

DS State Program Standing Committee (SPSC)

June 15, 2023

Meeting held virtually by ZOOMGov

Attendees

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

Guests: Judith Jackson, Annie Jackson, Marcianna Morse, George McWilliam, Jessica Moore, Colette Wilson, Jim Caffry, Marie Lallier, Karen Topper, Sharon Koepl-Medina, Elise Haydon, Martha Dickinson.

State Employees: Jennifer Garabedian, Jessica Bernard, Hilary Conant, Carolyn Bowen, Julie Abrahamson, Ellen Booth, Jeff Nunemaker, Kirsten Murphy, Susan Aranoff and Judy Spittle

Roll Call and Review of Agenda and minutes –

Correction made to section of minutes that indicated Medicaid (CMS) requires reporting at the plan level not healthcare level. Bethany made a motion to approve the minutes with this change and Chad seconded it.

DD Council Housing Report (continued from June Meeting)

Kirsten Murphy highlighted the following items:

- Scope of Work – to review housing models in other states
- Solicited stakeholder input
- How many homes are needed

Key findings

- Vermont needs more housing options for people receiving Developmental Disabilities services
- Housing needs to be affordable, accessible, and connected to transportation
- Loneliness and isolation are a concern

Shared Living – when it works its great but it's not for everyone.

Right size: means being in balance. the amount we need to provide needs of people. 75% in one model may not considered the right size.

There is a need of at least 600 units of Permanent supportive housing - this model is used widely by other states.

- It can be designed 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 supports needs

Example: Lavender Fields, Bloomfield, CT

- Is a 38-unit apartment building with nine units set aside for people with disabilities
- Additional on-site provider for tenants with I/DD
- Uses technology supports and person-centered design
- Collaboration with ARC Connecticut, State DD Division, and Regan Development Corporation

L'Arche Boston North

- intentional community – blended models. This model is based on faith community

Key findings – housing models need to partner with people who build the houses and other organizations that are involved in developing these models

Movin' Out Inc. WI

- Serves households that are income qualified for affordable housing and includes a person who has permanent disability of any kind
- Wide range of services included

Selected Recommendations

Cheryl Thrall - The Lavender Fields model does exist within VT at present, it assures that people are in inclusive settings, that are not limited strictly to those who experience disability. At Lincoln Street Inc. (LSI), we use various options via the safety connections program to assist as well as hourly home supports as needed via needs assessment and the housing authority is present on site. People are receiving employment supports, community supports as again indicated by needs assessment with flexible staffing. There is a local responder for Safety Connections calls. This has been possible with a close connection with the various local housing relationships and can allow some people to experience greater independence and less services over time. Housing vouchers can be a challenge to secure but partnership at both the state and local level can help move things forward in a way that is inclusive.

There needs to a bridge between federal and state levels to help facilitate this better.

Suggested topic for future meeting: Presentation from Safety Connections

Max (Question for Kirsten): do you have a guess on how many affordable housing complexes are being built right now in Vermont and how do we make sure that 25 percent of the places

being built will be for people with disabilities? Susan Aranoff will get the #'s from last year. ARPA funds will only increase.

Elise Haydon: Raised issues about staffing concerns within these models.

Max mentioned concerns with how the current State System of Care Plan funding priorities are written

The problem is the way the system of care plan is set up. For example, I live with my parents, and it seems like I would only get funding to get my own place to live when my parents face a crisis, and I can't live with them anymore. So, how can there be a thoughtful way for me to figure out what I want if the rules for funding are all based on a crisis and dealing with emergencies? How can we change this? I think this is one reason why shared living is overused because the agencies are stuck responding to a crisis and it's one thing they can do quickly if someone needs a place to live.

DDSD: as we move through work related to development of new housing/housing innovation—we may find that changes will need to be made to SOCP.

Jim Caffry – 2008: 18 funding priorities 2023: 6 funding priorities. Increased limitations on funding on how funding is used.

Heartbeat Presentation

Judith Jackson, Annie Jackson, Marcianna Morse and George McWilliams all presented on Heartbeat

Heartbeat Lifesharing is in Hardwick VT. It is a Therapeutic Community Residence (TRC) Heartbeat's intentional community is a cost-effective residential model and is a member of the Camphill community network of more than 120 intentional communities worldwide. In the Camphill communities, people with and without developmental disabilities live, work and share life together.

VT – only has 2 intentional communities, Heartbeat and Yellow house

Everyone at Heartbeat is valued equally, every member has opportunity for personal growth. People with disabilities have the right to live, work and thrive in the community or setting of their choice.

Judith shared Annie's story coming to Heartbeat 14 years ago.

Heartbeat has a full complement of friends, householders, volunteer co-workers and paid employees. They have 4 residential houses and is making space to add a 5th residence

Conflict free case management is provided by staff from Northeast Kingdom Human Services and Washington County Mental Health. Heartbeet staff, friends and families work closely with the agency staff.

CMS Settings Rule at Heartbeet

- All Heartbeet friends have lockable private rooms
- Control of their schedules and access to food at any time
- Visitors of their choice at any time; phone calls at any time.
- Physical access to all Heartbeet facilities
- Admissions agreements that protect and define their rights to live at Heartbeet

Comments

Elise Haydon - The Division of Licensing and Protection completes annual site visits to all TCRs (including Heartbeet) and addresses all life safety concerns. If a violation exists, it will be noted in a correction action plan.

Max – how does direct staffing work? Paid by the hour or salary. How is the staff picked

Marcianna - People live locally and come to support – they are paid hourly

Volunteers and co-workers who live at Heartbeet receive room and board and personal need stipend. People choose thru a conversation to be sure they are comfortable with staff.

The Hardwick location is licensed for 18 beds. There are plans to add one additional house., Any further housing expansion would require more strategic planning. Having houses located in the town that would still be part of the Heartbeet community. Could implement a day program but not be a residential option.

Cheryl Thrall – Curious regarding payment in a couple of instances. One, the reference to community volunteer workers and how that is different from paid staff given DOL rules and two, if residents of the intentional community are working cooperatively alongside staff along various sustaining tasks are they paid minimum wage at least for their efforts? Are residents supported to have supported employment within the community or have individualized community supports to develop relationships outside of the intentional community? Can you please explain how this works? Thank you.

Max – how do you train your staff about the HCBS Settings Rule –

Marcianna - They provide the recommended HCBS training.

Annie invited anyone who would like to go visit her at Heartbeet.

Overall Updates

DDSD:

Jennifer provided an update on:

- the State's Budget ("Big Bill") status.
- S89 /Act 27– which was passed with a Summer Working Group to address the question related to individuals with intellectual disabilities and a potential forensic facility.
- Group to gather input on a potential policy related to paying parents with Medicaid dollars to provide support to their own children. This group continues to meet monthly
- DAIL's Pilot Program to implement ombuds supports for individuals with intellectual/developmental disabilities and/or brain injuries. This is a partnership with Vermont Legal Aid and the pilot program is called: - Brain Injury/Developmental Disabilities Advocacy Program (BDAP)

GMSA:

GMSA held their in-person conference since the pandemic. 560 people attended.

DD Council:

Community of Practice Grant to support 3 projects in partnership with the DA/SSA.

Working with GMSA and Vermont Family Network to develop and provide training on CMS Settings Rule for families.

Vermont Family Network (VFN):

Series of virtual workshops focusing on Special Education starting in July.

SPSC Meeting In-person –

SPSC will be virtual for July.

The Division will have an update about an in-person option for the August meeting at our July meeting.