

**Notes from
Systems Thinking Listening Session with Designated Agencies and Specialized Services
Agencies
Convened by the Department of Disabilities, Aging and Independent Living and the
Department of Mental Health, in partnership with Vermont Care Partners
Vermont College of Fine Arts
November 18, 2015**

MORNING SESSION

I. Session with Executive Directors and Chief Financial Officers:

A. What Would We Want To Keep?

- HCBS
- Outreach
- Individually Designed
- Flexible, Locally Designed
- Values
- Collaboration
- Resiliency Recovery/Supported Housing
- SBS
- IFS
- Collaboration: Providers
 - Advocates
 - State
- Prevention- e.g. in Children's Services,
 - Times of Crisis
- Vermont is seen as Goal others want to achieve
- Community Collaborative
 - Primary Care
 - Law Enforcement
- Safety Net/Systems
- Transparency/Collegiality across Agencies
 - Sharing Best Practices
 - Open and Hones
 - Financially Transparent
 - Policy
 - New Programs
 - Sharing across Agencies
- Holistic – Not Fragmenting the Person
- Other States Look to Us – e.g. MN Article
- Commitment to Employment

- Benefits / Training to New Workforce – Value to Entire State, Develop Skills in New Staff
 - Some Policy Changes Create Problem
 - Should Make People Aware of This
- Strengthen Connections in Particular Areas – e.g. Group Rates Change & Advocacy
- Peer Inclusion & Workforce – e.g. in Health Reform
- IFS & SBS Case Rates – Focus on Services Needed
- SBS Case Rates Make Staff More Accessible & Effective
- Reduced Paperwork e.g. Weekly Notes
- DA Structure: Foundation, Enables Partnerships, 4 Reject
- Funding: DS Waiver Process and
- Trauma Sophistication; Major Issue System wide
- Trainings Even in Tough Times
- Growing Evolving System
- Ability To Share Expertise and Best Practices – Include Administrative Practices.
- Self-Management, Consumer Voice/Control
- Multiple System Changes Not Coordinated at State
- 17 Master Grant – People Coming Together Across AHS & Agencies

B. Where Can We Do Better?

- Lack of Coordination in AHS: DVHA/DMH/DAIL; Lack of Understanding of System and Impacts
 - How do we help DAIL & DMH have a voice at DVHA?
- Critical Incident Reporting – More Consistency across DAIL/DMH/Etc. - Better Coordination
- Credentialing and Supervised Billing – More Coordination
 - Activity & Problem – Solving
- Lots of changes and impact
- ? Designated DA Liaison at AHS?
- Could have better voice and understanding through better coordination across departments – including outcomes an financial impact
- FFs vs Case Rates/Bundles: Multiple Perspectives across Government.
- Less working at Cross Purposes
- Sense that DVHS is driving the bus – but weak program and understanding at DVHA.
- Could do better with Legislators at Local Level
 - Prep locally n ‘101’
 - Legislators have been interested and willing
 - DAs can lead this
 - HX of BTS, VSH, State Commitment to individuals, family values and DA system.
- IFS – New administration can lead to changed commitment
 - How to get lasting commitments?
 - Lasting investments and commitments at local level
 - Tend to take our achievements for granted

- Take a systematic look at Rules and Regulations – tend to become more onerous and cumbersome over time e.g. different agencies billing for different services at same time.
- LTC/LTSS/HCBS in Health Reform – how does it fit? Can we get ahead of the issue?
 - Bring LTC and Other expertise to health reform
- EHR/EMR makes changes to workflow more difficult
- Recruit and retain staff
- Top 5 areas – articulate them to be clear and focus on specific areas
- Bring best HR practices to collaboration
- “ “ “ “ “
- ———> Better collaborative problem-solving
- Proactively define core agenda for state government
- ACO's and UCCs: Let's be more proactive and collaborative – our contribution to health care and physical health care
- Health insurance – Rut 34# increase due to small number of very expensive events [people don't expire as quickly] plus 23% surcharge
 - Need bigger pool to reduce ups and downs
 - Captive self-funded?
 - Join State employment plan?
- Pensions – explore via state or collective/captive?
 - Parity – Physical health vs mental health – hospitals
- Get routine increases, DAs / SSAs do not better advocacy and education be true parity

C. Opportunities to Ensure Strong Systems?

- More Preventive and Less Reactive?
- More Front-End Services
- Earlier Intervention
- MH Resources in Schools but not DDS Resources
- Where are we going with Health Reform? Need
- Strategy for our Voice and Social Determinants
- Need Better ACO and health Reform Connections
- Threats can now be turned into opportunities – e.g. Health Reform/Payment Reform
- Roles of DMH/DAIL & ADAP in Reform?
- More Focus on Social Determinants of Health
- Emphasize consumers as members of community – Next Horizon is Natural Community Members?
- Integrated Health
- Bi-Directional Care; More than just co located, integrated
- Makes More Sense to Connect Between Existing Entities than to building Duplicate Capacity
- Due to Low \$ and Rates, DAs are Low Cost
- Billing Mechanisms need to keep Pace with Change
 - Can be Obstacles to Change
- Elections – Opportunities to Inform & Support Candidates
- What do DAIL & DMH see as priorities and pressures - how do they work together

- Education & Understanding between State Departments and Agencies
- IT – Things Changing
- Outcomes and Data Repository
- Robust Communication between Agencies and State

D. Creative Ideas to Manage Budget

- Close Look at Documentation and Compliance Requirements
- Lighten Load on Clinicians
- DOL FLSA – Elephant waiting to sit on us – This makes creativity critical
- Reporting to State – is it still needed? Streamline, Eliminate, Consolidate / More Consistent – Evaluate Reporting
- AFC – Review Rates / Tier Structure; Higher Rates
 - Could Increase # Served
- Out of State – Programs for Youth
- OOS Educational Placement should Be included in SSOCP Priorities for DDS #
- Consulting with NFs and Other LTC providers – Training and Support
- Diversion from DOL
- Converse about What a Developmental Home is e.g. Garage Apartment can Drive Costs
- Can we Bundle Adult Mental Health like IFS?
- Adult Mental Health Case Rates / Bundles Would be More Flexible to Better Outcomes
- Funding to Support Families Not Just Individuals – e.g. MH, DDS, SA TX
- Workforce – Licensed People Moving to Blueprint Funded
 - Jobs with Higher Pay and Benefits Could be Managed Better – Why Not Integrate DA/SSA into Blue Print to Be More Effective/Less Duplicative / Less Disruptive to DAs – DAs Could Do It Better/Lower Costs
- Give Me Lump Sum with Performance Expectations – e.g. 90% with Incentive to get 1-% or more. Like we had years ago – Clear outcomes and performance – Similar to IFS.

E. Threats and Challenges

- DVHA’s Role – making decisions without understanding the programs and impact. Tend to use medial model and narrow interpretation.
- Do not understand the system
- Low Pay: RIST to Capacity, quality, recruitment and retention. Cannot Fall behind Labor Market and Maintain Quality.
- Low Funding
- Payment Structures.
- DDS System may be in the Development.
- Keep Afloat via Donations/Subsidies
- Opening system via ACOs
- IFS Decision (Deferred Revenue) is threat to work and relationships
- Significant bad events can result from eroding system – lower capacity
- Competition with other providers – creaming with higher paid staff leaving DAs with poorer / MCRF Challenging populations with less \$ and lower pay.

- Lack of understanding in State and Legislature about “business” costs e.g. wages, insurance, building. Inadequate understanding of financial model, business challenges, ups and downs in costs over time. Significance of fund balances for future expenses.

II. Session with Children’s Mental Health (CMH)

A. What is Working?

- SOC
- IFS
- Family Focus
- Community-based Focus
- RBA, “Better Off” Focus
- SOC Vision is Solid
- Program and Leadership Vision is Solid
- Int. Primary Care, Int. In Schools
- Crisis Intervention
- Act 264
- Outcomes Report
- We Have Deep Expertise in EC

B. What Can We Do Better?

- Clear Guidance & Support From AHS/DMH
- SOC
- Data and Outcomes
- Remove Divisions (Child/Adult, MH/SA, etc.) & Family Focus
- Population Health
- Resiliency, Wellness
- Talking about what we do, how will we do it “elevator speech”
- Primary Care
- Being able to report as a system
- Data driven decision-making
- QI
- Staff training on Fam App.
- Use VCP Strength to move forward

C. What Opportunities Exist?

- Ways kids with Autism Can be Served
 - Schools (have more let us in)
- Revitalize SOC Thinking
- *Any Payment (not necessarily IFS model) Reform and Invest in SOC
- Other Payment Reform, Indept of IFS to capture whole SOC
- Identifying caregivers who are accessing AMH SVCS

- * Global budgeting
- Coordination between SVCS all around
- Leverage on Housing
- *Incentivizing Coordination at local level
- *Flexible Funding
- Change “MH” to more appropriate label
- Family-based support across approaches
- Aligning goals/pri across SOC
- Expertise on policy should sit with departments

D. What Creative Ideas Do We Have?

- Non-CAT (but multi direction)
- Foster Care – How can MH/DCF build better partnerships?
- Develop Resources with/OOS \$
- New Zealand Relational (Rest. Justice)
- Core Training on SOC w/DVHA, Leg.
- Incentives from AOE to Schools for Comm. Res. Partnerships (Generalize)
- Nomenclature
- New Initiative must demonstrate interagency collaboration

E. What are the Threats and Challenges?

- Threat to: Autism programming, ABA quality issues*
- *DVHA’s Role/Infl. On SOC
- Penalties
- IFS (Participating – hierarchy) Clarity around comm. Government and State
- Payment reform and investment SOC
- DOL rule (Overnight, respite and exempt employment)
- Residential
- Foster Care workforce (“MH” = “MI”)
- Funding
- Workforce
 - Training
 - Salary
 - Turnover
 - Vacancies
 - Credentialing
- Culture Barrier
- Changing Population
 - How to change, keep ahead
- Focus on Activity
- Dual roles with schools (payer & div & exp.)
- *Threat to population served, what does this mean to other populations

- Over reliance on kids programming \$
- Perception and myths
- Res. Cheaper than LOC
- Opiate addiction, social media, higher acuity
- Increasing Medical Model, managed care – get services
- Payment reform is the means but is being treated as ends

III. Session on Developmental Disabilities Services

A. What's Working?

- 1) Employment Services – success rates are up, building community relationships
- 2) College steps, Project Search, Post-Secondary employment outcomes
- 3) Improved leadership/state partners collaboration
 - Health Care
 - Care Coordination
 - ARIS works well for the systems a whole
 - Technology – good – could improve
 - Keeping people safe
 - Better relationship with hospital
 - Strong consumer voice
 - Committed longtime shared living providers

B. Creative Ideas and Challenges

Top Three Creative Ideas

- 1) Is there another way to fund the system?
- 2) Residential options combined with transportation and technology could expand affordable settings
- 3) Technology
 - Use caseload dollars to build infrastructure
 - What can we collaborate on at every turn?
 - Use technology for more meetings

Top three Challenges

- 1) Challenge to principles/ethics of DDS because of budget concerns
- 2) DOL Rule – minimum wage and overtime
- 3) Workforce – across the system
 - Offer benefits to contracted workers - NOT doing this is a threat to system
 - Heavy reliance on contractors/risks/training
 - Isolation, stigma
 - DS only providers in particular jeopardy - health care increases (cost)
 - No buffer (financial)
 - Capacity of rest of system to pick up the slack
 - Regional difference and capacity
 - Administrative costs

System of Support in the Future

- 1) Reinvest in training – build professional capacity, values, best practices and training for contracted employees
- 2) Technology – facility independence
- 3) Can we change the paradigm and maintain person-centered values?
 - Transitional services – work with youth and schools
 - Transportation
 - Housing – community collaboration and vouchers
 - Open dialogue with State and Stakeholders
 - Assessment of day and community supports – What does it mean? Should we be doing things differently?
 - More flexible – evenings and weekends
 - Meet individual needs and desires
 - Staff availability
 - Young people want different things – How to be both person-centered and change paradigm?
 - Health care reform opportunities?
 - Care coordination – we see the whole person
 - Increase collaboration with community health centers
 - Increased focus on community collaboration for consumers and staff within context of natural family
 - Health promotion/chronic conditions
 - HCBS new rule implantation
 - Health supports for aging parents and caregivers

C. Where Can We Do Better?

- 1) Community Supports
- 2) Staff turnover – Staff training – Pay levels for staff – Finding qualified staff – Workforce development
- 3) Housing and transportation options – range of opportunities, stresses on SLP model
 - Technology
 - Crisis services
 - Elder services – medical/behavioral/dementia
 - Clinical services – needs investment and better training
 - Need better broad community understanding of DDS- Even within our own agencies /in-house

D. What Can We Do Better?

- Better understanding across populations
- Keep collaborative partner discussions going
- Funding collaboration with DMH
- Not as strong of a Family Voice – a stronger voice is valuable

IV. Session on Adult Mental Health

A. What Can We Do Better?

- Workforce development – cross train with Physical health – What questions?
- Better way to move people through – manage services differently
- Can't be all things to all people

B. Challenging Budget?

- Roles of FQHC with DA's
 - Working together? – Duplication
- Address aging CRT population
- Define the specialty
- Dealing with more social economic issues, trauma, etc. – can advocate but not solve
- Payment Reform / Flex
- Keep on moving, trying to exhibit statewide response vs per community response

C. What's Working?

- Overall – System Recovery
- At the same time CRT Hosp.
- Team 2 – Law Enforcement Collaboration
- Crisis Services
- Zero Suicide
- Initiatives without Funding
- Creative Solutions – Are they sustainable?
- Act 79 \$ helping creativity – Non Cat. Case management

D. Adult Mental Health - WHAT CAN WE DO BETTER?

- Who is our Voice? Captivates audience – spread the message
- Emphasize Specialty Care – Data
- Collaborate / Collectively work together
- Resources going to physical health
- Common voice as a system – similar outcomes and health indicators
- Education – HIPAA
- Increase Coordination with physical health – some communication challenges
- Work Force

AFTERNOON SESSION

I. Session on Developmental Disabilities Services:

A. Critical To Preserve

- Value Individualized and Personalized services. Example – Lack of transportation to a job = loss of work due to loss or lack of transportation
- Staff Stability – Salaries – Lack of longevity (move up and out)
- People can actualize their lives – free of restraint, seclusion, coercion, meaningful and with dignity
- Facilitated communication – gives voice
- Flexible family funding
- Employment – treated well in their jobs and people with challenging behaviors that are supported to have good lives = “Make it Work”
- Post- Secondary Education opportunities – use of HCBS to support education
- ALL are critical
- If there are cuts, make them across the board, across all services and programs
- Consumer direction
- Public guardianship – challenged due to high caseloads
- Spending flexibility – AAC/SLP
 - Communication systems for Adults (post school)
 - Broad array of clinical services
 - Not pigeon holed – Flexible Support Plan
- Restraints in schools especially with co-occurring diagnosis
- Services for people who are blind or visually impaired – Rehab for blind, communication, independence and accommodations
- Peer support – Peer mentoring

B. How To Collectively Do Better

- Peer support
- Community support
 - Real – understand how to focus on development of natural supports!
 - Freely given relationships – unpaid relationships
 - Not enough time in community – no way to “get there”
- Gap between graduating from High School and adult services
 - Transition planning that starts early enough
 - Different experiences from one DA to another
- Back-up plan – Let families know of all possibilities – if no funding then what?
- Shadow/overlap of supports
 - School \longleftrightarrow Adult Services – Teach how to develop
- Values Training – Natural or unpaid friendships and supports
- Training in general

- Look at DOC – i.e., COSA (Circles of Support and Accountability)
- Risk aversion – do better at supporting people with very challenging behavior
 - Training clinical issue – Positive behavior supports
 - High cost ties up in staff vs. exploring alternative approaches (e.g., technology)
- Vermont Adaptive ski and sports
- Narrowing System of Care Plan – Keep support to parents with disabilities
- Autism – Separation of children with ASD diagnosis from other adult services
 - Loss of holistic approach
 - IFS cause new gap/transition in services from ages 20 – 22+
- IFS/Children Services does not have DDS philosophy – adopted MH philosophy

C. Opportunities

- Increase group living for young people with DD with supportive staff
- Task Force
 - Employer contracted/paid with supports
 - Safety Connections
 - Supervised apartment living
- If you don't use the money you may lose the funding – presume the money is not needed when many times it is needed but just can't find workers.
 - Budget should not change if needs don't
- Quality Assurance using social media and web-based input – worry about less people being reviewed from past years
 - QA is understaffed
- Ombudsman program for DD Services
- Support of Exercise – loss of this with elimination of “goods”
- Camp as respite – but not health club membership
- Inconsistent treatment of people and contrary to Healthcare Outcomes
- LTSS committee – when issues go to discussion about disability it was too hard and not explored
- Lost Opportunity
- Long Term Care money going through Accountable Care Organization (ACO) without knowledge of DD Services
- Risk aversion at agencies and keep people from creative solutions to difficult and costly support needs
- DAIL does not advertise or promote the positive attributes of the people that they support and the services that support them
 - Good Public Relations plan needed to show what people with disabilities contribute

D. Creative Ideas – Threats and Challenges

- Changing health care system – effect on DD services
- Medicaid budget deficit
- One Time Funding – lack of understanding by administration of how one-time dollars save money – a little goes a long way!

- Peer supports – Learn more from mental health support people with less supports and money
 - GMSA part of the Wellness Workforce Coalition (WWC)
- Vermont Family Network/VCIL/VCDR – more opportunities to access supports
- Move Forward – no longer going in reverse – open to ideas, opinions and collaboration of State.
- New Governor – threat – Need education about all the good AHS/DAIL/DDSD Administrators
- Level Funding – CUTS
- Families of children with severe emotional disturbance are strained and stressed
 - Further cuts have dramatic impact
 - Sometimes a judgement of families
- Self/Family Managed – finding good support workers
 - Recruitment
 - Training
 - Workforce development
 -

II. Session on Children’s Mental Health

A. Creative Ideas:

- Parents as Caregivers (Paid)
 - Stress on families with children with chronic finding caregivers (Th/ch)
- Stressful time consuming and impossible
- Mid class families one crisis away from poverty
- IFS Concept – Keep building
- Breaking Down Silos – Programmatic and \$
- Needs Driven Services vs diagnostic
- Family/Youth Voice / feedback loop
- Parents as paid caregivers
- Resources (people/\$) headed – network ad
- Working across systems
- Working Collectively on impact of one reduction on other stuff (ex: cut services to child parent doesn’t have job to cover for missing services)
- Target transition age youth for all services
- Linking with social definition of health
- Prevention public/pop health
- Take advantage of the opportunities within child development
- We don’t have time to wait for changes to be made

B. What Can We Collectively Do Better?

- Create access of appropriate services for Autism meeting better across setting
- Breaking down funding silos to be able to integrate
- Children not a funding priority for DS (shifts costs)

- Transition from pediatrics to adult care a lot just drive away from medical care which leads to high ED use
- Needs driven vs dx driven
- Update legal definition of DD (align with federal)
- Family Voice – Make Sure their voice s considered planning implementation
- Evaluation of programs / families need training

C. What's Working/Crucial

- Parts of Pediatric Palliative Care Working (Lcap ! improve)
- Autism – Keep Law
 - Pediatric Screening
- Concept behind IFS/Breaking Down Silos*

D. Challenges/Threats

- Nursing Resources
- Parents losing or having to leave job because of taking care of child (long term impact ex: ss)
- Poor Family MH
- Bx based therapies for Autism 3 yrs. on law still not receiving therapies – no network available
- Medicaid rates for ABA too low
- More Children being screened and not enough resources
- Collaboration with schools and supports across environments – families having to balance
- The definition adverse effect (Spec Ed) IDEA
- Lack of Resources (people and money) mean parents fill the gap
- State level of funding and rates is too low for some programs to maintain (direct care and therapies)
- Wages so low to find someone to do work, or not trained and high turn over

III. Session on Adult Mental Health

A. What is crucial to preserve?

- Peer services. Recommend increasing proportion of DMH budget spent on peer services.
- Housing services, e.g. increase # of vouchers available.
- Access to healthcare, access to health insurance.
- Address chronic loneliness and chronic pain.
- Employment services.
- Police/social worker programs.
- Step-down placements.
- Non-categorical case management.

- Collaboration between DVHA, DAIL, DMH; e.g. hospital discharge planning, especially regarding nursing home placements and individual ‘WRAP’ plans.
- Integration of addiction services and mental health services for co-occurring conditions.
- “keep what we have”

B. Where Can We Do Better? Recommended Improvements

- Forums supporting better coordination within (state and local) system of care. Need to streamline; need re-organization. Create a way to improve effectiveness of these meetings.
- Decrease ED lengths of stay related to EE’s.
- Need to better understand what the mental health needs are to determine adequate capacity.
- Need to better address mental health needs within criminal justice settings, with decreased segregation and increased access to mental health treatment including medication.
- Criminal justice diversion: the criminal justice system / judge needs more information prior to incarceration (sentencing) to improve diversion.
- Explore employment services. People with mental health issues can work. Need to promote employment.
- Decrease the focus on disability, e.g. discourage automatic application for disability benefits.
- Transportation: work on improving transportation option.
- Prevention: improve interventions prior to crisis.
- Street outreach: increase “after hours” resources and expand this service to more communities.
- Increase shelter resources.
- Homelessness: protect transitional housing options (from HUD funding cuts).
- Improve services targeting self-neglect: address shortage of personnel, fragmentation of the system of care, and poor response time.
- Increase funding for adult outpatient services, emergency services, and “peer” services.
- Barriers – housing and transportation.

C. Opportunities (and other comments)

- Home sharing.
- Shared rides, e.g. for medical appointments.
- Uber as a transportation option.
- Increased focus on health/self-care, e.g. smoke-free sites, nutrition, physical healthcare.

- Integration of mental and physical healthcare. Focus on body/mind/spirit connection promotes wellness.
- Increased focus on non-medication responses, especially in inpatient settings.
- Increase funding to increase capacity. Demonstrate need through data (and lawsuits) to State administration and Legislature.
- Decrease hospitalization with increased community capacity, e.g. nursing facilities. (Mortality will decrease if community capacity is increased.)
- Increase collaboration: team meetings, with all community agencies involved and supporting a person WITH the person present.
- Put person served “in the driver’s seat” at team meetings with community agency staff. Include representation for the person if he/she not able to participate.
- Support empowerment of persons served (as opposed to coercion and fear-based approach). “Nothing about us without us.”
- Support training and use of Intentional Peer Support as model for service interactions: decreases power hierarchy and encourages learning and growing together.
- Deaf community – interpretative services mandated by ADA.
- Need for cross-agency collaboration for people blind and/or deaf with mental health concerns.
- Isolation: agencies should partner more with other community organizations e.g. community coalitions.
- Prevention: yoga, good nutrition. Many can’t afford these healthful lifestyle activities.
- System of care is too heavy on ‘traditional’ mental health service, e.g. therapy.

D. Manage A Challenging Budget? (and other comments)

- “Increase funding”.
- Create resource manuals that describe community-based resources.
- Need to present data/information describing need for resources.
- Examine administrative costs. Coordinate/share administrative costs across agencies.
- Review quality assurance. Is it being done well?
- Save hospitalization costs by timely discharge to community services; e.g. delay in approval of ‘enhanced’ budgets for ‘complex’ community plans results in delay of transition into community placement.
- Increase exploration of free or low-cost activities that improve mental wellness, e.g. art therapy, library. (Also non-stigmatizing activities.)
- Explore Murphy Bill and its ramifications.