

## DS State Program Standing Committee (SPSC)

October 19, 2023

Meeting held virtually by ZOOMGov

### Attendees

**Committee Members:** Max Barrows, Barbara Lee, Bethany Lee, Ed Place, Barb Prine, Connie Woodberry, David Ballou, Cheryl Thrall, Collins Twing, Susan Yuan and Chad Cleverly

**State Employees:** Jennifer Garabedian, June Bascom, Jeff Nunemaker, Hilary Conant, Carolyn Bowen, Julie Abrahamson, Jessica Bernard, Chris O'Neill and Judy Spittle

**Guests:** Jess Moore, Jen Hayes, Michael Kasper, Kirsten Murphy, Susan Aranoff, Sean Sheehan, Jessica Stehle, Colette Wilson, Elise Haydon. Katrina D, Gloria Quinn and Marie Lallier

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

September minutes were reviewed and approved by Bethany and Susan Yuan seconded the motion to approve.

### Communication Plan

Link to the Communication Task Force Website: <https://ddsd.vermont.gov/boards-committees/vt-communication-task-force>

This is a resource not a regulation. Helps people to create plans.

Link to the Communication Plan Guidelines:

[https://ddsd.vermont.gov/sites/ddsd/files/documents/Communication\\_Plan\\_Guidelines\\_FINAL.pdf](https://ddsd.vermont.gov/sites/ddsd/files/documents/Communication_Plan_Guidelines_FINAL.pdf)

### Plan Guidelines

The Plan can be brief, or it can be more complex. The Plan should describe the supports that people need to communicate well.

1. Ensure a person can communicate in a variety of situations
2. Anyone who has communication support needs must have a Communication Plan
3. The core components – different methods that a person uses to communicate.
4. A Communication Plan works best when it includes a person's own ideas about the support they need for communication. It also includes a Communication Dictionary and Technology form
5. Tips on how to write a plan
6. How to share a plan – having a card copy is important, train on the plan. Who the plan is shared with – service coordinators etc.,

June also share the Communication plan form with the Committee. Below is the link to the form.

**Communication Plan Form.**

Questions:

Susan Yuan suggested having this posted on the VFN facebook page. Jennifer Garabedian will reach out to Karen Price.

Link to our trainings: <https://ddsd.vermont.gov/vctf-trainings>

Cheryl: this is excellent – but have concerns about consistent access to resources for individuals across the State, especially individuals in the Southern part of Vermont. What do we have for statewide resources. Does the VCTF meet quarterly?

Max – do you involve others that use other types of communications in your discussions. (June indicated that the answer is: YES)

**Administrative Rule on Agency Designation**

Jennifer introduced Eva Dayon, Assistant Director of Quality with DMH (Department of Mental Health)

The Administrative Rule on Agency Designation refers to DS and DMH review to ensure the delivery and quality of mental health and developmental services provided at agencies is adequate.

This Rule brings the language up to date. Closer alignment with statutes that are involved.

***Why update the Rule now?***

Agency of Human Services has requested that Rules are updated on a regular basis to ensure stakeholders have opportunities for input and that Rules accurately reflect the needs of the system. This Rule was last updated 20 years ago.

Timeline for update

- September 2023: AHS creates rough draft of proposed changes
- October 2023: key stakeholders, standing committees, DA's, SSA's and VCP are notified that the process is starting. Gathering feedback starts.
- December 2023: Stakeholder comment period and virtual forms for input on the Rule are held
- January 2024: AHS considers input received and the adjusts the proposed Rule
- Early 2024: The Rule is submitted to Interagency Committee on Administrative Rules (ICAR) to be sure the proposed Rule does not conflict with other Rules and aligns with

statute. When the proposed Rule is accepted by ICAR, it is then posted for a six-week public comment period with the Secretary of State (SOS). Agency of Human Services gathers all feedback received, writes a response to feedback and adjusts the proposed Rule as appropriate.

- Mid 2024: The Final proposed Rule is submitted to the Legislative Committee on Administrative Rules (LCAR) for verification that the process occurred as required. The Agency may choose to adopt and finalize the effective date.

### ***Impact on the Standing Committee***

There is no impact on SPSC and local DS state program. Changes membership from Governor appointment to Commissioner Appointment status. Makes the process be streamlined better and more efficiently. SPSC members expressed the desire to keep membership as a Governor appointment.

Barbara Lee – current language is more specific and clearer than the proposed language.

Comparing Proposed Rule to Current Rule

Proposed Language (2024)

State Committee functions shall include:

- Assisting in the identification of candidates for the State Committee.
- State Committee meeting planning and facilitation.
- Providing recommendations to the Department(s) regarding agency initial and redesignation, which may include reviewing aggregated data and reports provided by the Department.
- Ranking and recommending priority areas of focus for the statewide system of care, to be updated at least biennially. The committee will focus on these priority areas when planning agendas and engaging in work.
- Providing to the Department recommendations for candidates for classified leadership positions involved in the Agency Designation process; and
- Providing the Department recommendations regarding new service policies or procedures, management of grievances and appeals data, or other themes identified across Agencies.

Current Administrative Rule Language (2003)

The State Committee shall advise the department on the performance of the system with respect to the points below, based on a uniform evaluative format developed by DDMHS.

Responsibilities of the State Committee shall include:

*Hiring of Key Management:* The Commissioner shall seek advice from the Committee on the appointment of a new Division and/or Unit director. The Division Director shall no less than annually seek feedback from the committee regarding program management.

*Evaluation of Quality:* The Committee shall review information and advise the Department on the quality and responsiveness of services offered statewide.

- *State System of Care Plan:* The Committee shall participate in the development of the State System of Care Plan and its updates. In doing so, it will advise the Department regarding establishing general priorities for resource allocation consistent with the State System of Care Plan. Committee members will have a working knowledge of:
- Regulatory requirements or mandates that significantly influence resource allocation decisions
- Other community and departmental pressures on the resources
- Outcomes related to system of care plan priorities and general resource allocation
- Any new initiatives, demonstration projects.
- *Department Policy:* The Committee shall review and recommend policies that pertain to or significantly influence services for the population they represent.
- *Complaints, Grievances & Appeals:* The Committee shall review aggregate information on the frequency, nature and resolution of complaints about services to make recommendations on how the statewide network of services or Departmental operations could be improved.
- The State Program Standing Committee shall be involved in the agency designation and re-designation process, as defined in section 6 of these rules.

For further questions on the Mental Health side, contact Eva Dayon, DMH Assistant Director of Quality. [Eva.Dayon@vermont.gov](mailto:Eva.Dayon@vermont.gov)

For questions on the Developmental Services side, contact Chris O'Neill, Quality Management. [Chris.ONeill@vermont.gov](mailto:Chris.ONeill@vermont.gov)

### **Children's SOCP**

Agreements with other State agencies have been in place for 20 years. Those Agencies include:

- Vermont Department of Health (VDH)
- Department for Children and Families (DCF)
- Department of Mental Health (DMH)
- Department of Disabilities, Aging and Independent Living (DAIL)
- Department of Vermont Health Access (DVHA)
- Department of Corrections (DOC)

The goal of the Interagency Children's System of Care is to hold Vermont's children and families with support, compassion and care.

Vermont Services Children with a variety of programs and other AHS (Agency of Human Services) services

- Family Managed Respite

- DS Home Community Bases Services
- Flexible Family Funding
- Bridge Care Coordinator

#### Other AHS Services

- Mental Health Agencies
- DMH Funded Respite
- DMH Funded Emergency/Crisis Bed Services
- Were in DCF Custody

#### ***What do we know?***

- Children living in hotels continues to grow a lot each year
- Vermont children under the age 18 lived in households that were insecure with food
- 21% of children who were supported by mental health agencies in State Fiscal year 2022 received crisis assessment, supports and referrals.
- Maximum wait time for children to access outpatient therapy has doubled from 2021 to 2022
- Vermont ranks highest compared to all other states in the country for identifying students with emotional disturbance for an individualized education program

Barb Prine – more kids are living in tents/cars with the hotel program going away. Children are changing schools a lot which impacts their behaviors and DS needs.

Developmental Disabilities Act gives everyone with a developmental disability have the following opportunities:

- To live in a safe environment with respect and dignity
- To live with family or in a home of his or her choice
- To make choices which affect his or her life
- To attend neighborhood schools, be employed and participate in activities
- To have access to the community support and services that are available to other citizens

The children's System of Care Plan (SOCP) has the following programs to support them

- Bridge Program – Helps families to access and coordinate services
- Family Managed Respite – provides families with help for caring for the child with a disability, up to age 21
- Flexible Family Funding – provides funding for families caring for a family member with a DD.
- DS HCBS

There are currently 6 funding priorities for DS HCBS

- Health and Safety
- Public Safety
- Preventing Institutionalization – Nursing facilities
- Preventing Institutionalization for psychiatric hospitals
- Employment for transition Age youth/young adult
- Parenting

Two of the priorities apply for children as well as adults

- Preventing Institutionalization in Nursing Facilities
- Preventing Institutionalization in psychiatric hospitals

It was suggested that *Preventing homelessness* to be listed as a priority

Next steps

- if we add homelessness – talk with people in the Bridge program helping children who have more experience

Come back to SPSC with the gaps we have and how we can better support

### **Act No 27 Forensic Recommendations**

GMSA – not approving facility – needs a residential program not facility

Kirsten Murphy informed the committee the DD Council opposes this recommendation

Barb Prine also informed the committee that the Disability Law Project also opposes this recommendation

Chad Cleverly objecting to this. Putting people with mental health issues with ID – it's an institution.

SPSC Committee does not support the forensic facility – draft a letter stating we are opposing this forensic facility recommendation and greater efforts should be placed developing a HCBS environment. Connie and Barbara will draft the letter. It needs to be sent prior to our next meeting.

Agenda item – Locks on Doors - Bethany