

State Program Standing Committee (SPSC)

July 18, 2024

Meeting held virtually by ZOOMGov

**Attendees**

**Committee Members:** Barbara Lee, Bethany Drum, David Ballou, Karen Price, Susan Yuan, Annie Jackson, Barb Prine, Chad Cleverly, Cheryl Thrall, Connie Woodberry, Ed Place, Collins Twing, Jennifer Stratton

**State Employees:** Jennifer Garabedian, Jeff Nunemaker, Carolyn Bowen, Jessica Bernard, Chris O'Neill, Steve Fish, Tina Fede, Lisa Hewes, Ross King, Ellen Booth, Melanie Feddersen, Ellen Booth, EmmaRose McCadden, Joy Barrett, Dave Ramos, Stuart Schurr, Rebecca Silbernagel and Judy Spittle

**Guests:** Judith Jackson, Hannah Schwartz, Gloria Quinn, Jess Moore, Susan Aranoff, Geroge McWilliam, Katrina D, Jim Caffry, Marie Lallier, Elise Haydon, Shannon Lowcock, Jenn T, Kara Artus, Jen Hayes, Chuck M., Deb Reed, MaryBeth LeFevre, Brice Blaisdell, Alison Harte,

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

June minutes were approved with the below correction by Bethany, 2<sup>nd</sup> by Collins

2<sup>nd</sup> page of minutes – question from S. Thrall regarding the context assessment being completed. This was not clear.

Correction: We will need the SIS A scores, the supplemental questions, the context document, and someone's residential setting to make a final budget.

Barbara expressed a heartfelt concern to any and all who may have been affected by the recent flood.

Jennifer welcomed EmmaRose McCadden to DDSD.

Secure Community Support Options

Rebecca Silbernagel and Stuart Schurr from the DAIL Commissioner's office to answer any questions.

- Last Legislature session passed [Act 137](#)
- Make changes to Act 248
  - Act 248 Is Vermont's civil commitment law for individuals with intellectual and developmental disabilities
- Authorizes the Department to create options for a "secure community-based residence to treat individual who have been charged with a crime and found incompetent or stand

trial or adjudicated not guilty of insanity, who are in the Commissioner's custody, and who require a more secure level of care than is currently available..."

- Leaves open the option of future develop of a forensic facility.

The discussion today will be on options for secure community support residence (s), not changes to Act 248

Act 137 – Section 27 \*\*\* Proposal for Enhanced Services\*\*\* Individuals with Intellectual Disabilities; Secure, Community-Based Residences

- Requires the Department to propose options, including building and staffing cost estimates, for secure community-based residential program or programs
- Programs would support individuals with intellectual disabilities who
  - Have been charged with a crime
  - Have been found not competent to stand trial or adjudicated not guilty by reason of insanity
  - Are in the Commissioner's custody, and
  - Require a more secure level of care than is currently available
- Options will provide appropriate custody care, and habilitation in a designated program that provides appropriate staffing and services levels in the least restrictive setting

Options will be developed with interested parties including Disabilities Rights Vermont, Vermont Legal Aid, DDS SPSC Committee, Vermont Care Partners and GMSA.

The Department's Early thoughts about options

- 1 statewide residence
  - 3-Bed licensed home, centrally located and locked perimeter
- 2-4 2-Bed Regional Residences
  - No more than 2 units per building, include short-term crisis bed use, licensing not required, locked perimeter
- 3 regional 3-Bed Assessment, Evaluation and Treatment residences
  - Three 3-bed licensed homes, located throughout State, develop criteria to ensure transition through levels of restriction, ability to adjust level of security for residents as appropriate

Pat Frawley from VCIN was part of these discussions

Included supports and services slide

- High staff to resident ratios
- Trauma-informed care
- Individual therapy
- Psychiatric services

- Nursing services
- Coordination and access to local medical services for other needs
- Clinical/behavioral support consultant
- VCIN consultation
- Transition planning

#### Thoughts from SPSC

Connie – not sure if this needs a special facility - not sure there will be funding for this. Will go with the 1<sup>st</sup> option – least costly. Would like the situation to be dealt with how it has been for the last 35 years.

Chad - these models are community-based models. Which is different from what was discussed earlier in the year on a facility with DMH. These would be residences in the community but have the capability to be locked if needed. To build off the success that have been in the system for years.

Stuart – HHS strongly opposed this earlier. The current models are not adequate, that is why we are presenting these community models.

Jennifer S - how is this model different then what NCSS had with the Berkshire. – The Berkshire model is not locked; public safety in that program is ensured through high staff ratios. The ability to have locking capacity is important. These model options have flexibility based on the level of Public Safety risk.

Will there be individual units/houses to meet the safety requirements for each individual. Yes, that is the idea.

It's becoming more and more challenging to keep people safe. DA to stand behind to be at least restrictive as possible. Keep the person at the center of this.

Susan Y – ability to have this time limited- what are the plans for review and appeal. So, people don't get stuck. We don't know what the due process will look like. We are directed by the Act

Stuart – will continue to think about this hoping that there will be more frequent review. We don't want anybody to be stuck in a restricted environment. We have a statute obligation to make this not restricted.

Gloria – UVC operates the VCIN – 3 beds statewide.

The containment piece should be therapeutic. Supports the individual models. Needs to be a partnered approach will be a critical component to this.

She thinks that all the models could work. smaller and individualized is always better.

Cheryl – individualized and smaller is better. Avoid license. VCIN level II would be necessary.

Susan A – Olmstead Ruling – requirements for individual to put in less restricted environment.

We don't have a functioning Olmstead Plan in VT. Kudos for talking more about community models.

What's next

- Provide initial estimates for budget development process
- Department to meet with key parties and stakeholders
- Continue to work together on developing options to propose to the Agency of Human Services and Legislature

Payment Reform – Part 2

Jessica reviewed what makes up a rate

- New wage rates being proposed for some services are an increase to what most agencies are paying
- Rate study recommends making a rule that providers can't pay DSPs less than \$18 an hour
- The proposed wages for staff are all more than \$18. Providers suggestion \$20 minimum
- Providers do not need to pay the exact wage we drafted. It is a recommendation and what we made the rate estimates with.

The 6 categories that makes up a rate

- Direct Support Professional Wages (how much staff get paid)
- Direct Support Professional Benefits (health insurance, time off)
- Direct Support Professional 'Productivity' (providing services)
- Program-Specific Costs (staffing ration, building costs, mileage)
- Program Support (supervision, quality assurance)
- Administration (salaries for staff who don't provide services)

Jessica reviewed the current and draft rates – see pages 18 and 19 of presentation.

[..\Presentations\DAB\\_SPSC\\_Payment\\_Reform\\_Presentation.pdf](..\Presentations\DAB_SPSC_Payment_Reform_Presentation.pdf)

Benefits are part of these rates

The proposed rates include service coordination

Does this include the CME piece – no

SPSC comments:

1, Assumes that the State would fund this. 2, lack of understanding of the role of service coordinator.

Service and program rate should be separated out from these rates.

Service Coordination IS an integral part of an agency infrastructure to support individuals, monitor quality, and support our home providers. It is difficult to keep explaining what a critical component these staff are as the "glue" that holds things together that will be separate from case management. I cannot understand, how if someone is choosing agency services that needing this service becomes a choice, this is the back up for community, employment, residential, crisis, hospital coverage and a myriad of other things. Are self-managed folks going to have the option not to choose a support broker? I have not yet heard a good explanation for this and why it is not a defined need when choosing agency services.

The conversation about Service Coordination is about Quality Health and Safety, the larger concern is not about rate, about payback or the amount of direct care they do for community or employment.

Jessica mentioned that they are meeting with providers on Monday and again in August and there will be more follow-up after these meetings.

For the next meeting - come back to these rates. Any additional info, just let Jessica know within the next week.

## Pilot Planning Updates

### Champlain Housing Trust and their partners

- Howard Center (DA)
- Champlain Community Services (SSA)
- DDHI Parents
- Shiftability/LADD Inc.
- Duncan Wisniewski Architecture
- Harte Consulting

Permanent Supportive Housing for adults with I/DD with a range of support needs. The tenant provided include tenants between the ages of 22-60 with Autism, Cerebral Palsy, Down Syndrome, etc.

The building will be developed and managed by Champlain Housing Trust. Housing subsidies will likely be provided by the Housing Authority. Support services will be provided by a non-profit agency. On-site support personnel will be hired and managed by the service partners;

however, tenants may also elect to continue with their own support providers on-site and/or in the community.

### Housing Partnership Model

Tenants will enjoy common areas. Shared living room, sensory room, shared eating area. Supportive services and technology. Community, Peers and Choice

### Site and Design Process

Existing building property in downtown Burlington. The finished building will have 10 one-bedroom apartments and a significant amount of common space.

Three apartments have been designed with additional space that could be used as a second bedroom for live-in staff.

DWA has led an inclusive iterative design process with the grant team and adults with I/DD.

### Next steps and potential challenges

DWA and CTH working on construction estimate, operating budget, etc.

Implementation plan in development – final product will serve as guidance for other initiatives as well as “blueprint” for implementation-including property management plan, services design, tenant communication, technology and community integration.

### SPSC Comments/questions:

If this is to serve people 22-60, what happens when a person turns 60? Terrible time to lose housing!

There is absolutely no age limitations! It is just our current set of imaginary tenants (since we don't have real ones yet) are aged 22-60 currently. People can stay as long as they want no matter what their age!

Get the slides of the building from Jennifer

Riverflow – Hannah Schwartz – Jim Caffrey

### Grant funding and financial services

- Interviewed several accountants
- close to hiring a firm that will formalize our bookkeeping and financial management

### Update on housing locations

The Riverflow Community team continues to spend considerable time identifying and engaging community partners. we initiated and held a lengthy interview with the Addison County

Independent Newspaper, participated in the Monkton Dog Park Celebration, where Riverflow was introduced to the community by Monkton resident Cathie Buscaglia, and have had several visits with the Monkton town office.

In June, we hosted a tour of the property with Beth Sightler, former Executive Director of CCS and Mary Moulton, Executive Director of WCMH, Gus Seelig, Executive Director of Vermont Housing and Conservation Board and Bob Bick, former CEO of the Howard Center.

Update on Admission policy

Our admission policy is posted on our website and includes a description of our admission criteria, the process and an online contact form.

Update on compliance with Federal and Vermont DD laws and regulations and Vermont System of Care Plan

We have been in contact with DAIL's Licensing and Protection for guidance on renovations necessary to meet TCR compliance and on the project's adherence to the Medicaid Settings Rule, Vermont's System of Care and Vermont DD laws and regulations.

Continue to establish relationships with Designated Agencies and Specialized Service Agencies including Franklin and Addison counties. In addition to our relationship building process with the Howard Center and WCMHS we will be inviting Greg Mairs from the Counseling Service of Addison County (CSAC) to tour the property later this summer.

UVS

UVS in partnership with Downstreet Housing continues work to develop the Water Street property in Randolph Center and to advance the Waterbury apartment project. Both projects are progressing on schedule.

Deb Reed – education and video in the works engagement and developing resources. This is on track. Video is in the forming status with Skip gathering additional footage prior to sharing a final draft of the story board prior to its creation. Due to this work's nature, it is heavily front-loaded before having a finished product. Skip is attending the August 6<sup>th</sup> Charrette, and this will be another key event for gaining valuable footage.

Technology – looking at funding. Challenges in our current structure.

Next steps:

- Grant Application to Fund the Renovation Costs: An application for grant funding for this project was submitted to the Vermont Housing and Conservation Board on July 9. This is the deadline for all submissions to be reviewed before their October board meeting. Applicants awarded grant funds will be notified by mid-to-late September. UVS is lead on this grant with Downstreet as collaborator.

- UVS is investigating grant funding through the Vermont Housing Improvement Program. The Vermont Housing Improvement Program 2.0 (VHIP 2.0) provides rental property owners up to \$50,000 per unit to cover the costs of bringing rental units up to Vermont Rental Housing Health Code guidelines or to create new units, including Accessory Dwelling Units (ADUs). This program is designed to help increase the supply of affordable, safe rental units in the State and offer avenues for willing participants to support households exiting homelessness.

The team of UVS Executive Director, Gloria Quinn, Housing and Services Coordinator, Deb Reed, and Facilities Technician, Brice Blaisdell, along with Downstreet's Director of Real Estate Development, Nicola Anderson and Assistant, Nathan Davidson have a weekly standing meeting to ensure collaboration, communication, and momentum on these two projects.

For future updates on these pilot grantees, – SPSC asked if they could include a financial update piece.

See full Housing Quarterly Reports at the below links

[Riverflow 3rd Quarter Report](#)

[Champlain Housing Trust 3rd Quarter Report](#)

[Upper Valley Services 3rd Quarter Report](#)

### **Partner Updates**

No updates from GMSA, DD Council or VFN

VCP

First planning for VCP day at the State House – more to come in the Fall.

### **General Reminder:**

Keep in mind plain language for your presentations and any other information

### **Committee Business**

SPSC wants more clarity between DA vs the CME conversation

Jennifer S. to create a letter with all the questions from July 11<sup>th</sup>.

Recommendations to Secretary are things that have already been determined, federal laws, and federal guidelines.



Suggested including Olmstead – future agenda item – presentation what does this mean to us today. Susan A would work with someone for the presentation

Connie asked if the general outline that has been approved by Secretary – is there a way to make it clearer.

Jennifer – yes there is a way to make it clear

Jennifer S - recommended putting together a letter from SPSC with our concerns and questions on COI and understand that all the details are not worked out. We need clarity in our SOC plan. With the information we have received so far there are concerns and questions.

Judy will get our July 11<sup>th</sup> meeting minutes out to SPSC next and make room on the August agenda to discuss further.

Are there any updates to the Paying Parents Policy or a possible timeline?

Jennifer – working with ARIS, DA, SSA's, will have more updates for August. Will have a timeline and roadmap.