

Northwestern Counseling & Support Services
Vermont Developmental Disabilities Service
Local System of Care Plan
FY' 18 – FY'20

Current Status

I. Service and Support Needs Being Met

- Service Planning & Coordination; Northwestern Counseling & Support Services (NCSS) has 18 full time (FTE) and 4 part time (PTE) Service Coordinators, providing services for approximately 278 individuals, totaling approximately 30,000 hours of service coordination annually. Service Coordinators that are FTE have upwards of 30 case hours per week. 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 individual served' consent procedures. Additional expectations and training to meet the Federal requirements of Health Care Providers maintaining Electronic Medical Records (EMR) has been further complicated by need to purchase a new Electronic Health Record (EHR) software. This will involve an entirely new training in the year 2017. Service Coordinators are also advocates with and for the individuals served. The expectations for the Services Coordinator position has been increasing and as the rescissions continue the caseloads 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. Additional concerns around wages make the most valuable pool of staff the most vulnerable to competitive wages being offered at State and for profit agencies. The cost of training a new Service Coordinator makes the retention even more critical as we face further level funding issues.

- Employment Services; NCSS has 2 full time Employment Team Specialist (ETS) or job developers. The team was supported by a scheduling specialist that made arrangements for pick up, drop off, jobsite analysis and ongoing scheduling changes, this position has been eliminated due to budgetary constraints. With the news of cuts to VR grants the two ETS positions will also be threatened in FY18. They each carry a case load of between 20 – 25 individuals served 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 served' 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 -11 full time job coaches and 2 substitutes that are specifically trained in providing the minimum onsite supports to maximize the working individual's independence.

- Direct Services; NCSS has approximately 110 Direct Staff providing community based services in Franklin and Grand Isle counties. NCSS supports home providers and families with 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 and LPN services are offered. Family Counseling is 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. The PAEA program also has oversight of sensory activities, American Sign Language classes and the Communication Plan Committee.

- Crisis Services; NCSS has a 24/7 DS crisis team that responds to individuals in need, providing expertise in local community resources and supports to deescalate high risk situations. The team has a crisis coordinator and 5-6 crisis workers. NCSS has to continue to build 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 NCSS assist with locating and training both hourly and daily contracted providers.
- Other Services:
 - Dialectic Behavior Therapy is provided for youth, adults, individuals served with Traumatic Brain Injuries (TBI), and Offenders.
 - FLASH curriculum which consists of relationship and sexual health training for existing Individuals served and area high school students.
 - Traumatic Brain Injury Services
 - ASL sign language classes for staff, Individuals served, and for the community
 - Interpreter services for Individuals served 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
 - Anger Management Services
 - Deaf and Hard of Hearing Services
 - Bridge Program serving children and families with Developmental Disability
 - Targeted Case Management Service for Children and Adults
 - Shared Living Services and Training
 - “Next Steps Peer Advocacy Group” participants are Individuals served 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
 - Defensive Driving Training
 - Therapeutic Options and De-escalation Training
 - Offender Services-“Least Restrictive Placement” planning and transitional services
 - Program for inspection of respite homes
 - Respite assistance for individuals and families in hiring their own employees through advertising and screening assistance.

II. Status of FY'15" – FY'17 Outcomes

- **Alternative Residential Models;** Throughout FY'15 – FY'17 a main area of focus has been on limited housing options that are affordable for individuals trying to live independently on Social Security supports. Increasingly parents of transition age youth and young adults have voiced their concerns around safe and affordable independent living situations. Working with the Next Step Peer Advocacy group, peers currently living on their own and experienced staff, the Learning for Living curriculum was developed. The skills based classes provide a person centered hands on training environment that addresses the skill sets required for living independently within the community.

FY'15 – FY'17 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
<p>Enrollment in the Learning for Living (LFL) program has increased with over 25 individuals currently enrolled. The classroom and community based trainings occur once a week for four hours. The programming includes supporting independent living skills and roommate skills training to make housing more affordable.</p>	<p>Learning for Living increased its enrollment by more than double over the past 2 years. The curriculum was modified to include classroom, community, and peer supported independent living models.</p>	<p>Three individuals have moved into independent living models. Two are in a roommate situation and the third is living independently in the community. Four others in the program have made significant strides toward independent living and hope to be in roommate type situations over the next year. Overall the Independent Living Assessment (ILA) scores have shown more than 40% improvement in several of the categories of independent living skills.</p>	<p>Satisfaction surveys and ILA scores show that individuals are satisfied with the LFL program. The results suggest that individuals feel they are more knowledgeable about what is required to live independently and that with modified in home supports several individuals hope to be living independently or with roommates in the future. Many have felt in the past that the roadblocks to independent living were insurmountable where they now feel confident that they are gaining the skills needed to accomplish this goal.</p>

Outcome Measure:	What Did We Do	How Well Did We Do	What Difference Did It Make
Original intent of the program was for NCSS to rent a location in the community that would be utilized as a training site, due to budgetary constraints and liability issues this was not plausible. Going forward the LFL group is creatively working on an alternative apartment model utilizing in home supports and roommate sharing.	Without a community based training site the group has creatively used peer mentoring to allow individuals to try out their new independent living skill sets. This includes over nights in independent apartments, hotels and apartment style attached living models.	At least 8 individuals have experienced a more independent living peer training. Several more are scheduled for upcoming year.	Individuals involved in the LFL have stated they feel more confident and better prepared for independent living in the future. ILA scores show improvement across the categories of independent living.

➤ **Needs of Aging Population;** Needs of aging consumers continues to exacerbate safe and accessible community integrated home placements. NCSS is experiencing a significant increase in the numbers of individuals with Developmental Disabilities aging well into their sixties and seventies. As the overall health and life span increases there is an increasing need for nursing oversight, special care procedures, medication delegation trainings, personal care needs requiring medical training, and specialized home provider skill sets. All of this comes at a time when budgetary constraints make it impossible to offer a competitive salary for Registered Nurses (RN) also of concern is the lack of RN's with any type of specialized training with individuals with Intellectual Disabilities. The oversight of Medical Care for those we serve is intensive and requires some form of utilization review ongoing to verify the mandated Health & Wellness guidelines are adhered to.

FY'15 – FY'17 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
NCSS jointly is sharing cross divisionally a Registered Nurse that is specifically working on compliance with the DS Health & Wellness guidelines. Along with our current LPN annual trainings are being	Currently specialists have been brought in to do trainings on; Early Onset Dementia, Alzheimer's, MS, Seizure Disorders, Nursing has identified and worked with Service coordinators and specialists for	NCSS has a specialized Senior Services team that serves over 55 individuals that are elders with significant and increasing Medical needs. With strong collaborations with community partners like Home Health, Visiting Nurses Association, and	NCSS has identified at least three individuals with onset of dementia that have significant aggressive behaviors. Through good medical and clinical teaming, including Behavior Support Plan (BSP) implementation strategies, we have

<p>established to assure adherence to regulations and consistency in; Medication Administration Record (MAR), Special Care Procedure (SCP). Specialized trainings are being developed for Home Providers, Staff, including Service Coordinator utilization review training on Health & Wellness guidelines and chart review.</p>	<p>Cancer treatment Podiatry issues, insulin maintenance, seizure protocols, and dysphasia trainings. NCSS communication team is working with the teams of individuals that are deaf or hard of hearing.</p>	<p>local PCP's, we have continued to serve these individuals in their communities and currently are moving an individual into HCBS from a long term nursing home stay.</p>	<p>been able to maintain community based placements. One third of our BSP's are written and reviewed to maintain safety in community housing for our elders and over half of our current communication plans (45) are in place to support the changing needs of our aging Deaf and Hard of Hearing population.</p>
<p>Outcome Measure:</p>	<p>What Did We Do</p>	<p>How Well Did We Do</p>	<p>What Difference Did It Make</p>
<p>With increasing numbers of individuals with Intellectual Disabilities living longer lives in their communities it is critical to have appropriate oversight of their medical needs and to provide adequate training to those supporting them.</p>	<p>In a time of significant budgetary constraints NCSS has worked creatively across divisions with our nursing staff. An RN and LPN have been specifically trained in Health & Wellness guidelines and are maintaining annual and ongoing documentation of the needs of those we serve.</p>	<p>NCSS has implemented new procedures and staffing and is compliant with the Health & Wellness guidelines and current on all Special Care procedures. Nursing staff is available five days a week for ongoing support and referrals.</p>	<p>With an increasing elder population NCSS is able to train and maintain good shared living situations with appropriate nursing oversight allowing all our individuals served to remain in their communities. On top of meeting the medical needs NCSS is assuring that ongoing communication and behavioral needs are being addressed to assure long term consistent home models.</p>

- **Increased Clinical Supports;** NCSS has developed 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. 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. System wide there needs to be increased availability of Crisis 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.

FY'15 – FY'17 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
<p>NCSS has implemented an internal Clinical Review Committee and Crisis Supports weekly review group. Both the Clinical Review & Crisis support groups hold weekly meetings and have crossover of membership that allows clinically trained staff to have complete information of crisis events, Critical Incident Reporting (CIR), emergency room visits, hospitalizations, and psychiatric events for those we serve.</p>	<p>The Clinical Review committee reviews all BSP's for the DS division. Service Coordinators are invited annually to work with the committee on updating the BSP's or any Restriction of Rights (ROR's). Service Coordinators experiencing individuals in crisis are encouraged to sit with the clinical group for brainstorming or support and training strategies. The weekly crisis group meeting is a clinical review of all crisis calls, supports provided, outcomes from the supports and brainstorming of effectiveness. Service Coordinators are invited to the crisis meetings so support strategies can be consistent across environments.</p>	<p>In FY16 the Clinical Review Committee had oversight of 76 BSP's, 11 ROR, and 7 Restraint protocols. Since the beginning of the year 7 BSP's have been deemed no longer required due to implementation of consistent support strategies. In FY 16 there are 7 fewer ROR's again due to the successful training and implementation of least restrictive support strategies</p>	<p>NCSS has made significant strides clinically, we are seeing more clinically acute individuals coming into services, ACT 248, offenders, individuals with criminal records, substance abuse, and higher overall acuity including significant harm to self and others.</p>
Outcome Measure:	What Did We Do	How Well Did We Do	What Difference Did It Make
<p>With the implementation of the Clinical Review Committee and Crisis</p>	<p>NCSS invested in the careers and education of their staff. Supporting the</p>	<p>NCSS has no waiting list for any individuals served that are seeking counseling. We have 3</p>	<p>Across the state Designated Agencies struggle to provide good clinical services</p>

<p>Support group fewer individuals have been placed out of home than ever before. In the past year NCSS has utilized out of home emergency placements fewer than 8 times, in previous years the number was 4-6 times per month. The focus on training and support strategies is helping to maintain homes and relationships which benefits the overall wellbeing of the individual served.</p>	<p>education of two Licensed Social Workers, One Licensed Mental Health Counselor, One Rehabilitation Counselor, 7 individuals trained in DBT, and 5 staff trained in therapeutic Options. All the individuals have had years of experience specifically in Developmental Services and bring that expertise to their clinical work.</p>	<p>specifically trained MA level clinicians providing group, 1:1, family and alternative counseling. We run individual and group DBT as well as bio-feedback training. This type of specialized development of staff is expensive and the ability to pay staff competitively to maintain this level of clinical expertise is near impossible, this is of serious concern for the system overall.</p>	<p>from individuals with expertise in Developmental Disabilities. When you embed clinical staff in the day to day supports, review BSP strategies and train across environments there is a follow through on crisis planning. This allows for a consistent training and skill building across the environments of the individual served. This brings structure and learning opportunities that result in lifelong changes for the individuals we serve. The challenge of the system is to find a way to pay staff competitively so they can continue the work in this specialized field.</p>
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- **Contracted Services;** 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.

FY'15 – FY'17 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
<p>NCSS has developed monthly trainings specific to home providers. The facilitated meetings</p>	<p>Home provider, contracted staff and natural family caregivers all have access to the trainings.</p>	<p>Feedback at the end of each training has been positive. Home providers have been asked to identify</p>	<p>Fewer transitions from one home to another have a positive effect on those we serve.</p>

<p>are in a forum promoting peer support.</p>	<p>The following trainings have been offered; Basic First Aid CPR, MAR training, Therapeutic Options, Onset of Dementia, Documentation Training</p>	<p>preferred training topics and all of those have been completed in FY16-17. Overall 30 day notices of home providers were down more than 22% from the previous year.</p>	<p>Satisfaction of the home providers in terms of skills training, information on how to best support those living in their homes, and clear expectations on what is required of contracted support staff, seems to improve the longevity of our home provider population. This is a limited pool so ongoing education, appreciation and support is critical to satisfactory home placements.</p>
<p>Outcome Measure:</p>	<p>What Did We Do</p>	<p>How Well Did We Do</p>	<p>What Difference Did It Make</p>
<p>Locating and maintain shared living providers is a critical outcome for Designated Agencies and those we serve. There is a limited pool in each catchment area of those capable of filling this role, it was our intent to locate, train and support our pool to maintain healthy long term placements</p>	<p>NCSS implemented a monthly Home Provider training scheduled. We surveyed home providers on topics they most wanted to know more about and scheduled the trainings out for the year.</p>	<p>NCSS offered all the trainings suggested and others that helped with support strategies in the home. Service Coordinators did in home trainings on documentation and the expectations for other contracted employees.</p>	<p>Home providers gave positive feedback on the trainings and attendance has been going up over the period of time the trainings have been offered. Over FY16 and FY17 we have had fewer 30 day notices than ever before and much fewer shifts in housing.</p>

- **Transitional Services;** Program initiatives involve the unification of community resources and partners to work with the high 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 site for job training not competitive employment placements.

FY'15 – FY'17 Action Steps	What Did We Do	How Well Did We Do	What Difference Did It Make
NCSS – Intake Coordinator, Employment Team and Professional Peer Advocate have developed a strong working collaboration with community partners. We sit around the table at Vocation Rehabilitation (VR), PETS, Creative Work Force Solutions (CWS) and school transitional meetings.	With new PETS funding NCSS was able to open the door to earlier school contacts, leading to more competitive employment placements. This in turn increased the number of graduates coming into services meeting the competitive employment funding priority. Having intake at the table educating parents on adult services eligibility criteria averted family crisis over the past fiscal year.	NCSS has no current waiting list that includes transitioning youths coming into services. Early intervention in the school system and with families has made a significant difference in our catchment area. There were no reports of youths coming out of school and waiting for eligibility for 12 months or more as in previous years.	Families not understanding the eligibility criteria into adult services can have devastating effects on the entire family unit. When children with Intellectual Disabilities are sitting home waiting for services because the family was unclear of eligibility, funding priorities or the timeline for Medicaid it upsets the entire community. This early contact and transfer of information and assistance has led to healthy transition for everyone concerned.
Outcome Measure:	What Did We Do	How Well Did We Do	What Difference Did It Make
Prior to implementation of the above transitional collaborations NCSS would inevitably be notified of June graduates a few weeks prior to their	NCSS joined a community transition team and was aware of and invited to schools to present on adult eligibility at transition fairs. The collaboration brought	The collaborative group meets monthly and NCSS is typically with in the schools on a quarterly basis now. This has opened the door to families who struggled with understanding the	Families will talk freely about how frightening this transition is. Their young adult going into a large agency receiving HCBS from individuals

<p>graduation. Despite reaching out to special education departments at the schools the DA was just not invited to the table. Through significant changes in community partnering in particular with VR and CWS this has changed.</p>	<p>NCSS intake to the table before June graduation and networks began to be developed that made transitions more seamless for families and those we serve.</p>	<p>system and next steps for their children leaving school. In FY16 there were no unexpected June graduates or anyone found ineligible in our catchment area.</p>	<p>they do not know. They feel the funding is complex and the eligibility requirements daunting. This early contact has made that a much smoother transition for everyone and starts the relationship off in a professional and comforting way.</p>
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IV. Plan Development

I. Planning Process

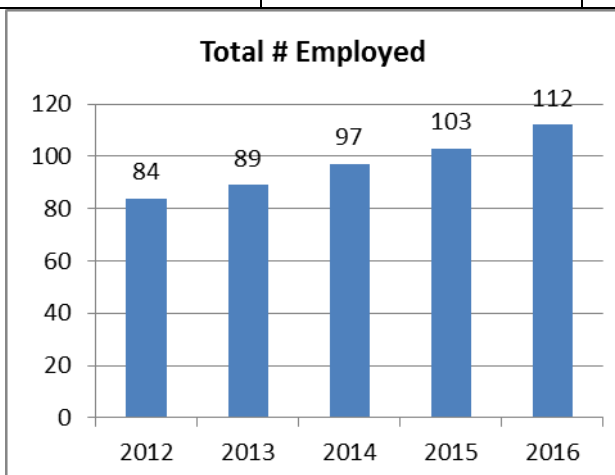
Sources of Information:

- **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 Individuals served 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 7 members who are all actively involved in the committee and attend meetings once monthly. The group is made up of 3 self-advocates, 1 Home Provider who has worked in the DD system for over 30 years, 1 Professional Peer Advocate, 1 Employment Team Leader and Division Director. 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.
- **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 consumer 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.

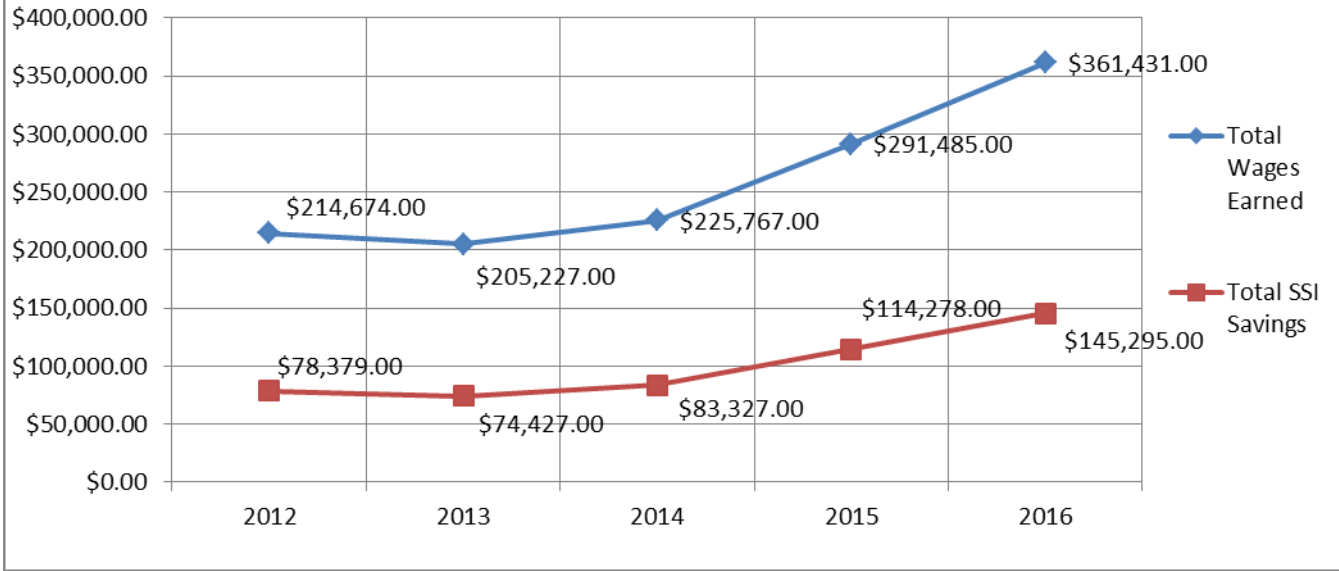
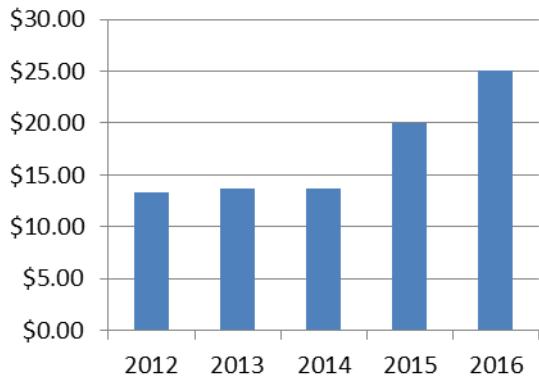
- **Family Members;** Family members are participatory in our forums and all are mailed surveys as well as personal interviews to gather information. Quality review of services is being completed by phone interviews on a random basis annually.
- **Other Advocacy Groups;** Others that are asked to give 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 has 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'18 – FY'20	Met Under Met Unmet	Existing/New Resources and Strategies	Program – System Perspective
<p>Employment Services; Assist persons seeking employment to choose, obtain and retain competitive, integrated, employment in the community. Assist transitioning youths from schools to be working in competitive employment positions upon graduation, meeting a current funding priority for adult services.</p>	<p>Under Met – Currently NCSS receives VR grant funding that assists in covering the cost of one of two full time job developer positions. NCSS has also been funded by PETS this past year helping to raise the number of youths coming out of schools employed and meeting funding priorities.</p>	<p>Existing VR grant funding is slated to end FY17 and PETS funding has already ended. NCSS employment team has exceeded outcomes over the past nine years and the program runs at a slight loss due to staff longevity. One administrative scheduling position on the employment team has been cut already. The two FTE job developing positions will be totally underfunded in FY18.</p>	<p>At a program level this cut in funding will dismantle the current structure of the employment team at NCSS. Without new dollars to cover the loss in current funding the job development will fall to the Services Coordinators that already are over taxed by high caseloads, documentation requirements, and electronic health record conversions. This all comes a time when the outcomes from the employment services show savings to the state and has been internationally recognized as a success.</p>

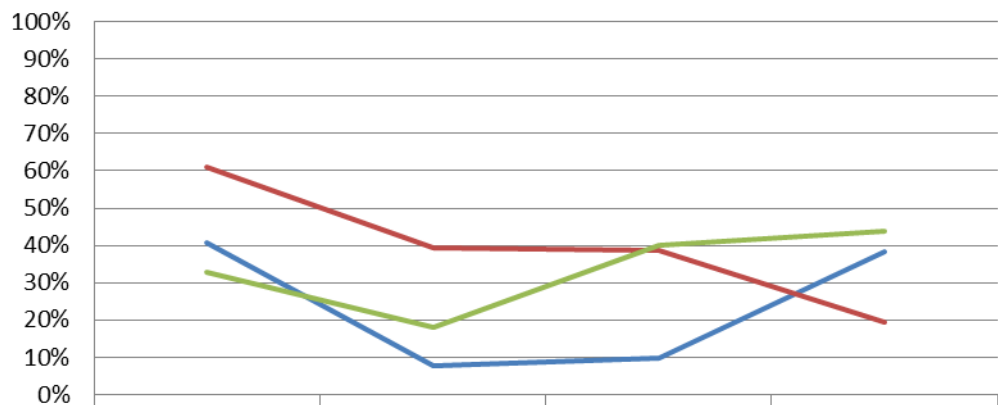


Highest Hourly Wage



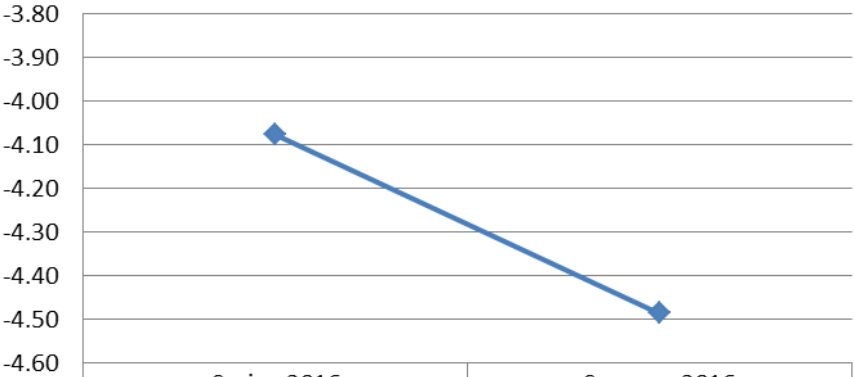
Prioritized Needs FY'18 – FY'20	Met Under Met Unmet	Existing/New Resources and Strategies	Program – System Perspective
Community Integration; Address the increasing needs of individuals with disabilities and families to provide skill building, training, academics, and practical community based programming to increase independent living. While addressing overall health and wellness.	Under Met – Currently NCSS runs two specific programs to meet the increasing requests of families and transitioning youths to gain access to community and independent living. The programs are the Academy of Learning (AOL) and Learning for Living (LFL) programs.	Continued tracking of integration and independent living skill building for participants in AOL and LFL. Continued monitoring of overall health through meaningful use initiative data. Utilize the ILA to identify areas of continued need for learning and find more creative ways to generalize all curriculums to community based practice.	From a programing perspective the Academy of Learning runs three days a week all with different themes, Independent Living skills, Health and Wellness, and Academic Skills. The goal is to increase community integration in each of these groups and to see a decrease in Independent Living Assessment scores , which indicates improvement in the individual served ability to function independently. The Learning for Living program meets one day per week and focuses on living independently in the community.

% Integrated In Community



	% integrated Summer '15	% integrated Fall '15	% integrated Winter '16	% integrated Spring '16
— Indep Liv Skills	40.74%	7.69%	9.76%	38.46%
— Health & Wellness	60.87%	39.27%	38.55%	19.47%
— Academic	32.95%	18.09%	39.90%	44.00%

Improvement in Independent Living Assessment Total Scores



◆ improvement in total ILA score

Spring 2016

Summer 2016

-4.08

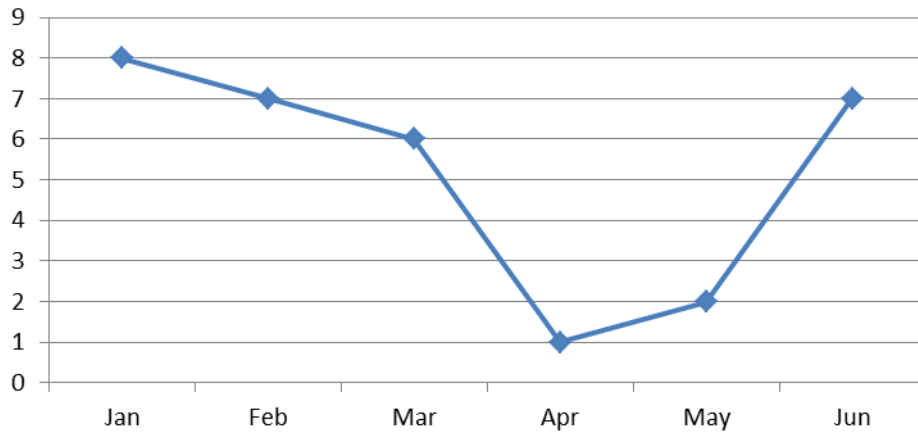
-4.49

Prioritized Needs FY'18 – FY'20	Met Under Met Unmet	Existing/New Resources and Strategies	Program – System Perspective
<p>Peer Services; Programs that employ paid and volunteer Peer Advocates to create support systems and learning cultures that help individuals achieve self-directed, satisfying lives, Initiative is to increase options to develop independent living skills, healthy relationships, community connections, meaningful employment, and life-long learning.</p>	<p>Under Met – Currently NCSS has one paid professional peer advocate. The Peer support group meets weekly and has established training for all new staff in Developmental Services. However, there is significant need for more peer to peer mentoring and advocating.</p>	<p>The hope is to create a first entry invitation to meet with peers for everyone new coming into services. Establish a consistent peer mentoring phone connection and continue to grow outreach into the schools for transitioning youths. There are no funds available for the organizing and structure of peer services or events and this is a volunteer group.</p>	<p>From a programing perspective Peer Services team initiatives in FY 16 focused on Franklin and Grand Isle County transitional youth. With the continued need to better prepare high school students with disabilities for adulthood, support and trainings were offered on self-advocacy. Students were taught by Peer Advocates how to speak up for themselves about their goals, their strengths, and their passions and then identify the supports they needed to be successful with their lives, whether it be with a job, living on their own, being their own guardian, having relationships, or being contributing members of their communities. Peer Advocates have the insight of living with a disability and this common experience shows young adults that anything is possible and you don't have to go it alone. Continuing this level of support and commitment is challenging and the support coordinators position has been eliminated due to financial constraints, the challenge will be to maintain and finds way to expand from within the group.</p>

Supports Provided by Peer Services



of Clients Receiving DS Transitional Youth Support in 2016



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 individual's self-image and truly helps them to break down barriers and see themselves as contributing members in 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</p>	<p>NCSS will provide trainings through an experienced onsite RN and LPN on Health & Wellness guidelines. They will assist in identifying medically appropriate care addressing individual needs. NCSS will continue to provide home provider trainings and support groups to assist in the education of home providers and to gain inside knowledge of</p>	<p>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 community settings versus moving to nursing home placements hoping to achieve over 80% remaining within their own communities.</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?
		the challenges that are being faced tracking the elder concerns.	
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 has carved 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 invite service coordinators to the clinical review committee for recommendations.	The Quality Reviewer will begin with those individuals identified as highest utilizers of DS crisis services and most in need of Behavior Support Planning or with any form of Restriction of Rights. Once the review is complete and the BSP completed the Service coordinator and team members will be invited to the clinical review team for 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 1 year 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 services to provide supported employment where needed.	Identifying upcoming graduates 1 year 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 requirements of transitioning to adult services. Attending at least one transitional fair at each high school yearly to

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?
			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. This includes 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 of 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 of 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 a way 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 Licensed Social Worker overseeing clinical services, several staff are trained in intensive Dialectic Behavior Therapy (DBT), two Master Social Workers (MSW), one MA Certified Rehabilitation Counseling (CRC), and one Licensed Mental Health Counselor. 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... It needs to be recognized that 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, it should look and feel like a seamless hand off of services with no wrong door policy, but that is not the case. 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, Learning for Living, 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 caseloads. 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 or programming itself. 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 most vulnerable in our communities.