

## DS State Program Standing Committee (SPSC)

April 20, 2023

Meeting held virtually by ZOOMGov

### Attendees

**Committee Members:** Dawn Danner, Bethany Drum, Barbara Lee, Ed Place, Karen Price, Karen Prine, Cheryl Thrall, Chad Cleverly, Max Barrows, Susan Yuan, Connie Woodberry, Collins Twing

**Guests:** Diane Drake, Ashleigh Goldberg, Colette Wilson, Judith Jackson, Kirsten Murphy, Jen Hayes, Kara Artus, Jess Moore, Elise Haydon, Karen Topper, Tonya Mason, Marie Lallier, Hannah, Chuck M, Jessica Stehle, Representative Theresa Wood, Rebecca Silbernagel

**State Employees:** Jennifer Garabedian, Jessica Bernard, Hilary Conant, June Bascom, Carolyn Bowen, Julie Abrahamson, Monica White and Judy spittle

### Roll Call and Review of Agenda and minutes –

Barbara welcomed new member Collins Twing.

Bethany's name was missing from the March attendance. Her name will be added. Bethany made a motion to approve the minutes with this change and Chad 2<sup>nd</sup> the motion to approve the March minutes.

### Payment Reform

The Human Services Research Institute (HSRI) has finished its level analysis of the SIS A Sample. DDSD has been holding engagement sessions with advisory groups to get recommendations on the number of levels (5 or 6) as well as input on language to use for the levels. All recommendations to date have been for the 6-level framework. The DS Standardized Assessment Workgroup continues to meet and work on a Context Assessment to be used in conjunction with the SIS A. The estimated time of completion for the Context Assessment is sometime early summer.

Connie—expressed concerns about the process and the importance of context and a person-centered approach.

Susan—emphasized the importance of order and where the SIS A score fits in the bigger picture of assigning budgets.

### Quality Assurances [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\)](#)

Agency of Human Services (AHS) has chosen the CAHPS survey for all of the HCBS programs, Developmental Services, Adult Services and Mental Health Services. This does not mean DDSD couldn't also choose to do the National Core Indicators Survey. DDSD used the NCI in the past,

as it is much more specific for people with developmental disabilities. A copy of the survey can be found [here](#).

Kirsten – CAHPS is very traditional in how they think and asks more basic questions but is designed to cover all 5 HCBS programs that Vermont offers. DD Council wants NCI to report to the Federal government. NCI would be the better tool to use.

- Quality of services or Quantity of services. – it is a quality survey
- CAHPS – more medically focused questions.
- The timing of these surveys is very important. Keep in mind of the SIS-A and Coordinators and summer is coming

SPSC Committee concerned by using CAPHS survey. It was suggested that a letter from SPSC to Shawn Skaflestad and Wendy Trafton outlining the concerns. Diane Drake and Susan Yuan volunteered to draft this letter and bring it back to next month's meeting for discussion.

### **DD Council Housing Study – Presented by Kirsten Murphy, DD Council**

Scope of Work – to review housing models in other states for the purpose of informing the pilot planning grants developed., Solicit stakeholder input and come up with a number of housing options to develop for our systems

#### **Stakeholder Input**

- More housing is needed for people receiving Developmental Disabilities Services
- Housing needs to be affordable, accessible and connected to transportation
- Being isolated and lonely are a concern

#### **Shared Living**

- It's not for everybody
- Concerns about balancing the needs of the home provider and the person living in the home

#### **Recommendations**

- "Right-size" the number of shared living placements in Vermont
- Professionalize this model: Pay more and expect more
- New CMS rules for provider-controlled settings

How much housing is needed. At a minimum, at least 600 units of permanent supportive housing are needed by Vermonters with Intellectual/Developmental Disabilities receiving HCBS.

How did we get to the 600 number. The Corporation for Supportive Housing (CSH) estimates:

- 10% of HCBS recipients living with family members

- 33% of recipients of HCBS living in shared living, staff living, or a group home

Housing models

Permanent supportive housing is used widely by other states

Advantages:

- Can be configured in a variety of ways, clustered or scattered, with on-site staff or not
- Aligns with CMS Settings Rule
- Supports choice and community integration
- Can meet a wide range of support needs

Here is the link to the housing report: <https://ddc.vermont.gov/news/housing-report>

### **S.89 (Forensic Facility Bill) – Monica White, DAIL Commissioner**

In House judiciary – mid February to Senate

If passed this will establish a 9-bed facility, licensed as a therapeutic community residence located in Berlin. Therapeutic – under Act 248 provision. Look this up for details for minutes

Currently, there are 27 Vermonters committed to the Commissioner’s custody under “Act 248”. Act 248 is civil commitment for individuals with intellectual disabilities and presents a danger of harm to others (charged with sexual assault, lewd and lascivious conduct with a child, or inflicting or attempting to inflict serious bodily injury on another person). Here is the link for info about Act 248: <https://ddsd.vermont.gov/public-safety-program>

Vermont does not presently have a forensic setting. We much rather support people in a forensic environment as opposed to a correctional setting.

#### ***SPSC comments***

Disability Law and the DD Council both oppose this bill. Feels that this committee needs to oppose as well.

**Commissioner White:** This is really for the outliers that could be violent in the Community. This Bill could cover the gap in the system for those that do not meet the criteria to be put into a hospitalized setting.

**Chad:** Question about oversight and rights/protections of residents.

**Commissioner White:** This would be a licensed Health care facility. Same protection of other facilities that the rights of the residents would be protected

**Susan Y:** crisis network (VCIN) already set-up. Don’t know why we are coming back to this.

**Commissioner White:** VCIN are not equipped to provide the stabilization needed. The Forensic beds could provide this. Conversations with DMH and Dartmouth consultant would take place.

**Collins:** how did you come up with 9 beds.

**Commissioner White:** DMH would use most of the beds most of the time. DDSD would use 1-2 beds for up to 2 months.

**Rep. Wood:** Asked if a forensic facility was identified in the SOCP. (It is not in the SOCP.) Urged SPSC to make their thoughts known to Legislature.

**Max:** GMSA testified against S.89

**Dawn:** step backward – sex offender – violent – we need treatment that is ongoing and training for staff (home providers)

**Overall:** SPSC was not in favor of this as presented.

SPSC Committee made a motion to send a letter to support that people with Developmental Disabilities are not in the language in S.89 or put an amendment to form a panel made up with clinical experience and lived experience to convene for possible solutions for individuals with Developmental Disabilities to be properly supported in the community. Bethany made a motion to send the letter and Max seconded it. All voted in favor. Connie will draft the letter and will send it to Barbara for review. Connie will then send it to the legislature.

**SPSC Meetings in person / Summer Schedules** – Unable to discuss due time. This will be put on May's agenda.

Adjourned to Executive Session.