



**Montgomery County Commission on People with Disabilities
Developmental Disabilities Advisory Committee
Meeting Summary – January 11th, 2021**

Larry Bram, Co-Chair • Karen Morgret, Co-Chair

Attendees: Betty Bahadori; Larry Bram; Odile Brunetto; Carly Clem; Christine Dagostino; Rosemary DiPietro; Onesta Duke; Claire Funkhouser; Susan Hartung; Sari Hornstein; Annette Jolles; Mary Keyser; Shawn Lattanzio; Betsy Luecking; Jenn Lynn; Laurie Lyons; Andrea Mast; Linda McMillan; Kim Mayo; Karen Morgret; Sara O’Neil; Gloria Odongo; Reda Sheinberg; Beth Shuman; Susan Smith; Eldora Taylor; Tim Wiens

Approval of the December 2020 Meeting Summary Minutes

A motion was made to approve the December 2020 Meeting Summary Minutes. The motion was seconded. A vote was taken and the December 2020 Meeting Summary Minutes were unanimously approved as written. Approved minutes are available online at www.montgomerycountymd.gov/cpwd - click on the tab Developmental Disability Advisory Committee.

Increasing Inclusive Housing Options for People with Developmental Disabilities – Tim Wiens, Executive Director, Maryland Inclusive Housing Corporation

Handout:

<https://montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/DDAC/MIHOverview.pdf>

In January 2018, at the request of Bernie Simons, Deputy Secretary of the Maryland Developmental Disabilities Administration (DDA), the Maryland Supported Living Advisory Committee was formed. Tim Wiens was asked to chair this Committee. A year later in December 2018, the Committee produced a report for Deputy Secretary Simons with a recommendation to form a new nonprofit organization to advance affordable and accessible housing, separately owned from the service provider. Deputy Secretary Simons accepted this recommendation and asked the Committee to implement this and other recommendations. Maryland Inclusive Housing (MIH) Corporation was formed and incorporated as a result of this work. The first Board meeting was held on December 17, 2019, and Tim was hired and started as Executive Director in January 2020. During the first six months of 2020, he has worked with the MIH Board of Directors on creating policies, developing a plan of operations, and ensuring that the organization is ready to provide services and conduct activities in FY21, which started on July 1, 2020.

MIH has three main goals: 1) to facilitate the creation of housing teams in regions or counties throughout the state; 2) to employ Community Living Coordinators who would work as housing case managers for individuals who are receiving DDA services or are on the DDA waiting list; and 3) to be a housing information clearing house for DDA, for individuals with IDD and their families and for Coordinators of Community Services (CCS) workers and service providers.

The majority of MIH’s funding comes from DDA grants. The DDA grant was renewed and increased for this year. These grants come with performance conditions related to the work herein described. MIH expects to become qualified and start to bill for Housing Support Services through the Maryland Medicaid Waivers in spring 2021. MIH is also pursuing other foundation and grant funding.

DDA is funding MIH as part of their transformation program. Deputy Secretary Simons is very committed to this work. People with intellectual and developmental disabilities (I/DD) and their families want more options for residential services including more supported living, self-directed services, and in-home supports. As Centers for Medicare & Medicaid Services (CMS) unbundle services and funding, it has become clear that while housing is part of this

bundle there is no real funding for housing. MIH will work on creating more affordable, accessible and integrated housing for people with I/DD that is separated from the ownership and control of services. Jubilee and Montgomery County have been a leader in this effort. Main Street Housing apartments is also a good example. Tim said MIH sees themselves as not seeking a piece of the existing pie but helping to grow and be included in those efforts.

Due to the size of the Board, MIH has decided to start forming housing committees with three jurisdictions – Montgomery and Howard Counties and Baltimore City - to facilitate the availability of affordable and accessible housing for adults who have developmental disabilities. MIH is looking for providers, people with disabilities, family members, public housing agency representatives, and developers. They are also seeking racial diversity within the committee to address those concerns. Jillian Copeland, Founder, Main Street, and Tigest Alemu, Executive Director, Community Options, Inc., are co-chairs of MIH Committee. Tim will be making this same presentation before the Commission on People with Disabilities. He would like MIH to be connected with this Committee and/or the Commission.

The floor was opened to questions.

Gloria Odongo, Total Care, asked about the process for joining the Committee. Tim said interested individuals can e-mail him directly at twiens@mih-inc.org.

Reda Sheinberg, Parent, said her son is in community-based living through Integrated Living Opportunities (ILO). She suggested Tim reach out to Maedi Tanham Carney, Executive Director, ILO, about joining the Committee. Reda said it's not just about getting the housing but also support for the individuals and at different levels. She also asked who will manage the housing once the family has passed. Tim said housing support services are part of the Medicaid Waiver and MIH is in the process of becoming an approved service provider. Community Living Coordinators can assist individuals in navigating the various systems. MIH will not be providing services or supported living, but they will coordinate with those services.

Jenn Lynn, Parent, said she can connect MIH will self-advocates that are living independently in their own apartments with different providers.

Claire Funkhouser, Parent, suggested connecting with Committee members who have previously worked on housing issues. It may be a way for this subcommittee to work with MIH. Tim said their Committee does not want to duplicate efforts and would want to collaborate and include whatever work the subcommittee has done. He added Stephanie Killian, Chief, Division of Housing, Montgomery County Department of Housing and Community Affairs (DHCA), is on MHI's Board. DHCA has been a partner in many of the accessible housing projects throughout the county.

Larry Bram, Co-Chair, suggested that MIH report to this Committee on a regular basis who can then update the Commission. Betsy Luecking, Staff, said she will add Tim and Andrea Mast, MIH Administrative Assistant, to the e-mail list for this Committee and they are welcome to join all future meetings.

Claire asked if MIH had considered accessory dwelling units. Tim is aware that laws allowing accessory dwelling units across the country are expanding. MIH wants housing to be integrated into the community and not controlled by those providing services and accessory dwelling units is certainly an option. There are models MIH wants to build on. Tim said every time there is an affordable housing development we should be asking how I/DD fit into that development.

Larry said he has recently been participating in meetings with organizations, groups and committees that are not disability-related and asking how persons with disabilities fit into their issues, agendas and goals. He agreed that persons with disabilities need to fit into all conversations. Larry suggested including the Housing and Opportunities Commission (HOC) on the MIH Committee. Tim said he views the MIH model as the macro and micro approach. The macro approach is the committees looking at policy, development and housing development. The micro approach is housing case management, housing support services and hearing from individuals about their needs. The micro will inform the macro and help form housing policy discussions. Barriers for people are not just physical accessibility and money. People are scared to try new things and there is uncertainty about services.

Betty Bahadori, Parent, said she has a son who has Autism and he receives services from Community Support Services (CSS) and lives in their housing. She said what many consider the definition of affordable housing would not be something that individuals with low-income could afford. It is important to understand those definitions and when advocating for affordable housing to include and consider low-income and the income of persons with developmental disabilities. Tim said he is aware of that issue. When addressing the cost of making something affordable it can scare people away, but you have to figure out how to make it work.

Linda McMillan, Senior Legislative Analyst, County Council, asked if MIH was looking at partnering with Victory Housing or any of the senior affordable housing providers as more persons with disabilities are becoming older and could be integrated into a senior living situation. Tim said MIH has not yet but is looking at all possible partnerships because as people with I/DD age they may want to live in senior living arrangements.

Sari Hornstein, Parent, asked if MIH is considering developing communities for people with I/DD similar to communities for people ages 50 and over that offer activities and outings. This model could be used to provide assistance and services to individuals whose family members have passed and can no longer provide those supports. Sari said Main Street developed incorporated housing with 17 units out of 40 being reserved for persons with disabilities. She suggested replicating that model and making the ratio 50/50. Tim likes the Main Street model. MIH does not support a 50/50 apartment complex as CMS has setting rules and with the 50/50 ratio there is a risk of isolating persons with disabilities. Medicaid would not support that model and there is a risk of losing services. He understands the argument for it but it does not fit where DDA is heading.

Reda said the issue with Main Street is they received 4,000 applications for 17 units. There are other housing projects throughout the county that could be pursued and a variety of models should be made available because everybody is different. Her son lives in an apartment community with seven other men who have varying degrees of I/DD. They help and support each other. Her son's independence has grown, he has taken more responsibility for his choices and he has become healthier with the help and support of his apartment mates. She is not in favor of assisted living facilities or group homes due to the potential isolation, especially during this pandemic. Tim agreed and said it's not just about creating new housing but making sure individuals served have access to existing and affordable housing.

Primary Care Coalition (PCC) Contract Extension for Personal Protective Equipment (PPE) – Eldora Taylor, Program Manager II, Community Support Network

Eldora reported the County has partnered and contracted with PCC to provide technical assistance and support to developmental disability providers during the pandemic. PCC continues to provide training, education, assistance on purposing of PPE and N-95 fit testing, which ensures the N-95 masks are appropriately fitted for the person wearing them and decreases the amount of transmission. PCC is also offering train the trainer for fit testing so providers can train their employees.

PCC has also worked with providers on bulk purchasing. When the pandemic first started the County was able to provide PPE to group home providers, but it was important that providers were also able to sustain their own supply. Costs have decreased considerably and the best option for providers was to purchase supplies together for their own agencies at a group discount rate.

In addition, PCC has also started a learning collaborative effort with providers and educating them on various topics such as infection prevention and how to mitigate the spread of the virus in the group homes and in the community. This effort along with information on bulk purchasing of PPE is available to all providers in the DDA community. Providers have noted the burn rate in reference to how fast a provider would use PPE. Some providers were utilizing PPE differently and PCC was helping to figure out the actual burn rate for each provider so they knew how much to order and have on supply. Many providers found this information beneficial.

PCC hosts bi-weekly meetings with providers to discuss their issues and needs. Providers emphasized when entering into this contract that they wanted to maintain their own protocols and policies as they feel confident in the measures they have taken during this pandemic. The contract is optional for providers and they are not being asked to change any of their practices but only asked to share information as other providers may benefit from those

practices. It was very important for providers to understand this. Approximately five learning collaborative meetings have been held since PCC and the providers began working together in October 2020.

Providers have also provided input on the bulk purchasing agreement as there are still concerns regarding cost of PPE. Participation in that agreement is also voluntary for providers. Out of 32 total providers in the County, 20 providers are actively participating at different levels depending on the service that they provide in the community.

The PCC partnership was funded through the federal CARES Act which ended on December 30th, 2020. The County Council has approved additional funding to allow the PCC program to continue through June 2021. The County will expand the scope of PCC to include vaccines as well as working with non-residential direct service providers such as personal supports, in-home supports, supported employment, and day services.

The floor was opened to questions.

Susan Hartung, Parent, reported the direct service providers for Arc Montgomery County received their vaccinations today. She asked when and how the other providers and the DD population in the county will receive their vaccines. She thanked Governor Larry Hogan for moving direct service providers into a higher priority category for receiving the vaccination and she thanked Montgomery County for moving the DD population up even higher in their category prioritization. Susan reported that Johns Hopkins released a study that identified people with lung cancer, I/DD and developmental disorders as the top three categories for morbidity from COVID-19.

Beth Shuman, Senior Legislative Aide, Councilmember Gabe Albornoz, said one of the most important pieces of the partnership with PCC has been the volunteer work by Dr. Michael Greenberg. Beth said there is a lot of confusion right now about when providers, their staff and their clients will be receiving the vaccine as the vaccinations are not being provided by the County but through CVS and Walgreens. Inter ACC/DD was just told that their group home will be vaccinated in the next couple of days. Different providers throughout the state are receiving different information and the County is working to get a clear message as they know parents are upset. The biggest challenge is companies are finding out a few days ahead of time that they are receiving vaccinations. Beth reported Compass was notified on Friday that their employees could be vaccinated today and tomorrow while the employees at the Compass site in Charles County have already received vaccinations. There is no definite date for vaccines as the County does not know how many vaccines they will receive on a weekly basis. For example, the first week the County only received 100 vaccines. Maryland also has received less vaccines than DC and Virginia. The County will continue to advocate for more vaccines. There has also been miscommunication over who is administering the vaccine. Beth noted that CVS and Walgreens have their own system for providing vaccines to group homes. Susan said the advocacy of this group and other DD advocates throughout the state helped to make persons with DD in a higher vaccination category.

Betsy said the vaccination plans are different for the state and the County. People who are living in developmental disability group homes are in level 1 and can be vaccinated. Betsy has received inquiries about the vaccination level for people who have an adult child with disabilities living at home. Those individuals are in level 1B but it is not indicated in the County plan. She stated that vaccination information seems to change on a daily basis.

The County's COVID-19 website offers residents the option to sign up to receive vaccine alerts via email or text: <https://www.montgomerycountymd.gov/covid19/vaccine/>. Linda encouraged everyone to sign up for the alerts as that is how the County will be pushing information out to the different groups. Healthcare providers can also sign up to receive vaccinations: <https://www.surveymonkey.com/r/MCDHHSProviderVaccineSurvey>. Once the provider is eligible, they will receive a link to register and schedule their appointment time. (Please note that all person under age 75 need to reregister effective January 29, 2021.

Larry reported Easterseals was notified this morning that their direct service professionals could receive vaccines today and tomorrow. The notification came out of the blue from the County. Shawn Lattanzio, Local Behavioral Health Authority (LBHA), reported mental health providers registered through the County system and having been receiving two-day notices for vaccinations. Jenn Lynn reported CSAAC asked parents to sign waivers so their children could receive their vaccination today. Providers are not getting more than two days notice and providers have to be ready for it to happen at any time. Linda said the federal government informs the state how many

vaccines they are receiving and the state then tells the County. The number of vaccines also vary from week to week which is why the County cannot predict exactly when certain priority groups will be receiving the vaccine. Beth noted that it is encouraging that providers are starting to receive vaccines. She added that individuals do not lose their vaccination spot if they are unable to get vaccinated on the day it is made first available to them.

Claire asked who is sending out vaccine notifications to providers. The Center for Disease Control (CDC) originally sent emails to providers for them to register. CVS and Walgreens are sending out the notifications to group home providers. Where those vaccines are being administered depends on the zip code. Beth noted that some providers seem to be circumventing that system and using the County system.

Policing Advisory Commission (PAC) Update – Jenn Lynn, PAC Commissioner

Website: <https://www.montgomerycountymd.gov/COUNCIL/PoliceAC/index.html>

Jenn Lynn is chair of the PAC Emergency Response Committee that focuses on mental health and persons with disabilities. The Committee has been tasked with evaluating response options as well as improving response to individuals with Autism and mental health challenges, increasing training and adding more crisis teams if possible. She has been working with Susan Smith, HOC, as Susan has been working on mental health issues as well. Jenn Lynn has sent an email to various decision makers including police, fire and rescue, and the Crisis Center.

Jenn Lynn is also a member of the Youth and Families subcommittee for the Governor's Commission to Study Mental and Behavioral Health in Maryland. The subcommittee met this morning and discussing school resources officers (SRO). Subcommittee member Christina Connolly, School Psychologist, Montgomery County Public Schools (MCPS) noted that SROs cannot be removed from schools until more counselors and psychologists are installed. Jenn Lynn reported Maryland is one of the few states that does not allow school psychologists to bill Medicaid. There is funding available if Maryland changes this procedure. She sent this information to the PAC SRO Committee. This could possibly be a simple solution that would provide more revenue for MCPS to hire more mental health staff.

Please send Jenn Lynn an email with questions or concerns.

Update from Developmental Disabilities Administration (DDA) – Onesta Duke, Regional Director, Southern Maryland Regional Office (SMRO)

Onesta reported that as of January 1st, 2021, there are 734 people on the waiting list for Montgomery County. 1 person is in crisis resolution, 23 are in crisis prevention and 708 are in current request. DDA is working to identify services for the person in crisis resolution. The individuals in crisis prevention will need services within a year.

There are 150 TY19s/FY20s for Montgomery County.

- 121 have been placed
- 29 have not been placed
 - 8 declined services
 - 1 person's waiver was denied
 - 13 were approved for the waiver but have no provider identified
 - 4 have waivers pending
 - 3 have no waiver approved and no provider identified

There are 168 TY20s/FY21 for Montgomery County.

- 71 have been placed
- 97 have not been placed
 - 6 declined services
 - 9 have waivers pending
 - 2 have waivers approved but have person-centered plan issues
 - 29 have waivers approved but have no provider identified
 - 51 have no waiver approved and no provider identified

Some barriers for TYs include the current situation with the pandemic and families being able to access certain services. Some families want more than virtual support services and are opting to wait until after the pandemic. Some providers are not returning inquiries.

Deputy Secretary Simons [provided an update last Friday](#). He reported CMS has approved DDA's revised Appendix K request to provide up to 60 days total for Community Living – Group Home services retain payments. CMS also approved DDA removing the language “consecutive billing” associated with retainer payments. The Amendment 3 approval is still pending and ongoing communication continues between DDA and CMS.

DDA is working with Medicaid to revise the DDA Appendix K to extend the termination date to six months following the end of the COVID-19 Public Health Emergency. DDA is anticipating it will be approved up until October 2021.

DDA is working to provide more guidance to families and providers regarding the vaccination process.

Governor Hogan announced on December 17, 2020, that he was accelerating the second July 2021 provider rate increase to January 1, 2021. DDA is working on updating the rates in the PCIS2 system to include the 4% provider rate increase. LTSS Rates were updated with the 4% provider rate increase on December 31, 2020.

DDA will be hosting informational Self-Directed Services (SDS) webinars regarding the person-centered plan (PCP) process and rate increase.

Coordination of Community Services (CCS) Updates

Sara O'Neil, DDA QE Analyst II, reported MMARS has seen an increase in CCS turnover recently. She is not sure if it is due to the demands of the job or COVID. Typically, turnover would be due to a CCS leaving to go to another agency but recently CCSs have just been quitting. Currently, CCSs and supervisors are experiencing burn out as well as clients as they do not want to continually have to work with new CCSs. Sara said DDA is in the process of addressing some of these issues since this is an issue all CCS agencies are dealing with.

Laurie Lyons, Service Coordination Inc. (SCI), reported SCI is also having CCS turnover issues. The feedback they are receiving is the complexity of the job has increased so much over the past year. Newer team members are leaving as opposed to more seasoned CCSs that know there is an ebb and flow to the position. The virtual aspect of the work is also an issue as CCSs cannot spend time with the people they support. Numerous changes made by DDA have also made it difficult from a training standpoint.

Susan asked about the educational requirements for someone to be hired as a CCS. Sara said DDA requires that the person have at least a bachelor's degree in a human service field. MMARS requires this as well but they also require the person have at least two years case management experience. It is a challenge as they have hired social workers and people with master's degrees but they all have a hard time due to the complexities of the job. MMARS recently held a virtual employment fair and they interviewed a few people. Sara noted that cases are not being assigned based on CCS location as all work is currently be conducted virtually. This means a seasoned CCS can take on more challenging cases. The ideal caseload is between 35 to 40 for one CCS, but currently it's about 53 cases per CCS. Case managers have also been experiencing burn out. Sara said MMARS is in the process of hiring an employment specialist that will specialize solely on recruiting and marketing the company.

Gloria agreed with Laurie and Sara. She said many people think the position is an entry level job, but you almost have to be a clinical social worker due to the complexities. Total Care is always hiring. Some people interview well but do not make it past the training. Caseloads are currently about 42 cases per CCS. Newer CCSs have about 28 cases with veteran CCSs having a higher caseload. The goal is to bring the caseload down to 30 cases per CCS. Total Care now has seven supervisors that helps to bring down the span of supervision and increase the level of support for CCSs. They are also looking at external trainings to help give supervisors the tools they need. CCSs have said they are getting more support from their supervisors which can help with retention. Total Care is also looking into additional mental health trainings for CCSs as some of the people they support have multiple diagnoses. This will help provide coordinators with the resources and information they need to do their jobs. Gloria recently completed a psychological first aid class through Johns Hopkins.

Claire asked if the agencies conduct exit interviews. Sara said MMARS does but recently employees have just left the position with no warning. Gloria said Total Care has been conducting evaluations during the one-month training period which can help gauge how the new hires are doing. This has helped reduce turnover for people who complete the training.

Claire said turnover could be due to the pandemic as CCSs don't have the ability to talk or share their frustrations with their co-workers. She said CSS was having issues with retention and they started a bonus system where employees who stayed for six months received a bonus and they would receive a second bonus for staying one year.

Rosemary said while CSN has had very little turnover a CCS recently left due to burn out. She said DDA has provided quality communication which helps CCS agencies do their jobs. She does not know if turnover is less due to government benefits. Other health department employees across the state are state employees with a state employee pay scale whereas Montgomery County Health & Human Services (MCHHS) are County employees with a county employee pay scale. Susan suggested forming a conglomerate to pool resources and benefits as those can be a key factor for individuals staying in their jobs. Sara said MMARS offers phenomenal benefits, but once people learn about the complexities of the job and realize it is going to be more challenging than they leave. She is hopeful that there will be a return to normalcy once the vaccines are distributed.

Laurie said turnover has not significantly spiked overall for SCI, but it has increased significantly in Montgomery County. This could be due to the tremendous number of referrals being received as well as the number of TY caseloads which are higher in Montgomery County than in other counties. SCI is focusing on how to support retention and reduce caseloads. Rosemary agreed that it takes a lot of time and energy for a CCS to work with new families and can be especially difficult for new CCSs. Laurie said SCI assigns mentors to CCSs.

Due to time constraints, providers were asked to e-mail their updates to Betsy.

Medical Management & Rehabilitation Services (MMARS): Sara O'Neil, DDA QE Analyst II, reported MMARS is currently serving 1,468 individuals in Montgomery County

- 323 are on the Waiting List
 - 307 are Current Request
 - 10 are Crisis Prevention
 - 6 are Crisis Resolution: No new upgrades since December. One case placed in services since December.

TY numbers remain the same as from the last meeting. Staff are working hard to get TY20s that missed that initial July 1st deadline enrolled by the June 30th deadline. Staff are also working on their initial meetings with TY21s.

Announcements

Respectfully Submitted,

Carly Clem, Administrative Specialist

Betsy Luecking, Community Outreach Manager

Next Meeting

Monday, February 8th, 2021 from 3:30pm to 5:00pm – via Zoom

****Please note new meeting start time****

Instructions to attend will be included on the meeting agenda.