

Summary of Themes from DDS State System of Care Plan FY23-FY25

General Input Forums

NOTE: Input received during General Input Forums regarding Housing, Paying Parents and Autism Services are included in those Focus Area Forum summaries.

- **Ideas that Work Well** – COVID Flexibilities (paying parents/SLPS), Zoom meetings/remote gatherings, telehealth, Supported Decision Making (alternative to guardianship), self-advocacy/peer support, Person Centered Planning, youth transition programs, One Time Funding, Goods line, shared-management, needs assessments done with those who know the person well, information about services/system changes in plain language for self-advocates/families/guardians/providers, quarterly open forums
- **System** – lack of innovation/creativity, build system based on individual’s unique strengths, not progressed since innovations post-BTS, accountability/COVID flexibilities, wide variability from agency to agency, leadership development, creative planning, collaborate with educational institutions, information about available services/options, improve quality assurance system, encourage creativity; make services easier to understand (plain language info for beneficiaries and families on how system works/choices/rights), data tracking, Cultural Linguistic Competence, develop a 3, 5, 10 year plans to prepare state to be ready, Equity process not transparent, don’t separate services based on funding source, keep and strengthen values/principles, alternative to SIS-A, Eligibility requirements for services should include Fetal Alcohol disorders; a need for age appropriate services, a need to recognize and maintain the flexibility and strengths of the system that was in place before the pandemic, advocacy for an increase in funding priorities and decrease in the limitations of funding
- **Monitoring/Oversight** – assure all supports in ISA are provided and goals addressed, independent consumer advocates/ombudsman’s office, increase QA team for annual reviews, less bureaucracy/paperwork/documentation compliance, timely/regular home inspections, oversight of direct support workers/SLPs, agency accountability, yearly surveys for individuals and families, HCBS Rules (locked doors, leases, access to food, access to phone, privacy, visitors/stay over, genuine choice) , flexibility with funding (staff for one person supports another without funding, unused funding for unavailable staff given short term to family)

- **Direct Support Workers/SLPs** – retention/hiring/vetting, wages/COLA, benefits (medical, sick time, family leave, Social Security, retirement), on-boarding, supervision, caseload size, overworked/burn out, raises to match inflation, bonuses, morale, training, career path, certification, home costs (fuel, electricity, gasoline, transportation), aging workforce, move workers around to cover vacancies, peer/staff mentors, staff barrier to natural relationships, change titles of “direct support staff” and “case manager”, competence, professionalize the work, staff as life coach/role model, teach home chores/ independent living skills/budgeting/cooking, substitutes, pay flexibility when needs change, make job more desirable/creative advertising, college loan refund programs, paid educational opportunities, rural areas have smaller pool to draw from mature/inexperienced/unprofessional/ unmotivated workers hired, pay equitable across agencies, supportive and fun work environment, appreciation, tax incentives/breaks for direct support staff, housing for workers, reward creativity and innovation, flexible work-life balance, can increase wages but get less hours

Professionals who are skilled, compassionate, caring, kind, understanding, patient, qualified, respectful, resourceful, well trained, creative, flexible, sense of humor, vested in well-being, engaged, honest, emotionally healthy, resilient, collaborative, courage, love, laughter, empathic, non-judgmental, consistency, involvement, knowledge, respect, dedication, reliable, follow-through, compatibility, know they are making a difference in the person’s life, develop a rapport

Not having to choose between agency-hired workers and family-managed workers (not including respite) – allow hybrid so family can have reliable consistent daytime and afternoon/evening/weekend support
- **Service Coordinators** – minimum home visits and more 1:1 time, get to know clients, competence, more frequent interactions between case manager/direct support worker/client, provide more than foundational principles/assure information is understood, it’s not all about the money, responsibility/stress/intensity/demand of the job is not commensurate with pay, do what they said they will do/follow-up/call when they say they will/get answer to questions/trouble shoot, Team Leader model; change 37.5 hour week to 40 hour week, training for QDDPs
- **Training** – invest in staff development/innovation, virtual training, shadowing, how to navigate systems, specific focus (safe relationships, communication, internet/social media, emotional health, social/relationships, person-first), cross training/team-work, coaching, physical health (Special Care Procedures, seizure management, choking, asthma, lifts/transfer/ wheelchair use, personal care, sensory stimulation, anxiety/social/emotional challenges/trauma), respect and dignity, not see behavior as “non-compliant, disrespectful, distracted, rude,

dangerous”, leadership development, train the trainer, don’t work 1:1 until worker is well trained and has experience

- **Administration** – qualifications/experience, paperwork not relevant/too much
- **Community/Social** – evening and weekends, inclusion – feeling welcome and helpful within community, engagement, socialization, acceptance, opportunities for growth and development, relationship building, connection with peers, friendships, daily living skills, fulfilling life, pay mileage, programing/training, find/create/ explore opportunities and interests, activities, full-time day programs, not available weekends/evenings, hours of 1:1 in community, places to go during the day, enrichment centers, driver training, classes/support groups, money needed to support activities, laws/policies intended to promote community inclusion inadvertently limit choice
- **Employment** – opportunities that engaged/stimulate/provide a sense of purpose, funding for people over age 26 and over 25 hours, customized employment, micro-enterprise, contribute to community, belonging with coworkers, income, transportation, job matching; “Customized Employment” (Griffin Hammis) – job matching by trained counselors that fit specific skills/preferences to tailored job; become an “Employment for All” state
- **Individual Support Agreement** – not being followed, lack of programing/skill building, medical needs, strength-based, listen deeply
- **Supported Decision Making** – promote as an alternative to public guardianship and private guardianship, and as person-centered planning for people with guardians and who do not have a guardian
- **Peer Supports** – pay peer mentors/support workers, peer leaders trained in Person Centered Planning
- **Crisis/Clinical/Respite Services** – not available for high needs people, not enough hours, VCIN full, training, crisis/temp housing, trauma informed, mental/behavioral health, dually diagnosed, pool of qualified caregiver resources/help finding qualified respite, foundational crisis intervention resources at local/regional level, 24-hour crisis beds, medical provider collaborative; after hours on-call staff (nights/weekends)
- **Medical/Ancillary Services** – access to: hippotherapy, hydrotherapy, hyperbaric oxygen therapy, art therapy, music therapy, massage, yoga, acupuncture, therapists, doctors/medical specialists, dental providers, medical marijuana, focus on co-occurring diagnoses such as mental health and addiction, occupational therapy, applied behavior analysis, speech language therapy

- **Transportation** – no or limited public transportation, especially in rural areas; transportation to medical facilities/appointments; transportation into the community/social events – if transportation is available, people will use it
- **Communication Supports** – access, support for people with limited or no speech, Vermont Communication Task Force, Deaf/HOH/signing population
See Autism Services summary for more on communication
- **Transition Supports** – information to families, coordination with agencies before entry into adult services, help navigating service system, bridge school to adulthood