

# Developmental Disabilities Services Innovation Think Tank – 2018

## Summary of Key Concepts

The following is a summary of the key concepts, by session topic, based on ideas generated in each breakout session and perspectives from DAIL staff who attended each session and incorporated from reoccurring themes that have been discussed in other relevant venues. Many themes cross over the five topic areas. The stated priorities (Sections I and II) are those identified by session participants. Other concepts were added. The working premise is that all priorities align with the system's values when they are "done well" and that we should not support concepts that do not line up with our values.

The five session topics are:

- **Residential Options** – page 2
- **Community Supports** – page 5
- **Employment Supports** – page 8
- **Clinical / Crisis Services** – page 10
- **Hiring, Training and Keeping Worker** – page 13

## Residential Options

### I. Priorities – What to Keep – recommendations from retreat

#### A. Home ownership

#### B. Transitional Living

#### C. Shared Living

#### D. Peer Living Options

There were some concerns with Shared Living not always being consistent with our values. Issues related to finding the right match based on person's needs/desires; relied on too much because it is a cost-effective model and there aren't enough other options to choose from; lack of training for SLP; lack of specialized homes to address specific needs, i.e., transitional home to teach independence living skills, address specific behavioral issues, crisis placements, etc.

### What other major themes do you see in the information gathered?

- i. Home ownership may be a more available resource than is currently being utilized. Housing Authority resources and tiny houses could assist consumers and their parents in providing self-owned housing options
- ii. Specialized homes for high behavior and/or medical needs. Could be Shared Living, but they are often staffed homes or small group setting
- iii. Access to affordable/subsidized housing is a valuable resource. It is also a challenge in that it is not nearly available enough
- iv. Some of the options we want to preserve need to be expanded around the State. Home ownership, transitional living and peer living options in particular

## **II. Priorities – What to Explore – recommendation from retreat**

- A.** Collaboration with between Housing Authorities/provider agencies/DAIL
- B.** Housing Vouchers/ Start-up funding for getting into housing
- C.** Transitional housing support options – could be in variety of settings
- D.** Finding funders to fund integrated housing/home ownership

### **What other major themes do you see in the information gathered?**

- i. Develop relationships between agencies and their local housing authorities.
- ii. How to train/support home providers ongoing
- iii. How to evaluate the needs/goals of each individual and develop a personalized residential plan/setting
- iv. Finding funding for home ownership, developing transitional living, start-up funds for rental housing,
- v. Use of technology to support individuals living independently
- vi. Develop network of providers with specialized skills (behavior, communication, independence, medical)
- vii. Aging parents supporting an adult son or daughter and want to stay together but parent now needs support. How to share resources so they can both get needed support and stay together in the family home
- viii. Incentivize SLP's to assist consumers to achieve their independent living goals – mitigate the fear of losing employment/income
- ix. How to create more permanency in housing/supports

## **III. Priorities – Challenges to Address**

### **What other major themes do you see in the information gathered?**

- i. Lack of training for providers

- ii. Need an independent living curriculum for SLP's to help consumers reach their goals – need providers willing to “work themselves out of a job”
- iii. Lack of variety of housing options around the state
- iv. Not enough discussion/focus on housing options for aging population particularly those with behavioral challenges
- v. Overreliance on the SLP model
  - a. Can be isolating
  - b. Concerns about replicating families in SLP model when the person already has a family
  - c. Most SLP's are families. Need more homes w/out children
  - d. Finding respite
  - e. Can't pay parents or undocumented workers
  - f. Need specialized skills (communication, behavioral, medical)
  - g. Consumers with criminal/police involvement are hard to place
  - h. Home providers are not paying into social security or getting other workplace benefits (insurance, workman's comp, retirement)
- vi. Access to affordable/subsidized housing. Not enough available to cover the whole need
- vii. Transportation, particularly for those in more rural areas

#### **IV. Common themes across: What to preserve, What to Explore, Challenges**

- A.** Need to provide more funding for rental options
- B.** Need to expand options found in some areas of the state to the rest of the state
- C.** Need to stop over-relying on SLP model. Increase access to specialized housing (e.g. transitional, aging, medical)

D. Enhancing collaboration with housing authorities

## **Community Supports**

### **I. Priorities – What to Keep – recommendations from retreat**

- A. Meaningful Activities Based on Interest, Skills and Values – Choice – Community Connections
- B. Personalized Planning Process – Based on Choice, Interest, Needs and Dreams – Clear ISA Goal
- C. Good Match of Person to Worker

### **II. Priorities – What to Explore – recommendation from retreat**

- A. Social Networks – Inclusion of Person
- B. Supports when Needed – Opportunities for Evening and Weekend Supports
- C. Community Building – Inclusive Opportunities

#### **What other major themes do you see in the information gathered?**

- i. Importance of friendships (combat loneliness)
- ii. Transportation – necessary to access community/dependent on staff
- iii. Technology
- iv. Training

### **III. Priorities for focus [top issues in bold]**

#### **A. Center-based and large group “programs”**

- i. **How to set standards** – 2’s company, 3’s a crowd – what strategies have been used to get at this that may work but also may limit what people want
- ii. Person Center Planning and training

- iii. How to set criteria to make it OK or set goals that limit it?
- iv. What other changes are needed that could make it viable in certain circumstances
- v. **If we could clearly describe how and why things could be done, then we don't need to set arbitrary limits or rules**
- vi. Reason we set limits to protect people from themselves
- vii. **Hear from agencies who have center-based programs (NKHS, NCSS, RMHS, WCMH) – they are satisfied with what they are doing – deconstruct what led to it and what is sustaining it**
- viii. Worry about cultural shift. Significant effort over the years to move away from congregate settings to individualized support. Does the system (agencies/state) now believe that specialized dd group locations are acceptable?
- ix. What is the positive reinforcement that is promoting Center based programs – what problems are they solving? What are the other unintended consequences that are meeting other needed (break for family caregiver)
- x. People are generally not there all-day long. Is not being someplace for the day still make it OK? What about those where they are there all day long?
- xi. **How do we enforce the how and why criteria?**

**B. Person centered planning – key component** – Where is skill building – ISA goal development – “How” – how to help people find their passions

**C. Training**

- i. How to impart the knowledge

- D. Generation of good ideas on what to do with someone during community support hours**
- E. Reaching out to communities – do “Community-Development” like true job development** - hire people who exist in the world where the person wants to be
- F. Creating community / initiatives – not a DD thing but something that is missing in the community and then have it become a community thing that people with DD who are interested become involved**
- G. Adult day centers** – is a place for them in our supports system – typical – others without disabilities – financially feasible – what else do they provide that’s meeting a need? What are Senior Centers doing? Still needs to be individual choice and personal centered planning.
- H. Service categories and payment reform** – (respite/community support/day-adult care – and how the 25-hour limit works (arbitrary and can work around anyway))
- I. Service Definitions – subcategories for Community supports** – different expectations and funding
- J. Challenge** – SC filling in for absent staff – needs solution – over-arching
- K. Community supports during the day (need “night supports”)**
- L. Competing goals of CS** – get person out of home for 8 hours a day vs. inclusion – and why should being force out of the home be allowed? Role of wrap-around services (Shared living and with families) – what is motivating it and when is it good?

## Employment Supports

### I. Priorities – What to Keep – recommendations from retreat

- A. Retain Ability to Provide Employment Services to People with Disabilities that Receive No Home and Community-Based Services
- B. Promoting Value of Employment
- C. Post-Secondary
- D. Increasing Independence at Job Site

### II. Priorities – What to Explore – recommendation from retreat

- A. Expand Knowledge Base of All Educators
- B. Youth Transition Supports
- C. Developmental Services (DS) shared benefits counselor
- D. Business Education – Spotlight People who are Employed

### III. Priorities for focus

- A. Two groups of people: Ongoing long term 1:1, Predictable intermittent/fluid levels of support  
Move some funding into employment shared infrastructure?
  - i. Flexibility in level of support
  - ii. Stable base funding
  - iii. Can serve some people without HCBS funding
  - iv. Support job development; could be partnership (e.g., VABIR)
- B. Create supported employment funding stream separate from HCBS, comparable to TCM? For both DAs and SSAs
  - i. Similar to Transition II

**C. School practices in employment preparation**

- i. Work trials/experience starting in middle school?
  - a. Job
  - b. Internship
- ii. More person-centered job trials based on skills and interests
- iii. Include benefits counseling and capacity – for both SSI and Medicaid – early and continue – Focus on non-college, post-secondary training and employment – preparation/planning starting in middle-school

**D. Person-Centered flexible services**

**E. Person-Centered flexible funding**

**F. Financial management skills before high school graduation – how to manage rent/utilities/expenses and income**

**G. Improve transition process – between schools and DAs/SSAs, i.e. earlier, substantive collaboration across all school**

**H. Incentives for change and independence and job support ‘fading’**

- i. Flexible/group funding
- ii. Quality and performance monitoring
- iii. Focus on natural supports? Paying other employees for supports?

**I. Encourage kids to stay in school to age 22**

**J. Job development to support career paths?**

## Clinical / Crisis Services

### **I. Priorities – What to Keep – recommendations from retreat**

- A.** The complete Vermont Crisis Intervention Network (VCIN) program
- B.** All current Agency Crisis support beds
- C.** Designated Agency and Specialized Service Agency Crisis response programs  
i.e., DS Agency pager systems
- D.** Retain all current Hospital and Emergency Room staffing that have demonstrated expertise in recognizing psychiatric conditions versus simply determining that an act is due to behavior only

### **What other major themes do you see in the information gathered?**

- i. Involving self-advocates and natural supports in planning for support services/crisis interventions
- ii. Continuing to hold onto alternative therapies (Massage, Tapping, Farming, Yoga, DBT)

### **Do you recommend that any of these themes be considered as priorities to be addressed?**

- i. Involving self-advocates and natural supports in planning for support services/crisis interventions

### **II. Priorities – What to Explore – recommendation from retreat**

- A.** Increase local/agency crisis bed capacity
- B.** Expand agency expertise for crisis response

- C. Recruit clinicians who are open to working with individuals who are served by the DS system
- D. Create a system that allows Designated Agencies and Specialized Service Agencies to share good support practices with each other
- E. Flourishing Communities model should be explored
- F. Integrated mobile services (DS, MH, TBI)

**What other major themes do you see in the information gathered?**

- i. Additional resources (local and state level)
- ii. Additional VCIN bed
- iii. Proactive and preventative care (training and access)
- iv. Oversight of the services being provided
- v. Flexibility of crisis supports (not just training and staff)
- vi. Developing good crisis planning for everyone (how does crisis planning connect back to support plans?)
- vii. Medical oversight for individuals in crisis
- viii. Explore collaboration with partners when it comes to crisis a planning.
- ix. VCIN model seems to be working for folks

**Do you recommend that any of these themes be considered as priorities to be addressed?**

- i. Medical oversight
- ii. Proactive and preventative care (training and access)

**III. Priorities – Challenges to Address**

**A. What other major themes do you see in the information gathered?**

- i. Communication barriers (Cultural and related to disability)
- ii. Lack of clinicians with expertise (DD & offending behaviors)
- iii. Limited choice in therapies (limited resources)

**B. Do you recommend that any of these themes be considered as priorities to be addressed?**

- i. Communication barriers (Cultural and related to disability)
- ii. Lack of clinicians with expertise (DD & offending behaviors)
- iii. Limited choice in therapies (limited resources-travel, creativity, just not enough)

**IV. Common themes across: What to preserve, What to Explore, Challenges**

- i. Communication barriers when individuals are at VCIN or in Crisis
- ii. Male to female ratio (female with trauma history)
- iii. Not enough experts to provide training
- iv. Lack of training at all levels (leadership, services coordinators, direct service providers, home providers)
- v. If VCIN/other clinical professional offer training about writing behavior plans
- vi. Discharge summary and recommendations from VCIN.

## Hiring, Training and Keeping Workers

### I. Priorities – What to Keep – recommendations from retreat

- A. Preplanned Online Training – available for all staff. Recruitment, training and keeping staff
- B. Self-Advocates run staff training = Consumer engagement at every level (Preserve and promote)
- C. Therapeutic options and refresher trainings – provocative
- D. Employee/staff satisfaction builds support/recognition/recruitment effort in community

### What other major themes do you see in the information gathered?

- i. Sharing training resources – within county and/or across DAs
- ii. Dedicated staff at agencies for recruitment/hiring/training/staff recognition efforts is helpful

### Do you recommend that any of these themes be considered as priorities to be addressed?

- i. Online training accessible to all workers hired/paid via ARIS.
- ii. Promote staff mentoring at agencies
- iii. Self-advocates involved at all levels of hiring & training

### II. Priorities – What to Explore – recommendation from retreat

- A. Staff mentors + peer to peer support
- B. Public venues to promote consumer talents. Poetry/art – teach the community. (Link to community supports & work supports)

- C. Statewide resources – look at staff hours, time of day. Staffing (contracted), training. DDS – Hub for training, information
- D. Examine relationships with contracted staff/venues for employers and employees to access info/collaborate/training. Networking
- E. Examine more ways to recognize highly effective and committed workers

**What other major themes do you see in the information gathered?**

- i. At agencies – having dedicated staff for recruitment/hiring/training/staff recognition
- ii. Sharing resources – either within county or across DAs (training, available workers, information to support workers)

**III. Priorities – Challenges to Address**

**A. What other major themes do you see in the information gathered?**

- i. Process of Background checks/Can they happen more quickly? (Alter background check policy exclusions for misdemeanors over 10 years)
- ii. Renee B recommendation: don't change background check policy but develop process for quickly approving known staff who can support person in crisis/emergency situation
- iii. Maintaining dedicated staff for recruitment and training of workers

**B. Do you recommend that any of these themes be considered as priorities to be addressed?**

- i. Online training accessible to all workers hired/paid by ARIS