

# Vermont Developmental Disability Services Annual Report 2008



**Division of Disability and Aging Services  
Department of Disabilities, Aging and Independent Living  
Agency of Human Services  
State of Vermont**

Front cover: Painted masks created by self-advocates and other participants at the 2007 Voices and Choices conference.

# **Vermont Developmental Disability Services Annual Report 2008**

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Agency of Human Services  
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**Notes:**

- Although the Global Commitment to Health Waiver refers to all services funded by DDAS, when “waiver” funding or services are referenced in this document it refers to home and community-based services (not Flexible Family Funding, fee-for-service Medicaid, vocational grant funding, etc.).
- All data represented in this report are for FY 2007 unless otherwise stated.
- See **Attachment A** for a list of *Acronyms*.

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# Special Dedication

## ~Theresa Wood~



We dedicate this annual report to our beloved leader, Theresa Wood, who is retiring after nearly 30 years of work with and for people with developmental disabilities. There is little that is fundamental or innovative in Vermont's system of developmental services that does not show the mark of Theresa's influence.

Early in her career, Theresa was one of the pioneers who persuaded the federal government to fund individual community developmental services through the Medicaid waiver. Vermont's approach to the waiver, which has now been replicated throughout the country, allowed for individual budgets that tailored services to the needs of the individual. Theresa earned the respect and confidence of the regional Medicaid office. Because they trusted the financial figures Theresa provided and the quality of our program, Vermont was able to increase the flexibility and responsiveness of the waiver.

Developmental homes (now called "shared living") were a brand new concept in the 1980's, and Theresa was part of the team that recognized their potential to provide a cost effective individualized home as an alternative to staffed residences. Over the years, she solidified the legal and tax definitions of developmental homes and promoted their flexible use.

Early on, Theresa recognized the value of supported employment and forged an enduring partnership with the Division of Vocational Rehabilitation to find and support real jobs for Vermonters with developmental disabilities. She was an early advocate for families, and developed and championed Flexible Family Funding. She invented the system for funding the Vermont Crisis Intervention Network that is also now used to fund local crisis services.

Theresa was the financial manager for the transition from institutional services at Brandon Training School to a community-based system, assuring that funding was available to maintain necessary services at the training school until good community services were ready for every resident. She is the architect of Vermont's State System of Care Plan. As a result of this plan, Vermont has been able to assure equal access to services for individuals and families throughout the state.

Theresa is frugal and an outstanding financial manager, but she has never hesitated to find the funds to meet an urgent consumer need, or to find the money for a special event, such as the 10-year celebration of the closing of Brandon Training School or the Voices and Choices self-advocacy conference.

Theresa has welcomed and supported innovative practices, such as facilitated communication, self-directed and family-directed services, and peer advocacy, and she has not shied away from giving her support to controversial programs such as sexuality education or programs for offenders.

Theresa's command of the budget process and her ability to present complex financial matters clearly and realistically has made her extraordinarily effective with the Agency of Human Services and the legislature. She has defended the importance of the designated agency system as the mainstay of services for Vermonters with developmental disabilities. Over the years, she and the independent-minded directors of these agencies have had many debates and disagreements, but these communications have never descended into rancor or pettiness and all issues have eventually resolved as the result of the fundamental respect between Theresa and the program directors.

Theresa models and insists upon collaborative decision-making. She has invited consumers, families, providers, advocates and staff to participate at all levels of policy development and evaluation. Almost always, stakeholders who offer their perspectives and input feel fairly and respectfully heard. Her staff has consistently been the beneficiary of her incisive mind as well as her large heart; her door has been open and her laughter contagious in both good and challenging times.

Theresa counts many consumers of services and family members as her personal friends. Over the years, she has managed to not only remember the names of numerous people who receive services but also to keep abreast of what was going on in their lives. Since the 1980's, she has been a strong supporter and member of the ARC. In recent years, she not only fostered development of Green Mountain Self Advocates, but has enthusiastically joined in their celebrations and respectfully sought their counsel.

Among her unfinished works-in-progress are a comprehensive, integrated system of supports for children with disabilities and their families; greater expertise and skilled supports for Vermonters with Autism, and higher education opportunities for individuals with developmental disabilities.

Theresa's vision, skill and leadership over three decades have driven and shaped an exemplary system of supports for Vermonters with developmental disabilities. However, at heart, Theresa has always been and remains a people person. She forged relationships and personally knew so many of the people and families who received services. Remarkably, Theresa remembered not only their names, but managed to keep abreast of what was going on in their lives.

We thank her for this unequalled leadership, her enduring commitment to those we serve, her passion for continually "thinking outside the box", her extraordinary professional and personal support for all of us who have had the honor to work with her, and for continually modeling the principles in which she believes.

## **AHS Secretary's Statewide Community Award Vermont Crisis Intervention Network**

*The Vermont Crisis Intervention Network (VCIN) was recognized for their extraordinary contributions to the health and wellbeing of Vermont citizens by being awarded the 2006 Agency of Human Service Secretary's Community Award. Secretary Cynthia D. LaWare presented the statewide award to VCIN in recognition of contributions the Network makes toward improving community conditions and the lives of Vermonters.*

*The Vermont Crisis Intervention Network, established in 1991, is a three-tiered system designed to prevent, reduce and respond to crises in the lives of people who have developmental disabilities. VCIN fills an important role in supporting a service system that believes in supporting all people, regardless of their level of need. Director Pat Frawley, Ph.D., along with skilled and dedicated staff, provide a collaborative approach to supporting individuals in crisis. They look at individuals holistically, with the success of the Network founded on the principles of forming strong relationships and finding the positive aspects of each person.*

*Every day, in the course of doing their work, VCIN effectively embraces the AHS Four Key Practices: Customer Service, Holistic Services, Strength-Based Relationships and Results Oriented Practices. Those individuals who VCIN has helped support know how well this award is deserved!*



Pictured left to right: Larry Godin, Dave King, Secretary LaWare, Brandon Pedigo, Dr. Kathy Pittaway, Dr. Pat Frawley, Dr. Bill Ashe, Dr. Al Vecchione

## **DAIL MISSION STATEMENT**

*The mission of the Department of Disabilities, Aging and Independent Living is to make Vermont the best state in which to grow old or to live with a disability – with dignity, respect and independence.*

### **DAIL Core Principles**

❖ **Person-centered**

The person will be at the core of all plans and services.

❖ **Respect**

Individuals, families, providers and staff are treated with respect.

❖ **Independence**

An individual's personal and economic independence will be promoted.

❖ **Choice**

Individuals will have options for services and supports.

❖ **Self-determination**

Individuals will direct their own lives.

❖ **Living well**

The individual's services and supports will promote health and well-being.

❖ **Contributing to the community**

Individuals are able to work, volunteer, recreate, and participate in local communities.

❖ **Flexibility**

Individual needs will guide our actions.

❖ **Effective and efficient**

The individual's needs will be met in a timely and cost effective way.

❖ **Collaboration**

Individuals we serve will benefit from our partnerships with families, communities, providers, and other federal, state and local organizations.

# THE DEVELOPMENTAL DISABILITIES SERVICE SYSTEM

The Developmental Disabilities Act of 1996 requires the Department of Disabilities, Aging and Independent Living (DAIL), Division of Disability and Aging Services (DDAS), under the Agency of Human Services (AHS)<sup>1</sup>, to adopt a plan describing the nature, extent, allocation and timing of services that will be provided to people with developmental disabilities and their families. The Division of Disability and Aging Services' *Vermont Developmental Disabilities Services Annual Report 2008*, together with the *Vermont State System of Care Plan for Developmental Services – Three Year Plan (FY 2008 – FY 2010)*, cover all requirements outlined in the developmental disabilities statute<sup>2</sup>.

## Principles of Developmental Services

Services provided to people with developmental disabilities and their families must foster and adhere to the following principles:

- ☞ **Children's Services.** Children, regardless of the severity of their disability, need families and enduring relationships with adults in a nurturing home environment. The quality of life of children with developmental disabilities, their families and communities is enhanced by caring for children within their own homes. Children with disabilities benefit by growing up in their own families; families benefit by staying together; and communities benefit from the diversity that is provided when people with varying abilities are included.
- ☞ **Adult Services.** Adults, regardless of the severity of their disability, can make decisions for themselves, can live in typical homes and can contribute as citizens to the communities where they live.
- ☞ **Full Information.** In order to make good decisions, people with developmental disabilities and their families need complete information about the availability, choices and costs of services, how the decision making process works, and how to participate in that process.
- ☞ **Individualized Support.** People have differing abilities, needs, and goals. To be effective and efficient, services must be individualized to the capacities, needs and values of each individual.

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<sup>1</sup> See **Attachment B: Organizational Chart – Agency of Human Services.**

<sup>2</sup> Developmental Disabilities Act of 1996, 18 V.S.A. § 8724.

- ✎ **Family Support.** Effective family support services are designed and provided with respect and responsiveness to the unique needs, strengths and cultural values of each family, and the family's expertise regarding its own needs.
  
- ✎ **Meaningful Choices.** People with developmental disabilities and their families cannot make good decisions without meaningful choices about how they live and the kinds of services they receive. Effective services shall be flexible so they can be individualized to support and accommodate personalized choices, values and needs, and assure that each recipient is directly involved in decisions that affect that person's life.
  
- ✎ **Community Participation.** When people with disabilities are segregated from community life, all Vermonters are diminished. Community participation is increased when people with disabilities meet their everyday needs through resources available to all members of the community.
  
- ✎ **Employment.** The goal of job support is to obtain and maintain paid employment in regular employment settings.
  
- ✎ **Accessibility.** Services must be geographically available so that people with developmental disabilities and their families are not required to move to gain access to needed services, thereby forfeiting natural community support systems.
  
- ✎ **Health and Safety.** The health and safety of people with developmental disabilities is of paramount concern.
  
- ✎ **Trained Staff.** In order to assure that the goals of this chapter are attained, all individuals who provide services to people with developmental disabilities and their families must receive training as required by Section 8731 of the Developmental Disability Act.
  
- ✎ **Fiscal Integrity.** The fiscal stability of the service system is dependent upon skillful and frugal management and sufficient resources to meet the needs of Vermonters with developmental disabilities.

## Division of Disability and Aging Services

The Division of Disability and Aging Services (DDAS) plans, coordinates, administers, monitors, and evaluates state- and federally-funded services for people with developmental disabilities and their families within Vermont. The Division provides funding for services, systems planning, technical assistance, training, quality assurance, program monitoring and standards compliance. The Division also exercises guardianship on behalf of the Commissioner for people who are under court-ordered public guardianship. See **Attachment C: Division of Disability and Aging Services Staff**.

The Division of Disability and Aging Services contracts directly with fifteen (15) private, non-profit developmental services providers who provide services to people with disabilities and their families. Services and supports offered emphasize the development of community capacities to meet the needs of all individuals regardless of severity of disability. The Division works with all people concerned with the delivery of services: people with disabilities, families, guardians, advocates, service providers, the State Program Standing Committee for Developmental Services, and state and federal governments to ensure that programs continue to meet the changing needs of people with developmental disabilities and their families. See **Attachment D: Vermont Developmental Services Providers** and **Attachment E: Members of the State Program Standing Committee for Developmental Services**.

## Developmental Services Providers

### Designated Agencies

The Department of Disabilities, Aging and Independent Living (DAIL) authorizes one Designated Agency (DA) in each geographic region of the state as responsible for ensuring needed services are available through local planning, service coordination, and monitoring outcomes within their region<sup>3</sup>. There are ten DAs responsible for developmental services in Vermont. Designated Agencies must provide services directly or contract with other providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state and federal regulations, policies and guidelines. Some of the key responsibilities of a DA include intake and referral, assessing individual needs and assigning funding, assuring each person has a support plan, providing regional crisis response services, and providing or arranging for a comprehensive service network that assures the capacity to meet the support needs of all eligible people in the region.

### Specialized Service Agencies

A Specialized Service Agency (SSA) is a separate entity that is also contracted by DAIL. It must be an organization that either: (1) provides a distinctive approach to service delivery and coordination; (2) provides services to meet distinctive individual needs; or (3) had a contract with DAIL originally to meet the above requirements prior to January 1, 1998. There are five SSAs who serve people with developmental disabilities.

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<sup>3</sup> For developmental services, geographic regions are defined along county lines.

## Management Options for Services

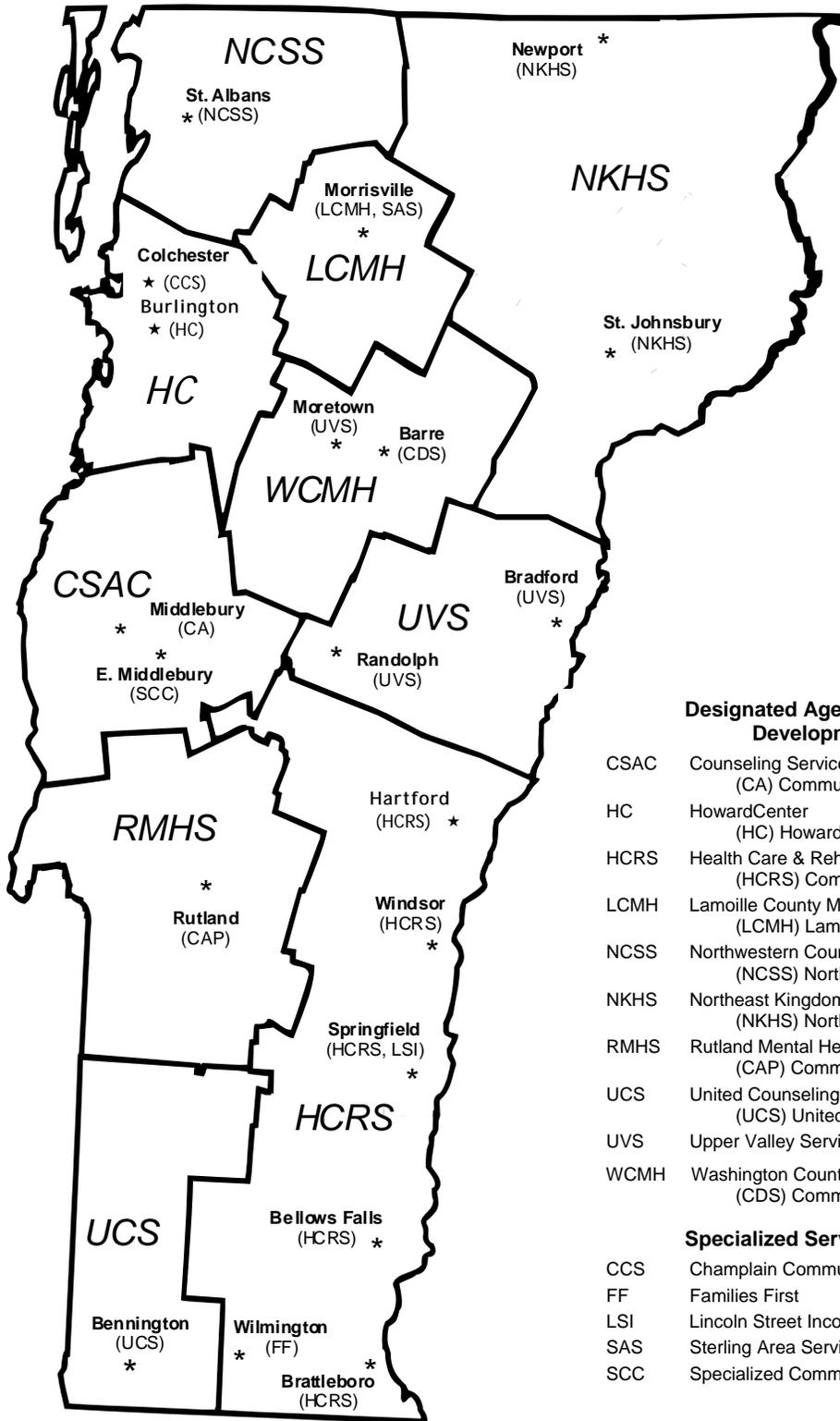
Traditionally, developmental disability services providers have managed all the services funded through DDAS on behalf of people with disabilities and their families. Today, people have a choice of who will manage their services<sup>4</sup>. There are four options available:

- **Agency-Managed Services:** The **developmental disability services provider** manages **all** of a person's services, whether it is by the Designated Agency or a Specialized Service Agency. This is the most common method of how services are managed.
- **Shared-Managed Services:** The **developmental disability services provider** manages **some**, but not all, of the services for the person or family. For example, the service agency provides service planning and coordination and may arrange for other services, such as home supports, while the person or a family member manages other supports separately, such as respite or work supports. Many families, as well as some people with developmental disabilities, have chosen a shared-management arrangement. A Fiscal Intermediary Service Organization (ISO) is available to people who have a shared-management arrangement to do many of the bookkeeping and reporting responsibilities of the employer.
- **Self-Managed Services:** The **individual** chooses to manage **all** of his or her developmental services. This means that the person has the responsibility of hiring his or her own staff and overseeing the administrative responsibilities associated with receiving developmental disability services funding. Some of these responsibilities include contracting for services, developing a service plan, fulfilling the responsibilities of the employer, and planning for back-up support or respite in the case of an emergency. Fiscal and Supportive Intermediary Service Organizations (ISO) are available to people who self-manage to do many of the bookkeeping and reporting responsibilities of the employer.
- **Family-Managed Services:** The person's **family member** chooses to manage **all** of his or her developmental disability services. The same responsibilities and resources noted above for self-management are also associated with and required for family-managed services. Fiscal and Supportive Intermediary Service Organizations (ISO) are available to people who family-manage to do many of the bookkeeping and reporting responsibilities of the employer.

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<sup>4</sup> A guide for people who are self-/family-managing their developmental disability services funded through Medicaid was developed by DDAS. A comprehensive self-/family-management handbook was also completed. For a copy of this document, contact the Division of Disability and Aging Services or go to [www.dail.vermont.org](http://www.dail.vermont.org).

# Vermont Developmental Services Providers



**Designated Agencies (DA)  
Developmental Services Programs**

- CSAC Counseling Services of Addison County (CA) Community Associates
- HC HowardCenter (HC) HowardCenter Developmental Services
- HCRS Health Care & Rehabilitation Services of Southeastern VT (HCRS) Community Services Division of HCRS
- LCMH Lamoille County Mental Health Services, Inc. (LCMH) Lamoille County Mental Health Services, Inc.
- NCSS Northwestern Counseling & Support Services, Inc. (NCSS) Northwestern Counseling & Support Services/DS
- NKHS Northeast Kingdom Human Services, Inc. (NKHS) Northeast Kingdom Human Services, Inc.
- RMHS Rutland Mental Health Services (CAP) Community Access Program of Rutland County
- UCS United Counseling Services, Inc. (UCS) United Counseling Services, Inc.
- UVS Upper Valley Services, Inc. (DS only)
- WCMH Washington County Mental Health Services, Inc. (CDS) Community Developmental Services

**Specialized Service Agencies (SSA)**

- CCS Champlain Community Services, Inc.
- FF Families First
- LSI Lincoln Street Incorporated
- SAS Sterling Area Services, Inc.
- SCC Specialized Community Care

## Highlights from FY 2007



**Flexible Family Funding Guidelines** – DDAS worked to update Flexible Family Funding Guidelines, including increasing the maximum base allocation from \$1,122 to \$1,300 as well as updating the sliding scale. The new guidelines went into effect July 1, 2007.



**Legislative Report on Autism Spectrum Disorders** – Governor Douglas directed the Vermont Agency of Human Services and the Vermont Department of Education to work collaboratively to develop a plan for providing services across the lifespan to individual's with autism spectrum disorders and their families. DDAS led the planning effort for the Agency of Human Services.



**Domestic Violence Initiative** – The Department of Disabilities, Aging and Independent Living, along with the other AHS departments, created a departmental Domestic Violence (DV) Advisory Group to develop strategies to improve the AHS response, and specifically the DAIL response, to domestic violence.



**Integrated Employment Teleconference** – DDAS presented in a national teleconference on *Integrated Employment: Improving Employment Outcomes for Individuals with Developmental Disabilities* by sharing the innovative strategies and practices that have made Vermont's supported employment services so successful.



**New Consumer Quality Management Reviewers** – DDAS hired two Consumer Quality Management Reviewers to gather information from a peer perspective. These positions are responsible to meet with individuals who receive services to assess their satisfaction with services and the quality of their services.



**Vermont Recognized for Closing Sheltered Workshops** – Although Vermont closed its last sheltered workshop in 2003, this pioneering effort was recently acknowledged by the National Association of State Directors of Developmental Disability Services. It is hoped that sharing the programmatic strategies and regulatory changes Vermont used will encourage other states to convert their sheltered workshops into individualized supports tailored to people's needs and interests.



**Unified Services Plan Option** – DDAS and the Office of Vermont Health Access (OVHA) finalized a Memorandum of Understanding regarding Unified Services Plans, an option to integrate two or more Medicaid funding streams to maximize flexibility and efficiency in providing access to services.



**Communication Mentoring Project** – The Mentoring Project began in FY ‘07 by providing Northwestern Counseling and Support Services and Community Access Program with mentoring and technical assistance from a Speech and Language Pathologist (SLP) with Augmentative and Alternative Communication (AAC) expertise. The goal is to increase local capacity within developmental disability service agencies to support people with disabilities to communicate more effectively



**DA Sustainability Study** – The legislature authorized a follow-up to the first DA sustainability study. The Pacific Health Policy Group was contracted for the study and issued their report and recommendations in the summer of 2007.



**Grievance and Appeal’s Processes** – Effective July 1, 2007, new comprehensive grievance and appeals processes were instituted for all entities covered by the Managed Care Organization funded under the Global Commitment waiver.



**New Quality Management Guide** – A new Quality Management Plan was introduced in April 2007 that guides the activities of the DDAS Quality Management Unit staff and establishes the standards for assessing the quality of services throughout Vermont.

## Pressures on Community Services

In FY 2007, the Division of Disability and Aging Services provided supports to **3,329** people with developmental disabilities in Vermont, approximately 25% of the eligible population<sup>5</sup>. However, the population is constantly growing with an estimated **136** children born each year with developmental disabilities<sup>6</sup>. The need for developmental services is generally life-long and on average **33** people who are currently receiving services die each year<sup>7</sup>. The demand for supports continues to outpace the available resources. The following are some of the many factors influencing this.

↪ **Medicaid services limited for children** – There are gaps in the federal entitlement to Early, Periodic Screening, Diagnosis and Treatment (EPSDT) services for Medicaid-eligible children and youth with developmental disabilities.

↪ **Special education graduates need supports at home and work**<sup>8</sup> – There were an estimated **131** graduates with developmental disabilities from Special Education programs expected to exit the educational system in FY '07. These young adults looked to the developmental disability services system to provide the necessary supports and services to help them continue to learn new skills, live in their own home and find or maintain employment. Of those **131**, it was expected that **115** people would be eligible under FY '07 funding priorities for home and community-based services funding and **16** for Division of Vocational Rehabilitation grant-funded employment services. This percentage of high school graduates who are eligible for developmental disability services have steadily increased the past few years putting greater pressure on community services.

↪ **Offenders with disabilities need specialized supports** – When individuals with developmental disabilities commit crimes, the courts and correctional system may not be able to respond to their special needs for supervision and treatment, and the public looks to developmental disability services to meet the need. Approximately 170 – 180 offenders with developmental disabilities are supported by developmental service agencies, a number that has increased steadily in recent years. Of these, 109 are adult sex offenders. In response to heightened community concerns, DDAS developed a Community Notification Policy for sexual offenders in developmental disability services who may pose a risk to public safety. Developmental services agencies experience many stresses and dilemmas when expected to serve a public safety function for these individuals in the context of a system designed to promote self-determination and community participation for law-abiding Vermonters with developmental disabilities and their families.

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<sup>5</sup> Based on projected national census figures for 2005 obtained from the Massachusetts Institute for Economic Research, University of Massachusetts, Amherst (625,935 for Vermont).

<sup>6</sup> Based on a prevalence rate of 1.5% for mental retardation, 0.6% for Pervasive Developmental Disorders and 6,490 live births (State of Vermont preliminary 2006 vital statistics).

<sup>7</sup> Based on an average of the past nine years (*National Core Indicators Mortality Data*).

<sup>8</sup> Designated Agencies survey local schools each year to find out exactly how many students with developmental disabilities are expected to graduate and who are eligible for developmental disability services and need funding.

-  **Autism Spectrum Disorders** – There has been a dramatic increase in the number of children diagnosed with ASD in the past decade. National data indicate that 1 in 150 children have an ASD diagnosis<sup>9</sup>. Vermont’s data show similar prevalence rates. Furthermore, there has been an average annual rate increase of 16% over the past ten years of children and adults with ADS getting mental health or developmental disability services<sup>10</sup>.
-  **New caseload funding allocated to most in need** – New caseload resources were provided to **297** individuals in FY ‘07 who met the State System of Care Plan funding priorities for developmental disability services. The chart on the following page provides a summary of the reasons people received new caseload funding.

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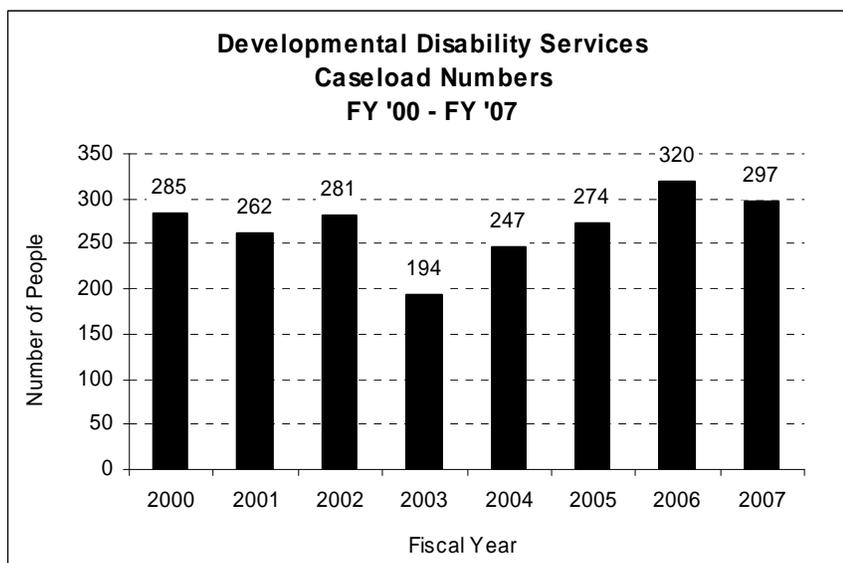
<sup>9</sup> Rice, C. (2007). Prevalence of Autism Spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2002, *Morbidity and Mortality Weekly Report*, 56 (SS01); 12 – 25.

<sup>10</sup> *Report to the Legislature to Address Services for Individuals with Autism Spectrum Disorders*. Vermont Agency of Human Services, January 2008.

## Caseload Funding<sup>11</sup> – FY 2007

<b>Reasons for Receiving Caseload Resources<sup>12</sup> – FY 2007</b>	
Imminent risk to person’s health or safety – for adults	109
Loss of home / imminent risk of homelessness – for adults	73
High school graduation and job loss prevention – for adults (age 19 & over)	47
Risk to public safety – for adults	40
Risk of institutional placements or diversion from institutional placement – for children and adults	21
Risk of abuse, neglect or exploitation – for adults	17
Loss or reduced capacity of caregiver – for adults	14
Employment Conversion Plan	1
<b>Total people served from caseload resources (unduplicated)</b>	<b>297</b>

The Division of Disability and Aging Services manages its resources each year by making sure caseload funding goes to those most in need of new and increased services. Anyone getting caseload resources must meet the State System of Care Plan funding priorities. The following chart shows the change in people served by caseload funding over time. Both existing consumers and new consumers have access to caseload funding.



The nature of developmental disabilities often leads to services that support people throughout their lifespan. Of the 84 people who left home and community-based funded services in FY ‘07, 38 died; 17 declined or left services; 20 moved out of state; and 9 received alternative supports or funding.

<sup>11</sup> “Caseload Funding” includes all newly appropriated caseload, Equity Fund, High School Graduate Fund, and Public Safety Fund. Many funding approvals meet more than one System of Care Plan funding priority, so the above list includes 25 people who had more than one reason for receiving caseload resources. Unless stated otherwise, adult means age 18 and over.

<sup>12</sup> See **Attachment F** for a complete listing of the *State System of Care Plan Funding Priorities FY 2007*. For more details, see the *Vermont State System of Care Plan for Developmental Services Three-Year Plan FY 2008 – FY 2010*.

## Financial Summary

People with developmental disabilities have a greater likelihood of experiencing limitations in major life activities than those with any other major class of chronic mental, physical, or health condition. As a result, people with developmental disabilities need individualized services that are comprehensive and generally life long. To capitalize on the resources available, the Division of Disability and Aging Services emphasizes cost effective models and maximization of federal funds. See **Attachment G: Division of Disability and Aging Services FY 2007 Fiscal Resources**.



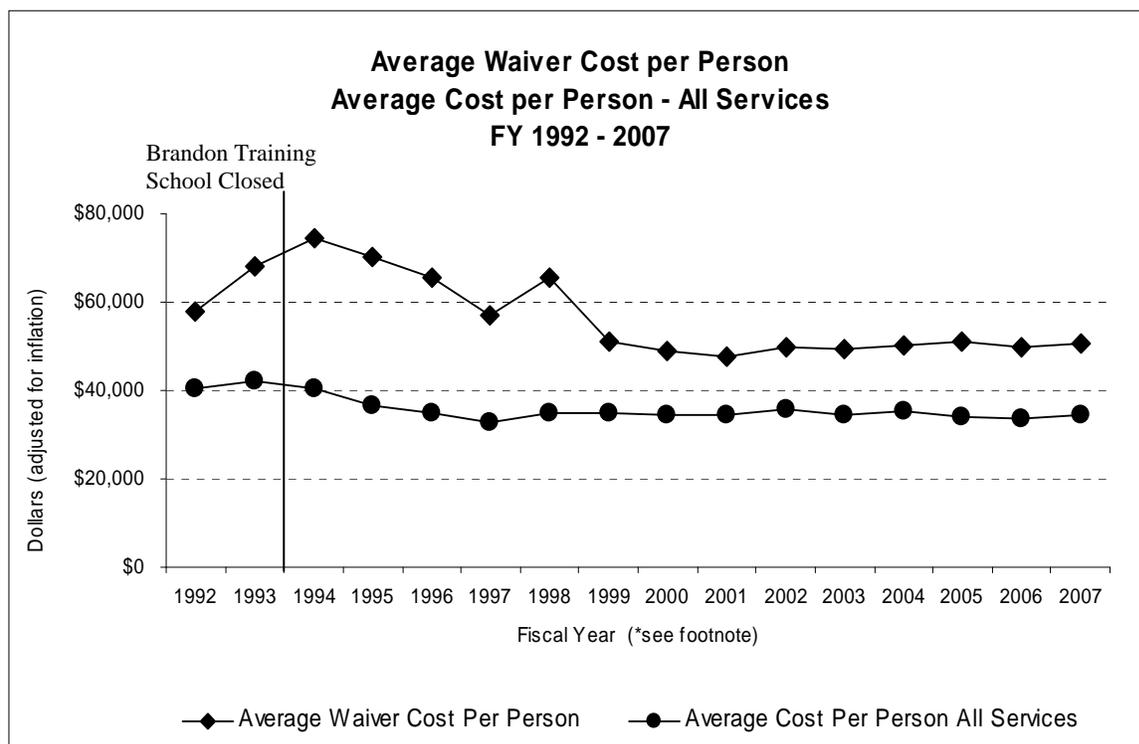
With the inception of the Global Commitment to Health 1115 Medicaid waiver, **100% of all community-based services are now federally funded.**



The average waiver cost per person was **\$50,525 in FY 2007.**



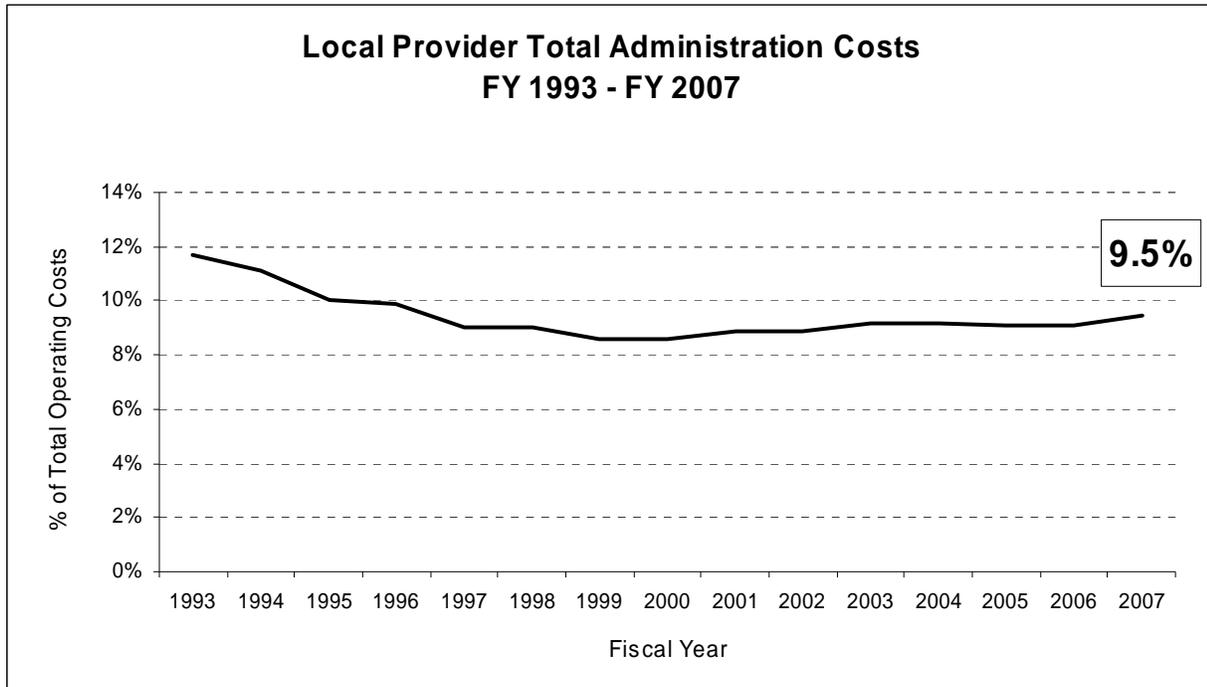
The average cost<sup>13</sup> per person for **all services is \$34,468.** This average cost has remained stable. An increase over time in the number of individuals supported by less costly (non-residential) family support, like Flexible Family Funding, contributes to the stability of the average cost per person.



<sup>13</sup> For “Average Waiver Cost,” waiver years 1992 – 1997 ended on 3/31. From 1998 on, waiver years ended on 6/30. Due to this change over, waiver year 1998 reflects costs for a 15-month period. For “Average Cost per Person – All Services,” year-end numbers are used for waiver years ending on 6/30.



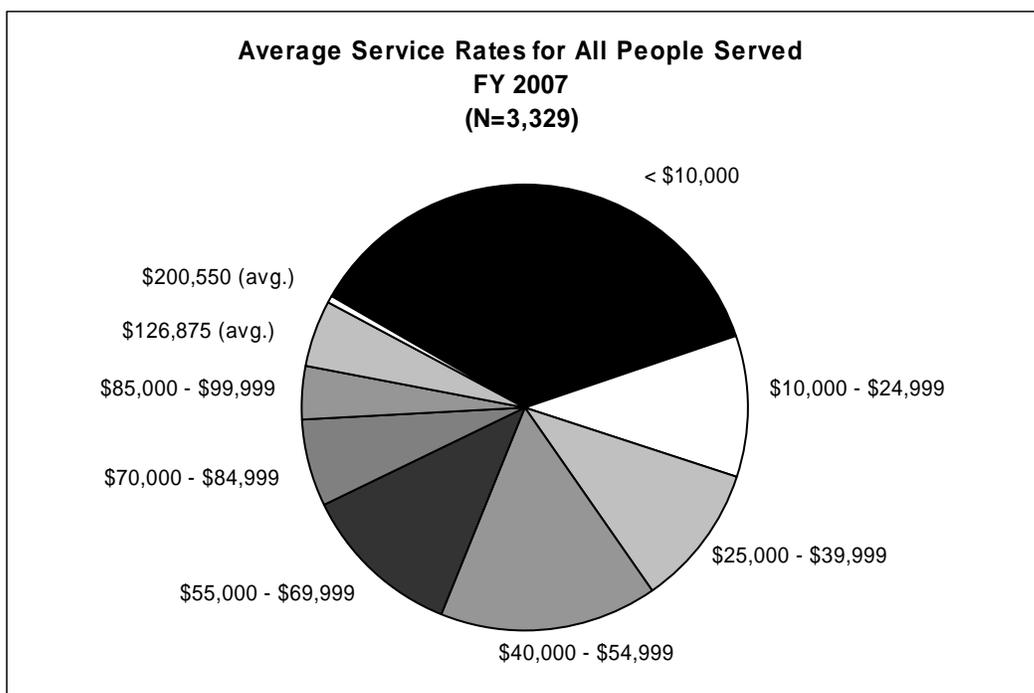
Administrative expenses include those that are required to run the total local agency<sup>14</sup>. These administrative costs have remained relatively stable for the past ten years, however, the impact of “corporate compliance” and other measures caused a .4% increase between FY ‘06 and FY ‘07.



<sup>14</sup> Management expenses (e.g., developmental service director, buildings) relating to major program areas (e.g., developmental services) are considered program expenses, not administration.



**Almost one-half (44%) of all individuals served are funded for less than \$20,000 per person per year.** The average cost of all services per person in FY '07 was \$34,468. The average per person cost of supports in the most intensive community services category<sup>15</sup> is \$200,550 per year, which is still 24% less than what the estimated annual per person cost would have been at Brandon Training School in today's dollars (\$265,426). Sixty-one percent (61%) of all families served receive support through Flexible Family Funding at the low annual rate of \$1,122<sup>16</sup>. Supporting people living with their own families continues to be the most cost effective method of support.

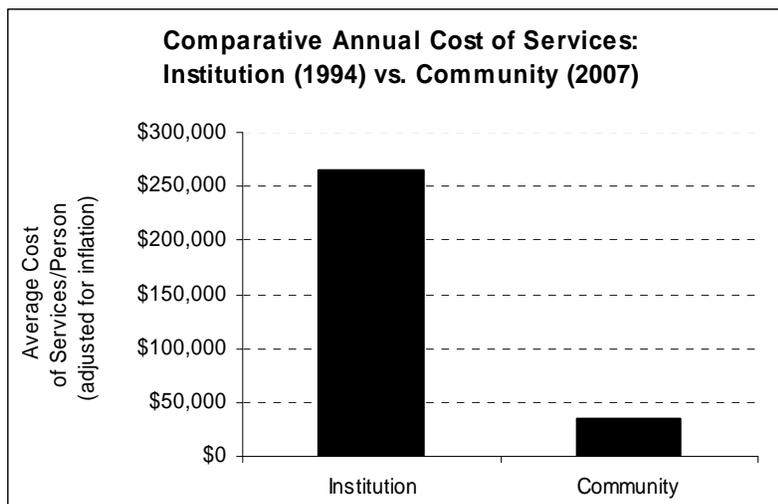


<sup>15</sup> This highest rate category includes 6 people with intensive medical needs in an Intermediate Care Facility for People with Developmental Disabilities (ICF/DD) and other people getting waiver funding at a rate equal to or higher than the ICF/DD rate.

<sup>16</sup> The Flexible Family Funding maximum base allocation was increased to \$1,300 as of 7/1/07.



Since the closure of Brandon Training School (BTS) in FY '94, the average cost of waiver services per person served has declined. In the last two full years of BTS it cost an average of **\$265,426** per year for each person served. In current dollars, **8** families can be supported with intensive in-home support, or **237** families can be supported with Flexible Family Funding, for the same amount of money (adjusted for inflation).



Flexible Family Funding is a cost-effective, family-directed support. It results in a relatively large number of people receiving services that are low cost. In addition, because **almost 100% of developmental disability services funding is from Medicaid via the Global Commitment waiver**, Vermont's developmental disability service system leverages a higher proportion of federal funds compared with other states.

## Quality Assurance & Quality Improvement

Quality Service Reviews – 2007	
Agencies reviewed <sup>17</sup>	6
People reviewed	70
Percentage of people reviewed getting Medicaid-funded services	10%

**Assessment, assurance and improvement of service quality** are critical functions of the Division of Disability and Aging Services. Quality Management Reviewers conduct on-site reviews of all Medicaid-funded services provided by each agency. The quality review teams assess the quality of services with respect to the Division of Disability and Aging Services' Quality Service Standards to assure compliance with state and federal Medicaid standards and individuals' desires for their supports. The quality of individual services is evaluated as well as systems and organizational issues.

The Quality Management Reviewers do on-site reviews at half the agencies each year, covering around ten percent of the people served at those agencies; thus all agencies will be reviewed every two years. The quality reviews also inform the designation process that takes place for each developmental disability services agency every four years. In FY '07, three agencies completed the re-designation process.

As part of the agency review process, the Quality Management Reviewers incorporate information from the following DDAS quality assurance activities:

- **Critical Incident Reporting** process to track certain incidents, such as the death of someone receiving services, use of restrictive procedures or allegations of abuse.
- **Grievance and Appeals** processes for people applying for or receiving services, their family members, guardians and other interested individuals.
- **Safety and Accessibility Reviews** conducted for all new unlicensed residential settings funded by DDAS.
- **Consumer and Family Surveys** to measure the satisfaction of adults receiving services and to assess how families feel about services they and their family member receive.
- **Ethics Committee** to review any decisions by a Public Guardian to abate life-sustaining treatment for a person receiving services.
- **Human Rights Committee** to review behavior support plans which include the use of restraints to safeguard the human rights of people receiving developmental services.

The Vermont developmental services system has numerous other quality assurance components that provide independent oversight from both outside and within the service system. See **Attachment H: Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities**.

<sup>17</sup> The developmental disabilities services agencies reviewed in 2007 included the Counseling Services of Addison County, Lincoln Street Incorporated, Northeast Kingdom Human Services, Sterling Area Services, Specialized Community Care and United Counseling Services, as well as Rutland Mental Health Services Community Access Program's ICF/DD.

**Training and technical assistance** are provided as part of the Division of Disability and Aging Services' commitment to quality and quality improvement.

- **Training** that ensures workers gain the expertise necessary to meet the needs of people they support is arranged or provided by DDAS on several levels:
  - Ongoing training programs developed for agency staff.
  - Training for staff of each agency about new guidelines and better ways to support people with developmental disabilities.
  - Support of regional and statewide training through funding and collaborating with stakeholders to tailor training to meet specific needs.
  
- **Training** was provided in the following areas:
 

<ul style="list-style-type: none"> <li>• Grief Support</li> <li>• Person Centered Approaches</li> <li>• Person Centered Planning</li> <li>• Autism</li> <li>• Inclusion</li> <li>• Positive Behavioral Support</li> <li>• Individual Support Agreements</li> <li>• Employment</li> <li>• Trauma</li> <li>• Choices for Care</li> <li>• Sex Offender Issues</li> <li>• Service Coordinator Series</li> <li>• Sexuality Conference</li> </ul>	<ul style="list-style-type: none"> <li>• Wills and Estate Planning</li> <li>• Abuse Interviewing</li> <li>• Communication</li> <li>• Assistive Technology</li> <li>• Health and Wellness Guidelines</li> <li>• VSAT Train the Trainer</li> <li>• Self-Advocacy</li> <li>• Guardianship</li> <li>• Family Support</li> <li>• Dual Diagnosis and Treatment Options</li> <li>• Social Skills/Sexuality Educator Series</li> <li>• Introductory Training</li> <li>• Boundaries and Professional Relationships</li> </ul>
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- **Collaboration** with the Continence Project, Planned Parenthood of Northern New England and Green Mountain Self-Advocates.
  
- **Technical assistance** is provided to each agency by DDAS staff in a wide variety of areas including:
 

<ul style="list-style-type: none"> <li>• Intake Process</li> <li>• Funding of services</li> <li>• Individual Support Agreements</li> <li>• Children and family services</li> <li>• Training and staff development</li> <li>• Data and other information reporting</li> <li>• Positive support strategies and behavior support plans</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and Guidelines</li> <li>• Best practices</li> <li>• Organizational development</li> <li>• Employment services</li> <li>• Health and wellness</li> </ul>
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**Collaboration** with consumers, families, advocates, service providers, local and regional community organizations, and departments within state government is a fundamental aspect of the work of the Division of Disability and Aging Services. Continuation of liaison and interagency agreements with Adult Protective Services, Division of Vocational Rehabilitation, Department for Children and Families (DCF), Department of Mental Health, and the Departments of Health and Education is key in helping to maintain quality services and assure seamless and effective supports.

The Division of Disability and Aging Services convenes a number of advisory and work groups with representation from various advocacy and service organizations, including:

- Vermont Communication Task Force
- Quality Management Committee
- DS State Program Standing Committee
- Sex Offender Discussion Group
- Supported Employment Managers Group
- Social/Sexual Education Resource Network
- Vermont Safety Awareness Training Workgroup
- Training Advisory Group
- Human Rights Committee
- Ethics Committee
- Children's Coordinators Group

**Quality Assurance/Quality Improvement Systems Change Grant** is a 2004 Real Choice Systems Change Quality Assurance/Quality Improvement (QA/QI) granted to the State of Vermont, Division of Disability and Aging Services. This funding from the Centers for Medicare and Medicaid Services (CMS) is being used to develop a comprehensive quality management system across DDAS home and community-based services (HCBS) over a three year period. These home and community-based services are provided to individuals with developmental disabilities as well as older Vermonters, individuals with physical disabilities, and individuals with traumatic brain injuries.

Grant Funds are being used to:

- Develop a Quality Management Plan to address the home and community-based funded programs.
- Include consumers, their families and community members as active participants in Vermont's quality management activities.
- Develop and implement quality management activities to improve supports and services to Vermont's older citizens and those with disabilities.
- Develop a technology-based system to manage and analyze critical incidents.
- Develop an ongoing system of technical assistance to all providers of services across age and disability and provide training to service recipients and relevant staff.

## Highlights



### **New Division of Disability and Aging Services Quality Management Plan –**

The Division of Disability and Aging Services developed a new Quality Management Plan in 2007. This plan provides a framework to assure and improve the quality of the home and community-based services delivered to people with developmental disabilities, people with traumatic brain injury, people with physical disabilities, and older adults throughout Vermont. The plan was developed through broad consumer, family and service provider input over the last two years.

The Quality Management Plan is based on a set of shared values that are captured in the DAIL Mission Statement and Core Principles (see page 2). These shared values and principles are the foundation for the desired outcomes of services. These outcomes, their associated indicators and the way information is gathered form the new DDAS Quality Service Standards and are the criteria by which quality services are measured.

**DDAS Quality Service Standards**

1. **Respect:** Individuals are treated with dignity and respect.
2. **Self-Determination:** Individuals direct their own lives.
3. **Independent Living:** Services support independent living.
4. **Relationships:** Individuals receive support to foster and maintain relationships.
5. **Participation:** Individuals participate in their local communities.
6. **Person-Centered Practices:** Services and supports are individualized to meet people's needs and honor their strengths and preferences.
7. **Well-being:** Individuals' services and supports promote health and well-being.
8. **Communication:** Individuals communicate effectively with others.
9. **Collaboration:** Individuals receive effective, coordinated, and efficient services.
10. **Support Systems:** Individuals benefit from a trained and competent support system.

**New Consumer Quality Management Reviewers**

Two individuals who receive services were hired to be part of the Quality Management Review Teams. These positions are responsible to meet with individuals who receive services to assess their satisfaction with services and the quality of their services. The intent of these meetings is to gather information from a peer perspective, which will provide the review team with an additional perspective on the quality of services. The Consumer Quality Management Reviewers will also assess how the agencies are seeking consumer and family member input in agency decision making and operational procedures, such as governance, advisory board participation, hiring provider staff, staff training, staff performance evaluations, satisfaction surveys, quality improvement activities and in the design of new programs.



To help **maintain consistent and quality services and supports** across the state, the Division of Disability and Aging Services has the following policies:

- Critical Health Care Decisions (1996)
- Guidelines for Critical Incident Reporting (2002)
- Individual Support Agreement Guidelines (2003)
- Policy on Education and Support of Sexuality (2004)
- A Guide for People who are Self/Family Managing Medicaid-Funded Developmental Services (2004)
- Qualified Developmental Disabilities Professional (QDDP) Definitions, Qualifications and Roles / QDDP Endorsement (2004)
- Health and Wellness Standards and Guidelines (2004)
- Behavior Support Guidelines for Support Workers Paid with DDS Funds (2004)
- Background Check Policy (2006)
- Housing Safety and Accessibility Review Process (2006)
- Flexible Family Funding Guidelines (2007)
- Grievance and Appeals Processes (2007)
- Quality Management Plan (2007)

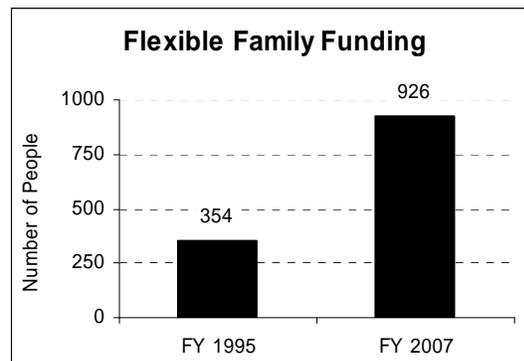
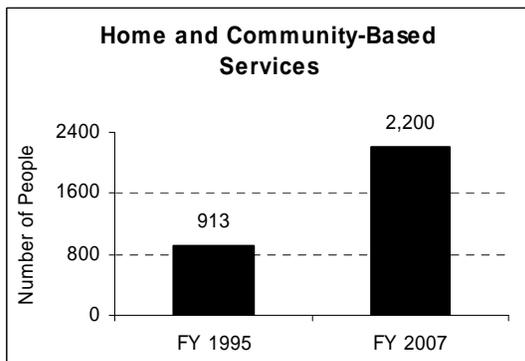
# S E R V I C E S & F U N D I N G

## Funding Sources

Numbers Served – FY 2007	
Home and community-based service recipients	2,200
Flexible Family Funding recipients	926
Other funding	203
<b>Total people served (unduplicated)</b>	<b>3,329</b>

Fiscal Year 2007 was the first full state fiscal year of the Global Commitment to Health Medicaid waiver – commonly referred to as “GC.” Since the inception of GC, 100% of the services funded by DDAS are for people with developmental disabilities are funded under GC.

- Home and Community-Based Services (HCBS) – 2,200 people**  
 A wide range of home and community-based services are available under the Global Commitment. Home and community-based services account for **96.9%** of all DDAS appropriated funding for developmental disabilities services.
- Flexible Family Funding (FFF) – 926 people**  
 Flexible Family Funding is money, provided to eligible families with children or adult family members with disabilities living at home, used at their discretion toward services and supports that are in the person’s/family’s best interest. The maximum amount available is generally \$1,122/year<sup>18</sup>. Flexible Family Funding accounts for **1.1%** of all DDAS appropriated funding for developmental disabilities services and is also funded under Global Commitment.



- Other Funding** – Other funding sources include fee-for-service (e.g., targeted case management), Intermediate Care Facility (ICF/DD) – all GC – vocational grants in partnership with the Division of Vocational Rehabilitation, Medicare and other third-party insurance. These account for **2.0%** of all funding for DDAS community-based services.

<sup>18</sup> The Flexible Family Funding maximum base allocation was increased to \$1,300 as of 7/1/07.

## Types of Services Provided

Developmental disability services providers offer a comprehensive range of services designed to support individuals and families at all levels of need. Services encompass a wide range of support options designed around the specific needs of an individual. Supports include:

- **Service Planning and Coordination** – Assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services for a specific individual.
- **Community Supports** – Specific, individualized and goal oriented services which assist individuals in developing skills and social supports necessary to promote positive growth.
- **Employment Services** – Assists individuals in establishing and achieving career and work goals; includes employment assessment, employer and job development, job training and ongoing support to maintain employment.
- **Home Supports** – Services, supports and supervision to individuals in and around their residences up to 24 hours a day.

**Supervised/Assisted Living (hourly)** – Regularly scheduled or intermittent supports provided to an individual who lives in

- (1) his or her home, or
- (2) the home of a family member (i.e., in-home family support).

**Staffed Living** – Residential living arrangements for one or two people, staffed full-time by providers.

**Group Living** – Group living arrangements for three to six people, staffed full-time by providers.

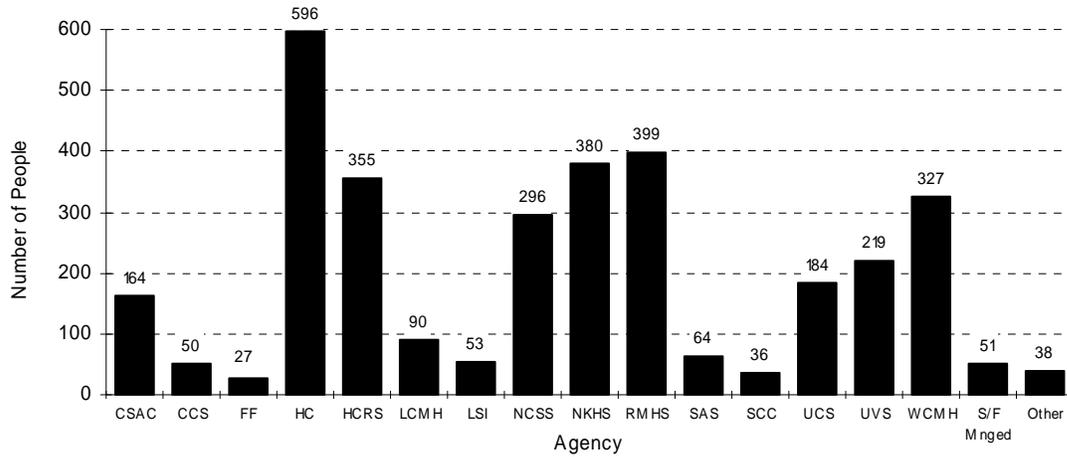
**Shared Living/Home Provider** – Individualized shared-living arrangements for one or two people offered within a contracted home provider's home.

**ICF/DD** (Intermediate Care Facility for people with Developmental Disabilities) – A highly structured residential setting for up to six people that provides needed intensive medical and therapeutic services.

- **Respite (hourly or daily)** – Services provided on a short-term basis because of the absence or need for relief of
  - (1) family members/significant others, or
  - (2) home providers normally providing the care to individuals who cannot be left unsupervised.
- **Clinical Interventions** – Assessment, therapeutic, medication or medical services provided by clinical or medical staff.
- **Crisis Services** – Time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience, a psychological, behavioral or emotional crisis; includes crisis assessment, support and referral, and crisis beds.

# Total Served

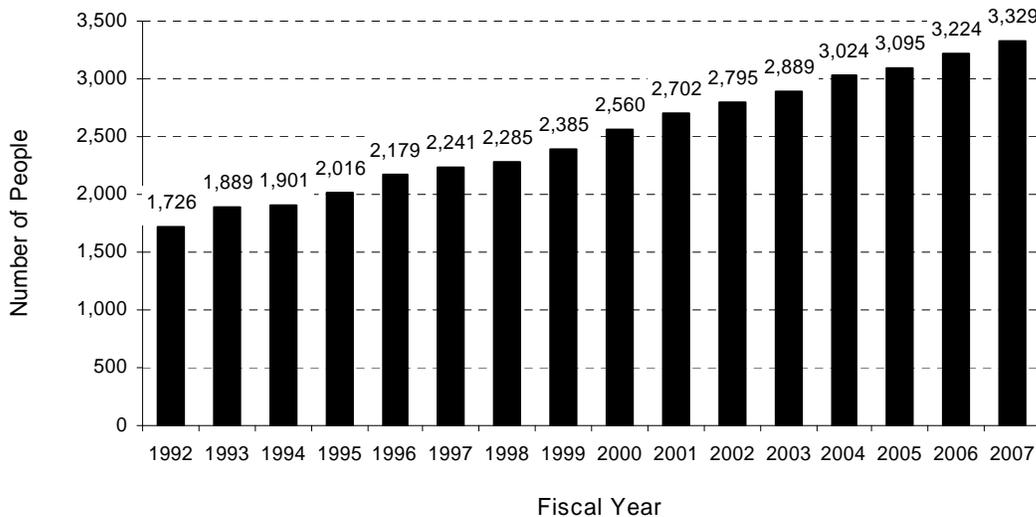
**Total Number of People Supported by Service Provider  
June 30, 2007**



## Developmental Disability Services Providers

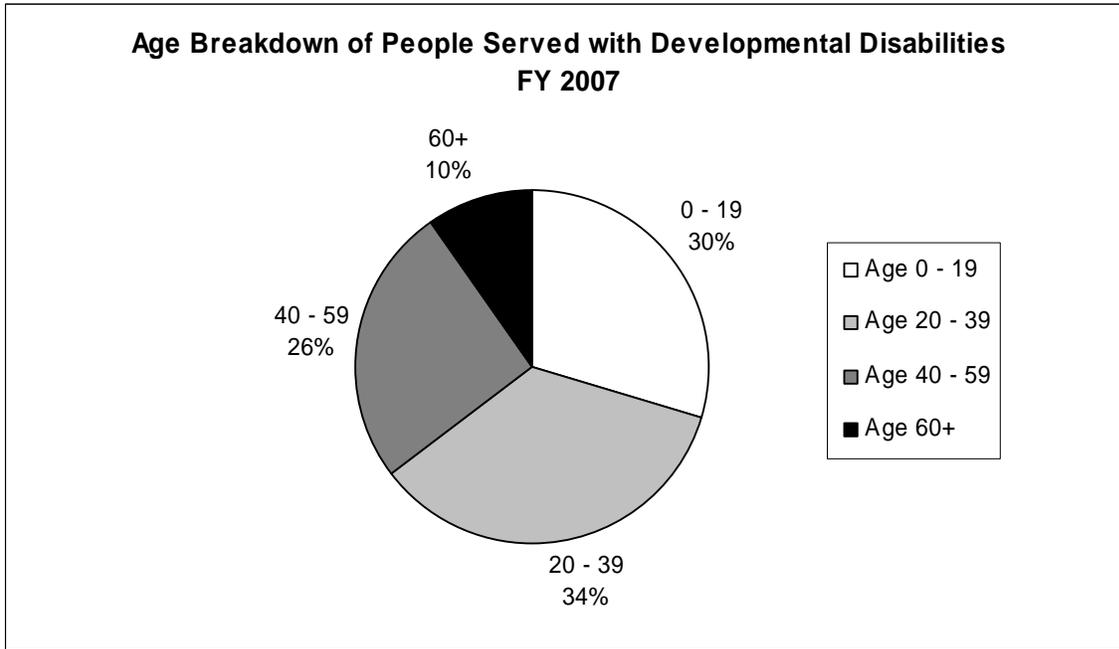
CSAC	Counseling Service of Addison County	SCC	Specialized Community Care
CCS	Champlain Community Services, Inc.	UCS	United Counseling Services, Inc.
FF	Families First	UVS	Upper Valley Services, Inc.
HC	HowardCenter	WCMH	Washington County Mental Health Services, Inc.
HCRS	Health Care and Rehabilitation Services of SE Vt.	Self- or Family-Managed	Includes all people who use the Supportive ISO (Transition II).
LCMH	Lamoille County Mental Health Services, Inc.		
LSI	Lincoln Street Incorporated		
NCSS	Northwestern Counseling and Support Svs., Inc.	Other	Includes people supported by Transition II employment services or the Office of Public Guardian and who are <u>not</u> served by any other developmental disability services provider.
NKHS	Northeast Kingdom Human Services, Inc.		
RMHS	Rutland Mental Health Services		
SAS	Sterling Area Services, Inc.		

**Total Number of People Served  
FY 1992 - FY 2007**





The relative age breakout of people with developmental disabilities receiving services has changed very little over the past six years.



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## BARBIE'S STORY

*In April 2007, Employment Associates, the supported employment program at CSAC, hired Barbie, a recent graduate of the Diversified Occupations Program, for the new position of Transition Advocate. In her role as Transition Advocate, Barbie helps students with the somewhat daunting process of transitioning from high school to the world of work and independent living.*



*Barbie meets individually with students helping them to assess their job skills and career interests as well as their independent living skills. She works closely with an Employment Associates co-worker to help plan the student job clubs, and she assists the students during job club.*

*Barbie is also working on a student transition handbook which will provide students helpful information during the transition and post-graduate period, outlining many resources available to them in a user friendly format.*



*Barbie has excellent communication skills and a positive, friendly nature which enables the students to feel comfortable with her. When asked how she feels about her work, Barbie says "I really like my job, it is my dream job, and I look forward to helping students who will be graduating".*

# S E R V I C E S & S U P P O R T S

## Service Planning & Coordination

<b>Numbers Served – FY 2007</b>	
Home and community-based funded service coordination	2,200
Fee-for-service service coordination	222
<b>Total people receiving service coordination</b>	<b>2,422</b>

**Service Planning and Coordination** assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring the provision of needed services for a specific individual. The role of service coordinators is quite varied and individualized, and often can be instrumental in helping people get and maintain services.

The primary functions in which service coordinators assist people and their families include:

- Person-centered planning process
- Individual Support Agreements
- Periodic review/assessment of needs
- Medicaid billing
- Evaluations and assessments
- Waiting and applicant lists
- Overall health and safety
- Maintaining individual case records
- Positive Behavior Support Plans
- Critical Incident Reports
- Grievance and appeals
- Quality assurance/improvement

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## MAUREEN AND KATHLEEN

*Maureen has been employed as a Kitchen Assistant with the Springfield Learning Garden, an early education and care facility, since April 1998. Her job duties include kitchen clean-up, unloading dishwasher, garbage removal, refrigerator cleaning and assisting with lunch. Maureen enjoys the children and the staff enjoys her pleasant and easy going personality. Her career goal is to be a day care provider. Two years ago, Maureen received an Achievement Certificate through Adult Basic Learning. This certificate was in recognition of Maureen's education efforts in reaching her goal.*

*Kate has been employed as a Housekeeper with the Springfield Learning Garden since February 2002. Her job duties include sweeping and vacuuming, kitchen clean-up and assisting with snacks. Kate loves her job and will often arrive early to have lunch with the children. Her coworkers recognize how fortunate they are that Kate is willing to fill in when there are staff shortages.*



Maureen, Michelle and Kate

*Michelle is the Program Director at Springfield Learning Garden. She has been instrumental in assisting Maureen and Kate with the supports needed to be successfully employed. Michelle helps her staff be aware of the challenges that could otherwise become barriers to employment for people with disabilities, thus providing a successful work place for Maureen and Kate. The staff have accommodated bus schedules and made other adjustments to help the two women when the needs of the facility changed. It is through continued advocacy and support of their co-workers that Maureen and Kate continue to be successfully employed.*

*The Springfield Learning Garden has proven to be a very positive and dedicated group who are glad to include Kate and Maureen as part of their team. Maureen and Kate enjoy staff social functions such as annual picnics, holiday festivities and surprise baby showers. Their jobs are unique in that they are able to interact and observe the children in their day care program while at work. This involvement gives them a sense of belonging.*

*In recognition of their long term successful employment, the Springfield Learning Garden, Maureen and Kate were all recognized with an award from APSE<sup>19</sup>.*

-- Laurie Drude, Team Leader, Job Coach  
HCRS – DS Division, Employment Services

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<sup>19</sup> APSE, also known as The Network on Employment, is a membership organization to improve and expand integrated employment opportunities, services and outcomes for persons experiencing disabilities.

## Home Supports

<b>Numbers Served – FY 2007</b>	
Number of homes (6/30/07)	1,167
Average number of people per residential setting	1.2
<b>Total people getting home supports (6/30/07)</b>	<b>1,402</b>

**Home Supports** are made up of a variety of services, supports and supervision provided to individuals in and around their residences up to 24 hours a day.

### Types of Home Supports

- **Shared Living/Home Provider:** Individualized shared-living arrangements offered within a contracted home provider’s home for one or two people. Home providers are contracted workers and are not considered agency staff in their role as provider.

**Number of people – 1,083**

**Number of homes – 930**

- **Supervised Living:** Regularly scheduled or intermittent supports provided to an individual (or two) who lives in his or her home. Generally the home/apartment is owned or rented by the person with the disability.

**Number of people – 193**

**Number of homes – 189**

- **Group Living:** Group living arrangements for three to six people, staffed full-time by providers (there may be exceptions of less than full-time supervision for some individuals).

**Number of people – 86**

**Number of homes – 19**

- **Staffed Living:** Residential living arrangements for one or two people staffed full-time by providers. Generally the home is owned or rented by the provider agency.

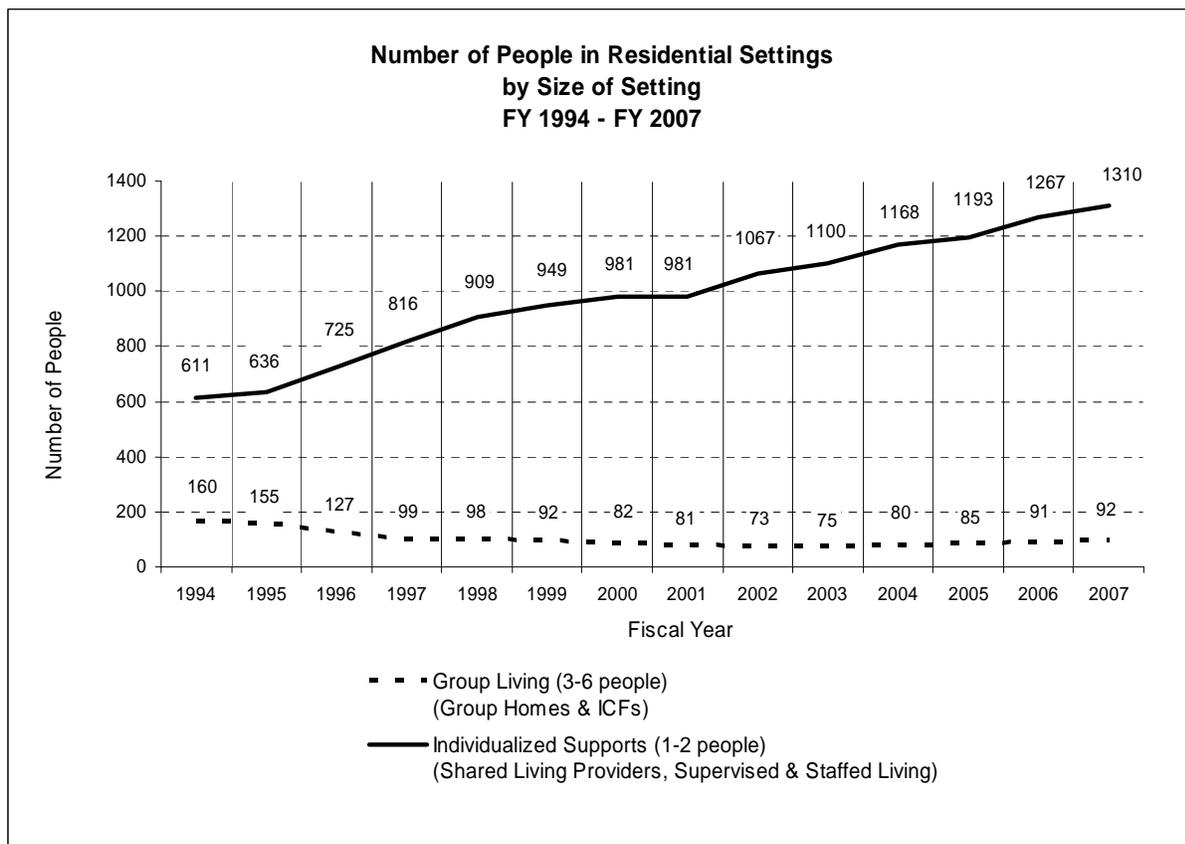
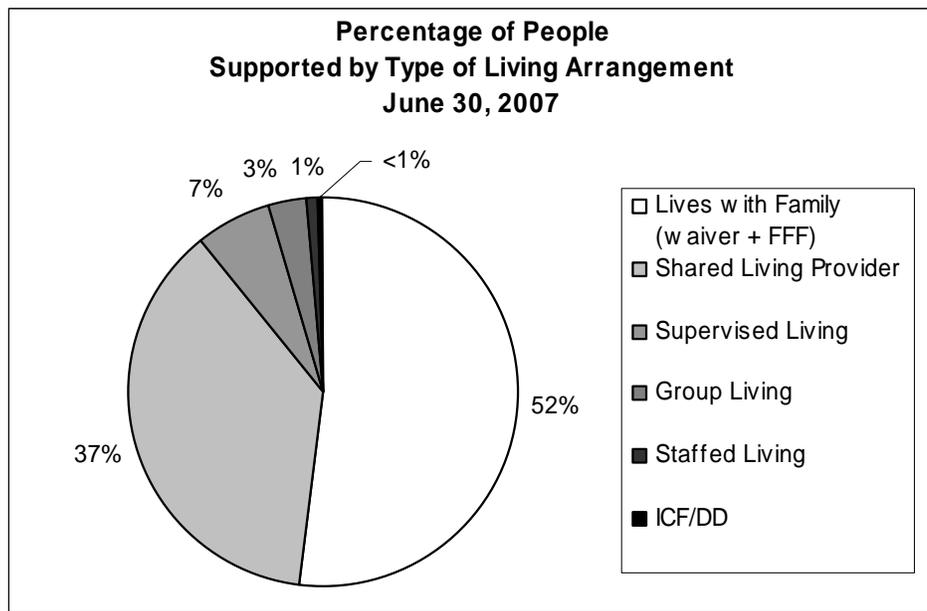
**Number of people – 34**

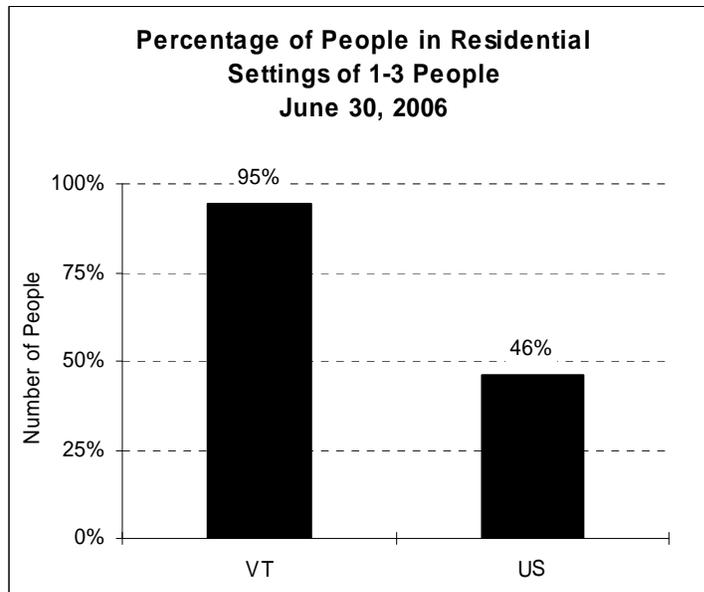
**Number of homes – 28**

- **ICF/DD (Intermediate Care Facility for people with Developmental Disabilities):** A highly structured residential setting for up to six people that provides intensive medical and therapeutic services.

**Number of people – 6**

**Number of homes – 1**

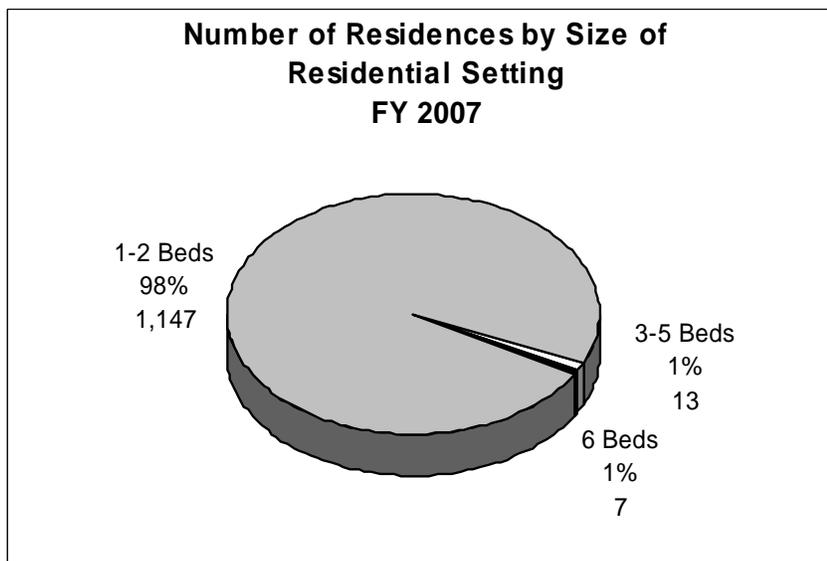




Source: Prouty, R, Smith G. and Lakin C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2006*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, August 2007.



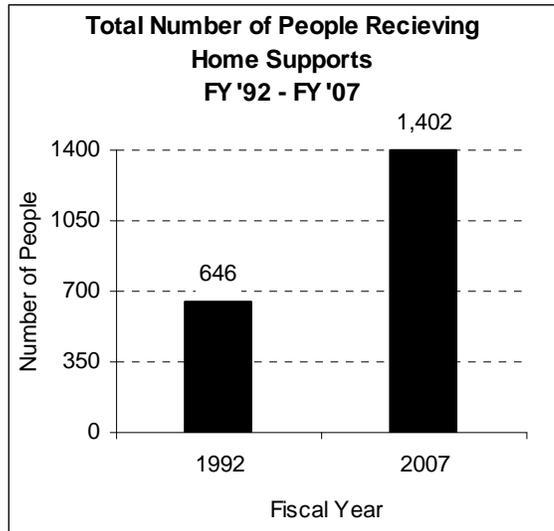
Vermont is the only state in the country that has 100% of the people funded for home supports living in residential placements with six or fewer consumers<sup>20</sup>.



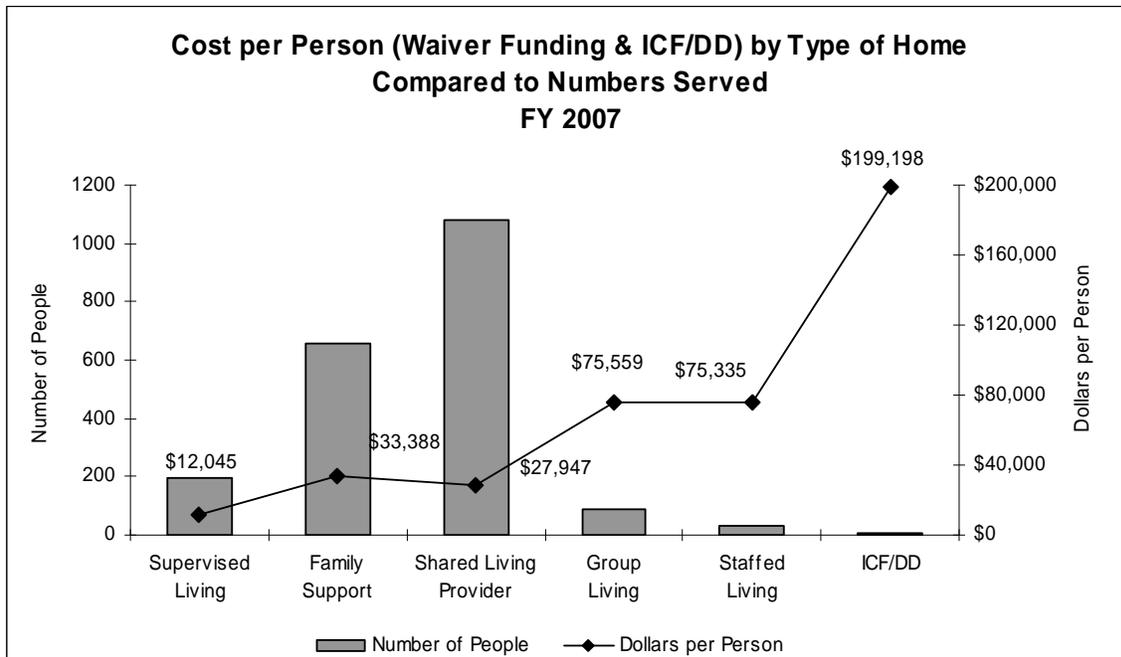
<sup>20</sup> Source: Prouty, R, Smith G. and Lakin C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2006*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, August 2007.



Home supports has steadily increased, yet Vermont has maintained an average of 1.2 people supported per residential setting; still the lowest rate in the country compared with the national average of 2.7<sup>21</sup>



Home safety reviews were conducted on 208 homes and accessibility reviews were done on four homes in FY '07. Of those inspected homes, 153 were or became in compliance. There were a remaining 55 homes that had not yet met compliance at the end of FY '07.



<sup>21</sup> Source: Prouty, R, Smith G. and Lakin C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2006*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, August 2007.

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## ROBIN'S STORY

*It was a lot of meetings and being on a waiting list before I moved into my apartment in February 2006. I used to always be depressed thinking I would have to live at home forever, never having an independent life or a social life with friends.*

*As time went by I started getting really bored and feeling depressed again, sleeping a lot because I had nothing else to do. One day my property manager asked how everything was going. I told her I wanted a job and to do something with my life.*



*So I filled out an application for a deli position at the Grand Union in Hardwick. I started the job on April 3<sup>rd</sup> 2006. This was my first experience working in a grocery store. I've worked at other jobs, like housekeeping and washing dishes. I never thought with my low job skills I could do anything else. This is the longest job I've ever had and I still look forward to going to work and doing the best I can.*

*I'm proud of what I've accomplished so far and how far I've come. I'm still going to accomplish more things but it doesn't happen overnight. My bosses are wonderful and they care about their employees and customers like family. They always encourage me, treat me with respect and tell me I'm dependable and doing a terrific job.*

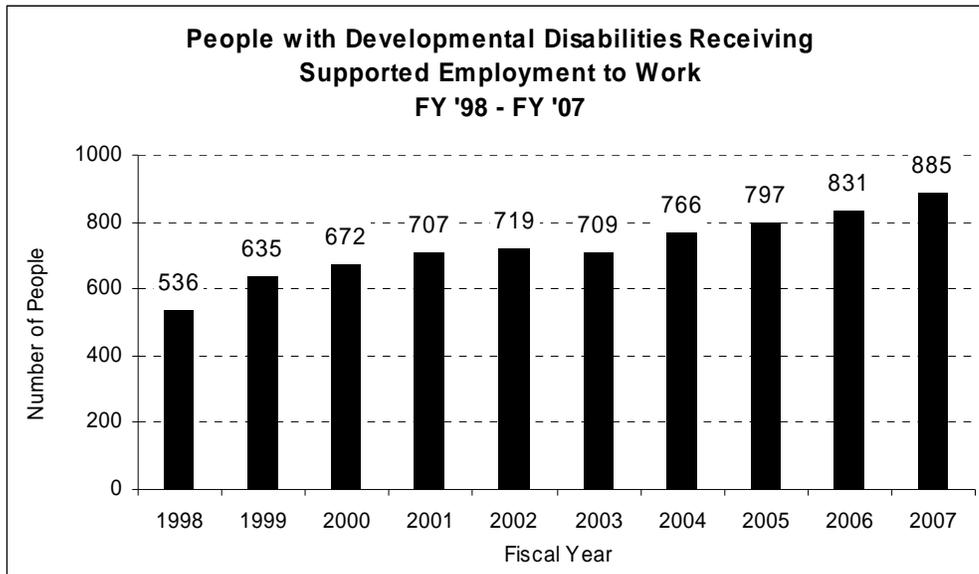
*Working is also how I found my boyfriend. On May 2, 2007 it was a year we've been together. So you can even find love working in a grocery store.*

*I don't plan on spending the rest of my life at Grand Union, but for now I'm happy having a job and earning my own money. I'm not sure what my dream job would be, but my next step might be studying for my LNA (Licensed Nurse Assistant) and driver's ed.*

## Employment Services

<b>Numbers Served – FY 2007</b>	
Average hourly wage	\$8.12
Average hours worked per week	10 hr./wk.
Estimated public benefits (SSI) saved	\$1,576,665
<b>Total people employed</b>	<b>885</b>

**Employment Services** assist individuals to achieve career and work goals; and include employment assessment, employer and job development, job training and ongoing support to maintain employment. Workforce inclusion generates a lasting positive impact to the person and to the public by way of an increased presence of people with disabilities in the social fabric of Vermont. Supported Employment is funded through a collaborative effort between the Division of Disability and Aging Services and Division of Vocational Rehabilitation (VR) by using home and community-based waiver and VR Supported Employment grant funds.



**39% of working age adults receiving developmental services are supported to work.**



The average wage for people receiving employment services (\$8.12) continues to rise every year and is almost 8% **higher** than minimum wage in Vermont in 2007 (\$7.53).



Adults continue to report the desire for more work opportunities as well as getting community supports. The percentage of people receiving community supports (versus work supports) remains fairly high. Although **407 people have chosen to split their funding for both work and community supports**, people need information about the option to transfer some or all of their community support funding to work supports so they can get a job.

**The top high wage earners in Vermont made between \$14.80 and \$18.00/hour. These earners are primarily people who are self-employed.**



Vermont is ranked **#1** in the nation (FY '06) in the number of people with developmental disabilities who receive supported employment to work per 100,000 of the state population<sup>22</sup>.



Vermont is ranked **7<sup>th</sup>** nationally (FY '04) in people in supported employment as a proportion of total people getting community supports and/or work supports<sup>23</sup>; 48% in Vermont compared with the national average of 22%.



National data show that 2 out of 3 unemployed adults with disabilities want to work<sup>24</sup>. Vermont's data reflects a similar trend. Of those adults with developmental disabilities interviewed in Vermont who are unemployed, **67% said they want a paid job**<sup>25</sup>. Of those interviewed who have jobs, **33% said they want to work more hours**.

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<sup>22</sup> *The State of the States in Developmental Disabilities: 2006*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Preliminary Report, 2007.

<sup>23</sup> Ibid.

<sup>24</sup> *The State of the States in Developmental Disabilities: 2005*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Preliminary Report, 2005.

<sup>25</sup> Data is based on results from *Survey of Adult Consumers of Developmental Services 2006 Report*.

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## ROLAND'S SURPRISE PARTY

*Somehow or other, Roland Maurais' tenth anniversary on the job as a Recycling Technician at Newport Recycling was overlooked last September. This year though, thanks to the efforts of his support person, Gerry Miller, there was a big celebration that came as a major surprise to Roland.*

*Roland thought it was just another working day when he got to his job site. Then Gerry arrived that morning with a cake. Roland was pleased, but then a little surprised when some of his friends started drifting in a few at a time around lunchtime. By the time a dozen or so folks had arrived it was pretty clear that a party was in the works.*



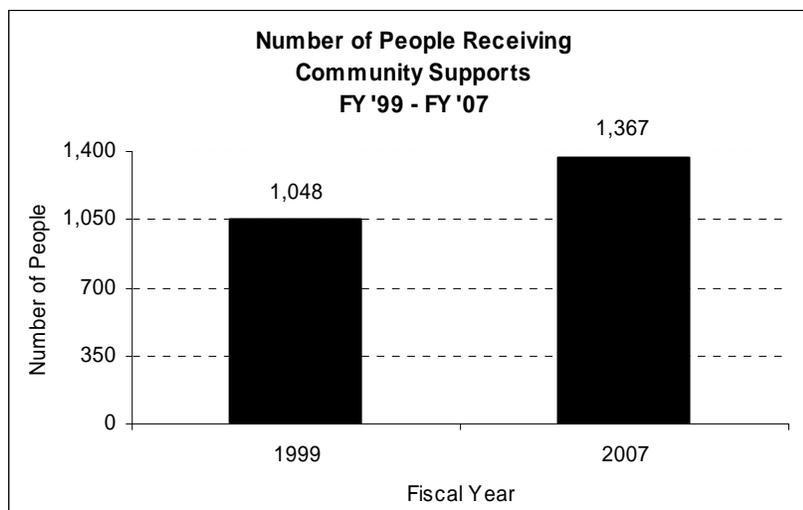
*Tim Bernier, Roland's supervisor, had arranged for a special plaque to be created, honoring Roland's long and valued service to the community. Then, to top it off, Newport's Mayor, Woody Guyette, arrived to present the plaque and be photographed with Roland for the local paper.*

*As the article pointed out, "Roland takes great pride in his work and his contribution to the community." Roland was very surprised and pleased to receive the recognition.*

## Community Supports

<b>Numbers Served – FY 2007</b>	
Total annual cost of community supports	\$20,558,869
<b>Total people receiving community supports</b>	<b>1,367</b>

**Community Supports** provide specific, individualized and goal oriented services that assist individuals in developing skills and social supports necessary to promote positive growth. These services may include support to participate in community activities, assist with daily living, and build and sustain healthy personal, family and community relationships.



Adults getting developmental disability services in Vermont continue to express their desire to have more community activities (45%) and to get help to do or learn new things (77%)<sup>26</sup>.

<sup>26</sup> Data is based on results from the *Survey of Adult Receiving Developmental Services in Vermont – Summer 2006*, Consumer Survey Project, Division of Disability and Aging Services, State of Vermont.

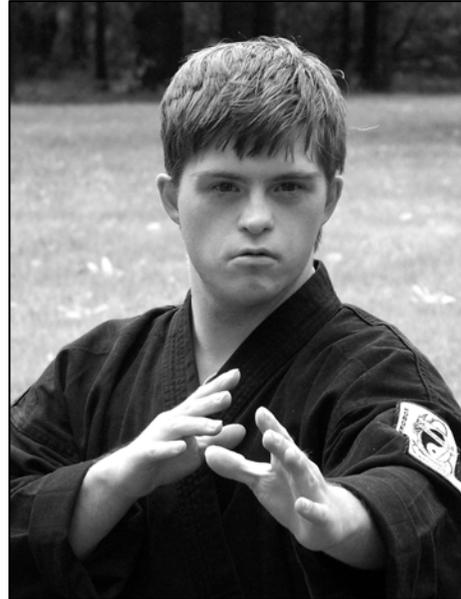
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## Alan's Story

*Alan McGraw has received support from Employment Connections, the United Counseling Services' employment program, for 2 years. Due to his strong work ethic, his job duties and work hours have increased dramatically at one of Vermont's premier resorts in Manchester. He is looked upon as a vital team member of a great organization.*

*Alan has always been interested in sports, but has taken a special interest in the martial arts. After training tirelessly for the past several years, Alan recently achieved the coveted rank of 1<sup>st</sup> degree Black Belt - an incredible achievement for anyone!*



*In honor of his great accomplishment, the Eastern USA International Black Belt Hall of Fame inducted Alan into its hallowed hall in Pittsburgh, Pennsylvania. Everyone who has had the pleasure of working with or knowing Alan is very proud of his great accomplishment.*

*Alan is not only a success story, but a true inspiration to us all!*



## Family Supports

<b>Numbers Served – FY 2007</b>			
<b>Funding/Supports for Families</b>	<b>Adults (22 and over)</b>	<b>Children (under 22)</b>	<b>Total</b>
Flexible Family Funding recipients	131	795	<b>926</b>
Home and community-based service recipients	445	232	<b>677</b>
Respite/In-home supports	344	209	553
Other Supports (Employment/Community Supports)	378	72	450
(Duplications between FFF and HCBS recipients)	(49)	(25)	(74)
<b>Total family supports (unduplicated)</b>	<b>527</b>	<b>1,002</b>	<b>1,529</b>

**Family Supports** include Flexible Family Funding or home and community-based supports funded under GC (e.g., respite, family support, employment services, community supports) to people living with their biological or adoptive family.

- **Flexible Family Funding (FFF):** Money provided to eligible families with children or adult family members with disabilities living at home used at their discretion toward services and supports that are in the person’s/family’s best interest. Examples of what may be purchased with the funding include, family respite, special needs/services not paid for by insurance, household items, etc. The maximum amount available to a family of an adult or child is generally \$1,122 per year<sup>27</sup>.
  
- **Home and Community-Based Services Funding (HCBS):** Varying degrees and types of more intensive family supports intended to help maintain family stability, enhance positive family interaction and keep the family intact. Services may include providing support to the individual, family-directed respite, service coordination, work supports, community supports, behavioral consultation and skills training that, consequently, help the individual to continue living at home with his or her family.



The number of families getting Flexible Family Funding **doubled** in the past 10 years.



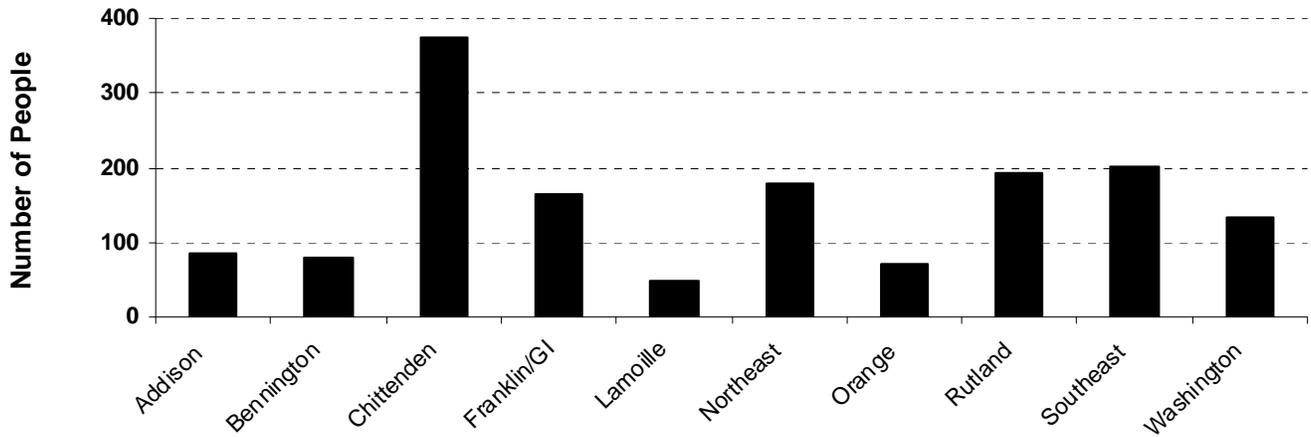
Eighty-eight percent (88%) of Flexible Family Funding is used for Goods, with the remaining **22% used for Respite.**

People receiving family support represents **46%** of all people served.

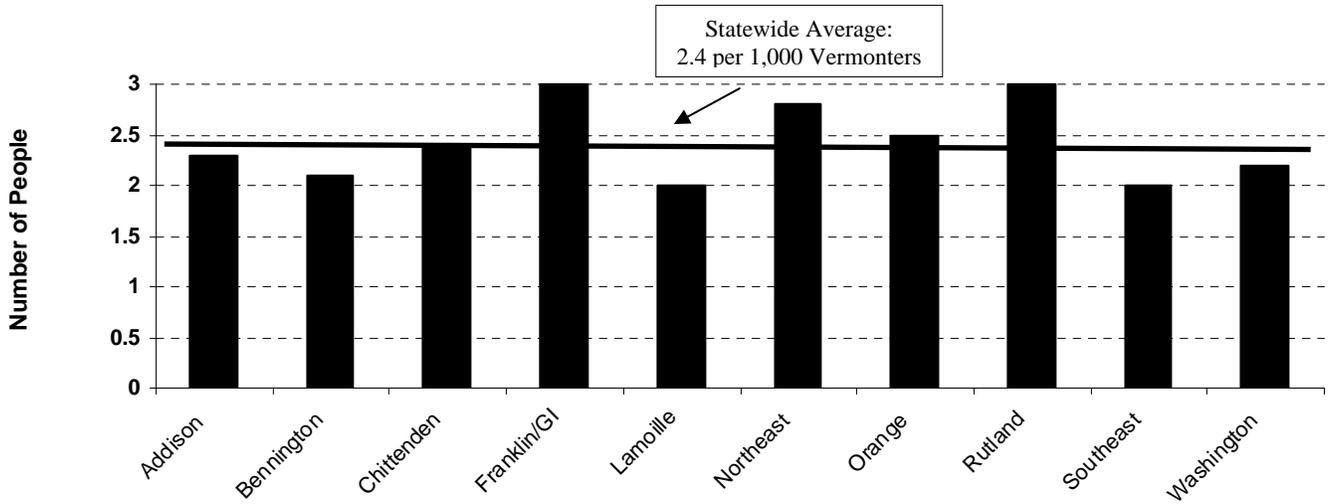
<sup>27</sup> The Flexible Family Funding maximum base allocation was increased to \$1,300 as of 7/1/07. The sliding scale used to determine the amount of Flexible Family Funding a family is eligible for was also adjusted as of 7/1/07.

### Family Support to People Living at Home (Flexible Family Funding and Home & Community-Based Services) FY 2007

**Total People Served Living at Home with Family  
(unduplicated)**



**People Served Living at Home with Family Per 1,000 Population  
(unduplicated)**





The Division of Disability and Aging Services funded **four respite homes** around the state in FY '07 to provide planned out-of-home respite support to **39 eligible individuals for a total of 449 days**.



Vermont ranks 4<sup>th</sup> in the country in terms of total family support spending per \$100,000 personal income<sup>28</sup>, and 6<sup>th</sup> in terms of total intellectual/developmental disability (I/DD) budget.



Almost one third (30%) of people who receive home and community-based services live with their family.

**51** people self- or family-managed  
all of their own services in  
FY 2007.

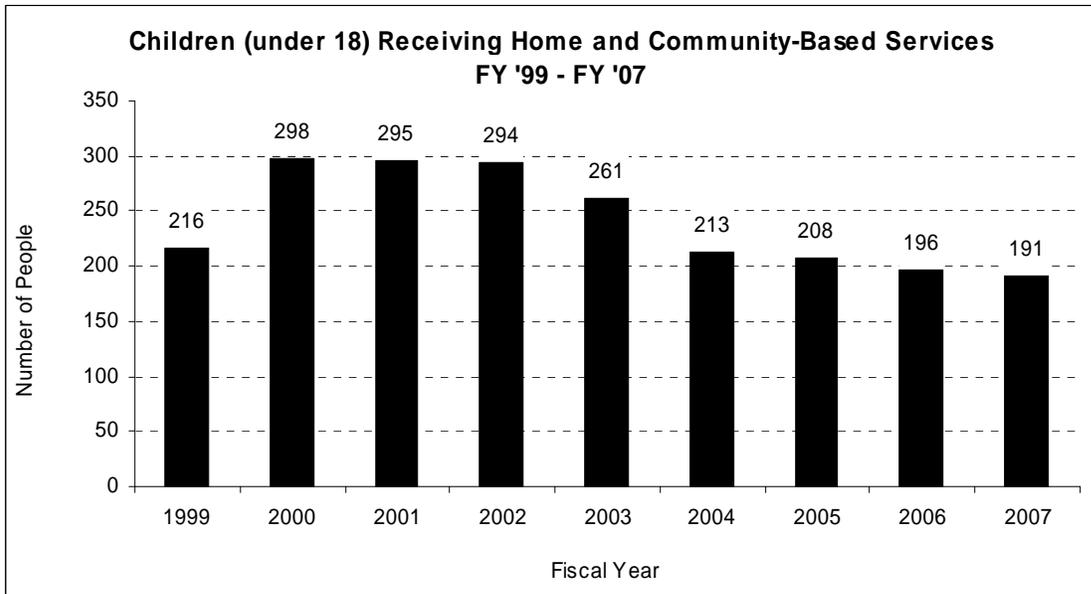
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<sup>28</sup> *The State of the States in Developmental Disabilities: 2006*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Preliminary Report, 2007.

## Children's Services

<b>Numbers Served – FY 2007</b>				
<b>Funding/Support for Children</b>	<b>Birth – 6</b>	<b>7 – 17</b>	<b>18 – 21</b>	<b>Total</b>
Flexible Family Funding recipients	171	484	140	<b>795</b>
Home and community-based service recipients	2	188	182	<b>372</b>
Lives with family	2	136	94	232
Does not live with family <sup>29</sup>	0	52	88	140 (44 w/DCF)
Other: Targeted Case Management, vocational grant	7	19	21	<b>47</b>
(Duplications between FFF and HCBS recipients)	(0)	(13)	(16)	<b>(29)</b>
<b>Total children services (unduplicated)</b>	<b>180</b>	<b>679</b>	<b>326</b>	<b>1,185</b>

**Children's Services** are provided to children and youth with developmental disabilities who live with their biological or adoptive families and children who live with other individuals (e.g., foster family, other relatives). Services may include Flexible Family Funding, service coordination, respite, clinical and/or support in the home. Services for youth over age 18 may include work or community supports as well as other supports.



<sup>29</sup> Forty-four (44) of the 52 children ages 7 – 17 who do not live with family are in state custody through the Department for Children and Families (DCF) and received a range of supports from developmental disability services providers. These numbers include people who terminated services during the year.

## Medicaid Entitlement Services

Numbers Served – FY 2007	
Children's Personal Care Services recipients	<b>1,654</b>
High Technology Home Care recipients	<b>93</b>
(Duplications between CPCS & HTHC recipients)	<b>(51)</b>
<b>Total people served</b> (unduplicated)	<b>1,696</b>

**Children's Personal Care Services (CPCS)** provides 1:1 staffing for Medicaid eligible children (under age 21) with disabilities or health conditions to assist with activities of daily living (e.g., bathing, dressing, feeding, toilet use, grooming, positioning, transferring and walking) and to enhance skill building to achieve greater independence. These services are a state-plan Medicaid service and are therefore an entitlement for those children who qualify. These services can be either family-managed or provided by an agency.

### Demographics of CPCS enrollment – FY '07:

- **1,780** Total number of people who were approved for CPCS funding
- **93%** Percentage of people who used some or all of their allocated CPCS funding
- **9%** Increase in people receiving CPCS funding from last year
- **12** Average age of children who received CPCS
- **20** Average hours authorized per week for CPCS
- **73%** Percentage of hours used out of total hours allocated
- **50%** Percentage of people getting CPCS who receive developmental disability home and community-based funding or Flexible Family Funding
- **92%** Percentage of CPCS that are family-managed
- **8%** Percentage of CPCS that are provided by an agency

**High Technology Home Care (HTHC)** is an array of intensive home care services for both adults and children; though the majority (76%) of the 93 recipients were children under age 21. The program provides skilled nursing care and high technology aides, and coordinates treatments, medical supplies and sophisticated medical equipment for technology-dependent Medicaid beneficiaries. The goal is to support the transition from the hospital or other institutional care, to the home, or prevent institutional placement.

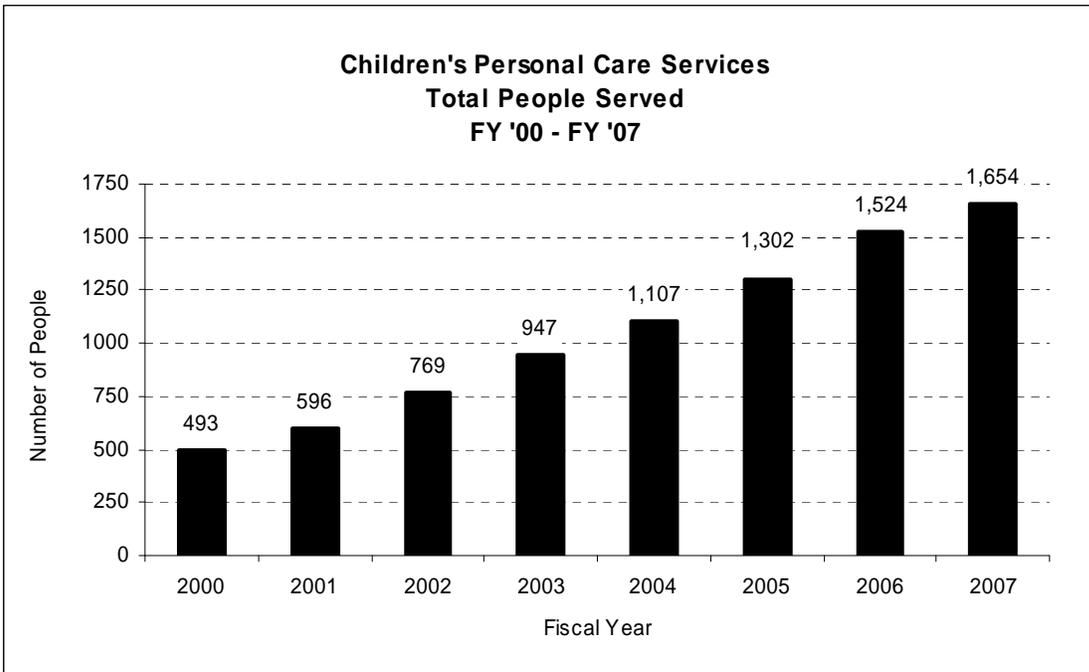
### Cross-over of funding for people who get CPCS<sup>30</sup>:

- **550 children** also get Flexible Family Funding
- **296 children** also get home and community-based funding
- **51 children** also get High Technology Home Care

### Cross-over of funding for people who get HTHC:

- **26 people** also get Flexible Family Funding
- **21 people** also get home and community-based funding

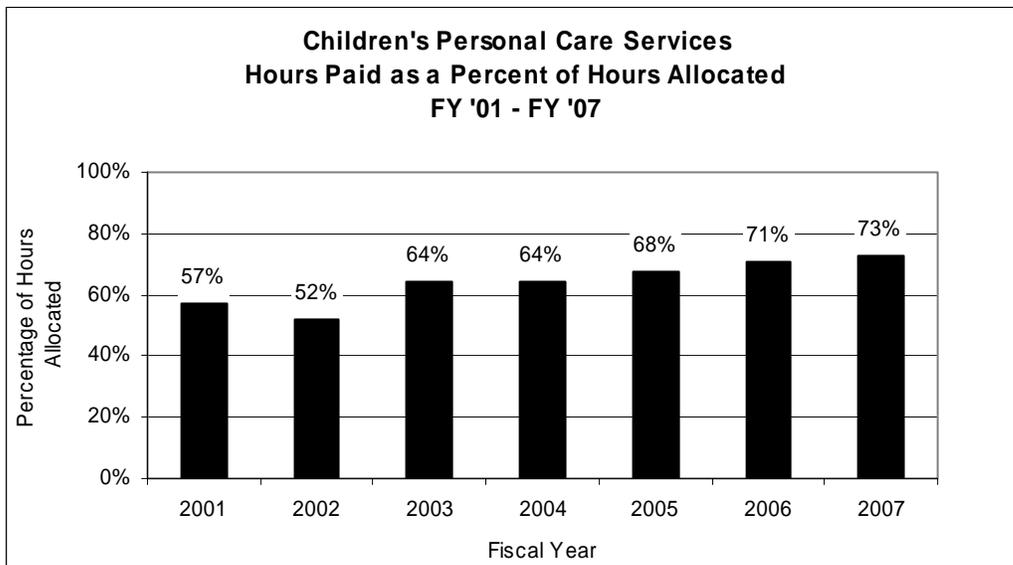
<sup>30</sup> The eligibility definition for CPCS and HTHC is broader than the Vermont definition used for developmental disability services.



DDAS and the Office of Vermont Health Access finalized a Memorandum of Understanding regarding Unified Services Plans, an option to integrate two or more Medicaid funding streams to maximize flexibility and efficiency in providing access to services. In FY '07, 6 additional individuals had services unified.



The ongoing **shortage of nurses** has made it difficult to get the needed care. The High Technology program has worked closely this past year with Children's Personal Care Services and Choices for Care to develop a continuum of care which has allowed for more flexibility among these three programs. In addition, there is an ongoing effort to supplement nursing services for the HTHC program by using High Tech Aides.



## Clinical and Crisis Services

<b>Vermont Crisis Intervention Network Numbers Served – FY 2007</b>	
Level II – Technical assistance Number of people supported (est.)	109
Level III – Crisis beds	
Number of stays	32
Number of total days	669
Avg. length of stay (range 4-48 days)	21 days

**Clinical Services** include assessment, therapeutic, medication and/or medical services provided by clinical or medical staff. **Crisis services** are time-limited, intensive supports provided for individuals who are currently experiencing, or may be expected to experience a psychological, behavioral or emotional crisis, and includes crisis assessment, support and referral, and crisis beds. Designated Agencies are required to provide crisis services in their region. The Vermont Crisis Intervention Network provides statewide crisis services.

**Vermont Crisis Intervention Network (VCIN):** VCIN, established in 1991, develops services and supports for people with the most challenging needs in the community to prevent their being placed in institutional care. The Network combines a proactive approach designed to reduce and prevent individuals from entering into crisis with emergency response services when needed.



The availability of the statewide **Human Rights Committee** to review restraint procedures and the provision of training in the development of positive behavior support plans have assisted agencies to provide safer and more effective supports to people with the most challenging needs.

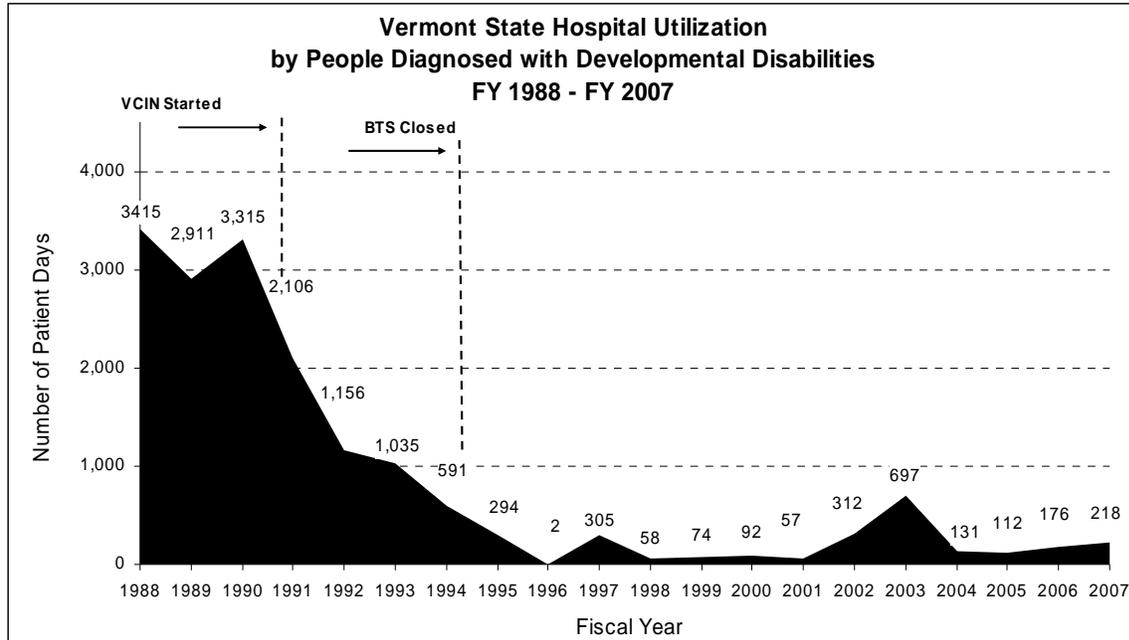
Human Rights Committee reviewed **12** Behavior Support Plans in FY '07.



The **Vermont Crisis Intervention Network** was the statewide recipient of the **2006 Agency of Human Services Secretary's Community Award** in recognition of VCIN's contributions toward improving the lives of Vermonters (see full story on page 1).



The **Vermont Crisis Intervention Network** continues to help maintain low usage of the Vermont State Hospital by people diagnosed with developmental disabilities<sup>31</sup>.



<sup>31</sup> These numbers do not include people with dual diagnoses who are being served through the mental health system and/or are not in need of developmental disability services. It does include people served by developmental disabilities services but paid in full by mental health or who were grandfathered into services by having received services on 7/1/96, but who are not diagnosed with Intellectual or Developmental Disabilities (I/DD). As of FY '97, these numbers include people diagnosed with Pervasive Developmental Disorders (PDD).

## Nursing Facilities

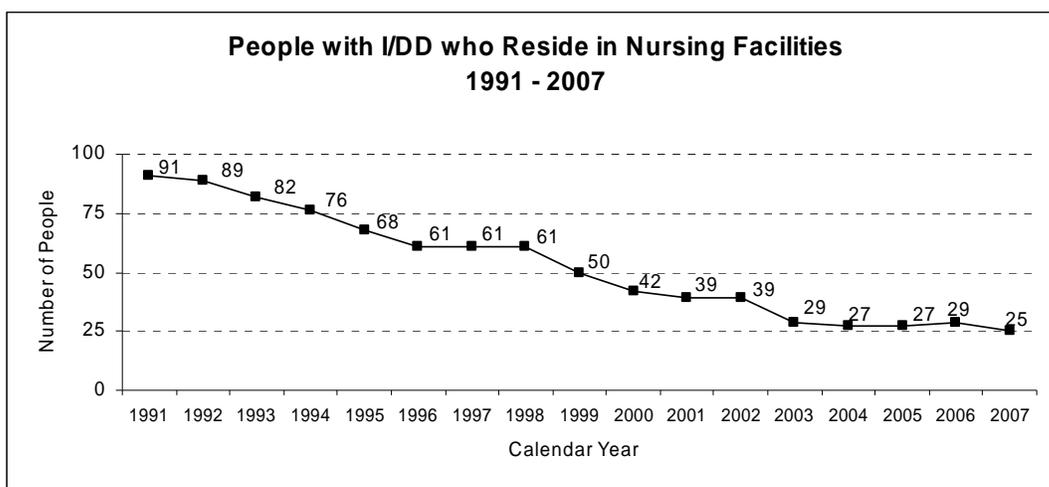
<b>Numbers Served – December 31, 2007</b>	
People receiving specialized services	9
PASARR screenings	12
Diversions to keep people out of nursing facilities	3
Community placements of people from nursing facilities	4
<b>Total people living in nursing facilities<sup>32</sup></b>	<b>25</b>

**Pre-Admission Screening and Resident Review (PASARR):** The Omnibus Budget Reconciliation Act of 1987 established PASARR which mandates the screening of all nursing facility residents and new referrals to determine the presence of mental retardation and/or related conditions and the need for specialized services. Services include pre-admission screening and development of community placements and specialized services.

**Specialized Services:** The Division of Disability and Aging Services provides support to individuals with developmental disabilities who live in nursing facilities. These Specialized Services greatly improve the quality of life for people living in nursing facilities by providing support to address social and recreational needs as well as the person’s overall well being.



In 2007, there was an **all-time low of 25 people with I/DD in nursing facilities**. This decrease in residents with I/DD in nursing facilities was accomplished, in part, through a combination of diversions through pre-admission screening and placements to more individualized community settings. Additionally, as would be expected from this older population, a number of deaths contributed to the decrease<sup>33</sup>.

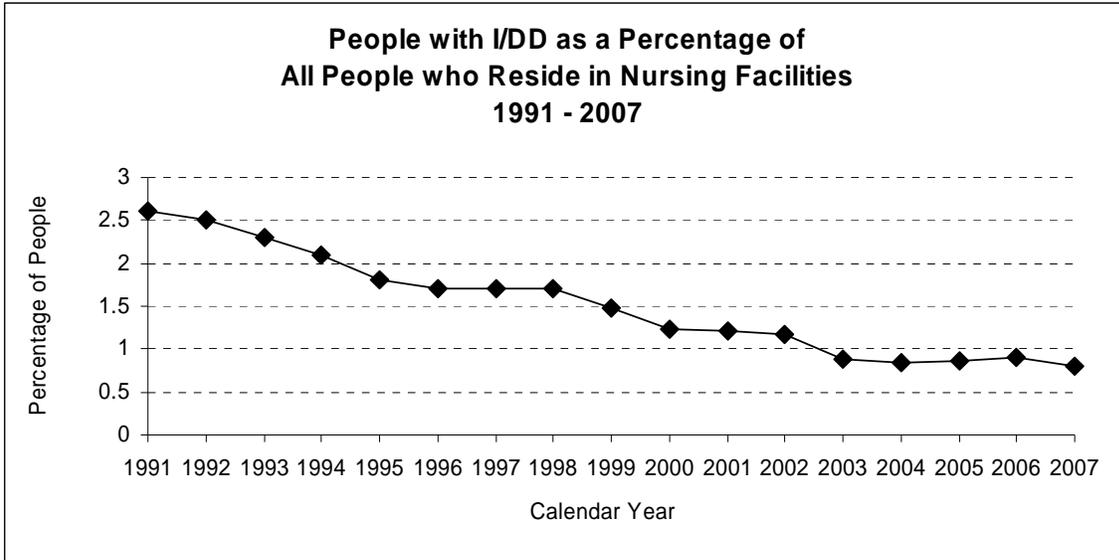


<sup>32</sup> PASARR uses the federal definition of “mental retardation or related conditions.” The terminology used in this report is “intellectual/developmental disabilities” (I/DD)

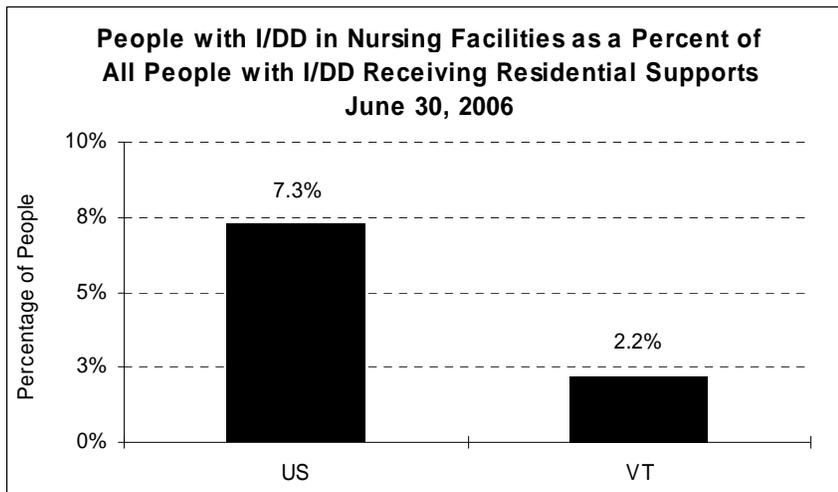
<sup>33</sup> Based on the initial 1988 screening that found 125 people with I/DD living in nursing facilities.



The national utilization rate of people with Intellectual/Developmental Disabilities (I/DD) living in nursing facilities was 10 per 100,000 of the state's general population<sup>34</sup>. **The Vermont rate for people with I/DD living in nursing facilities was 4, well below the national average.**



The number of people in Vermont with I/DD in nursing facilities compared to all residential services for people with developmental disabilities in Vermont was **2.2%** in 2006, considerably **lower than the national average**.<sup>35</sup>



<sup>34</sup> *The State of the States in Developmental Disabilities: 2006*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Preliminary Report, 2007.

<sup>35</sup> Residential supports in this context include home and community based waiver, ICF/DD and nursing facilities. Source: Prouty, R, Smith G. and Lakin C. *Residential Services for Persons with Developmental Disabilities: Status and Trends Through 2006*. Research & Training Center on Community Living, Institute on Community Integration/UCEDD, University of Minnesota, August 2007.

## Self-Advocacy

**Green Mountain Self-Advocates (GMSA)** is a statewide self-advocacy network run and operated by people with developmental disabilities. The GMSA board includes representatives from the 17 local self-advocacy groups. See **Attachment I: Green Mountain Self-Advocates Local Chapters and Map**. The group comes together to listen to each other, make new friends, learn about people's rights and tell politicians and others why people with disabilities are important. Green Mountain Self-Advocates is building a movement for self-advocacy through public education and awareness, peer mentoring, support, advocacy and direct action.

Green Mountain Self-Advocates engage in the following activities during the year:

- Board meetings are held monthly, two of which are on interactive television.
- Self-advocates teach free workshops:
  - Sexuality
  - Knowing your Legal Rights
  - Legislative Advocacy
  - You can Vote
  - Staying Safe
  - Disability Awareness
  - How to Support People to make their own Decisions
  - How to Include People on Boards and Committees
  - How to Start & Run a Self-Advocacy Group
  - What Allies can do to Support Self-Advocacy
  - 7 Habits of Highly Effective People
  - Myth Busters
  - Series of Introductory Self-Advocacy Classes
  - Reaching my own Greatness
- GMSA facilitates the establishment of new self-advocacy groups and supports those already meeting.
- Loans and grants are given to people who lived at Brandon Training School.
- Members serve on local and statewide advisory boards and committees – Nothing about us without us!
- GMSA is an active member of a regional self-advocacy network called NEAT (Northeast Advocates Together) and the national organization SABE (Self-Advocates Becoming Empowered).

### Highlights



The two-day annual **Voices and Choices self-advocacy conference** featured 20 workshops that promoted the autonomy of people with developmental disabilities. The sell-out crowd included 550 people receiving developmental services, their families and providers. One highlight was an exhilarating performance by Mashobane Moruthane inspired by the South African tradition of using African drums, percussion instruments, hands clapping, feet stomping, and voices calling to create rhythms to bring the audience together as one village.



GMSA worked with Community Associates, Planned Parenthood of Northern New England, and DDAS to organize a two-day conference, ***Celebrating Sexuality***. The conference focused on issues of sexuality and relationships in the lives of adults with developmental disabilities. Over 450 self-advocates, their families, providers and allies came together to build a healthy and supportive community that is grounded in the needs, interests, and concerns of people with developmental disabilities. The workshops provided information to support the following shared values:

- We are all sexual beings. Sexuality is a positive and pleasurable part of life.
- The fundamental principles of self-advocacy – that people with developmental disabilities can have control over their own lives, make their own decisions, solve problems and speak for themselves – extend to sexuality and relationships.
- People have the right to choose their own partners – same sex, opposite sex, differently-abled.
- Everyone has a right to the facts about health and sexuality information provided in an accessible manner.
- Relationships are learning opportunities. We move in, out, and within them in different ways.
- Treat adults as adults. Have respect for an individual's right to make choices and mistakes.
- Accept people where they are; support people in discovering who they are. No judging – do not push your values on someone else.



GMSA is renowned for their workshops on the **7 Habits of Highly Effective Teens**. Two two-day leadership retreats were taught to 70 students with developmental disabilities and their teachers from eight high schools. The 7 Habits curriculum continues to be well received by students because GMSA adapted the course based on simple, concrete language, and the incorporation of hands-on exercises with multiple opportunities for role-playing. It also provides educators with succinct language to use throughout the school year to promote mastery of each habit. Participants included a diverse group of students experiencing a variety of developmental disabilities as well as five students using augmentative communication and one student who spoke English as a second language.



GMSA worked with Planned Parenthood of Northern New England to train 32 adults with developmental disabilities to be **peer sexuality educators**. The four training sessions taught self-advocates to be more comfortable talking about sexuality and relationships, understand the qualities of a sexually healthy person, understand what it means to be a peer sexuality educator, learn the information and skills to be a good peer educator, and learn the meaning of sexual self-advocacy. Our collaboration produced a curriculum for peer sexuality educators to use when teaching sexuality to people with developmental disabilities.



**Produced two newsletters** with stories and pictures about people with developmental disabilities working at their jobs and actively involved in self-advocacy.



Continued to collaborate with the Vermont Center for Independent Living and Vermont Network Against Domestic and Sexual Violence to make **programs for survivors of abuse** more accessible to women with disabilities.



Produced a **Self-Advocacy Handbook** describing how people with developmental disabilities with support from allies can establish and run their own self-advocacy groups.



Establish two **peer-run employment support groups** to encourage those reluctant to work to seek employment and people underemployed to embrace the idea of looking for a job better matched to their interests.

### Areas of Focus



Continue to increase the capacity of self-advocates, and their providers and families to **support people with developmental disabilities to express their sexuality**. Deepen the understanding of self-advocacy for new and existing members of GMSA.



Take steps to establish an **AmeriCorps project** creating volunteer opportunities for people with developmental disabilities.



Continue to contract with Vocational Rehabilitation to provide **peer leadership** activities to increase employment for people with developmental disabilities.



Support people with developmental disabilities to be actively involved in the political process including **voting and communicating with their elected officials**.



Increase **public awareness** about self-advocacy and continue collaborating with Vermont Center on Independent Living to **increase accessibility** for all people with disabilities.

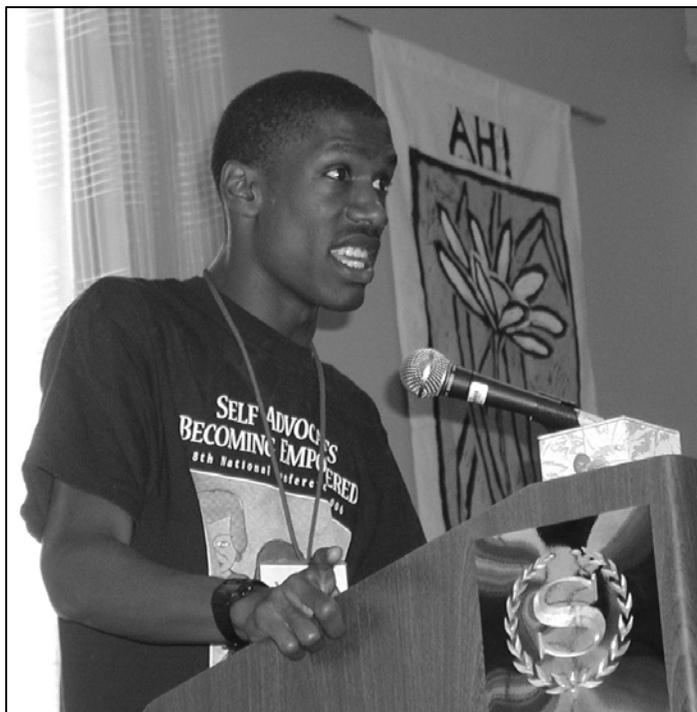
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## MAX – GMSA OUTREACH WORKER

*My name is Max Barrows. I'm the new outreach worker for Green Mountain Self-Advocates (GMSA). I have been involved with Green Mountain Self-Advocates for over two years as the leader of my local group called the Capitol City Advocacy Association. I have had experience teaching workshops at state and national conferences. I have presented in front of large crowds at conferences as well. People who have been observing me say that I have great skills speaking out and that I am a great role model for advocates.*

*I was awarded Self-Advocate of the Year in 2005 from my local advocacy group. The award was given to me at the first state conference I ever attended.*



*I had the outreach worker job recommended to me by people who have been observing me and my skills. Well, even though I was a little nervous, I took a shot at applying for this job. Ten days later I was called in to be interviewed. Within maybe a day after my interview, I received a phone call from our GMSA president that I got the job. Well, I guess my attitude and dedication to self-advocacy played big roll in getting this great opportunity.*

*I want to say thanks to the Green Mountain Self-Advocates for doing a great job pulling me out of the restaurant business and becoming a part of the whole disability rights movement. Most importantly it feels so good to be a part of this.*

-- Max Barrows, Outreach Worker  
Green Mountain Self-Advocates

## Office of Public Guardian

<b>Caseload – June 30, 2007</b>	
Guardianship services (developmental disability specialty)	564
Guardianship services (aging specialty)	52
Case management (developmental disability specialty)	11
Guardianship services – pending (developmental disability specialty)	9
Guardianship services – pending (aging specialty)	5
Commitment order – Act 248 (developmental disability specialty)	24
Commitment order – pending (developmental disability specialty)	3
<b>Total people in Office of Public Guardian program (unduplicated)</b>	<b>665</b>
<b>Total representative payee services</b>	<b>306</b>

**The Office of Public Guardian** provides guardianship and other court-ordered supervision when a person is unable to make basic life decisions and there are no friends or family to assist. Under Vermont law, the Office of Public Guardian is authorized to provide guardianship to:

- **Adults who have developmental disabilities, or**
- **Individuals who are age 60 or older.**

The program has a staff of 25 public guardians, two full time representative payee staff, a director and an administrative assistant. See **Attachment C: Division of Disability and Aging Services Staff**.

The Public Guardians work with individuals living throughout Vermont. They make regular home visits to the people they serve and take part in planning and monitoring. They make sure people have the supports needed to be safe and protected from abuse, neglect and exploitation. They help people to make their wishes and needs known, to become more independent, and to make connections with friends and family. As medical guardians, staff provide active medical advocacy and coordination and make decisions about medical treatment. Public Guardians are available for emergencies 24 hours a day.

In addition to serving as guardians, the Office of Public Guardianship provides:

- **Representative payee services** for governmental benefits for people under guardianship as well as an alternative to guardianship.
- **Case management supports** where this service can provide a less restrictive alternative to guardianship.
- **Supervision of offenders with developmental disabilities** placed on Act 248 commitment after being found incompetent to stand trial.
- **Court-ordered evaluations** for Probate and Family Court guardianship cases.
- **Public education** on guardianship and alternatives to guardianship.
- **Recruitment and assistance for private guardians** and assistance in development of individualized alternatives to guardianship.

## Offenders with Developmental Disabilities

The Division of Disability and Aging Services is proud of its public safety record of supporting and treating offenders in non-institutional settings. When individuals with developmental disabilities commit crimes, the courts and correctional system may not be able to respond to their special needs for supervision and treatment, and the public looks to the developmental service system to meet the need.

Developmental services agencies experience stresses and dilemmas when expected to serve a public safety function in the context of a system designed to promote self-determination and community participation. The Division sponsors a monthly training and support program and provides specialized consultation for staff who are supervising offenders with developmental disabilities in community settings. Through a contract with Northeast Kingdom Human Services, DDAS funds a specialized crisis and respite program for sex offenders with developmental disabilities.

Funds designated for offenders are managed through the Public Safety Fund. The fund is supervised by the Public Safety Funding committee, which meets monthly to review proposals. Criteria for access to the fund are included in the *Vermont System of Care Plan*. Twenty-one (21) people received Public Safety funding in FY 2007. Six of these individuals were new to the developmental disability services system and 15 were people already getting services with increased costs related to public safety concerns.

The Division of Disability and Aging Services continues to collect data regarding all sex offenders served through the developmental disabilities services system in order to track the efficacy and cost of treatment, training needs and support of offenders. Information on demographics, offense characteristics and Treatment Progress Scale scores collected and analyzed on an annual basis contributes to our understanding about best practices in serving this group. Information on one hundred and nineteen (119) individuals were tracked through the 06-07 round of data collection.

### Highlights



In response to heightened community concerns, DDAS developed a Community Notification Policy for sexual offenders in developmental disability services who may pose a risk to public safety.



The Division of Disability and Aging Services' leadership in developing standards and techniques for serving offenders with developmental disabilities continues to receive national recognition. A team from Vermont was invited to present at the 2007 Developmental Disabilities and Forensics Symposium in Baltimore, MD.



In May 2007, the American Journal on Mental Retardation published an article describing the developmental and prevailing results about Vermont's experience with the Treatment Intervention and Progress Scale for Sexual Abusers with Intellectual Disabilities (TIPS-ID).

## Communication

The Division of Disability and Aging Services continues to focus attention on the communication goal to: *Increase opportunities and supports for individuals to improve their communication and increase awareness of the need for people to communicate beyond the basics and familiar.*

The ongoing **action plan** addresses support for communication from different levels:

- **Individual Level** – Individual Support Agreements identify communication needs of individuals and those needs are addressed.
- **Agency Level** – Developmental service providers all have “in-house” resources to support people to communicate more effectively.
- **State Level** – Division of Disability and Aging Services provides resources, training and technical assistance to support people to communicate.

**The Vermont Communication Task Force** was established in the spring of 2000 so that adults with developmental disabilities who live in Vermont can communicate more effectively to participate fully in community life, make decisions and better advocate for themselves. Ongoing efforts provide information, education, training and resources to people with disabilities, family members, service providers and community members. The Vermont Communication Task Force works in partnership with DDAS, service providers, Green Mountain Self-Advocates, Vermont Assistive Technology Program, Speech and Language Pathologists and others who are knowledgeable about Augmentative and Alternative Communication (AAC) to help realize the goals of the statewide communication initiative.



In FY 2007, the Task Force provided **three full-day workshops** to local communication resource people from all the developmental disabilities services agencies.



The **Mentoring Project** began in FY '07 with Northwestern Counseling and Support Services and Rutland Mental Health Services, providing the two agencies with mentoring and technical assistance from a Speech and Language Pathologist (SLP) with Augmentative and Alternative Communication (AAC) expertise. The overall goal is to increase local capacity within developmental disability service agencies to support people with disabilities to communicate more effectively.



Over the past year, **Lincoln Street Incorporated** dedicated itself to meeting the needs of people who require the assistance of communication devices and training. During this time, a **communication library** was created to address this need and for training support staff. The library houses everything from computers with touch screen monitors and a variety of software to communication devices. People with disabilities are able to borrow a device and explore its potential. The communication library is ever-evolving; designed to enhance the quality of life for those served and to open doors into the community to develop relationships that were previously unattainable.

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## TRACY – MY EXPERIENCES AS A CONSULTANT

*The Facilitated Communication (FC) Institute in Syracuse, NY is a great place for people to learn about going through the process of facilitated communication. I have so many great stories about working with people like Marilyn Chadwick and Mayer Shevin, righteous trainers who do great training to FC users. There you work to develop the skills to become great at typing.*



*The work that I have done with young students like Kyle has helped him start to be a presenter and to advocate for himself. We co-presented to his 7<sup>th</sup> and 8<sup>th</sup> grade class about autism and movement issues. This helped him start his journey to self-advocacy and telling his story. I was happy to help him tell his story about autism and make people understand that we are intelligent and have something to say.*

*I have traveled to a great many places where I have presented at conferences about topics such as self-advocacy, the right to communicate, autism and movement differences. I have had the great privilege to be a lead trainer and presenter while working with people like Harvey Lavoy, Pascal Cheng and Marilyn Chadwick.*

*The best thing about doing this work is knowing that I am helping people to communicate through typing their words. This is the greatest work that I could do as a self-advocate. The opportunity to help change the way that people look at people with speech and movement problems and open their eyes to the person that lies within is very rewarding work.*

-- Tracy Thresher

## Consumer Survey

<b>Numbers Surveyed – 2006</b>	
Number of participants – Consumers interviewed	153
Demographic survey only	307
<b>Total number of adult participants</b>	<b>460</b>

**Consumer Survey Project:** The Division of Disability and Aging Services contracts with an independent group to conduct interviews on a statewide basis of adults who receive services. In addition to the personal interview, basic demographic information is collected from service coordinators for all adults selected whether or not they are able to individually participate in the interview. Over the course of the past three years (2004 – 2006), 40% of adults who receive services participated in the survey. 2006 was the third year in the survey cycle during which surveys and interviews were conducted at six agencies<sup>36</sup>. We did not conduct the survey in 2007 as we changed the timing of the interviews from summer to spring and made some other adjustments in the survey process and tool.

The data presented below are aggregate data representing statewide results. This is just a small sampling of the data collected from the survey. For the complete report, contact the Division of Disability and Aging Services.

### Consumer Survey Results<sup>37</sup> – 2006

#### Highlights

-  **Residential: 91%** said they like where they live.
-  **Work: 92%** said they like their job.
-  **Community Supports: 99%** said they like their individual community activities.
-  **Guardianship: 87%** said they feel happy about their guardian.

<sup>36</sup> The six agencies that took part in the Consumer Survey Project in 2006 were Howard Center for Human Services/Howard Community Services (now called HowardCenter), Washington County Mental Health/Community Developmental Services, Rutland Mental Health Services/Community Access Program, Lamoille County Mental Health Services, Lincoln Street Incorporated and Transition II (people who were self-/family-managing services).

<sup>37</sup> Not all consumers answered all the questions in their interviews. Percentages are based on the total number of consumers who responded to the questions. Consumer survey data needs to be taken in the same context as any study of satisfaction, as a general reflection of a person's perspective of life. Results from the surveys are anonymous and confidential.



**Agency: 88%** said they feel happy with their service coordinator.



**Agency: 92%** said they feel listened to at their ISA meetings.



**Transportation: 95%** said they had a way to get there if they wanted to go someplace.



**Self-Determination: 82%** said they feel they have enough control over their life.

### Areas of Focus



**Residential: 37%** said they did not choose who they live with.



**Residential: 52%** said they did not choose the place where they live.



**Work: 67%** of the people who do not work said they wanted a paid job.



**Community Supports: 45%** said they would like more community activities.



**Service Agency: 77%** said they would like (more) help to do or learn new things?



**Friends: 43%** said they wish they had more friends.



**Friends: 42%** said they need to know more about dating.



**Friends: 43%** said someone else decides when friends and family can come visit.

## Demographic Summary<sup>38</sup> – 2004 – 2006

### Basic Information

<b>Gender</b>		<b>Guardian Status</b>		<b>Representative Payee</b>	
Males	56%	Private	49%	Yes	76%
Females	44%	None	26%	No	20%
		Public	24%	Unknown	4%
		Unknown	1%		
<b>Marital Status</b>		<b>Court Ordered Restrictions</b>		<b>Family Involved in Person's Life</b>	
Never married	93%	No	95%	Yes	86%
Married/Civil Union	3%	Yes	3%	No	13%
Single/Married in past	4%	Unknown	2%	Unknown	1%

### Residential Summary

<b>Residential Type</b>		<b>Household Composition</b>		<b>Paid Residential Support</b>	
Home provider	44%	Non relatives	50%	24-hour	51%
Lives with family	31%	Parents	27%	Daily	7%
Person's own home	17%	Lives alone	11%	Less than daily	6%
Group living	3%	Other relatives	7%	As needed	3%
Staffed living	1%	Spouse/children	2%	None/Family	32%
Residential Care Home/ Nursing Home/Other	4%	Unknown/Other	3%	Unknown	1%

<b>Who Own/Leases the Home</b>		<b>Residential Location</b>		<b>How Long Living in Home</b>	
Family member	32%	Rural/Physically remote	47%	Over 5 years	58%
Paid home provider	42%	Walking distance to town/city	33%	3 – 5 years	15%
Provider agency	9%	Centrally located in town/city	18%	1 – 2 years	13%
Person rents home	12%	Unknown	2%	Less than 1 year	11%
Person owns home	2%			Unknown	3%
Unknown/Other	3%				

### Health Concerns Summary

<b>Is weight a concern?</b>		<b>Does person smoke/chew tobacco?</b>		<b>How physically active is person?</b>	
No	62%	No	89%	Moderately	61%
Yes, overweight	30%	Yes	8%	Inactive	19%
Yes, underweight	4%	Unknown	3%	Very	18%
Unknown	4%			Unknown	2%

<sup>38</sup> Data is based on results from *Survey of Adult Consumers of Developmental Services* 2004, 2005 and 2006 reports and includes all participants (those interviewed and those not interviewed who only had the demographic survey done).

## Comparison of Vermont's 2003 and 2006 Consumer Survey Results

The method for collecting the consumer survey data for the past four years has been by random selection of consumers from a sampling of agencies based upon size of agency and regional representation. The same five agencies took part in both the 2003 and 2006 survey<sup>39</sup>. The following are some comparisons of specific survey responses from the two years.

	2003	2006
<b>Residential</b>		
• They like where they live	81%	91%
• They had a say in where they live	50%	48%
• They cannot think of a better place to live	75%	67%
• They feel safe at home	92%	91%
• They can invite friends over when they want	80%	93%
<b>Neighborhood</b>		
• They like their neighborhood	80%	82%
• They feel safe in their neighborhood	92%	94%
<b>Work</b>		
• They like their job	91%	92%
• They chose their job	74%	89%
• They chose who helped them at work	54%	64%
• They work enough hours	62%	67%
• There is nothing else they'd rather do during the day	66%	62%
<b>Community Supports (Individual)</b>		
• They like their community supports	99%	99%
• They have enough community activities	59%	45%
• They like the people they spend time with	96%	81%
<b>Activities</b>		
• They shop as much as they want	77%	49%
• They exercise as much as they want	73%	58%
• They go to church/synagogue as much as they want	65%	69%
<b>Friends</b>		
• They have enough friends	61%	57%
• They can see their family when they want	67%	80%
<b>Service Agency</b>		
• They chose their service coordinator	42%	43%
• They get to learn new things	51%	81%
<b>Self-Determination</b>		
• They make all the choices they want	56%	65%
• They have enough control over their life	77%	82%

<sup>39</sup> Data is based on results from *Survey of Adult Consumers of Developmental Services 2006 Report*. The five agencies that took part in interviews for the Consumer Survey Project in 2006 were Howard Center for Human Services/Howard Community Services, (now called HowardCenter), Washington County Mental Health/Community Developmental Services, Rutland Mental Health Services/Community Access Program, Lamoille County Mental Health Services and Lincoln Street Incorporated. No people who self-/family managed services chose to be interviewed in 2006.

## National Comparison of Vermont's 2006 Consumer Survey Results<sup>40</sup>

### Highlights – Categories<sup>41</sup>



**Everyday Choices:** Vermont ranked **highest**; with the highest average proportion of people who say they:

- Choose their daily schedule
- Choose how to spend free time
- Choose what to buy with spending money
- Choose the people they live with



**Life Decisions:** Vermont ranked **highest**; with the highest average proportion of people who say they:

- Choose their work and/or community support activities
- Choose where they live
- Choose their case manager (2<sup>nd</sup> highest)
- Choose who helps them at work or with their community supports (2<sup>nd</sup> highest)
- Choose the staff who help them at home (3<sup>rd</sup> highest)



**Community Inclusion:** Vermont ranked **high**; with the highest average proportion of people who say they:

- Go out on errands or appointments
- Exercise or play sports
- Go out to eat
- Go shopping
- Go out for entertainment (2<sup>nd</sup> highest)



**Rights:** Vermont ranked **high**; with a positive result in the average proportion of people who say they:

- Have restrictions on being alone with guests (lowest)
- Attend activities of self-advocacy groups (highest)
- Have their mail opened without permission (2<sup>nd</sup> lowest)
- Most community support workers treat them with respect (2<sup>nd</sup> highest)
- Most home support workers treat them with respect (3<sup>rd</sup> highest)



Vermont had a positive result in the average proportion of people who say they:

- Have adequate transportation (highest)
- Feel lonely (often or sometimes) (lowest)
- Feel safe in their home (2<sup>nd</sup> highest)
- Feel safe in their neighborhood (2<sup>nd</sup> highest)

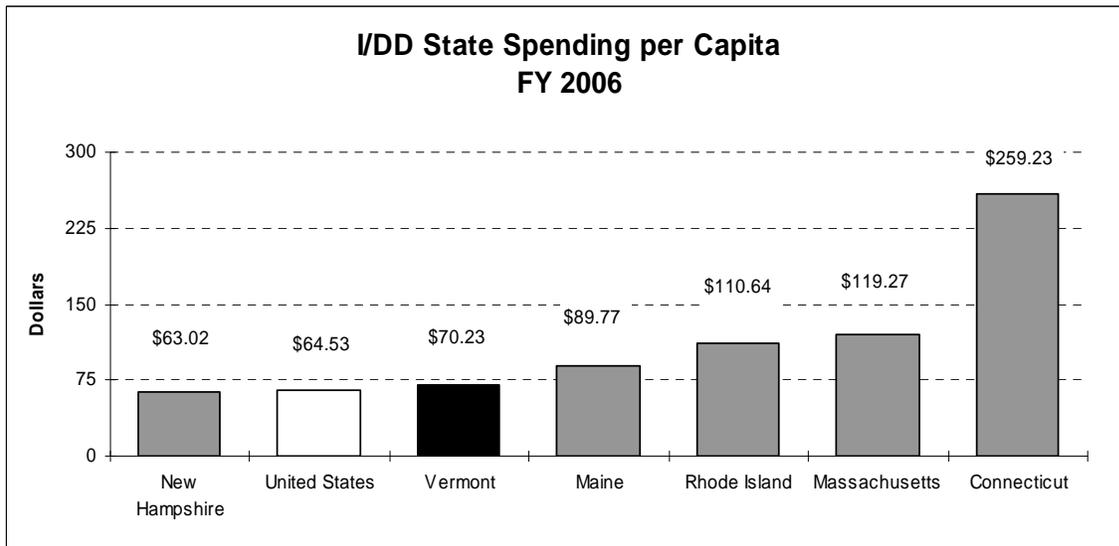
<sup>40</sup> Data is based on results from twenty states that participated in the 2006 consumer surveys as part of the National Core Indicators. Results are published in *Consumer Outcomes – Phase IX Report Fiscal Year 2006-2007 Data*, National Core Indicators, Preliminary Report, February 2008.

<sup>41</sup> Data was analyzed by category (grouping of questions based on certain commonalities) and individual questions. Categorical data presented in this section is outcome or “risk” adjusted to control for differences in the individual characteristics of people interviewed across states.

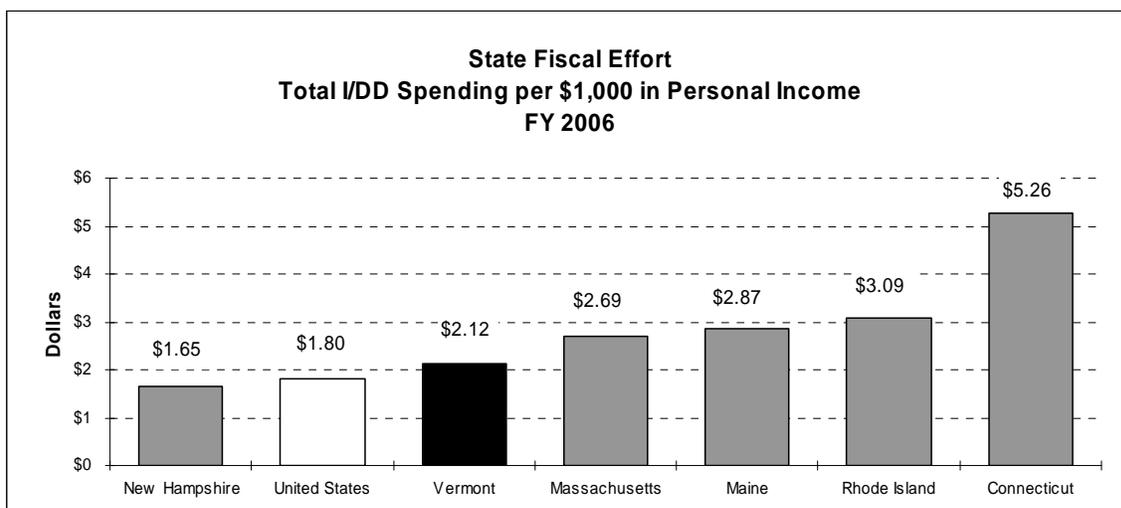
## National Comparisons<sup>42</sup>



Vermont ranks second to New Hampshire in spending fewer **state dollars** (including Medicaid match) per state resident for intellectual/developmental disability (I/DD) services than any other New England state and slightly higher than the national average.



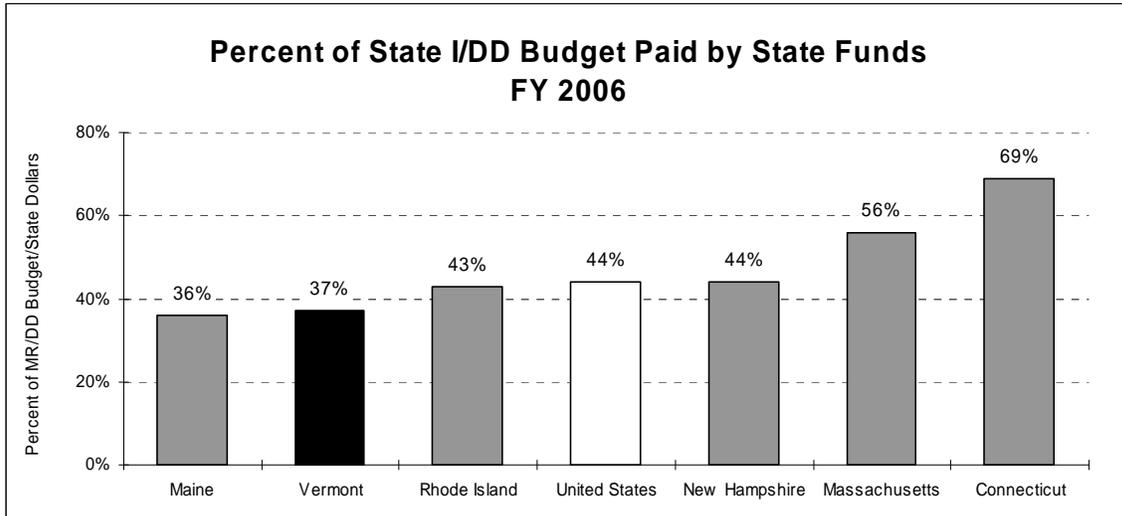
The **fiscal effort** in Vermont, as measured by total state spending for people with intellectual/developmental disability (I/DD) services per \$1,000 in personal income, indicates that Vermont ranks 2<sup>nd</sup> to New Hampshire as the lowest of all New England states and is slightly higher than the national average.



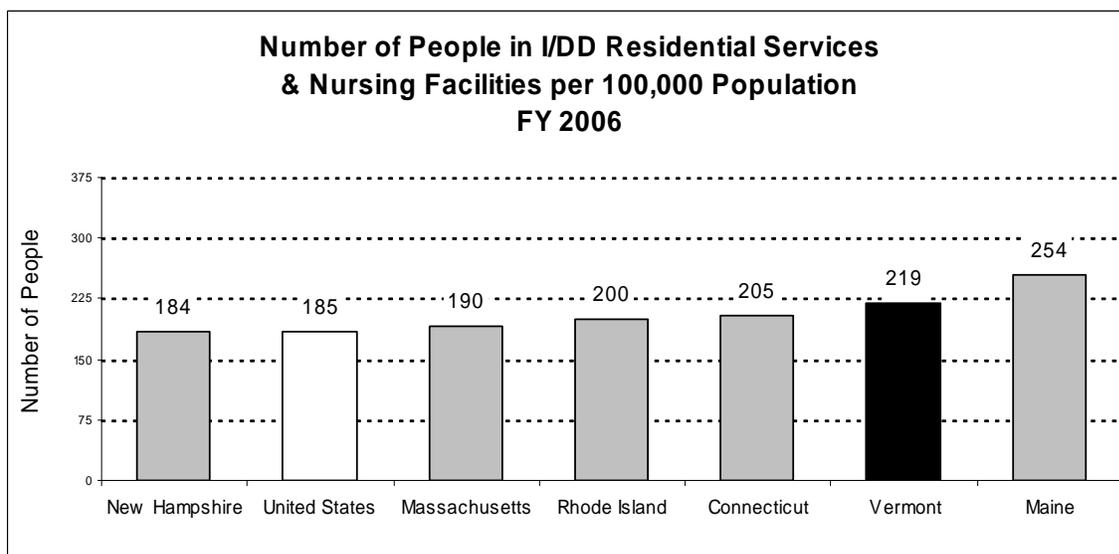
<sup>42</sup> *The State of the States in Developmental Disabilities: 2006*, Department of Psychiatry and Coleman Institute for Cognitive Disabilities, University of Colorado, Preliminary Report, 2007.



**State funds** (including state funds used for Medicaid match) account for a smaller proportion of the budget from intellectual/developmental disability (I/DD) services in Vermont than in any other New England State except for Maine. Vermont continues to access higher than the national average proportion of federal dollars.

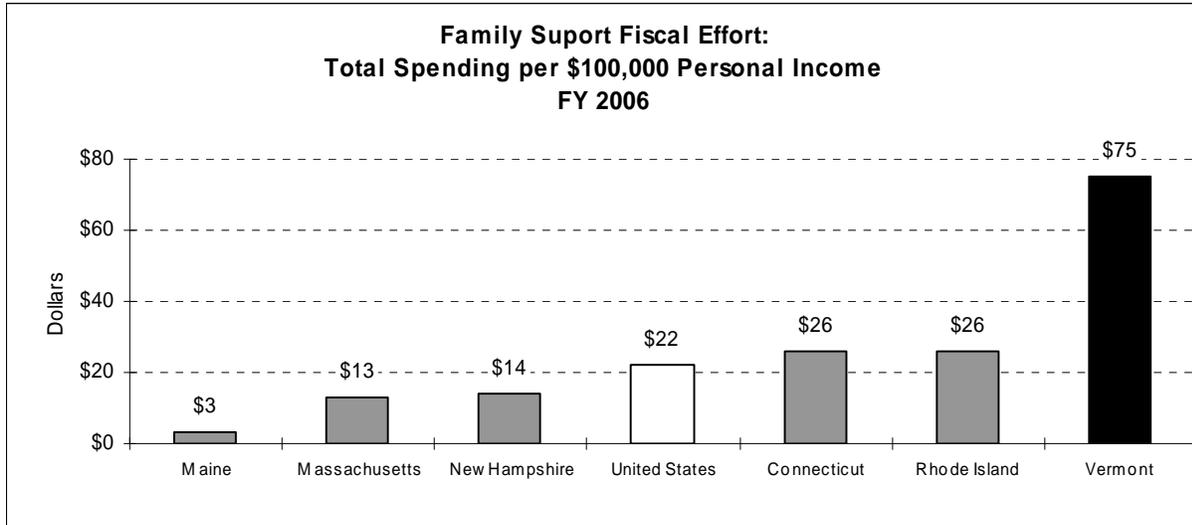


The number of people receiving **residential services** in the intellectual/developmental disability (I/DD) service system (with the addition of people living in nursing facilities) per 100,000 of the state population is above the national average and slightly higher than the majority of New England states.

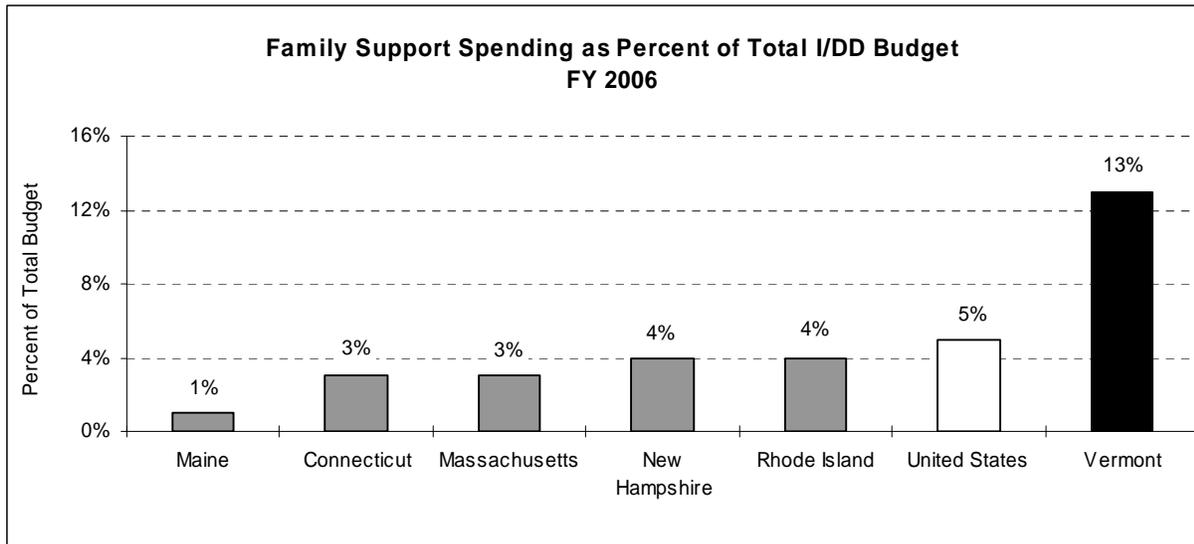




Vermont is ranked 1<sup>st</sup> in New England and 4<sup>th</sup> in the nation in total **family support spending** per \$100,000 personal income. Greater support of families results in lower costs overall.

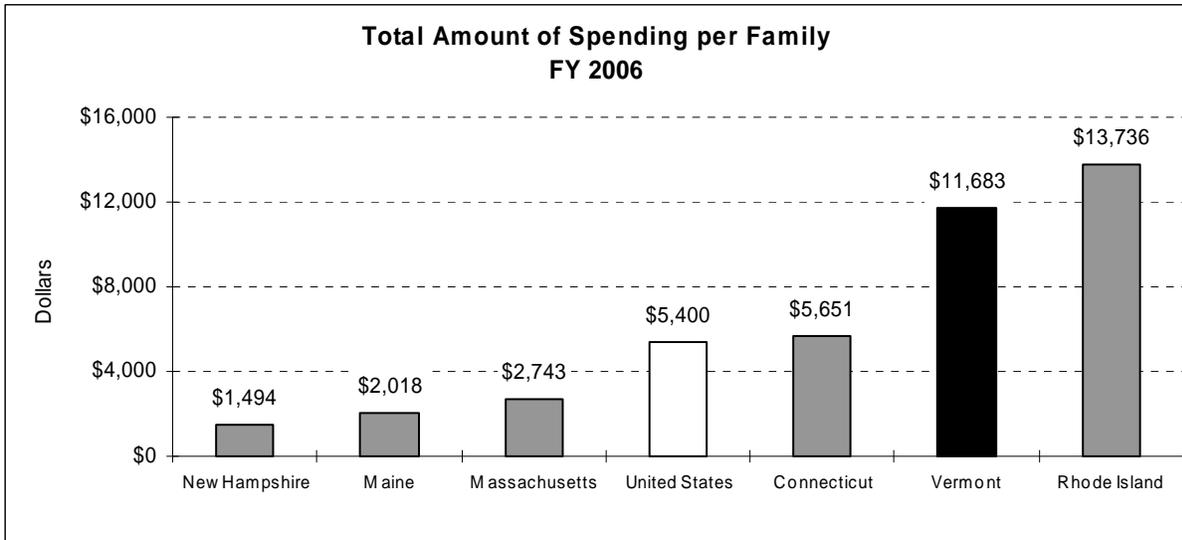


Vermont's **family support spending** is ranked 1<sup>st</sup> in New England and 6<sup>th</sup> in the nation in terms of total I/DD budget.





Vermont is ranked 2<sup>nd</sup> in New England and 9<sup>th</sup> in the nation in the amount of **spending per family** for family support.





# A T T A C H M E N T S

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Sources of Quality Assurance and Protection for Citizens with Developmental Disabilities.....	Attachment H
Green Mountain Self-Advocates: Local Chapters and Map.....	Attachment I



## ACRONYMS

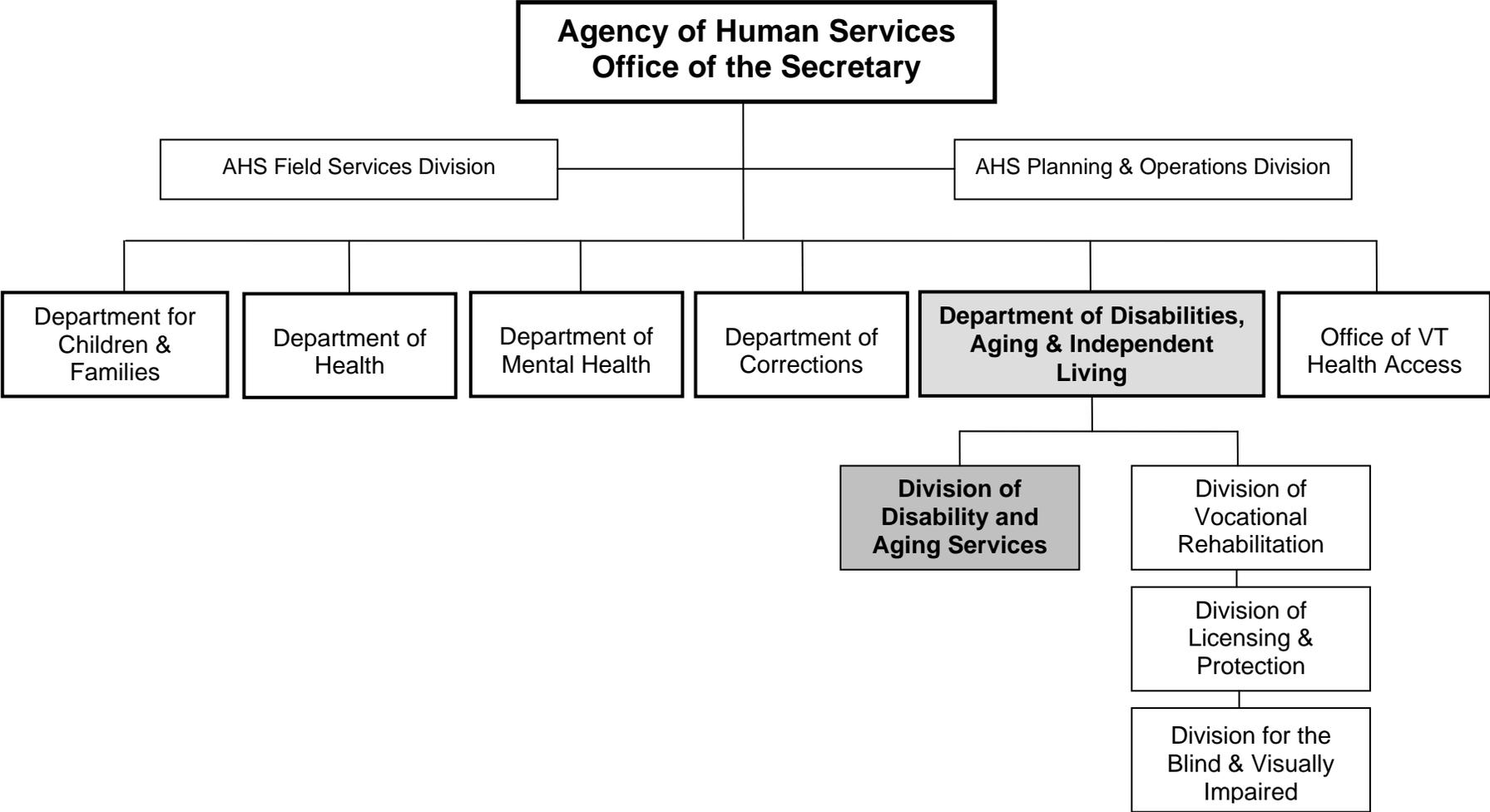
<b>AAC</b>	Augmentative and Alternative Communication
<b>AAIDD</b>	American Association on Intellectual and Developmental Disabilities
<b>ACT 248</b>	Supervision of incompetent individuals with developmental disabilities that have been charged with crimes
<b>ADD</b>	Attention Deficit Disorder
<b>ADRC</b>	Aging and Disability Resource Connections
<b>AFL</b>	Authorized Funding Limit
<b>AHS</b>	Agency of Human Services
<b>ANCOR</b>	American Network of Community Options and Resources
<b>APS</b>	Adult Protective Services
<b>APSE</b>	The Network on Employment (formerly known as: Association for Persons in Supported Employment)
<b>ARC</b>	Advocacy, Resources and Community
<b>ARIS</b>	Area Resources for Individualized Services
<b>ASD</b>	Autism Spectrum Disorders
<b>AT</b>	Assistive Technology
<b>BTS</b>	Brandon Training School
<b>CA</b>	Community Associates (DS Program of CSAC)
<b>CAP</b>	Community Access Program (DS program of RMHS)
<b>CAS</b>	Community Alternatives Specialist
<b>CCS</b>	Champlain Community Services
<b>CDCI</b>	Center on Disability and Community Inclusion
<b>CDS</b>	Community Developmental Services (DS program of WCMHS)
<b>CDU</b>	Community Development Unit
<b>CIR</b>	Critical Incident Report
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CP</b>	Cerebral palsy
<b>CPS</b>	Child Protective Services
<b>CSAC</b>	Counseling Service of Addison County
<b>CSHN</b>	Children with Special Health Needs
<b>CVARC</b>	Central Vermont ARC
<b>DA</b>	Designated Agency
<b>DAIL</b>	Department of Disabilities, Aging and Independent Living
<b>DBT</b>	Dialectical Behavioral Therapy
<b>DBVI</b>	Division for the Blind and Visually Impaired
<b>DCF</b>	Department for Children and Families
<b>DD</b>	Developmental Disability or Developmentally Disabled
<b>DD ACT</b>	Developmental Disability Act of 1996
<b>DDC</b>	Developmental Disabilities Council
<b>DH</b>	Developmental Homes – see also SLP or HP
<b>DLP</b>	Disability Law Project
<b>DLP</b>	Division of Licensing and Protection
<b>DME</b>	Durable Medical Equipment
<b>DMH</b>	Department of Mental Health
<b>DOC</b>	Department of Corrections
<b>DOE</b>	Department of Education
<b>DOJ</b>	Department of Justice

<b>DS</b>	Developmental Services
<b>DSM</b>	Diagnostic and Statistical Manual of Mental Disorders (most current edition)
<b>DVR</b>	Division of Vocational Services – see also VR
<b>EDS</b>	Electronic Data Systems
<b>FARC</b>	Franklin ARC
<b>FIN</b>	Financial Report
<b>FF</b>	Families First
<b>FFF</b>	Flexible Family Funding
<b>FFP</b>	Federal Financial Participation
<b>FFS</b>	Fee for service
<b>FFY</b>	Federal Fiscal Year
<b>FY</b>	Fiscal Year
<b>GC</b>	Global Commitment for Health 115 Waiver
<b>GF</b>	General Fund
<b>GH</b>	Group Home
<b>GMSA</b>	Green Mountain Self Advocates
<b>GS</b>	Guardianship Services – also see OPG
<b>HC</b>	HowardCenter or HowardCenter – Developmental Services
<b>HCBS</b>	Home and Community-Based Services
<b>HCHS</b>	Howard Center for Human Services – Obsolete, see HC
<b>HCRS</b>	Health Care and Rehabilitation Services of Southeastern Vermont – see also HCRSSV
<b>HCRSSV</b>	Health Care and Rehabilitation Services of Southeastern Vermont
<b>HCS</b>	Howard Community Services (DS program of HCHS) – Obsolete, see HC
<b>HHS</b>	Health and Human Services
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HP</b>	Home provider
<b>HRD</b>	Human Resources Data
<b>ICF/DD</b>	Intermediate Care Facility for people with Developmental Disabilities
<b>I/DD</b>	Intellectual/Developmental Disabilities
<b>IDU</b>	Information and Data Unit
<b>IEP</b>	Individualized Education Program
<b>ISA</b>	Individual Support Agreement
<b>ISO</b>	Intermediary Service Organization
<b>ISU</b>	Individual Supports Unit
<b>LCMH</b>	Lamoille County Mental Health
<b>LSI</b>	Lincoln Street Incorporated
<b>MCIS</b>	Managed Care Information System
<b>MI</b>	Mentally Impaired/Ill
<b>MR</b>	Mental Retardation – Obsolete, see DD or I/DD
<b>MSR</b>	Monthly Service Report
<b>NASDDDS</b>	National Association of State Directors of Developmental Disabilities Services
<b>NCI</b>	National Core Indicators
<b>NCSS</b>	Northwestern Counseling and Support Services
<b>NKHS</b>	Northeast Kingdom Human Services
<b>OPG</b>	Office of Public Guardian
<b>OVHA</b>	Office of Vermont Health Access
<b>P2P</b>	Parent-to-Parent
<b>P&amp;A</b>	Protection and Advocacy – see VP&A
<b>PASARR</b>	Pre-admission Screening and Resident Review
<b>PDD</b>	Pervasive Developmental Disorder
<b>PG</b>	Public Guardian

<b>QA</b>	Quality Assurance
<b>QDDP</b>	Qualified Developmental Disabilities Professional (formerly QMRP)
<b>QI</b>	Quality Improvement
<b>QMU</b>	Quality Management Unit
<b>RARC</b>	Rutland ARC
<b>RMHS</b>	Rutland Mental Health Services
<b>RWJ</b>	Robert Wood Johnson Foundation
<b>SAS</b>	Sterling Area Services
<b>SCC</b>	Specialized Community Care
<b>SLP</b>	Shared living provider
<b>SLP</b>	Speech language pathologist
<b>SSA</b>	Social Security Administration
<b>SSA</b>	Specialized Service Agency
<b>SSDI</b>	Social Security Disability Income
<b>SSI</b>	Supplemental Security Income
<b>TASH</b>	The Association for Persons with Severe Handicaps
<b>TBI</b>	Traumatic Brain Injury
<b>TCM</b>	Targeted Case Management (state plan Medicaid)
<b>T-II</b>	Transition II
<b>TXIX</b>	Title XIX of the Social Security Act (Medicaid)
<b>UC</b>	University of Colorado
<b>UCS</b>	United Counseling Service of Bennington County
<b>UVS</b>	Upper Valley Services
<b>VCDMHS</b>	Vermont Council of Developmental & Mental Health Services – formerly VCCMHS
<b>VCDR</b>	Vermont Coalition for Disability Rights
<b>VCIL</b>	Vermont Center for Independent Living
<b>VCIN</b>	Vermont Crisis Intervention Network
<b>VDH</b>	Vermont Department of Health
<b>VP&amp;A</b>	Vermont Protection and Advocacy
<b>VPIC</b>	Vermont Parent Information Center
<b>VR</b>	Vocational Rehabilitation – see also DVR
<b>VSH</b>	Vermont State Hospital
<b>UVM</b>	University of Vermont
<b>WCMH</b>	Washington County Mental Health



# ORGANIZATIONAL CHART AGENCY OF HUMAN SERVICES





**DIVISION OF DISABILITY AND AGING SERVICES STAFF  
January 2008**

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Lyon, Veda	Community Development Manager	241-2628	veda.lyon@ahs.state.vt.us
Marshall, Renita	Administrative Assistant	241-4595	renita.marshall@ahs.state.vt.us
Masterson, Jennie	Supported Employment Specialist	786-2571	jennie.masterson@ahs.state.vt.us
McFadden, Clare	Autism Specialist	241-2863	clare.mcfadden@ahs.state.vt.us
Mireault, Maria	Dementia Project Director	241-3738	maria.mireault@ahs.state.vt.us
Moffi, Richard	Supportive Housing Project Manager	241-4612	richard.moffi@ahs.state.vt.us
Sherburn, Cecile	Administrative Assistant	241-2658	cecile.sherburn@ahs.state.vt.us
Topper, Karen	Consumer Development Coordinator	241-3175	karen.topper@ahs.state.vt.us
Woodruff, Mary	Nutrition & Health Promotion Specialist	241-2930	mary.woodruff@ahs.state.vt.us

**Individual Supports Unit (ISU)**  
802-241-1228

<b>Staff Name</b>	<b>Title</b>	<b>Phone (802)</b>	<b>E-mail Address</b>
Baraw, Samantha	Program Technician	241-3624	samantha.baraw@ahs.state.vt.us
Bombardier, Jackie	Administrative Assistant	241-3543	jackie.bombardier@ahs.state.vt.us
Bullard, Gordon	Program Technician	241-2196	gordon.bullard@ahs.state.vt.us
McClintock, Glen	TBI Implementation Grant Manager	241-3719	glen.mcclintock@ahs.state.vt.us
Edelman, Adele	Medicaid Waiver Manager	241-2402	adele.edelman@ahs.state.vt.us
Edwards-Orr, Merle	Flexible Choices Project Director	241-4496	merle.edwards-orr@ahs.state.vt.us
Garabedian, Jennifer	Independent Living Services Consultant – Children’s Personal Care	241-3813	jennifer.garabedian@ahs.state.vt.us
Goodrich, Heidi	Administrative Assistant	214-4593	heidi.goodrich@ahs.state.vt.us
Green, April	Children’s Personal Care Specialist	241-3528	april.green@ahs.state.vt.us
Malone, Ellen	Developmental & Specialty Services Manager	786-5047	ellen.malone@ahs.state.vt.us
Marinelli, Nancy	Medicaid Waiver Supervisor	241-4431	nancy.marinelli@ahs.state.vt.us
Meunier, Mike	Independent Living Services Consultant – Attendant Services	241-2431	mike.meunier@ahs.state.vt.us
O’Vitt, David	Nurse Intake Coordinator	241-4639	david.ovitt@ahs.state.vt.us
Parker, Janine	Developmental Disabilities Services Specialist	786-5081	janine.parker@ahs.state.vt.us
Roth, Amy	Children’s Services Specialist	241-2675	amy.roth@ahs.state.vt.us
Tierney-Ward, Megan	Medicaid Waiver Supervisor	241-2426	megan.tierney-ward@ahs.state.vt.us
Wargo, Lorraine	Director, ISU	241-3186	lorraine.wargo@ahs.state.vt.us
Weaver, Erin	TBI Waiver Supervisor	241-1456	erin.weaver@ahs.state.vt.us

**Long-Term Care Clinical Coordinators**  
**Choices for Care**

<b>Regional Office</b>	<b>Staff Name</b>	<b>Phone (802)</b>	<b>E-mail Address</b>
<b>Barre Office</b> McFarland State Office Building 5 Perry Street, Suite 150 Barre, VT 05641 Fax: 479-4297	George Jurasinski	476-1646	george.jurasinski@ahs.state.vt.us
<b>Bennington Office</b> 200 Veterans’ Memorial Drive, Suite 6 Bennington, VT 05201 Fax: 447-6972	Jessica Bird	447-2850	jessica.bird@ahs.state.vt.us
<b>Brattleboro Office</b> 232 Main Street P.O. Box 70 Brattleboro, VT 05302-0070 Fax: 254-6394	Mary Woods	251-2118	mary.woods@ahs.state.vt.us

<b>Burlington Office</b> 312 Hurricane Lane Suite 201 Williston, VT 05495 Fax: 879-5620	Paula Brown Sara Lane Toni Morgan	879-5904	paula.brown@ahs.state.vt.us sara.lane@ahs.state.vt.us toni.morgan@ahs.state.vt.us
<b>Middlebury Office</b> 700 Exchange Street Middlebury, VT 05753 Fax: 388-4637	Mary Gerdt	388-5730	mary.gerdt@ahs.state.vt.us
<b>Morrisville Office</b> 63 Professional Drive, Suite 4 Morrisville, VT 05661 Fax: 888-1345	Maura Krueger	888-0510	maura.krueger@ahs.state.vt.us
<b>Newport Office</b> 100 Main Street, Suite 240 Newport, VT 05855 Fax: 334-3386	Paulette Simard	334-3910	paulette.simard@ahs.state.vt.us
<b>Rutland Office</b> 320 Asa Bloomer Building Rutland, VT 05701 Fax: 786-5882	Celine Aprilliano	786-5971	celine.aprilliano@ahs.state.vt.us
<b>Springfield Office</b> State Office Building/ESD 100 Mineral Street, Suite 201 Springfield, VT 05156 Fax: 885-8879	Jennifer Genung	885-8875	jennifer.genung@ahs.state.vt.us
<b>St. Albans Office</b> 20 Houghton Street, Suite 313 St. Albans, VT 05478 Fax: 527-4078	Brenda Smith	524-7913	brenda.smith@ahs.state.vt.us
<b>St. Johnsbury Office</b> 67 Eastern Avenue, Suite 7 St. Johnsbury, VT 05819 Fax: 751-3272	Julie Bigelow	748-8361	julie.bigelow@ahs.state.vt.us
<b>White River Jct. Office</b> 224 Holiday Drive, Suite A White River Jct., VT 05001-2097 Fax: 295-4148	Sally Garmon	296-5592	sally.garmon@ahs.state.vt.us

**Quality Management Unit (QMU)**  
802-241-2614

<b>Staff Name</b>	<b>Title</b>	<b>Phone (802)</b>	<b>E-mail Address</b>
Barrett, Joy	QM Nursing Reviewer	786-5054	joy.barrett@ahs.state.vt.us
Bean, Marie	QM Reviewer	241-4425	marie.bean@ahs.state.vt.us
Booth, Ellen	QM Reviewer	241-4549	ellen.booth@ahs.state.vt.us
Carlomagno, Joe	Director, QMU	241-2721	joe.carlomagno@ahs.state.vt.us
Coy, Jeff	QM Training Coordinator	241-2727	jeff.coy@ahs.state.vt.us
Culver, Jane	Administrative Assistant	241-4594	jane.culver@ahs.state.vt.us
Dupuis, Denise	QM Reviewer	263-5514	denise.dupuis@ahs.state.vt.us
Freund, Avi	QM Reviewer	241-2723	avi.freund@ahs.state.vt.us
Gauvin, Heather	Program Technician	241-2678	heather.gauvin@ahs.state.vt.us
Grabowski, Don	QM Reviewer	241-2632	don.grabowski@ahs.state.vt.us
Graham, Karen	QM Reviewer	263-5291	karen.graham@ahs.state.vt.us
Higgins, Margaret	QM Nursing Reviewer	241-3955	margaret.higgins@ahs.state.vt.us
King, Anna	Consumer QM Reviewer	241-1575	anna.king@ahs.state.vt.us
Morabito, Steve	Quality Management Development Specialist	241-2659	stephen.morabito@ahs.state.vt.us
O'Neill, Chris	QM Reviewer	263-5305	chris.oneill@ahs.state.vt.us
Rainville, Kathy	QM Reviewer	786-5052	kathy.rainville@ahs.state.vt.us
Turchin, Bob	QM Team Leader	786-5048	bob.turchin@ahs.state.vt.us
Urpsis, Al	QM Team Leader	241-3358	al.urpsis@ahs.state.vt.us
Whipple, Ryan	Consumer QM Reviewer	241-1576	ryan.whipple@ahs.state.vt.us

**Information and Data Unit (IDU)**  
802-241-2214

<b>Staff Name</b>	<b>Title</b>	<b>Phone (802)</b>	<b>E-mail Address</b>
Brooks, Dale	Systems Developer	241-2627	dale.brooks@ahs.state.vt.us
Harrington, Tracey	Information Technology Specialist	241-2629	tracey.harrington@ahs.state.vt.us
Hill, Bard	Director IDU	241-2335	bard.hill@ahs.state.vt.us
Laverty, Dick	Senior Planner	241-2425	dick.laverty@ahs.state.vt.us
Tighe, Deb	Systems Developer	241-2419	deb.tighe@ahs.state.vt.us

## Office of Public Guardian

Staff Name	Title	Phone (802)	E-mail Address
Falk, Gail	Director	241-2616	gail.falk@ahs.state.vt.us
LaPerle, Michele	Administrative Assistant	241-2663	michele.laperle@ahs.state.vt.us

### Public Guardians – Aging Specialty

Regional Office	Staff Name	Phone (802)	E-mail Address
<b>Essex Junction Office</b> PO Box 5501 Essex Junction, VT 05453 Fax: 879-2334	Suzan Castor – Public Guardian	879-2333	suzan.castor@ahs.state.vt.us
<b>Hyde Park Office</b> PO Box 128 Hyde Park, VT 05655 Fax: 888-5869	Keith Ulrich – Public Guardian	888-3370	keith.ulrich@ahs.state.vt.us
<b>North Ferrisburg Office</b> PO Box 122 North Ferrisburg, VT 05473 Fax: 877-6792	Laurie Gutowski – Public Guardian	877-6779	laurie.gutowski@ahs.state.vt.us
<b>Townshend Office</b> PO Box 87 Townshend, VT 05353 Fax: 365-7935	Mike Attley – Senior Public Guardian	365-4478	mike.attley@ahs.state.vt.us
<b>West Brattleboro Office</b> PO Box 2386 West Brattleboro, VT 05303 Fax: 251-2144	Beth Spicer – Public Guardian	251-2145	beth.spicer@ahs.state.vt.us

**Public Guardians – Developmental Disability Specialty  
Emergency Toll-Free Number: 1-800-642-3100**

<b>Regional Office</b>	<b>Staff Name</b>	<b>Phone (802)</b>	<b>E-mail Address</b>
<b>Burlington Office</b> 108 Cherry Street Box 205, Suite 205 Burlington, VT 05401 Fax: 951-4036	John Homiller – Public Guardian Ed Wells – Public Guardian	865-7720 865-7721	john.homiller@ahs.state.vt.us ed.wells@ahs.state.vt.us
<b>Hyde Park Office</b> Ken Gar Building, PO Box 266 Hyde Park, VT 05655 Fax: 888-0600	Sedney Ulrich – Public Guardian	888-2525	sedney.ulrich@ahs.state.vt.us
<b>Middlebury Office</b> 700 Exchange Street, #204 Middlebury VT 05753 Fax: 388-4694	Lisa Lamoureux – Public Guardian Dale Severy – Public Guardian Joan Stephens – Senior Public Guardian Linda Vondle – Public Guardian	388-4691 388-4692 388-4693 388-5761	lisa.lamoureux@ahs.state.vt.us dale.severy@ahs.state.vt.us joan.stephens@ahs.state.vt.us linda.vondle@ahs.state.vt.us
<b>Montpelier Office</b> 155 Elm Street, Suite 2 Montpelier, VT 05602-2866 Fax: 828-0243	Becky Guyett – Senior Public Guardian Leslie Pinkham – Public Guardian Lisa Sipsey – Public Guardian Nancy Zucca – Public Guardian	828-3622 828-3620 828-3621 828-3623	becky.guyett@ahs.state.vt.us leslie.pinkham@ahs.state.vt.us lisa.sipsey@ahs.state.vt.us nancy.zucca@ahs.state.vt.us
<b>Rutland Office</b> One Scale Ave. Suite 109 Rutland, VT 05701-4460 Fax: 786-5055	<i>Vacancy</i> – Public Guardian Timothy Haley – Public Guardian Karen Hawley – Senior Public Guardian Dave Ramos – Public Guardian Cassandra Torrey – Prog. Svs. Clerk Jan Sherman – Senior Public Guardian Chris Dupuis – Community Financial Specialist	786-5049 786-5040 786-5043 786-5042 786-5840 786-5041 786-5045	tim.haley@ahs.state.vt.us karen.hawley@ahs.state.vt.us dave.ramos@ahs.state.vt.us cassandra.torrey@ahs.state.vt.us jan.shermanopg@ahs.state.vt.us chris.dupuis@ahs.state.vt.us
<b>St. Albans Office</b> 20 Houghton Street, Rm 207 St. Albans, VT 05478 Fax: 524-5592	Marybeth Blakeney – Public Guardian Diane Morris – Public Guardian	524-7991 524-7992	marybeth.blakeney@ahs.state.vt.us diane.morris@ahs.state.vt.us
<b>Springfield Office</b> 100 Mineral Street, Suite 306 Springfield VT 05156 Fax: 885-6471	Jon McGovern – Public Guardian	885-8893	jon.mcgovern@ahs.state.vt.us
<b>Williston Office</b> 2414 South Road Williston, VT 05495	Abby Ashley – Public Guardian	878-4703	abby.ashley@ahs.state.vt.us
<b>Windsor Office</b> 80 State Street Windsor, VT 05089 Fax: 674-1036	Karen Tyler – Public Guardian	674-1035	karen.tyler@ahs.state.vt.us

**VERMONT DEVELOPMENTAL SERVICES PROVIDERS**

**January 2008**

**(CCS) CHAMPLAIN COMMUNITY SERVICES, INC.**

512 Troy Avenue, Suite 1  
Colchester, VT 05446  
Phone 655-0511 FAX: 655-5207

Exec. Director: Kelley Homiller  
County: Chittenden

**(CAP) COMMUNITY ACCESS PROGRAM OF RUTLAND COUNTY**

PO Box 222, 1 Scale Avenue  
Rutland, VT 05701  
Phone: 775-0828 FAX: 747-7692

Director: Gerald Bernard  
County: Rutland

**(CA) COMMUNITY ASSOCIATES**

61 Court Street  
Middlebury, VT 05753  
Phone: 388-4021 FAX: 388-1868

Director: Greg Mairs  
County: Addison

**(CDS) COMMUNITY DEVELOPMENTAL SERVICES**

50 Granview Drive  
Barre, VT 05641  
Phone: 479-2502 FAX: 479-4056

Director: Juliet Martin  
County: Washington

**(FF) FAMILIES FIRST**

PO Box 939,  
Wilmington, VT 05363  
Phone: 464-9633 FAX: 464-3173

Director: Julie Cunningham  
Counties: Windham and Bennington

**(HCERS) HEALTH CARE AND REHABILITATION SERVICES OF  
SOUTHEASTERN VT**

49 School Street, PO Box 709  
Hartford, VT 05047-0709  
Phone: 295-3031 FAX: 295-0820

Director: Josh Compton  
Counties: Windsor and Windham

Regional Offices:

51 Fairview Street, Brattleboro, VT 05301  
Phone: 257-5537 FAX: 257-5769

390 River Street, Springfield, VT 05156  
Phone: 886-4565 FAX: 886-4580

12 Church Street, Bellows Falls, VT 05101  
Phone: 463-3962 FAX: 463-3961

14 River Street, Windsor, VT 05089  
Phone: 674-2539 FAX: 674-5419

**(HC) HOWARDCENTER, INC**

102 South Winooski Ave.  
Burlington, VT 05401-3832  
Phone: 488-6500 FAX: 860-2360

Director: Marie Zura  
County: Chittenden

**(LCMH) LAMOILLE COUNTY MENTAL HEALTH SERVICES, INC.**

520 Washington Highway  
Morrisville, VT 05661  
Phone: 888-6627 FAX: 888-6393

Director: Jackie Rogers  
County: Lamoille

**(LSI) LINCOLN STREET INCORPORATED**

374 River Street  
Springfield, VT 05156  
Phone: 886-1833 FAX: 886-1835

Executive Director: Cheryl Thrall  
County: Windsor

**(NKHS) NORTHEAST KINGDOM HUMAN SERVICES, INC.**

PO Box 724, 154 Duchess Street  
Newport, VT 05855-0724  
Phone: 334-6744 FAX: 334-7455

Director: Dixie McFarland  
Counties: Caledonia, Orleans and Essex

Regional Office:

PO Box 368, 2225 Portland Street  
St. Johnsbury, VT 05819  
Phone: 748-3181 FAX: 748-0704

**(NCSS) NORTHWESTERN COUNSELING AND SUPPORT SERVICES, INC.**

107 Fisher Pond Road  
St. Albans, VT 05478  
Phone 524-6561 FAX: 527-8161

Director: Jean Danis  
Counties: Franklin and Grand Isle

375 Lake Street, St. Albans, VT 05478  
Phone: 524-0574 FAX: 524-0578

**(SCC) SPECIALIZED COMMUNITY CARE**

PO Box 578  
East Middlebury, VT 05740

Executive Director: Ray Hathaway  
Counties: Addison and Rutland

3627 Route 7 South  
Middlebury, VT 05753  
Phone: 388-6388 FAX: 388-6704

**(SAS) STERLING AREA SERVICES, INC.**

109 Professional Drive  
Morrisville, VT 05661  
Phone: 888-7602 FAX: 888-1182

Executive Director: Kevin O'Riordan  
County: Lamoille and Washington

**(T-II) TRANSITION II, INC.**

346 Shelburne Road  
Burlington, VT 05401  
Phone: 846-7007 FAX: 846-7282

Executive Director: Kara Artus  
County: Statewide

**(UCS) UNITED COUNSELING SERVICES, INC.**

PO Box 588, 100 Ledge Hill Drive  
Bennington, VT 05201  
Phone: 442-5491 FAX: 442-1707

Director: Kathy Hamilton  
County: Bennington

**(UVS) UPPER VALLEY SERVICES, INC.**

267 Waits River Road  
Bradford, VT 05033  
Phone: 222-9235 FAX: 222-5864

Executive Director: William Ashe  
Counties: Orange and Washington

Regional Offices:

12 Prince Street, Suite 2, Randolph, VT 05060  
Phone: 728-4476 FAX: 728-6741

PO Box 719, Moretown, VT 05660  
Phone: 496-7830 FAX: 496-7833

**MEMBERS OF THE STATE PROGRAM  
STANDING COMMITTEE FOR DEVELOPMENTAL SERVICES  
January 2008**

<b>Name</b>	<b>Address, Phone and Fax</b>	<b>Represents</b>	<b>Term Expires (March 31)</b>
<b>Arsenault, Dawn</b>	54 Jalbert Road Barre, VT 05641 Phone: 476-0624 e-mail: da102473@hotmail.com	Advocate	2010
<b>Bakeman, Eric</b>	119 Upper Barnett Hill Road Middlesex, VT 05602 Phone: 223-6360 (h) 244-5181 ext. 236 (w) e-mail: ebakeman@together.net	Advocate	2009
<b>Compton, Joshua</b>	Health Care and Rehabilitation Services P.O. Box 709 Hartford, VT 05047-0709 Phone: 295-3032 ext. 4129 Fax: 674-5419 email: jcompton@hcrs.org	Professional	2008
<b>Danis, Jean D.</b>	2555 Ballard Road St. Albans, VT 05478 Phone: 524-6555 ext. 608 (w) 524-4377 (h) email: jdanis@ncssinc.org	Professional	2010
<b>Greenwald, Joe</b>	109 Spruce Street Waterbury, VT 05676 Phone: 244-5883 (h) 482-7100 (w) Fax: 482-7108 e-mail: joe@cvuhs.org	Recipient	2009
<b>Hindmarsh, Dale</b>	456 Browns Road Lincoln, VT 05443 Phone: 482-7100 (w) 453-4102 (h) Fax: 656-1357 e-mail: dale.hindmarsh@uvm.edu	Professional	2011
<b>McFarland, Dixie</b>	1516 Pudding Hill Road Lyndonville, VT 05851 Phone: 334-7310 ext. 5110 (w) 748-6350 ext. 1110 (w – alt) 626-9550 (h) Fax: 748-0704 e-mail: dmcfarland@nkhs.net	Professional	2008
<b>Neron, Steven</b>	PO Box 225 Bethel, VT 05032 Phone: 234-6591	Recipient	2008

Name	Address, Phone and Fax	Represents	Term Expires (March 31)
<b>Place, Edwin</b>	Randolph House, Apt. 208, Main St. Randolph, VT 05060 Phone: 728-2021	Recipient	2011
<b>Thresher, Tracy</b>	Washington County Mental Health 50 Granview Drive Barre, VT 05641 Phone: 479-2502 (W) e-mail: rightsrus@wcmhs.org	Advocate	2009
<b>Weiss, Alicia</b>	P.O. Box 435 Plainfield, VT 05667 Phone 233-1385 (h) e-mail: nothing_about_us_without_us@yahoo.com	Advocate	2009
<b>Weiss, Bessie</b>	VT Legal Aid – Disability Law Project P.O. Box 1367 Burlington, VT 05401 Pone: 863-5620 (w) 658-7764 (h) Fax: 863-7152 e-mail: bweiss@vtlegalaid.org	Professional	2010
<b>Woodberry, Connie</b>	103 Partridge Road East Dummerston, VT 05346 Phone: 257-0300 (h) 254-8611 (w) Fax: 254-8611 e-mail: conniewo@sover.net	Recipient	2010
<b>Vacancy</b>		Recipient	2010
<b>Vacancy</b>		Advocate	2009



**State Program Standing  
Committee Members:**

Left to right back row – Edwin Place, Bessie Weiss, Alicia Weiss, Dixie McFarland, Tracy Thresher, and Joe Greenwald.

Left to right Front row – Steven Neron and Eric Bakeman.

Missing from photo - Dawn Arsenault, Joshua Compton, Jean D. Danis, Dale Hindmarsh and Connie Woodbury.

## VERMONT STATE SYSTEM OF CARE PLAN FUNDING PRIORITIES – FY 2007

Age		Priority	Approval	Comments
A.	Children and Youth under age 21	Support needed by families to assist them with personal care tasks as defined in the Personal Care Program	Eligibility and support level determined via Personal Care Program process	Entitled Medicaid state plan service for eligible children and youth
B.	Children and Adults	Support for respite and items through Flexible Family Funding that will help the biological or adopted family or legal guardian support the person at home	Determined by the designated agency; does not need to go through local funding committee	Sliding service scale in <i>Flexible Family Funding Guidelines</i> ; maximum \$1,300/person
C.	Children and Adults	Support needed to end or prevent imminent institutionalization in inpatient public or private psychiatric hospitals or nursing facilities or end institutionalization in Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD)	Reviewed by local funding committee and forwarded to Equity Funding Committee	
D.	Adults 18 and over	Support needed to prevent or respond to an adult being abused, neglected or exploited	Reviewed by local funding committee and forwarded to Equity Funding Committee	
E.	Adults 19 and over	Support needed by an adult to prevent an imminent risk to the person's health or safety	Reviewed by local funding committee and forwarded to Equity Funding Committee	
F.	Adults 18 and over	Support needed for parents with developmental disabilities to provide training in parenting skills to help keep a child under 18 at home.	Reviewed by local funding committee and forwarded to Equity Funding Committee	Services may not substitute for regular role and expenses of parenting; maximum amount of \$7,800/ year
G.	Adults 18 and over	Support needed to respond to an adult who is homeless or at imminent risk of being homeless	Reviewed by local funding committee and forwarded to Equity Funding Committee	Does not apply to individuals who already receive funding for Home Supports.
H.	Adults 18 and over	Support needed by an adult who is experiencing the death or other loss of an unpaid or minimally paid (e.g., family member, residential care home) caregiver	Reviewed by local funding committee and forwarded to Equity Funding Committee	
I.	Adults 18 and over	Support needed for specialized services in a nursing facility	PASARR fund manager	Limited to 5 hours per week; legally mandated
J.	Adults 19 and over	Support needed for a high school graduate to <u>maintain</u> an employer-paid job	Reviewed by local funding committee and forwarded to Equity Funding Committee	See Funding Limitations number 26.
K.	Adults 18 and over	Support needed by an adult who has been committed to the custody of the Department of Disabilities, Aging and Independent Living pursuant to Act 248 (see additional requirements under Public Safety Fund)	Reviewed by local funding committee and forwarded to Public Safety Funding Committee	Services may be legally mandated
L.	Adults 18 and over	Support needed to prevent an adult who poses a risk to public safety from endangering others (see additional requirements under Public Safety Fund)	Reviewed by local funding committee and forwarded to Public Safety Funding Committee	Does not substitute for or replace DOC supervision



**DIVISION OF DISABILITY AND AGING SERVICES  
FY 2007 FISCAL RESOURCES**

The legislatively mandated study of the designated provider system for developmental services, mental health and substance abuse resulted in a negotiated increase of 7.5% per year for three years (FY '06, FY '07, and FY '08). In FY '07 for developmental services, 4% is allocated for cost of living increases for the community system. This is intended to cover the increased costs of any salary or contracted worker increases, higher insurance and fuel expenses. In addition to the cost of living increase, resources to address caseload issues were also allocated.

For FY 2007, The Division of Disability and Aging Services has appropriated funds for community-based developmental disabilities services through the Designated Agencies and Specialized Service Agencies of **\$117,490,715**. A summary of the available caseload funding is provided below:

**FY 07 Caseload Need**

Provides support for adults who have significant needs as a result of abuse, neglect, exploitation, homelessness, health and safety; prevention of institutionalization; transitions from DCF custody; support of aging caregivers; parents with disabilities; aging out of children's personal care

182 individuals @ \$28,643 total

Adjust for Equity Fund Available (3 year average) (\$1,965,471)

**High School Graduates**

\$1,861,765

Provides support to adults aged 19 and older who graduate from high school throughout the year

65 individuals @ \$28,643 total

**Public Safety**

\$933,611

Provides services to individuals who pose a danger to other people or property

21 individuals @ \$44,480 total

**Total Caseload Increase**

**\$6,080,560**

**Inflationary Increase = 4%**

**\$3,996,153**

**TOTAL NEW DEVELOPMENTAL DISABILITIES FUNDING**

**\$10,076,713**



## **SOURCES OF QUALITY ASSURANCE AND PROTECTION FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES**

**January 2008**

Quality assurance activities will not be successful if they are relegated to a single bureaucratic cubbyhole. The Vermont developmental services system has numerous components that impact upon quality assurance. There is great value in having a multi-faceted system of quality assurance, and the participation of numerous people in quality promotion activities is a strength. In Vermont, the overall quality assurance system includes at least the following components:

### **I. Within the Department of Disabilities, Aging and Independent Living:**

- A. **Designation Process.** The Department of Aging and Independent Living (DAIL) designated one agency in each region of the state to ensure needed services are available through local planning, service coordination, and monitoring outcomes within their geographic region. The Designated Agency must either provide directly or contract with providers or individuals to deliver supports and services consistent with available funding; the state and local System of Care Plans; outcome requirements; and state and federal regulations, policies and guidelines.
- B. **Agency Reviews.** Fourteen (14) full-time staff, including two registered nurses and two consumer interviewers, conduct on-site reviews to assess the quality of services provided. The Quality Management Reviewers assess all Medicaid funded services to assure compliance with state and federal Medicaid standards and the outcomes detailed in the *Quality Management Plan*. Site visits are conducted every two years with follow-up as appropriate.
- C. **Office of Public Guardian.** Twenty-five (25) staff provide guardianship services as specified by law to about 665 adults with developmental disabilities and/or who are aging. Public Guardians play distinct quality assurance functions, including on-going monitoring of people's welfare, assessment of quality of life and functional accessibility, participation in individual support plans, and advocacy for appropriate services. Public Guardians are expected to have face-to-face contact with people for whom they are guardian at least once a month, and are available for emergencies 24 hours a day.
- D. **Safety and Accessibility Checks.** All residences of people with developmental disabilities (except those licensed through the Division of Licensing and Protection/DAIL or a public housing entity, such as Section 8) funded by the Division of Disability and Aging Services are inspected for compliance with safety and accessibility standards.
- E. **Consumer and Family Surveys.** The Division of Disability and Aging Services contracts for independent statewide consumer interviews to take place on a regular basis to measure the satisfaction of people receiving services. A confidential family satisfaction mail-in survey is also conducted periodically to assess how families feel about services that they receive to support their family members who live at home.

- F. **Critical Incident Reporting Process.** Developmental service providers provide critical incident reports to the Division of Disability and Aging Services when certain incidents take place, such as the death of someone receiving services; use of restrictive procedures; allegations of abuse, neglect or exploitation; or criminal behavior by or against someone receiving services.
- G. **Grievance and Appeals.** Each developmental service provider must have written grievance and appeals procedures and inform applicants and service recipients of that process. Both informal and formal grievance and appeal processes are available to people applying for or receiving developmental services, their family members, guardians and other interested individuals.
- H. **Ethics Committee.** An Ethics Committee convenes bimonthly as needed, or on an emergency basis, to review any decisions by a Public Guardian or other developmental services staff to abate life-sustaining treatment for a person receiving services. In addition, any individual who wants advice about the ethical aspects of a decision, or is dissatisfied with a critical care decision made for a non-consenting person with developmental disabilities, may request the Ethics Committee to review the decision.
- I. **Human Rights Committee.** A Human Rights Committee meets monthly to review policies, procedures, trends and patterns, individual situations and positive behavior support plans to safeguard the human rights of Vermonters receiving developmental services. The committee provides an independent review of any restrictive procedures while assisting individuals and agencies to develop alternatives to restrictive procedures.
- J. **Intermediate Care Facility for People with Developmental Disabilities (ICF/DD).** The ICF/DD is licensed and monitored under federally specified guidelines by nursing staff of the Division of Licensing and Protection/DAIL. The Division of Disability and Aging Services conducts Utilization Reviews to determine whether continued stay is appropriate and necessary for each person residing in an ICF/DD.
- K. **Residential Care Home Licensure.** The Department of Disabilities, Aging and Independent Living licenses residences where three or more unrelated people with disabilities live.
- L. **Vocational Rehabilitation Services.** Vocational rehabilitation services, (as opposed to Medicaid-funded work supports), are provided and reviewed by the Division of Vocational Rehabilitation /DAIL.

## II. Elsewhere in State Government:

- A. **Abuse Complaints.** The Department for Children and Families and the Department of Disabilities, Aging and Independent Living handle complaints of abuse and neglect for children and adults, respectively. Any human service worker, including Division of Disability and Aging Services staff, is legally mandated to file an immediate report of any suspected abuse, neglect or exploitation of a vulnerable adult. For adults with disabilities, Adult Protective Services staff conduct independent investigations of each complaint and pursue legal or other recourse as indicated by the needs of the individual.

- B. **Fire Safety Regulation.** Staff of the Department of Labor and Industry must approve all Level III Residential Care Homes and ICF/DD facilities. Facilities must meet appropriate standards of the National Fire Safety Code.
- C. **Medicaid Fraud Unit.** This Unit investigates allegations of criminal activity, including abuse, neglect or exploitation, in any Medicaid-funded facility or involving a person receiving Medicaid-funded supports. The Medicaid Fraud Unit is a specially staffed unit within the Office of the Attorney General.

### III. Within Developmental Services Agencies:

- A. **The Individual's Circle of Support.** Each person applying for or receiving services is encouraged to develop a circle of support. If they do not already have a circle, the service provider can help them form one. The circle is a group of people who helps the individual identify his/her dreams, takes responsibility to help the person create his/her plans and budgets, and determine the quality of his/her life. The primary focus of the circle is on the individual and what that person wants and needs. A circle of support is the ultimate safety net for that person.
- B. **Local Program Standing Committee.** Each designated agency and service provider has a local standing committee that is made up of at least 51% consumer and families, of which 25% must be direct consumers. The purpose of the Local Program Standing Committee is to involve people receiving services in planning and decision-making regarding policies in order to increase consumer satisfaction, service and support quality, and organizational responsiveness.
- C. **Internal Mechanisms.** All developmental service agencies have some level of an ongoing quality improvement process as well as internal quality assurance, such as a Human Rights Committee, peer review, and Local Program Standing Committee oversight. The specific design and intensity of these efforts vary from agency to agency.
- D. **Service Coordination.** Service coordination often includes the functions of "monitoring" and "advocacy." For some people, the service coordinator is the focal point for individual-based quality assurance at the local level.

### IV. External to the Service System:

- A. **State Program Standing Committee for Developmental Services.** The State Program Standing Committee for Developmental Services was created by statute in 1990, (and updated through regulation in 1998), and is required to have at least 51% of its membership consumer and families. The Governor appoints this committee of people with developmental disabilities, family members, advocates, and people with professional/advocacy expertise in the field of developmental disabilities. The committee meets monthly as a working advisory group to the Division of Disability and Aging Services.
- B. **Vermont Developmental Disabilities Council.** A broad-based, federally mandated board that provides independent oversight and systemic advocacy for the needs of people with developmental disabilities.

- C. **Protection and Advocacy System.** This system has two components: a legal component through the Disability Law Project (DLP) and citizen advocacy. The Disability Law Project is part of Vermont Legal Aid and has offices in Rutland, Burlington, Montpelier, Springfield and St. Johnsbury. They provide protection and advocacy services to individuals with disabilities in a wide variety of forums (e.g., court proceedings, school negotiations, administrative hearings, Social Security Administration).
- D. **Regional ARC Organizations.** There are three counties with local ARC offices that provide a focus for families and concerned members of the public to identify and respond to the needs of people with developmental disabilities. The Central Vermont ARC provides information, support and advocacy for individuals with disabilities and their family members from their Montpelier office, the Franklin ARC from their St. Albans office, and the Rutland ARC from their office in Rutland.
- E. **Self-Advocacy.** Green Mountain Self-Advocates, a statewide self-advocacy group, works to empower people with disabilities to learn to make decisions, solve problems, speak for themselves, and to exert control over their own lives. It is committed to educating and making the general public aware of the strengths, rights and desires of people with disabilities. There are presently about 17 local chapters in various stages of development around the state.
- F. **Other Advocacy Groups.** There are other locally based groups of concerned families and advocates. For example, Guardianship Trust provides regular, structured individually-based citizen monitoring of residential services provided by WCMH in Barre. Brandon Training School Association is an alliance of parents and other people concerned with the well being of former residents of Brandon Training School.
- G. **Law Enforcement Agencies.** In recent years, many local and state police have received training in the techniques of interviewing people with developmental disabilities who are victims of crime. The traditional sources of citizen law enforcement—the police, State's Attorney's, and Attorney General's offices—have played an increasingly effective role in protecting citizens with developmental disabilities who may become victims of crime.
- H. **Criminal Penalties.** Vermont law makes it a crime to abuse, neglect or exploit a person with a disability. The Office of Attorney General will prosecute for violations of this law.
- I. **The Federal Government.** Through Medicaid audits and look-behind surveys, the federal government provides a back-up system of quality assurance.
- J. **Concerned Members of the Public.** These include interested professionals (e.g., physicians, psychologists), members of the academic community, legislators, etc., who express their concerns through traditional channels of professional, administrative and legislative communication.
- K. **Above all, individual friends, family members, guardians, coworkers, neighbors.** Friends, family and neighbors provide for individuals in community settings the most important and dependable source of monitoring and advocacy – someone that will “go to bat” for you if things are not going well.

## GREEN MOUNTAIN SELF-ADVOCATES

January 2008

### Green Mountain Self-Advocates (GMSA)

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802-229-2600

Contact: Max Barrows and Karen Topper

Toll Free (in VT): 1-800-564-9990

### LOCAL CHAPTERS:

#### Advocates For Action

12 Church St,  
Bellows Falls, VT 05101  
254-7500 x1334 – Felicia Rumrill  
Board Rep: Jeremiah Gerbacey

#### Bennington Peer Support

United Counseling Services, Inc.  
PO Box 588  
Bennington, VT 05201  
442-5491 – Melanie Brunina  
Board Rep: Lisa Rudiakov

#### B-SAC – Burlington Self-Advocacy Club

HowardCenter  
102 South Winooski Ave.  
Burlington, VT 05401  
488-6500 – Julia Kimbell  
Board Rep: Brenda Richie

#### CCAA – Capital City Advocacy Association

254 Elm Street, Apt. 1  
Montpelier, VT 05602  
262-1236 – Karen Noone  
Board Rep: Robert Purdue

#### Champlain Voices

Champlain Community Services, Inc.  
512 Troy Ave., Suite 1  
Colchester, VT 05446  
655-0511 – Kristin Holcomb  
Board Rep: Paul Nichols

#### COPS – Connections of Peer Support of White River Jct.

PO Box 678  
Springfield, VT 05156  
886-1833 – Karen Daley-Regan  
Board Rep: Helen George

#### Friends Helping Friends

Community Developmental Services  
50 Grandview Drive  
Barre, VT 05641  
479-2502 – Kaili Goslant  
Board Rep: Margaret Pearlstein

#### Getting Acquainted

520 Washington Highway  
Lamoille County Mental Health  
Morrisville, VT 05661  
888-6627 – Patti Mack  
Board Rep: Derrick Wagner

#### Next Step of St. Albans

Northwestern Counseling and Support Services, Inc.  
156 North Main Street  
St. Albans, VT 05478  
524-6561 – Syd Boyd  
Board Reps: Jonathan Fitzgerald

#### Our Drop In Center

153 Main Street  
Newport, VT 05855  
334-8378 Francine Heywood  
Board Reps: Roland Maurais  
& Gail Rowe

#### RAPS – Randolph Area Peer Support

Upper Valley Services, Inc.  
12 Prince Street, Suite #2  
Randolph, VT 05060  
728-4476 – Sue Gorman  
Board Rep: Edwin Place

#### Rutland High School

**Self-Advocates**  
22 Stratton Rd  
Rutland, 05701  
770-1012 – Maggie Rafter

#### Self-Advocates Becoming Empowered of Rutland

Rutland ARC  
128 Merchants Row  
Rutland, VT 05701  
775-1370 – Lisa Lynch  
Board Reps: Patty Czarniecki

#### SAMS - Self Advocates Meeting of Springfield

PO Box 678  
Springfield, VT 05156  
886-1833 – Kerry Banks  
Board Rep: George Tanner

#### SAVY – Strong Advocate Voices & You

Sterling Area Services  
109 Professional Drive  
Morrisville, VT 05661  
888-7602 – Gina Brown  
Board Rep: Laura Benton

#### Speak Up Addison County

61 Court Street  
Middlebury, VT 05753  
388-3381 – Lindsey Hescok  
Board Rep: Mary Lafountain

#### Vermont Choices

Northeast Kingdom Human Svcs., Inc.  
PO Box 368  
St. Johnsbury, VT 05819  
748-3181 – Robin Burnash  
Board Rep: Amanda Daniels

# Green Mountain Self-Advocates

## Local Self-Advocacy Chapters





