not creating the
goals –
3. Provide Crisis support and management as
needed
4. Seek out, find and maintain housing for
individuals
5. Provide Weekly services on behalf of each
person.

Strategic vs. Tactical Planning vs. Implementation

When you over index on planning and administration and under resource implementation and direct services you get

- unrealistic expectations that lead to frustrations
- Delayed goal completion
- Lower quality outcomes
- Ineffective Collaboration and communication

A well-developed plan, if not implemented, is just a document, lacking potential to create real change or achieve its intended goals

Service Coordinators are the glue
that holds it all together for the
individual

Service Coordination – Essential Duties - Examples

Ensuring the health, safety and wellbeing, 24 hours per day, of everyone we serve.

- **management:** NKHS psychiatrist prescribing medication, attend appts, document visits, follow through with SLP, individuals, ect. MARS
- **Nursing support:** anyone with Special Care procedures needs to have an RN signed plan. All staff need to be trained: SC needs to make sure this is completed and updated as needed
- **Behavioral Protocols:** SC create, train staff and make sure the plan is being followed-documentation
- **Wage reporting:** SC send all employment reports monthly to Social Security so individuals can keep their jobs and also keep their SSI payments
- **Social Security:** If the individual loses their benefits, SC contact SS and this could take months, many phone calls and finding necessary documentation
- **Medicaid:** Making sure the individuals keeps their Medicaid. When we receive notice they have lost their Medicaid: SC wait on the phones for hours to make sure they support their individuals to reinstate Medicaid. Completing paperwork, setting up phone interviews and supporting the person to answer the questions from Medicaid
- **De escalation:** Every day occurrence. Looks different for everyone and day to day. Could be a change in the schedule, loss of job, needing a visual schedule, someone that knows how to communicate with them-so not to increase the crisis,
- NKHS has a DS Point throughout the day: they will speak with someone m-f 8:30-5:00 and after hours crisis team.
- **Transportation** to and from important appointments-doctors, economic Services, APS, DCF, School meetings, Lawyers, etc. and supporting the person through this in the way they need to be supported to be successful

NKHS Completes and Annual Culture and Climate Survey

**What single
change would
make you more
likely to
recommend NKHS
to a friend or
family member?**

Pay and Benefits= 44% (It was 46% in 2024)

Communication = 13% (It was 8% in 2022,
18% in 2023, and 13% in 2024)

Training and Supervision = 14% (It was 10% in
2022, 13% in 2023, and 8% in 2024)

Burnout/fully staffed = 5% (It was 7% in 2022,
5% in 2023, and 5% in 2024)

Current Impacts to DA and SSA System

TEN AGENICES RESPONDING

How many staff have you lost to a CMO as of May 14th?

4/4/4/3 = 15

What positions have they taken at the CMO?

Director (2) Case manager (6) Supervisory positions (3) Service Coordinator (4+3interviews)

Case Management Pay

- \$60k-\$65k

Service Coordinator Starting Pay (NKHS)

- \$21/hour = \$43,680 per year

*Note: Service Coordinators hold caseloads of 13-16 clients on average –

- Loss of 4 SCs means 52-64 clients have lost key supports in the last week.

****Note: Pay discrepancy will create imbalance between planning/strategy and implementation**

Ongoing Challenges

Changes underway are currently undermining services for Vermonters and have the potential to diminish quality.

1. Pay disparities have and will continue to lead to staff turnover – undermining the implementation of services
2. Payment reform and conflict of interest details have yet to be finalized
 - a. Prevents DAs/SSAs from creating and executing on effective strategies to lessen impact of CMO activities
3. Emphasis on compliance and documentation take away from services and implementation
4. Cost pressures – like health insurance – are impacting ability to increase wages